April 16th, 2026

America’s Best Hospitals for Specialized Care 2026
– Methodology –

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1 Introduction

High-quality specialized care is essential to ensuring the long-term health and well-being of patients. General hospitals are tasked with delivering care for the most common diagnoses and illnesses; the more specialized hospitals are, however, the more they can treat increasingly complex and rare cases. These hospitals are often at the forefront of scientific development in their fields and excel in complex surgeries and procedures. As a result, they frequently serve as referral centers when patients require a higher level of specialized care. Specialized hospitals can be leading general hospitals that excel in certain fields or hospitals that focus mostly on a few or even just one area of expertise.

For patients, choosing the right hospital for a specific condition is primarily driven by the hospital's reputation and expertise in the relevant medical field, while overall reputation is of secondary importance. Thus, *America's Best Hospitals for Specialized Care* by Statista and Newsweek is a comprehensive and data-driven resource for patients to find leading specialized hospitals in the medical field of their need.

This edition ranks the best hospitals providing comprehensive care to adults across seven medical fields:

- Cancer Care – Top 200 Hospitals
- Cardiac Care – Top 200 Hospitals
- Endocrine Care – Top 200 Hospitals
- Gastrointestinal Care *[new]* – Top 175 Hospitals
- Neurological Care – Top 200 Hospitals
- Orthopedic Care – Top 200 Hospitals
- Pulmonary Care – Top 200 Hospitals

While top hospitals are represented in multiple fields of care, leading specialized hospitals that are highly renowned in one or two specific medical fields or treatments are featured on the specific lists as well. A small number of hospitals that are either not accessible to the public and/or are very small were not eligible due to the different scope of services offered.

Over 380 unique hospitals and 1375 medical departments for specialized care in the U.S. are featured in total across the seven medical fields.

2 Study design

The following sections provide an overview of the study design and the underlying methodology used to determine the rankings. First, the newly implemented features and changes in this year's edition are described (see chapter 2.1). Second, the eligibility is outlined in chapter 2.2, followed by the general approach (see chapter 2.3) and the scoring model for each of the medical fields (see chapter 2.4).

2.1 New features and changes in the 2026 edition

The following list provides a brief overview of the major changes in this year's edition compared to the previous editions:

- **Updated Statista PROMs Implementation Survey:** For the most recent data collection cycle, the survey, eligibility thresholds, and ribbon allocation for participating hospitals were updated.
- **Increased PROMs implementation weighting:** This year, the weighting of the PROMs implementation pillar was increased within the scoring model to reflect the growing emphasis on standardized and patient-centered care.
- **New hospital quality metrics data sources:** Leapfrog Hospital Safety and Quality Data have been included, as well as additional metrics from CMS relevant to hospital harm and to venous thromboembolism and antithrombotic care.
- **Inclusion of additional hospital quality metrics data:**
  - An additional accreditation from the American Society for Gastrointestinal Endoscopy (ASGE) (see chapter 2.3.3) has been included.
- **Expansion to one new medical field:** This year, the medical field of Gastroenterology (Gastrointestinal care) has been added to the ranking to expand coverage of high-impact specialties and to reflect the growing demand for advanced, specialized care in the diagnosis and treatment of gastrointestinal conditions.

2.2 Eligibility

Hospitals that are not accessible to the public and/or are very small were excluded from the ranking, as they are not comparable in the range of services provided.
To be eligible for the analysis, hospitals must report their performance data and receive at least a 2-star rating from CMS.

2.3 General methodology

The 2026 *America's Best Hospitals for Specialized Care* ranking is based on four pillars:

- **Hospital quality metrics** with a focus on indicators relevant to each of the areas of care
- **Hospital recommendations from peers** (doctors, hospital managers, healthcare professionals) via a nationwide online survey
- **Results from patient experience surveys**
- **Patient-Reported Outcome Measures (PROMs) Implementation**

The four pillars will be described in general terms which apply to all rankings below. Particularities of weightings and measures will be described in the specialty-centric sections in chapter 2.4.

2.3.1. Hospital quality metrics

Hospital quality metrics for each of the specialty rankings were utilized from three different data sources:

- Centers for Medicare & Medicaid Services (CMS)
- Leapfrog Hospital Safety and Quality Data
- Accreditations and certifications from various renowned organizations

A general description of the data sources is found below:

2.3.1.1. Centers for Medicare & Medicaid Services (CMS)

Data provided by the Centers for Medicare & Medicaid Services (CMS) is available for over 4,600 hospitals publicly reporting quality information on the Hospital Compare platform. It includes information on hospital characteristics, quality measures, patient satisfaction, performance metrics, and Medicare reimbursements (Centers for Medicare & Medicaid

Services, 2026). The *America's Best Hospitals for Specialized Care* ranking evaluates both general and specialty-centric indicators relevant to each of the seven specialties.

The publicly available data is sourced from the following category groups[1]:

- Mortality
- Safety of Care
- Readmissions
- Timeliness and Effective Care

The measures were divided into two groups: general and specific (e.g., the complications for hip replacement would fall under the specific subgroup for the Orthopedic ranking, while vaccination rates of staff would be considered general for all rankings).

Scores for each measure were calculated using the following approach:

All measures with a categorical designation according to CMS (e.g., with each hospital performing better than, same as, or worse than the national average) had points assigned according to their designation, with a maximum of 1 point allotted for individual measures better than average, 0.75 points to measures same as average, and 0.5 points to measures worse than average.

For all measures with a numerical score assigned by CMS, the percentile position of each hospital was calculated (i.e., the percentile into which the hospital falls compared to all other hospitals nationwide), and points were allotted according to the logic of the measure's distribution. For measures where lower scores indicate better performance (e.g., mortality rates), hospitals received a maximum of 1 point if they were in 10th percentile or lower. For measures where higher scores are better (e.g., vaccination rates of staff), hospitals in the 90th percentile or higher received a maximum of one point. To allow for variance and nuance across hospital performance, the remaining percentile positions were scaled between the values of 0.5 and 0.9 in a continuous manner. The points were then averaged separately for the two variable groups: general and specific. The subweights of these two scores vary across specialties.

For the patient experience measures, percentiles were calculated on a national level for each metric within the measure groups. In the next step, scores were compared on a national level for each metric and then points were assigned to each hospital based on the percentile into which their score fell relative to national performance.

Patient satisfaction indicators were included in the hospital quality metrics to capture all aspects of quality, similar to the CMS Star Rating approach.

[1] Additionally, data from the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program is included for the Cancer Care ranking and patient-reported outcomes data is included for the Orthopedic Care ranking.

2.3.1.2. Leapfrog Hospital Safety and Quality Data

The Leapfrog Group supports the ranking as a data partner. The following paragraph is included for contextual information only and is not part of the methodological framework or scoring approach.

The Leapfrog Hospital Survey was created and is administered by The Leapfrog Group, a leading independent, national not-for-profit organization advocating for hospital transparency. They strive to make giant "leaps" forward in the U.S. by promoting transparency through their data collection and public reporting initiatives. With their goal of saving lives by reducing errors, injuries, accidents, and infections, The Leapfrog Group focuses on measuring and publicly reporting hospital performance through the annual Leapfrog Hospital Survey. The survey is a trusted, transparent and evidence-based national tool in which over 2,400 hospitals voluntarily participate free of charge. The Leapfrog Group advocates for public access to quality and safety data from all U.S. hospitals.

The Leapfrog Hospital Survey is a voluntary, annual assessment designed to collect comprehensive, evidence-based information directly from U.S. hospitals. It covers a broad range of safety and quality measures. The survey is organized into multiple sections, each containing clearly defined specifications, reporting periods, and measurement criteria to ensure hospitals can provide accurate and consistent responses. The measure selection is guided by scientific advisors and expert panels and reflects the latest evidence in patient safety. Only measures relevant to the services offered at each facility are collected, ensuring meaningful and comparable benchmarking across hospitals.

The following Leapfrog indicator groups were included in the quality metrics score[2]:

Section 1: Patient Rights and Ethics

ID	Indicator Name	Definition
43	HealthEquity_Results	Overall Score: Health Care Equity
44	InformedConsent_Results	Overall Score: Informed Consent

[2] Sections 4 and 8 of the Leapfrog Survey were not included in the analysis, as the associated indicators are outside the scope of the ranking framework.

Section 2: Medication Safety

ID	Indicator Name	Definition
52	CPOE_Results	Overall Score: Computerized Physician Order Entry (CPOE)
56	BCMA_Results	Overall Score: Bar Code Medication Administration (BCMA)
62	MedRec_Results	Overall Score: Medication Reconciliation

Section 3: Adult and Pediatric Complex Surgery

ID	Indicator Name	Definition
65	Carotid_Results	Overall Score: Carotid Endarterectomy
68	Mitral_Results	Overall Score: Mitral Valve Repair and Replacement
74	OpenAortic_Results	Overall Score: Open Aortic
77	Lung_Results	Overall Score: Lung Resection for Cancer
80	Esoph_Results	Overall Score: Esophageal Resection for Cancer
83	Pancr_Results	Overall Score: Pancreatic Resection for Cancer
86	Rectal_Results	Overall Score: Rectal Cancer Surgery
93	Knee_Results	Overall Score: Total Knee Replacement Surgeries
97	Hip_Results	Overall Score: Total Hip Replacement Surgeries
108	SafeCheckInp_Results	Overall Score: Safe Surgery Checklist - Adult and Pediatric Complex Surgery

Section 5: Physician and Nurse Staffing

ID	Indicator Name	Definition
142	Adult_IPS_Results	Overall Score: Adult ICU Physician Staffing
149	NurseTotalHours_Results	Overall Score: Total Nursing Care Hours per Patient Day
153	NurseRNHours_Results	Overall Score: RN Hours per Patient Day
162	NurseBSN_Results	Overall Score: Percentage of RNs who are BSN-Prepared

Section 6: Patient Safety Practices

ID	Indicator Name	Definition
164	SP1_Results	Overall Score: Leapfrog NQF Safe Practice #1
166	SP2_Results	Overall Score: Leapfrog NQF Safe Practice #2
168	HH_Results	Overall Score: Hand Hygiene

Section 7: Managing Serious Errors

ID	Indicator Name	Definition
177	NeverEvents_Results	Overall Score: Never Events

Section 9: Outpatient Procedures

ID	Indicator Name	Definition
213	ACLS_Results	Overall Score: Certified Clinicians Present While Patients are Recovering - Advanced Cardiovascular Life Support (ACLS)
261	ColonoscopyVisit_Results	Overall Score: Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy
263	SafeCheckOut_Results	Overall Score: Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures
265	MedAllergy_Results	Overall Score: Medication Safety for Outpatient Procedures

Leapfrog assigns each measure a performance category based on predefined scoring criteria. The scoring algorithm can be accessed here.

For each Leapfrog measure group, the percentage of reported measures that met the established standards was calculated. Points were assigned to each measure based on the hospital's performance category:

- 1.0 point for *Achieved the Standard* or *Better than Expected*
- 0.75 points for *Considerable Achievement* or *As Expected*
- 0.5 points for *Some Achievement*
- 0.4 points for *Limited Achievement* or *Lower than Expected*

The measures were grouped according to the medical specialty to which they were most relevant. Measures reflecting general medical quality were applied across all specialties as general indicators, while specialty-specific measures were applied only to the corresponding specialty. The measures included for each specialty are outlined in the specialty-specific methodology sections in chapter 2.4.

Each hospital received one *general* score, calculated as the mean of all general indicators, as well as one *specialty-specific* score, calculated as the mean of all indicators relevant to that specific specialty. The weighting of the *general* and *specialty-specific* scores is outlined in the scoring model for each specialty.

2.3.1.3. Accreditations and certifications

Several accreditations, certifications, and center designations were included in the hospital quality metrics score, reflecting the commitment to excellence in overall healthcare as well as within the specific medical fields. These were grouped into two categories:

- General accreditations
- Specialty-centric accreditations

General accreditations

The following accreditations and certifications that are relevant for all specialty rankings were included:

- **Accreditation Commission for Health Care (ACHC):** Indicator of adherence to nationally recognized standards for quality, safety, and performance across various healthcare services.
- **Planetree certification:** Recognizes hospitals and healthcare organizations that demonstrate excellence in person-centered care.
- **The Joint Commission's (TJC) hospital accreditation**: Accreditation by The Joint Commission (TJC), a worldwide leader in advancing quality improvement and patient safety in healthcare, signifies a healthcare organization’s dedication to achieving high standards of quality and patient safety.

Specialty-centric accreditations and certifications

The following array of accreditations, certifications, and designations that are relevant for specific medical fields were also included in the analysis:

- **Foundation for the Accreditation of Cellular Therapy (FACT):** Recognition for hospitals offering high levels of stem cell transplant
- **National Association of Epilepsy Centers (NAEC):** Recognition of hospitals with advanced capabilities in the treatment of epilepsy

- **National Cancer Institute (NCI)-Designated Cancer Centers:** Recognition of leading institutions with comprehensive cancer care and research programs
- **National Institute on Aging (NIA) Alzheimer's Disease Research Centers:** Recognition of leading institutions with comprehensive Alzheimer care
- **The American Society for Gastrointestinal Endoscopy (ASGE):** recognition of endoscopy units that meet high standards for quality, safety, and patient-centered care in gastrointestinal endoscopy.
- **The Joint Commission's (TJC) hospital certifications:** Recognition of hospitals that meet established performance standards in specific clinical areas, demonstrating consistent quality, safety, and patient care practices.
- **The Joint Commission's (TJC) hospital advanced certifications:** Recognition of hospitals that demonstrate a higher level of clinical excellence and specialized expertise in specific disease areas or care programs, supported by rigorous performance measurement and continuous quality improvement.

2.3.2. Hospital recommendations from peers

From February to March 2026, Statista conducted a **nationwide online survey** among medical professionals, including doctors and hospital managers, with expertise in the relevant medical fields. During the survey, participants were asked to recommend top hospitals in their field of specialization. The survey was accessible to participants on Newsweek.com, and invitations were also sent via email.

The recommendations were weighted based on the order of preference indicated, and the professional experience of each participant was also taken into account. The reputation score for each hospital was determined by the total number of weighted recommendations received.

The hospital with the highest number of weighted recommendations was allotted a recommendation score of 100%. The next best hospitals received a score proportional to their number of weighted recommendations (e.g., if hospital *A* received the most votes with 100, then hospital *B* with 80 votes was assigned a score of $\frac{80}{100}$ = 80%).

The recommendations from the previous years [3] were also taken into account. Recommendations from the 2024-2025 survey period were given less weight relative to those from 2026.

For each recommended hospital, participants were asked to assess the quality across both general and specialty-centric factors; for example, patient education was a quality dimension across all specialties, whereas palliative care was a dimension specific to

[3] Recommendations from 2024 to 2026 were taken into account for Cancer care, Cardiac care, Neurological care, and Orthopedic care. For Endocrine care and Pulmonary care, recommendations from 2025 and 2026 were taken into account. In the case of Gastrointestinal care, there was no historical recommendation data to incorporate.

Cancer care). The quality dimensions examined for each medical field are detailed in chapter 2.4. The quality scale ranged from 1 ("Poor") to 10 ("Excellent"). A quality score was assigned to each hospital based on the average of its ratings across all quality dimensions.

2.3.3. Patient experience

For all ranking lists, the patient experience score is based on Medicare HCAHPS data. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is a standardized survey of hospital patients in the U.S. regarding their experiences during a recent inpatient hospital stay (HCAHPS, 2025). While many hospitals in the U.S. already collected information on patient satisfaction prior to HCAHPS, there was no national standard for collecting or publicly reporting information on patients' perspectives of care that would enable valid comparisons to be made across all hospitals.

The most recent dataset available is the February 2026 edition and is based on surveys from patients discharged in 2024. Based on the collected survey data, CMS reports 11 HCAHPS Star Ratings on Hospital Compare: 10 for the publicly reported HCAHPS measures, as well as an HCAHPS Summary Star Rating. The specific measures are derived from certain items in the HCAHPS survey as shown below:

HCAHPS Composite Measures		Questions
1.	Communication with Nurses	1, 2, 3
2.	Communication with Doctors	5, 6, 7
3.	Responsiveness of Hospital Staff	4, 11
4.	Communication about Medicines	13, 14
5.	Discharge Information	16, 17
6.	Care Transition	20, 21, 22
HCAHPS Individual Items		**Questions**
7.	Cleanliness of Hospital Environment	8
8.	Quietness of Hospital Environment	9
HCAHPS Global Items		**Questions**
9.	Hospital Rating	18
10.	Recommend the Hospital	19

Hospitals had to have at least 100 completed HCAHPS surveys over a given four-quarter period to receive a Star Rating.

For each HCAHPS measure, the percentile position of each hospital is calculated. As higher scores indicate better performance, hospitals at or above the 95th percentile receive the maximum score of 1 point, while hospitals at or below the 10th percentile receive a base score of 0.5. All other hospitals receive a continuously scaled score between 0.5 and 1. Measure-level scores are then combined across all available HCAHPS measures using an arithmetic mean to derive the final patient experience score. This approach ensures a nuanced and equitable distribution of scores based on relative performance.

The full methodology for the HCAHPS Star Rating is published at:
https://hcahpsonline.org/en/hcahps-star-ratings/

2.3.4. Statista PROMs Implementation Survey

Importance of Patient-Reported Outcome Measures

Patient-reported outcome measures (PROMs) are standardized, psychometrically validated questionnaires completed directly by patients to assess their health status, symptoms, functional outcomes, and health-related quality of life (Dawson et al., 2010; Churruca et al., 2021; Kingsley et al., 2017). Unlike traditional clinical indicators, PROMs capture aspects of health that are best known by patients themselves, such as pain, functioning, and overall well-being, and therefore provide insights that cannot be adequately obtained through clinical observation or administrative data alone (Dawson et al., 2010; Al Sayah et al., 2021; Kluzek et al., 2022). Over the past few decades, PROMs have become an increasingly important component of patient-centered and value-based healthcare frameworks, reflecting a broader emphasis toward measuring outcomes that matter most to patients (Bianchim et al., 2023; Orr et al., 2021; Bates et al., 2023; Cheville et al., 2022).

Evidence has shown that the systematic collection and use of PROMs can improve communication between patients and clinicians, support shared decision-making, and enhance the quality of care (Chen et al., 2013; Marshall et al., 2006; Santana et al., 2014; Nelson et al., 2015). PROMs data can facilitate the early identification of symptom worsening, highlight unmet patient needs, and support timely adjustments to treatment in clinical practice (Bonsel et al., 2024; Consolo et al., 2023; Meehan et al., 2025). Beyond individual patient care, aggregated PROMs data increasingly contribute to supporting hospital performance monitoring and benchmarking across providers and regions, as well as driving quality improvement initiatives (Bonsel et al., 2024; Kendir et al., 2025).

International organizations and health systems have emphasized PROMs as essential tools for measuring healthcare quality (Organisation for Economic Co-operation and Development (OECD), 2025). PROMs have been incorporated into national registries, clinical programs, and outcome-based payment and performance frameworks in multiple countries, reflecting their growing role in evaluating and improving healthcare delivery

(Kendir et al., 2025; Ruseckaite et al., 2023; Steinbeck et al., 2021). At the same time, the extent to which PROMs are implemented, systematically reported, and actively used varies widely across hospitals and healthcare systems, underscoring the need for structured approaches to assess the maturity and depth of PROMs implementation in clinical institutions (Steinbeck et al., 2021; Williams et al., 2016; Ernst et al., 2022).

In this context, Statista developed the PROMs Implementation Survey to systematically assess the status, scope, and quality of PROMs implementation in hospitals worldwide. The survey aims to capture not only the presence of PROMs measurement, but also the organizational structures, reporting practices, validation mechanisms, and real-world use of PROMs data to improve healthcare delivery.

Survey development and expert governance

The Statista PROMs Implementation Survey is developed and continuously refined with methodological input from Statista's global board of medical experts. The board consists of senior clinicians, healthcare leaders, and subject-matter experts with extensive experience in outcome measurement, quality improvement, and value-based healthcare. Their role is to ensure that the survey reflects current clinical practice, methodological rigor, and international best practices in PROMs implementation.

Each year, the expert board reviews the existing survey structure and provides recommendations for updates, refinements, and expansions. For the 2026 ranking cycle, the survey underwent a comprehensive overhaul to reflect the increasing maturity and complexity of PROMs use in hospital settings. This redesign was driven by expert feedback emphasizing the need to assess not only whether PROMs are collected, but how they are validated, reported, audited, and actively used to inform care and decision-making.

The revised survey therefore expands both the breadth and depth of assessment, covering organizational responsibility, instrument selection, case-mix adjustment, response rates, reporting practices, audits, and multiple dimensions of PROMs data utilization. Throughout the development process, expert input ensured that the questions capture meaningful differences in PROMs implementation while remaining applicable across diverse healthcare systems and hospital types.

Survey structure

The PROMs Implementation Survey is designed to evaluate the extent and maturity of PROMs implementation in hospitals. It assesses the use of both generic and condition-specific PROMs across clinical departments, as well as the hospital's processes for reporting, validating, and applying PROMs data.

The survey covers several core domains, including:

- PROMs implementation status within the hospital
- Organizational responsibility, including designated teams or individuals responsible for PROMs
- Measurement practices, including the number and type of standardized PROMs instruments used across departments
- Methodological rigor, including scientific validation, case-mix adjustment, response rates, and follow-up intervals
- Internal reporting, including reporting to clinicians, hospital management, and patients
- External reporting, including public reporting, scientific publications, national and international registries
- Data auditing, including internal and external audits
- Use of PROMs data, including quality improvement, real-time therapeutic decision-making, shared decision-making, benchmarking, research, and innovation initiatives

A detailed overview of all survey questions, definitions, and documentation requirements is provided in the full questionnaire. Furthermore, a breakdown of the scoring categories for the survey can be found in Appendix A below.

Data collection

The survey was distributed to hospitals via email during fall/winter 2025, with additional participation possible through dedicated survey portals on newsweek.com and rankings.statista.com. The survey remained open between September and December 2025, allowing hospitals sufficient time to compile and submit the required information and documentation.

A key enhancement in the 2026 cycle was the introduction of extensive proof requirements as a validation measure. To ensure the accuracy and credibility of the data, hospitals were required to substantiate nearly all survey responses with supporting documentation. Depending on the question, this included such documents as PDF samples of PROMs instruments used, examples of internal and external PROMs reports, links or documents demonstrating data reporting, evidence of data audits, documentation of PROMs use in clinical programs, research, benchmarking, or innovation initiatives, and more.

Survey responses without adequate proof documentation submitted were not eligible for scoring. This approach was implemented to ensure that scores reflect verified PROMs practices rather than stated intentions alone.

Senior management validation

As an additional safeguard to ensure data validity, all survey submissions required formal validation by a member of the hospital's senior management. This validation confirmed that the submitted responses accurately reflected the hospital's PROMs implementation to the best of the validating individual's knowledge.

Eligible validators included senior executives or hospital management (e.g., CEOs, CMOs, etc.), who could provide validation either via a signed PDF form or an official confirmation email.

Data review, verification, and validation

During the analysis phase, Statista's team of analysts conducted a thorough review of each survey submission, involving a detailed assessment of all responses and accompanying proof documents to determine whether the criteria required for each question were met.

Points were awarded only when sufficient and appropriate proof was provided. In cases where documentation was incomplete, unclear, or partially met the criteria, hospitals either received partial points or were asked to submit additional information. Analysts engaged in direct communication with hospitals to clarify responses, request supplementary documentation, and ensure that hospitals received the points they were eligible for based on their actual level of PROMs implementation.

A further enhancement in the 2026 cycle was the introduction of structured validation checks after submission. These included validation calls and follow-up emails with hospitals where additional clarification was needed. During these interactions, senior staff or PROMs-responsible teams explained their PROMs processes in detail, allowing Statista to integrate this information into the final evaluation and thereby strengthening the robustness of the methodology.

Scoring and ribbon allocation

Each survey question and sub-question contributed to the overall PROMs implementation score through a weighted point system. Points were aggregated across all survey domains to produce a final PROMs score expressed as a percentage of the maximum achievable score.

Based on this final score and relevant subscores, hospitals were assigned between one and five ribbons to reflect their level of PROMs implementation:

- 1 Ribbon: <43%
- 2 Ribbons: 43 to <58%
- 3 Ribbons: 58 to <76% *AND* internal or external reporting subscore > 0%

- 4 Ribbons: 76 to <92% *AND* internal reporting subscore > 0%
- 5 Ribbons: 92 to 100% *AND* auditing subscore > 0%

One ribbon indicates a basic level of PROMs implementation and replaces the checkmark used in previous years. Higher ribbon levels reflect progressively more advanced, comprehensive, and integrated PROMs practices. Hospitals achieving five ribbons demonstrated a high degree of maturity across nearly all assessed dimensions, including measurement, reporting, validation, and use of PROMs data.

Hospitals that completed the survey but do not measure PROMs did not receive a ribbon.

Please note that for the current ranking cycle, the PROMs Implementation Survey was significantly expanded and the scoring methodology revised, including stricter proof requirements and a transition from a 3-ribbon system (and including a checkmark designation for basic levels of implementation) to a 5-ribbon scale. As a result, ribbon allocations may differ from previous years even in cases where hospitals have maintained comparable levels of PROMs implementation, as performance is now assessed across a broader and more detailed set of criteria.

For the *World's Best Hospitals* ranking, PROMs implementation is assessed at the hospital level; therefore, if PROMs were measured and documented in at least one clinical department, the resulting PROMs score was applied to the hospital as a whole.

Knowledge partnership with ICHOM

Since 2024, Statista has partnered with the International Consortium for Health Outcomes Measurement (ICHOM) as a knowledge partner. ICHOM is the world's leading non-profit organization dedicated to transforming healthcare through the applied use of standardized patient-centered outcomes measurement. ICHOM convenes and empowers patients and clinical leaders to identify and standardize the most important clinical, quality of life, function, and experience results for healthcare, and enables transparent, large-scale use by various stakeholders to achieve patient-centric health system transformation. By working with partners around the world, ICHOM builds evidence-based, patient co-created resources—the standardized sets of patient-centered outcome measures—that help all actors in healthcare design, deliver, and evaluate care based on outcomes that matter to patients. ICHOM sets cover a large variety of medical conditions and account for nearly 60% of the global burden of disease. They have been implemented in over 500 care settings across more than 42 countries. Drawing from their widely recognized expertise and experience in the field of clinical and patient-reported outcome measures, ICHOM is contributing to the future development of the PROMs Implementation Survey and to the wider advancement of value-based care worldwide.

More information about ICHOM is available at: http://www.ichom.org/

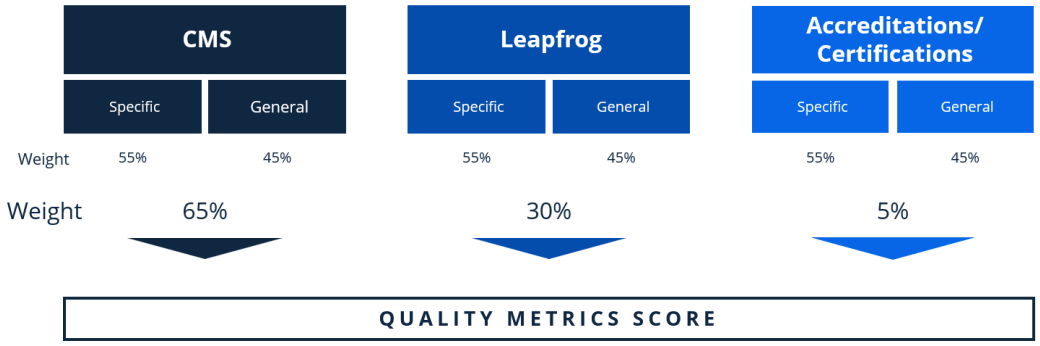
2.4. Specialty-centric scoring: Quality metrics and recommendations models

The hospital quality metrics score for each of the seven medical fields is derived from the three aforementioned data sources. Each data source has its own weight within the quality metrics pillar of the overall scoring model. Furthermore, within each of the data sources, the measures and indicators were sorted into groups with subweights. As each of the medical fields had varying number of indicators and measures, the weights and subweights of the data sources vary and are detailed below.

Lastly, within the surveys completed by medical professionals, participants were asked to assess the hospitals they recommended in their field of expertise across an array of quality dimensions. They were additionally prompted to indicate a standout treatment or diagnosis for each of their recommended hospitals.
Both the quality metrics model and the recommendations model are detailed below for each of the medical fields.

2.4.1. Cancer Care

The quality metrics model for Cancer Care is as follows:



For hospitals reporting data into the PCH Cancer Exempt program, the General pillar is no longer relevant. Instead, it is replaced by the Palliative Care Pillar with a weight of 45%. The specific pillar is weighted 55%

A detailed overview of the specific measures considered from each data source can be found below.

Centers for Medicare & Medicaid Services (CMS)

The following indicators from the respective CMS datasets were used in the evaluation:

Measure category	Measure code	Measure group
Safety of Care (Healthcare-associated infections)		
CLABSI - Central line-associated bloodstream infections	HAI_1	General
CAUTI - Catheter-associated urinary tract infections	HAI_2	General
SSI Colon - Surgical Site Infection from colon surgery	HAI_3	General
SSI Abdominal Hysterectomy - Surgical Site Infection from abdominal hysterectomy	HAI_4	General
Methicillin-resistant *Staphylococcus aureus* (or MRSA) blood laboratory-identified events (bloodstream infections)	HAI_5	General
***Clostridium difficile* (C.diff.) laboratory identified events (intestinal infections)**	HAI_6	General
Timely and effective care (Timely and effective care, outpatient imaging)		
Abdomen CT Use of Contrast Material	OP_10	Specific
Breast Cancer Screening Recall Rates	OP_39	Specific
Endoscopy/polyp surveillance: appropriate follow-up interval for normal colonoscopy in average risk patients	OP_29	Specific
Healthcare workers given influenza vaccination	IMM_3	General
Appropriate care for severe sepsis and septic shock	SEP_1	General
Safe Use of Opioids - Concurrent Prescribing	SAFE_USE_ OF_OPIOIDS	General
Readmission (Unplanned hospital visits)		
Rate of unplanned hospital visits after colonoscopy (per 1,000 colonoscopies)	OP_32	Specific
Rate of inpatient admissions for patients receiving outpatient chemotherapy	OP_35_ADM	Specific
Rate of emergency department (ED) visits for patients receiving outpatient chemotherapy	OP_35_ED	Specific

Newsweek

For the Cancer Care ranking, data reported to the PPS-Exempt Cancer Hospitals (PCH) was taken into consideration. For these hospitals, the general measures no longer applied to the quality metrics model; instead, measures on palliative care were taken into consideration.

Measure category	Measure code	Measure group
Healthcare-associated infections		
CLABSI - Central line-associated bloodstream infections	PCH_4_SIR	Specific
CAUTI - Catheter-associated urinary tract infections	PCH_5_SIR	Specific
SSI Colon - Surgical Site Infection from colon surgery	PCH_6_SIR	Specific
SSI Abdominal Hysterectomy - Surgical Site Infection from abdominal hysterectomy	PCH_7_SIR	Specific
Clostridium difficile (C.diff.) laboratory identified events (intestinal infections)	PCH_26_SIR	Specific
Methicillin-resistant Staphylococcus aureus (or MRSA) blood laboratory-identified events (bloodstream infections)	PCH_27_SIR	Specific
Healthcare workers given influenza vaccination	PCH_28_FAC_ADHPCT	Specific
Healthcare workers given their COVID-19 vaccination	PCH_38_FAC_ADHPCT	Specific
Palliative care		
Proportion of patients who died from cancer receiving chemotherapy in the last 14 days of life	PCH_32	Palliative Care
Proportion of patients who died from cancer admitted to the ICU in the last 30 days of life	PCH_33	Palliative Care
Proportion of patients who died from cancer not admitted to hospice	PCH_34	Palliative Care
Proportion of patients who died from cancer admitted to hospice for less than 3 days.	PCH_35	Palliative Care
Readmission (PCH complications and unplanned hospital visits)		
Admissions for Patients Receiving Outpatient Chemotherapy	PCH_30	Specific
Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	PCH_31	Specific
30-Day Unplanned Readmission for Cancer Patients	PCH_36	Specific
Surgical treatment complications for localized prostate cancer	PCH_37	Specific

Leapfrog

To evaluate a hospital's performance, the following general and specialty-specific indicators were used as part of the Leapfrog quality metrics score:

General indicators

- HealthEquity_Results
- InformedConsent_Results
- CPOE_Results
- BCMA_Results
- MedRec_Results
- SafeCheckInp_Results
- Adult_IPS_Results
- NurseTotalHours_Results
- NurseRNHours_Results
- NurseBSN_Results
- SP1_Results
- SP2_Results
- HH_Results
- NeverEvents_Results
- SafeCheckOut_Results
- MedAllergy_Results

Oncology-specific indicators

- Lung_Results
- Esoph_Results
- Pancr_Results
- Rectal_Results

Accreditations and specialized programs

Additionally, the following specialty-centric accreditations and certifications, as well as national institute designations, were taken into consideration:

- The Joint Commission – Palliative Care
- The Joint Commission – Brain Tumor Certification
- The Joint Commission – Lung Cancer Certification
- FACT accreditation
- National Cancer Institute Designated Cancer Centers

Hospital recommendation from peers

Participants of the recommendation survey were asked to name the top hospitals for Cancer Care based on their professional expertise. Within this survey, participants had to state at least one condition/surgery that the hospital performs best and to rate the quality dimensions of the hospital across eight areas of care. The standout specialties and quality assessment categories are as follows:

Standout specialties

- Prostate cancer
- Lung cancer
- Cervical cancer
- Breast cancer
- Colon & rectal cancer
- Leukemia

Hospitals that received recommendations in the top decile for a standout specialty had this displayed alongside their rank.

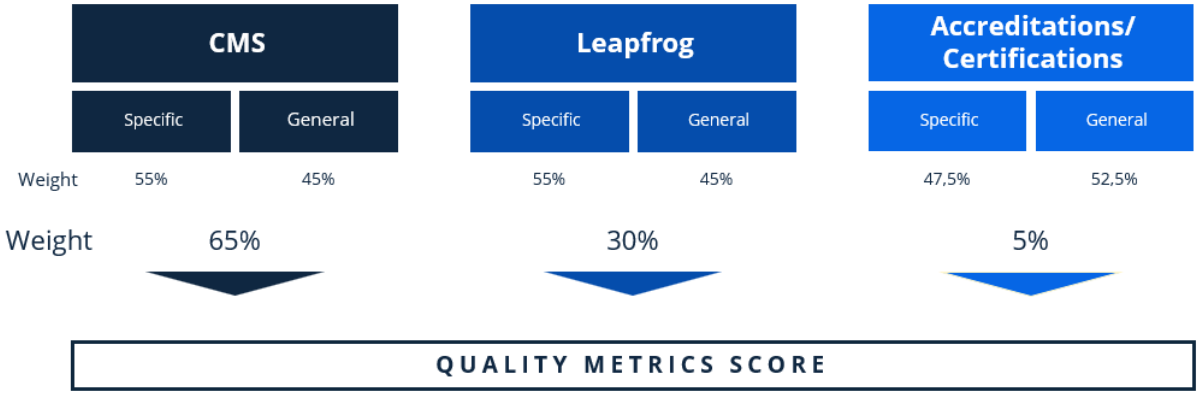
Quality assessment

- Social work program/supportive care services
- Psycho-oncological/psychosocial support
- Outpatient palliative care
- Inpatient palliative care
- Multidisciplinary care teams
- Cancer rehabilitation programs
- Patient education & counselling
- Clinical trials & research

Participants were prompted to select values between 1 and 10 to assess the hospitals across these eight quality dimensions. The values were then averaged for each hospital, and the quality assessment was factored into the recommendation score.

2.4.2. Cardiac Care

The quality metrics model for Cardiac Care is as follows:



A detailed overview of the specific measures considered from each data source can be found below.

Centers for Medicare & Medicaid Services (CMS)

The following indicators from the respective CMS datasets were used in the evaluation:

Measure category	Measure code	Measure group
Mortality (Complications and deaths)		
Death rate for heart attack patients	MORT_30_AMI	Specific
Death rate for coronary artery bypass graft (CABG) surgery patients	MORT_30_CABG	Specific
Death rate for heart failure patients	MORT_30_HF	Specific
Postoperative hemorrhage or hematoma rate	PSI_09	Specific
Postoperative respiratory failure rate	PSI_11	Specific
Pressure ulcer rate	PSI_03	General
Death rate among surgical inpatients with serious treatable complications	PSI 04	General
Perioperative pulmonary embolism or deep vein thrombosis rate	PSI_12	General
Postoperative sepsis rate	PSI_13	General
Postoperative wound dehiscence rate	PSI_14	General
Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Rate	Hybrid_HWM	General
Safety of care (Healthcare-associated infections)		
CLABSI - Central line-associated bloodstream infections	HAI_1	General
CAUTI - Catheter-associated urinary tract infections	HAI_2	General

Methicillin-resistant *Staphylococcus aureus* (or MRSA) blood laboratory-identified events (bloodstream infections)	HAI_5	General
***Clostridium difficile* (C.diff.) laboratory identified events (intestinal infections)**	HAI_6	General
Timely and effective care (Timely and effective care, outpatient imaging)		
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	OP_13	Specific
Percentage of ED patients with a diagnosis of STEMI who received timely delivery of guideline-based reperfusion therapies appropriate for the care setting and delivered in the absence of contraindications	OP_40	Specific
Discharged on Antithrombotic Therapy	STK_02	Specific
Anticoagulation Therapy for Atrial Fibrillation/Flutter	STK_03	Specific
Antithrombotic Therapy by End of Hospital Day 2	STK_05	Specific
Venous Thromboembolism Prophylaxis	VTE_1	Specific
Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE_2	Specific
Healthcare workers given influenza vaccination	IMM_3	General
Safe Use of Opioids - Concurrent Prescribing	SAFE_USE_ OF_OPIOIDS	General
Appropriate care for severe sepsis and septic shock	SEP_1	General
Readmissions (Unplanned hospital visits)		
Hospital return days for heart attack patients	EDAC_30_AMI	Specific
Hospital return days for heart failure patients	EDAC_30_HF	Specific
Acute Myocardial Infarction (AMI) 30-Day Readmission Rate	READM_30_AMI	Specific
Rate of readmission for CABG	READM_30_CABG	Specific
Heart failure (HF) 30-Day Readmission Rate	READM_30_HF	Specific
Ratio of unplanned hospital visits after hospital outpatient surgery	OP-36	General
Rate of readmission after discharge from hospital (hospital-wide)	Hybrid_HWR	General

Information on each of the variables and the dataset can be found on the CMS website.

Leapfrog

To evaluate a hospital's performance, the following general and specialty-specific indicators were used as part of the Leapfrog quality metrics score:

General indicators

- HealthEquity_Results
- InformedConsent_Results
- CPOE_Results
- BCMA_Results
- MedRec_Results
- SafeCheckInp_Results
- Adult_IPS_Results
- NurseTotalHours_Results
- NurseRNHours_Results
- NurseBSN_Results
- SP1_Results
- SP2_Results
- HH_Results
- NeverEvents_Results
- SafeCheckOut_Results
- MedAllergy_Results

Cardiac-specific indicators

- Carotid_Results
- Mitral_Results
- OpenAortic_Results
- ACLS_Results

Accreditations and specialized programs

Additionally, the following specialty-centric accreditations and certifications were taken into consideration:

- The Joint Commission's (TJC) hospital certifications – Acute myocardial infection
- The Joint Commission's (TJC) hospital certifications – Cardiac Rehabilitation
- The Joint Commission's (TJC) hospital certifications – Chest pain
- The Joint Commission's (TJC) hospital certifications – Heart failure
- The Joint Commission's (TJC) hospital advanced certifications – Acute heart attack ready
- The Joint Commission's (TJC) hospital advanced certifications – Advanced comprehensive heart attack center

- The Joint Commission's (TJC) hospital advanced certifications – Comprehensive cardiac center
- The Joint Commission's (TJC) hospital advanced certifications – Heart failure
- The Joint Commission's (TJC) hospital advanced certifications – Primary heart attack center
- The Joint Commission's (TJC) hospital advanced certifications – Ventricular assist device

Hospital recommendation from peers

Participants of the recommendation survey were asked to name the top hospitals for Cardiac Care based on their professional expertise. Within this survey, participants had to state at least one condition/surgery that the hospital performs best and to rate the quality dimensions of the hospital across five areas of care. The standout specialties and quality assessment categories are as follows:

Standout specialties

- Chronic ischemic heart diseases
- Coronary angioplasty & stent placement
- Coronary artery disease
- Heart bypass surgery (CABG)
- Heart valve surgery
- Heart transplant

Hospitals that received recommendations in the top decile for a standout specialty had this displayed alongside their rank.

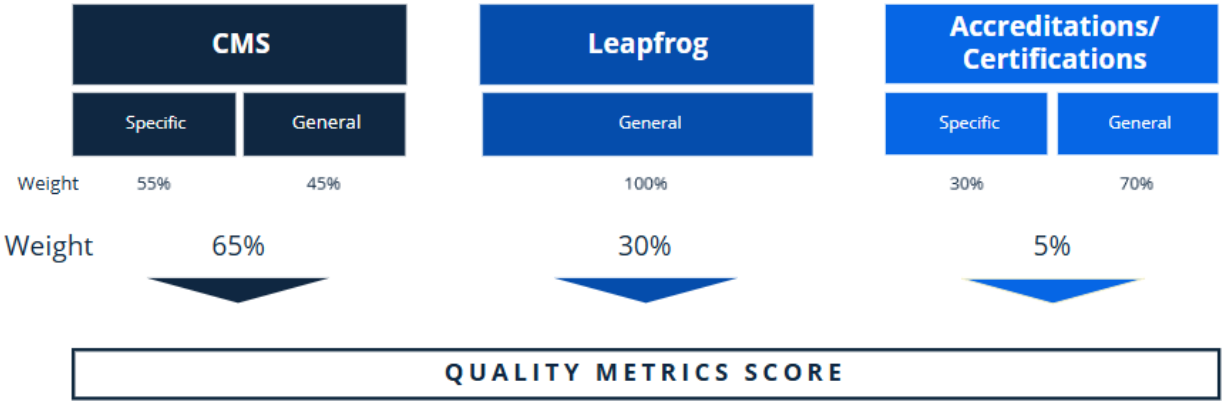
Quality assessment

- Provision of care and patient safety
- Patient education and counselling
- Cardiac rehabilitation
- Overall nurse staffing
- Technical equipment

Participants were prompted to select values between 1 and 10 to assess the hospitals across these five quality dimensions. The values were then averaged for each hospital, and the quality assessment was factored into the recommendation score.

2.4.3. Endocrine Care

The quality metrics model for Endocrine Care is as follows:



A detailed overview of the specific measures considered from each data source can be found below.

Centers for Medicare & Medicaid Services (CMS)

The following indicators from the respective CMS datasets were used in the evaluation:

Measure category	Measure code	Measure group
Mortality (Complications and deaths)		
Postoperative acute kidney injury requiring dialysis rate	PSI_10	Specific
Pressure ulcer rate	PSI_03	General
Death rate among surgical inpatients with serious treatable complications	PSI_04	General
Postoperative hemorrhage or hematoma rate	PSI_09	General
Perioperative pulmonary embolism or deep vein thrombosis rate	PSI_12	General
Postoperative sepsis rate	PSI_13	General
Postoperative wound dehiscence rate	PSI_14	General
Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Rate	Hybrid_HWM	General
Safety of Care (Healthcare-associated infections)		
CLABSI - Central line-associated bloodstream infections	HAI_1	General
CAUTI - Catheter-associated urinary tract infections	HAI_2	General
Methicillin-resistant *Staphylococcus aureus* (or MRSA) blood laboratory-identified events (bloodstream infections)	HAI_5	General

***Clostridium difficile* (C.diff.) laboratory identified events (intestinal infections)**	HAI_6	General
Timely and effective care (Timely and effective care, outpatient imaging)		
Hospital Harm - Severe Hyperglycemia	HH_HYPER	Specific
Hospital Harm - Severe Hypoglycemia	HH_Hypo	Specific
Appropriate care for severe sepsis and septic shock	SEP_1	General
Healthcare workers given influenza vaccination	IMM_3	General
Safe Use of Opioids - Concurrent Prescribing	SAFE_USE_ OF_OPIOIDS	General
Readmission (unplanned hospital visits)		
Ratio of unplanned hospital visits after hospital outpatient surgery	OP_36	General
Rate of readmission after discharge from hospital (hospital-wide)	Hybrid_HWR	General

Leapfrog

To evaluate a hospital's performance, the following general indicators were used as part of the Leapfrog quality metrics score:

General indicators

- HealthEquity_Results
- InformedConsent_Results
- CPOE_Results
- BCMA_Results
- MedRec_Results
- SafeCheckInp_Results
- Adult_IPS_Results
- NurseTotalHours_Results
- NurseRNHours_Results
- NurseBSN_Results
- SP1_Results
- SP2_Results
- HH_Results
- NeverEvents_Results
- SafeCheckOut_Results
- MedAllergy_Results

No endocrinology-specific measures were present in the dataset.

Accreditations and specialized programs

Additionally, the following specialty-centric certification was taken into consideration:

- The Joint Commission – Inpatient diabetes certification

Hospital recommendation from peers

Participants of the recommendation survey were asked to name the top hospitals for Endocrine Care based on their professional expertise. Within this survey, participants had to state at least one condition/surgery that the hospital performs best and to rate the quality dimensions of the hospital across five areas of care.

The standout specialties and quality assessment categories are as follows:

Standout specialties

- Diabetes
- Thyroid disorder
- Metabolic & calcium disorders
- Reproductive endocrinology (e.g., hypogonadism or PCOS)
- Pituitary & adrenal disorder
- Endocrine surgery

Hospitals that received recommendations in the top decile for a standout specialty had this displayed alongside their rank.

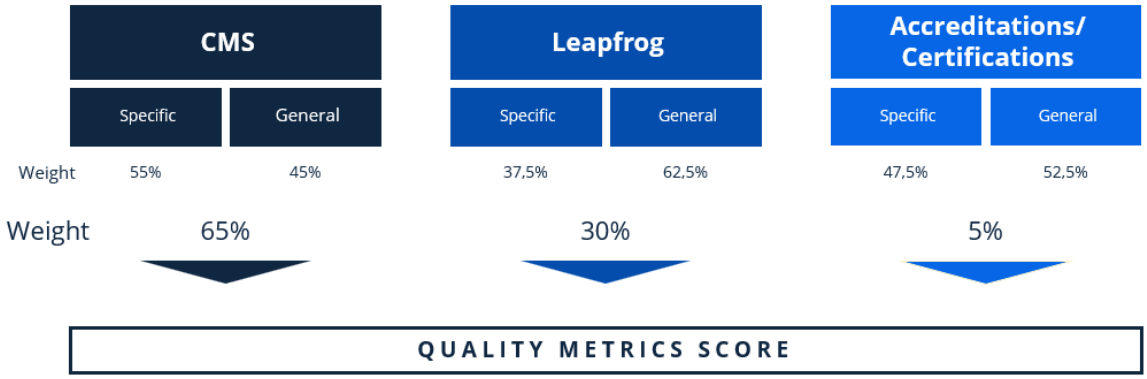
Quality assessment

- Provision of care and patient safety
- Patient education and counselling
- Chronic care
- Overall nurse staffing
- Technical equipment

Participants were prompted to select values between 1 and 10 to assess the hospitals across these five quality dimensions. The values were then averaged for each hospital and the quality assessment was factored into the recommendation score.

2.4.4. Neurological Care

The quality metrics model for Neurological Care is as follows:



A detailed overview of the specific measures considered from each data source can be found below.

Centers for Medicare & Medicaid Services (CMS)

The following indicators from the respective CMS datasets were used in the evaluation:

Measure category	Measure code	Measure group
Mortality (Complications and deaths)		
Death rate for stroke patients	MORT-30-STK	Specific
Pressure ulcer rate	PSI_03	General
Death rate among surgical inpatients with serious treatable complications	PSI_04	General
Iatrogenic pneumothorax rate	PSI_06	General
Postoperative hemorrhage or hematoma rate	PSI_09	General
Perioperative pulmonary embolism or deep vein thrombosis rate	PSI_12	General
Postoperative sepsis rate	PSI_13	General
Postoperative wound dehiscence rate	PSI_14	General
Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Rate	Hybrid_HWM	General
Safety of Care (Healthcare-associated infections)		
CLABSI - Central line-associated bloodstream infections	HAI_1	General
CAUTI - Catheter-associated urinary tract infections	HAI_2	General
Methicillin-resistant Staphylococcus aureus (MRSA) blood laboratory-identified events (bloodstream infections)	HAI_5	General

***Clostridium difficile* (C.diff.) laboratory-identified events (intestinal infections)**	HAI_6	General
Timely and effective care (Timely and effective care, outpatient imaging)		
MRI Lumbar Spine for Low Back Pain	OP-8	Specific
Discharged on Antithrombotic Therapy	STK_02	Specific
Antithrombotic Therapy by End of Hospital Day 2	STK_05	Specific
Head CT results	OP_23	Specific
Venous Thromboembolism Prophylaxis	VTE_1	General
Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE_2	General
Healthcare workers given influenza vaccination	IMM_3	General
Safe Use of Opioids – Concurrent Prescribing	SAFE_USE_OF_OPIOIDS	General
Appropriate care for severe sepsis and septic shock	SEP_1	General
Readmission (Unplanned hospital visits)		
Ratio of unplanned hospital visits after hospital outpatient surgery	OP_36	General
Rate of readmission after discharge from hospital (hospital-wide)	Hybrid_HWR	General

Leapfrog

To evaluate a hospital's performance, the following general indicators were used as part of the Leapfrog quality metrics score:

General indicators

- HealthEquity_Results
- InformedConsent_Results
- CPOE_Results
- BCMA_Results
- MedRec_Results
- SafeCheckInp_Results
- Adult_IPS_Results
- NurseTotalHours_Results
- NurseRNHours_Results
- NurseBSN_Results
- SP1_Results
- SP2_Results
- HH_Results

- NeverEvents_Results
- SafeCheckOut_Results
- MedAllergy_Results

Neurology-specific indicators

- Carotid_Results

Accreditations and specialized programs

Additionally, the following specialty-centric accreditations and certifications were taken into consideration:

- The Joint Commission's (TJC) hospital advanced certifications – Acute Stroke Ready Hospital
- The Joint Commission's (TJC) hospital advanced certifications – Advanced Certification Spine Surgery
- The Joint Commission's (TJC) hospital advanced certifications – Advanced Comprehensive Stroke Center
- The Joint Commission 's (TJC) hospital advanced certifications – Primary Stroke Center
- The Joint Commission's (TJC) hospital advanced certifications – Thrombectomy-Capable Stroke Center
- The Joint Commission's (TJC) hospital certifications – Spine Surgery
- The Joint Commission's (TJC) hospital certifications – Spinal Fusion
- National Association of Epilepsy Centers (NAEC)
- The Joint Commission's (TJC) hospital certifications – Stroke Rehabilitation
- National Institute on Aging (NIA) Alzheimer's Disease Research Centers

Hospital recommendation from peers

Participants of the recommendation survey were asked to name the top hospitals for Neurological Care based on their professional expertise. Within this survey, participants had to state at least one condition/surgery that the hospital performs best and to rate the quality dimensions of the hospital across five areas of care. The standout specialties and quality assessment categories are as follows:

Standout specialties

- Alzheimer's disease
- Multiple sclerosis
- Parkinson's disease
- Epilepsy
- Neurological infections (e.g., meningitis)
- Brain tumor surgery

- Spinal fusion

Hospitals that received recommendations in the top decile for a standout specialty had this displayed alongside their rank.

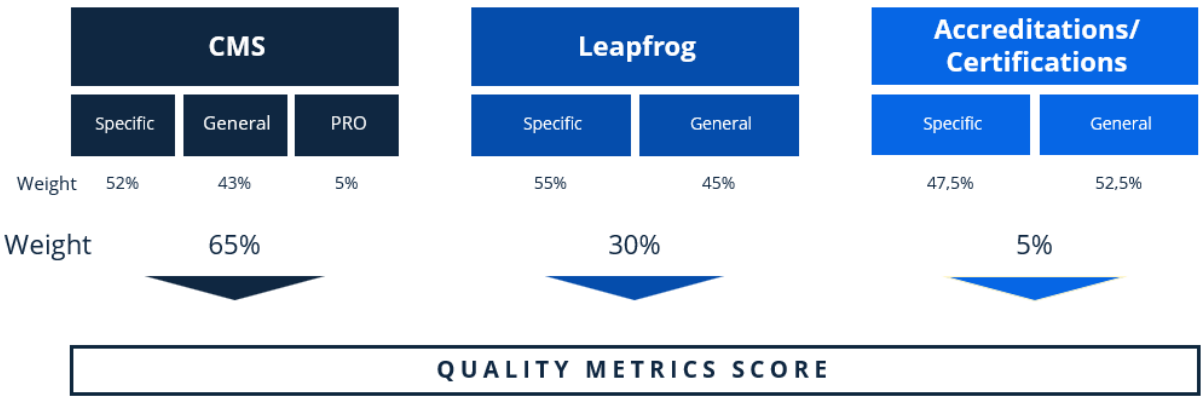
Quality assessment

- Provision of care and patient safety
- Patient education and counselling
- Neurological rehabilitation
- Overall nurse staffing
- Technical equipment

Participants were prompted to select values between 1 and 10 to assess the hospitals across these five quality dimensions. The values were then averaged for each hospital, and the quality assessment was factored into the recommendation score.

2.4.5. Orthopedic Care

The quality metrics model for Orthopedic Care is as follows:



A detailed overview of the specific measures considered from each data source can be found below.

Centers for Medicare & Medicaid Services (CMS)

The following indicators from the respective CMS datasets were used in the evaluation:

Measure category	Measure code	Measure group
Patient-reported outcomes		
Hospital-Level Total Hip Arthroplasty/Total Knee Arthroplasty Patient-Reported Outcome-Based Performance Measure	THA/TKA PRO-PM	PRO
Mortality (Complications and Deaths)		
Rate of complications for hip/knee replacement patients	COMP_HIP_KNEE	Specific
In-hospital fall with hip fracture rate	PSI_08	Specific
Pressure ulcer rate	PSI_03	General
Death rate among surgical inpatients with serious treatable complications	PSI_04	General
Postoperative hemorrhage or hematoma rate	PSI_09	General
Perioperative pulmonary embolism or deep vein thrombosis rate	PSI_12	General
Postoperative sepsis rate	PSI_13	General
Postoperative wound dehiscence rate	PSI_14	General
Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Rate	Hybrid_HWM	General
Safety of Care (Healthcare-associated infections)		
CLABSI - Central line-associated bloodstream infections	HAI_1	General
CAUTI - Catheter-associated urinary tract infections	HAI_2	General
Methicillin-resistant *Staphylococcus aureus* (MRSA) blood laboratory-identified events (bloodstream infections)	HAI_5	General
***Clostridium difficile* (C.diff.) laboratory-identified events (intestinal infections)**	HAI_6	General
Timely and effective care (Timely and effective care, outpatient imaging)		
MRI Lumbar Spine for Low Back Pain	OP_8	Specific
Healthcare workers given influenza vaccination	IMM_3	General
Safe Use of Opioids - Concurrent Prescribing	SAFE_USE_ OF_OPIOIDS	General
Appropriate care for severe sepsis and septic shock	SEP_1	General
Venous Thromboembolism Prophylaxis	VTE_1	General

Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE_2	General
Readmission (Unplanned hospital visits)		
Rate of readmission after hip/knee replacement	READM_30_HIP_KNEE	Specific
Ratio of unplanned hospital visits after hospital outpatient surgery	OP_36	General
Rate of readmission after discharge from hospital (hospital-wide)	Hybrid_HWR	General

Leapfrog

To evaluate a hospital's performance, the following general and specialty-specific indicators were used as part of the Leapfrog quality metrics score:

General Indicators

- HealthEquity_Results
- InformedConsent_Results
- CPOE_Results
- BCMA_Results
- MedRec_Results
- SafeCheckInp_Results
- Adult_IPS_Results
- NurseTotalHours_Results
- NurseRNHours_Results
- NurseBSN_Results
- SP1_Results
- SP2_Results
- HH_Results
- NeverEvents_Results
- SafeCheckOut_Results
- MedAllergy_Results

Orthopedic-specific Indicators

- Knee_Results
- Hip_Results

Accreditations and specialized programs

Additionally, the following specialty-centric accreditations and certifications were taken into consideration:

- The Joint Commission's (TJC) hospital advanced certifications – Advanced Certification Spine Surgery
- The Joint Commission's (TJC) hospital advanced certifications – Advanced Total Hip and Total Knee Replacement
- The Joint Commission's (TJC) hospital certifications – Hip fracture rehabilitation
- The Joint Commission's (TJC) hospital certifications– Hip fracture
- The Joint Commission's (TJC) hospital certifications – Joint Replacement – Hip
- The Joint Commission's (TJC) hospital certifications – Joint Replacement - Knee
- The Joint Commission's (TJC) hospital certifications – Joint Replacement - Shoulder
- The Joint Commission's (TJC) hospital certifications – Spinal Cord Injury Rehabilitation
- The Joint Commission's (TJC) hospital certifications – Spinal Fusion
- The Joint Commission's (TJC) hospital certifications – Spine Surgery

Hospital recommendation from peers

Participants of the recommendation survey were asked to recommend the top hospitals for Orthopedic Care based on their professional expertise. Within this survey, participants had to state at least one condition/surgery that the hospital performs best and to rate the quality dimensions of the hospital across four areas of care. The standout specialties and quality assessment categories are as follows:

Standout specialties

- ACL reconstruction surgery
- Ankle surgery
- Hip replacement surgery
- Knee replacement surgery
- Nonsurgical orthopaedic treatments
- Shoulder replacement surgery

Hospitals that received recommendations in the top decile for a standout specialty had this displayed alongside their rank.

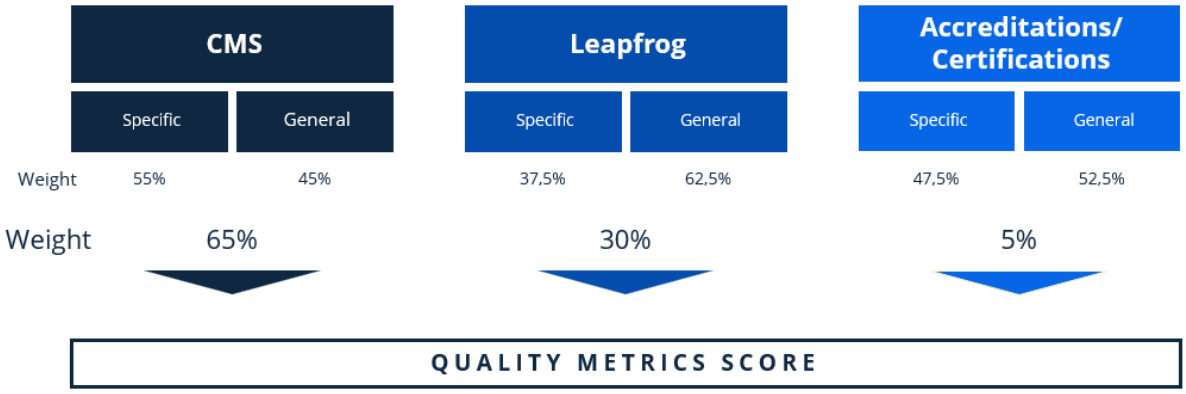
Quality assessment

- Provision of care and patient safety
- Patient education and counselling
- Overall nurse staffing
- Technical equipment

Participants were prompted to select values between 1 and 10 to assess the hospitals across these four quality dimensions. The values were then averaged for each hospital, and the quality assessment was factored into the recommendation score.

2.4.6. Pulmonary Care

The quality metrics model for Pulmonary Care is as follows:



A detailed overview of the specific measures considered from each data source can be found below.

Centers for Medicare & Medicaid Services (CMS)

The following indicators from the respective CMS datasets were used in the evaluation:

Measure category	Measure code	Measure group
Mortality (Complications and deaths)		
Death rate for COPD patients	MORT_30_COPD	Specific
Death rate for pneumonia patients	MORT-30-PN	Specific
Iatrogenic pneumothorax rate	PSI_06	Specific
Postoperative respirature failure rate	PSI_11	Specific
Perioperative pulmonary embolism or deep vein thrombosis rate	PSI_12	Specific
Pressure ulcer rate	PSI_03	General
Death rate among surgical inpatients with serious treatable complications	PSI_04	General
Postoperative hemorrhage or hematoma rate	PSI_09	General
Postoperative sepsis rate	PSI_13	General
Postoperative wound dehiscence rate	PSI_14	General
Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Rate	Hybrid_HWM	General

Safety of Care (Healthcare-associated infections)		
CLABSI - Central line-associated bloodstream infections	HAI_1	General
CAUTI - Catheter-associated urinary tract infections	HAI_2	General
Methicillin-resistant *Staphylococcus aureus* (or MRSA) blood laboratory-identified events (bloodstream infections)	HAI_5	General
***Clostridium difficile* (C.diff.) laboratory identified events (intestinal infections)**	HAI_6	General
Timely and effective care (Timely and effective care, outpatient imaging)		
Venous Thromboembolism Prophylaxis	VTE_1	Specific
Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE_2	Specific
Healthcare workers given influenza vaccination	IMM_3	General
Safe Use of Opioids - Concurrent Prescribing	SAFE_USE_ OF_OPIOIDS	General
Appropriate care for severe sepsis and septic shock	SEP_1	General
Readmission (Unplanned hospital visits)		
Hospital return days for pneumonia patients	EDAC-30-PN	Specific
Rate of readmission for chronic obstructive pulmonary disease (COPD) patients	READM-30-COPD	Specific
Pneumonia (PN) 30-Day Readmission Rate	READM-30-PN	Specific
Ratio of unplanned hospital visits after hospital outpatient surgery	OP-36	General
Rate of readmission after discharge from hospital (hospital-wide)	Hybrid_HWR	General

Leapfrog

To evaluate a hospital's performance, the following general and specialty-specific indicators were used as part of the Leapfrog quality metrics score:

General Indicators

- HealthEquity_Results
- InformedConsent_Results
- CPOE_Results
- BCMA_Results
- MedRec_Results
- SafeCheckInp_Results
- Adult_IPS_Results
- NurseTotalHours_Results
- NurseRNHours_Results

- NurseBSN_Results
- SP1_Results
- SP2_Results
- HH_Results
- NeverEvents_Results
- SafeCheckOut_Results
- MedAllergy_Results

Pulmonary Specific Indicators

- Lung_Results

Accreditations and specialized programs

Additionally, the following specialty-centric accreditations and certifications were taken into consideration:

- The Joint Commission's (TJC) hospital advanced certifications – Chronic Obstructive Pulmonary Disease
- The Joint Commission's (TJC) hospital advanced certifications – Lung volume reduction surgery
- The Joint Commission's (TJC) hospital certifications – Chronic Obstructive Pulmonary Disease
- The Joint Commission's (TJC) hospital certifications – Pediatric Asthma
- The Joint Commission's (TJC) hospital certifications – Pneumonia
- The Joint Commission's (TJC) hospital certifications – Pulmonary Rehabilitation
- The Joint Commission's (TJC) hospital certifications – Respiratory failure

Hospital recommendation from peers

Participants of the recommendation survey were asked to name the top hospitals for Pulmonary Care based on their professional expertise. Within this survey, participants had to state at least one condition/surgery that the hospital performs best and to rate the quality dimensions of the hospital across seven areas of care. The standout specialties and quality assessment categories are as follows:

Standout specialties

- Advanced pulmonary surgical interventions (e.g., minimally invasive thoracic surgery, lung transplant)
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Lung cancer surgery
- Pleural diseases (e.g., pleurisy, pleural effusion)

- Pulmonary hypertension
- Respiratory infections (e.g., bronchitis, pneumonia & tuberculosis)

Hospitals that received recommendations in the top decile for a standout specialty had this displayed alongside their rank.

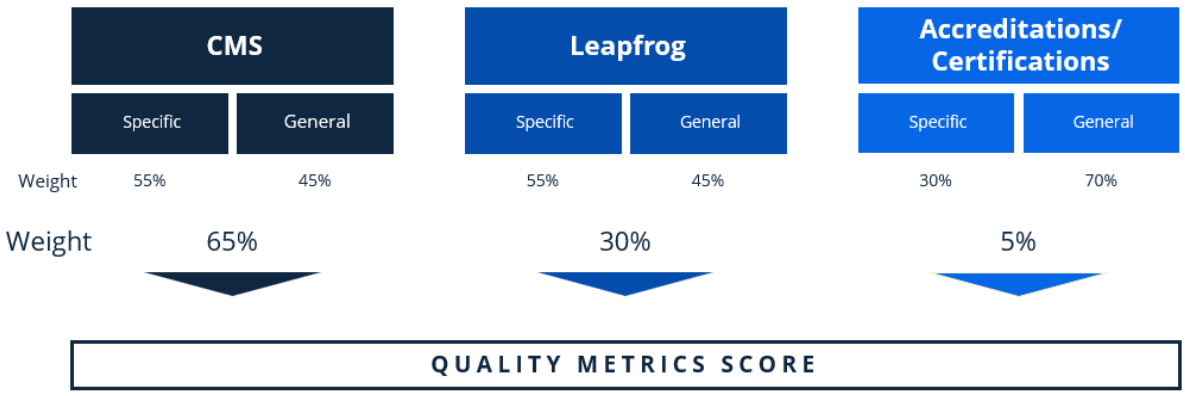
Quality assessment

- Provision of care and patient safety
- Patient education and counselling
- Chronic care
- Pulmonary rehabilitation
- Overall nurse staffing
- Technical equipment

Participants were prompted to select values between 1 and 10 to assess the hospitals across these six quality dimensions. The values were then averaged for each hospital, and the quality assessment was factored into the recommendation score.

2.4.7. Gastrointestinal Care

The quality metrics model for Gastrointestinal Care is as follows:



A detailed overview of the specific measures considered from each data source can be found below.

Newsweek

Centers for Medicare & Medicaid Services (CMS)

The following indicators from the respective CMS datasets were used in the evaluation:

Measure category	Measure code	Measure group
Mortality (Complications and deaths)		
Pressure ulcer rate	PSI_03	General
Death rate among surgical inpatients with serious treatable complications	PSI_04	General
Postoperative hemorrhage or hematoma rate	PSI_09	General
Perioperative pulmonary embolism or deep vein thrombosis rate	PSI_12	General
Postoperative sepsis rate	PSI_13	General
Postoperative wound dehiscence rate	PSI_14	General
Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Rate	Hybrid_HWM	General
Safety of care (Healthcare-associated infections)		
SSI Colon - Surgical Site Infection from colon surgery	HAI_3	Specific
CLABSI - Central line-associated bloodstream infections	HAI_1	General
CAUTI - Catheter-associated urinary tract infections	HAI_2	General
Methicillin-resistant *Staphylococcus aureus* (or MRSA) blood laboratory-identified events (bloodstream infections)	HAI_5	General
***Clostridium difficile* (C.diff.) laboratory identified events (intestinal infections)**	HAI_6	General
Timely and effective care (Timely and effective care, outpatient imaging)		
Abdomen CT Use of Contrast Material	OP_10	Specific
Endoscopy/polyp surveillance: appropriate follow-up interval for normal colonoscopy in average risk patients	OP_29	Specific
Healthcare workers given influenza vaccination	IMM_3	General
Safe Use of Opioids - Concurrent Prescribing	SAFE_USE_ OF_OPIOIDS	General
Appropriate care for severe sepsis and septic shock	SEP_1	General
Venous Thromboembolism Prophylaxis	VTE_1	General
Intensive Care Unit Venous Thromboembolism Prophylaxis	VTE_2	General
Readmission (Unplanned hospital visits)		
Rate of unplanned hospital visits after colonoscopy (per 1,000 colonoscopies)	OP_32	Specific

Ratio of unplanned hospital visits after hospital outpatient surgery	OP_36	General
Rate of readmission after discharge from hospital (hospital-wide)	Hybrid_HWR	General

Leapfrog

To evaluate a hospital's performance, the following general and specialty-specific indicators were used as part of the Leapfrog quality metrics score:

General Indicators

- HealthEquity_Results
- InformedConsent_Results
- CPOE_Results
- BCMA_Results
- MedRec_Results
- SafeCheckInp_Results
- Adult_IPS_Results
- NurseTotalHours_Results
- NurseRNHours_Results
- NurseBSN_Results
- SP1_Results
- SP2_Results
- HH_Results
- NeverEvents_Results
- SafeCheckOut_Results
- MedAllergy_Results

Gastroenterology-specific Indicators

- Esoph_Results
- Pancr_Results
- Rectal_Results
- ColonoscopyVisit_Results

Accreditations and specialized programs

Additionally, the following specialty-centric certifications were taken into consideration:

- American Society for Gastrointestinal Endoscopy (ASGE) - STAR Certificate Programs

Hospital recommendation from peers

Participants of the recommendation survey were asked to recommend the top hospitals for Gastrointestinal Care based on their professional expertise. Within this survey, participants had to state at least one condition/treatment that the hospital performs best and to rate the quality dimensions of the hospital across four areas of care. The standout specialties and quality assessment categories are as follows:

Standout specialties

- Advanced Endoscopy
- Colorectal Cancer Surgery
- Hepatobiliary Diseases
- Inflammatory Bowel Disease (IBD)
- Gastroesophageal reflux disease (GERD)

Hospitals that received recommendations in the top decile for a standout specialty had this displayed alongside their rank.

Quality assessment

- Provision of care and patient safety
- Patient education and counselling
- Overall nurse staffing
- Technical equipment

Participants were prompted to select values between 1 and 10 to assess the hospitals across these four quality dimensions. The values were then averaged for each hospital, and the quality assessment was factored into the recommendation score.

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As a result, the *Best Hospitals for Specialized Care* in the U.S. within the seven medical fields were awarded, including the top 200 hospitals for Cancer care, Cardiac care, Endocrine care, Neurological care, Orthopedic care, and Pulmonary care, as well as the top 175 hospitals for Gastrointestinal care.

Hospitals within each specialty's list are sorted by rank as follows:

Example: Hospitals for Cardiac Care

Rank	Hospital	City	State	Standout Specialty	PROMs
1	Mayo Clinic - Rochester	Rochester	Minnesota	Chronic ischemic heart disease, Coronary artery disease, Heart bypass surgery (CABG), Heart valve surgery, Heart transplant, Coronary Angioplasty & Stent Placement	4 Ribbons
2	Massachusetts General Hospital / Corrigan Minehan Heart Center	Boston	Massachusetts	Chronic ischemic heart disease, Coronary artery disease, Heart bypass surgery (CABG), Heart valve surgery, Heart transplant, Coronary Angioplasty & Stent Placement	4 Ribbons
3	Cleveland Clinic / Sydell and Arnold Miller Family Heart, Vascular & Thoracic Institute	Cleveland	Ohio	Chronic ischemic heart disease, Coronary artery disease, Heart bypass surgery (CABG), Heart valve surgery, Heart transplant, Coronary Angioplasty & Stent Placement	4 Ribbons
4	NYU Langone Hospitals - Tisch Hospital	New York City	New York	Chronic ischemic heart disease, Coronary artery disease, Heart bypass surgery (CABG), Heart valve surgery, Heart transplant, Coronary Angioplasty & Stent Placement	
5	The Johns Hopkins Hospital	Baltimore	Maryland	Chronic ischemic heart disease, Coronary artery disease, Heart bypass surgery (CABG), Heart valve surgery, Heart transplant, Coronary Angioplasty & Stent Placement	

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Disclaimer

The rankings are comprised exclusively of hospitals that are eligible regarding the scope described in this document. A mention in the ranking is a positive recognition based on peer recommendations and publicly available data sources at the time. The ranking is the result of an elaborate process which, due to the interval of data collection and analysis, is a reflection of the last calendar year. Furthermore, events preceding or following the period 04/04/2025–04/03/2026 and/or pertaining to individual persons affiliated/associated to the facilities were not included in the metrics. As such, the results of this ranking should not be used as the sole source of information for future deliberations. The information provided in this ranking should be considered in conjunction with other available information about hospitals or, if possible, accompanied by a visit to a facility. The quality of hospitals that are not included in the rankings is not disputed.

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Appendix A

PROMs Implementation Survey section	Weight
PROMs status assessment	5%
PROMs team	5%
Number of Standardized PROMs	6.5%
Condition Specific PROMs - Case mix adjustment	6%
Condition Specific PROMs - Scientifically validated	4%
Condition Specific PROMs - Response rate	7.5%
Reporting PROMs results internally to clinicians	5%
Reporting PROMs results internally to management board	5%
Reporting PROMs results internally to patients	5%
Provide patients individual reports of PROMs data	5%
Reporting PROMs results to the public	10%
Audit before publishing the data	6%
Using PROMs data to optimize care processes	7.5%
Using PROMs data to support therapeutic decisions in real-time	7.5%
Using PROMs data for shared decision making	7.5%
Sharing and comparing PROMs data with other institutions	7.5%