April 16th, 2026

America's Best Children's Hospitals 2026
– Methodology –

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1 Introduction

High-quality pediatric care is essential to promoting the long-term health and well-being of children. According to the World Health Organization (2018), children are often deprived of key elements of appropriate care and are frequently managed inadequately in healthcare settings. Given that children's physical and psychosocial needs differ from those of adults, it is essential to implement care standards that ensure health services are age-appropriate, developmentally effective, and family-centered (ibid.). Recognizing the importance of exceptional pediatric and neonatal care, Statista and Newsweek have partnered for the fourth consecutive year to identify *America's Best Children's Hospitals*. The ranking highlights hospitals that excel in providing comprehensive and compassionate care to children and newborns in the U.S.

The 2026 edition of the ranking is an extension and update of the annual *America's Best Children's Hospitals* ranking, which was first published by Newsweek and Statista in June 2023. In the 2026 edition, the *America's Best Children's Hospitals* ranking awards the leading hospitals in **eight pediatric subspecialties**.

The ranking features the **top 50 hospitals** for **Cardiology & Cardiac Surgery**, **Endocrinology**, **Gastroenterology & Gastrointestinal Surgery**, **Neonatology**, **Neurology & Neurosurgery**, **Oncology**, **Orthopedics**, and **Pulmonology**.

Hospitals specializing in multiple areas received specific recommendation scores for each respective specialty. Therefore, a hospital can be represented in more than one list if it receives enough recommendations in each specialty.

The *America's Best Children's Hospitals 2026* ranking is intended to be a resource to provide parents of sick children with a comprehensive resource for informed decision-making when choosing a hospital for their children's medical needs, as well as to provide a composite benchmark for hospitals that is indicative of their relative performance when compared to their national peers.

2 Study design

The following sections provide an overview of the study design, and the underlying methodology used to determine the various 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 (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 *America's Best Children's Hospitals 2025* ranking:

- **Inclusion of additional hospital quality metrics data sources**: Leapfrog Hospital Safety and Quality Data have been included (see chapter 2.3.2). This year, AHA and Arcadia data were not used in the calculation of this year's hospital quality metrics score.
- **Updated Statista PROMs Implementation Survey**: For the most recent data collection cycle, the survey, eligibility thresholds, and ribbon allocation for participating hospitals were updated (see chapter 2.3.4).
- **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 (see chapter 2.4).

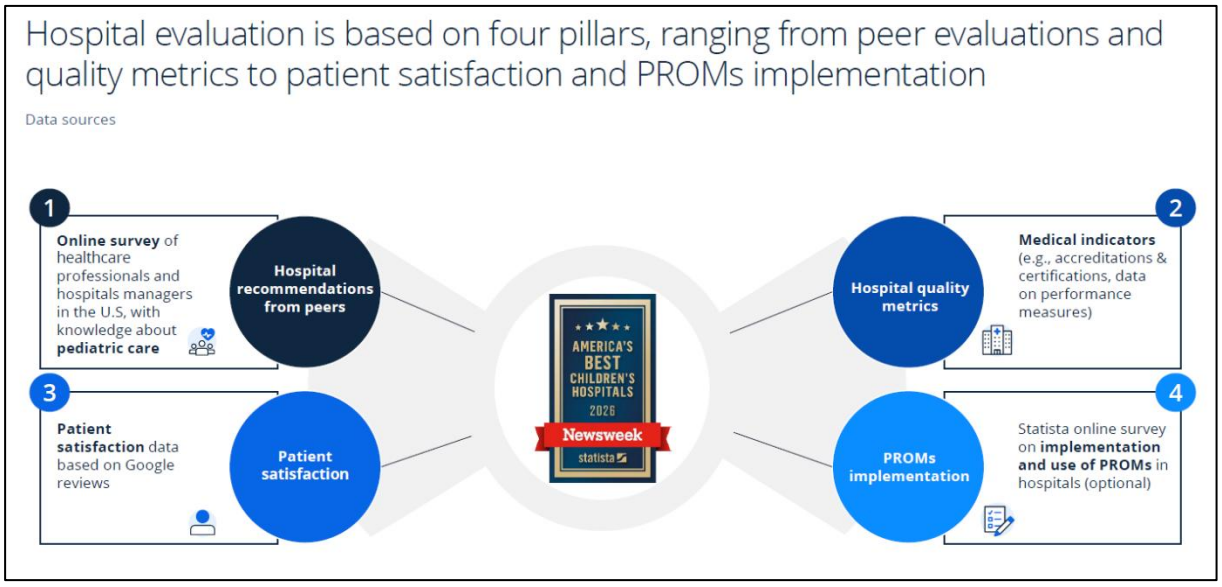
2.2 Eligibility

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.

2.3 General methodology

The 2026 *America's Best Children's Hospitals* ranking is based on four pillars:

- **Hospital recommendations from peers** (doctors, hospital managers, healthcare professionals) (see chapter 2.3.1).
- **Hospital quality metrics** with a focus on indicators relevant to pediatric care (see chapter 2.3.2).
- **Patient satisfaction** data based on Google reviews (see chapter 2.3.3).
- **Patient-Reported Outcome Measures (PROMs) Implementation** (optional) (see chapter 2.3.4)



2.3.1 Hospital recommendations from peers

Between February and March 2026, Statista invited over ten thousand medical professionals (primarily doctors, but also hospital managers and other healthcare professionals) with knowledge about children's hospitals to an online survey. During the survey, participants were asked to recommend top children's hospitals in a subspecialty they were most familiar with and to recommend hospitals in a second subspecialty. The survey was accessible to participants on newsweek.com, and invitations were also sent via email. Recommendations for own employer/hospital were not allowed.

The recommendations were weighted based on the order of preference indicated, and the professional experience of each participant was also taken into account. Additionally, the recommendations within each medical field were weighted according to the participants' expertise level (primary & secondary). 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 the number of weighted recommendations (e.g., if hospital *A* received the most votes with 100, hospital *B* with 80 votes was assigned a score of $\frac{80}{100}$ = 80%).

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

2.3.2 Hospital quality metrics

Hospital quality metrics for the *America's Best Children's Hospitals* ranking were utilized from three different data sources:

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

A general description of the data sources is as follows:

a. 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:

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

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)

Section 3: Adult and Pediatric Complex Surgery

ID	Indicator name	Definition
101	Norwood_Results[1]	Overall Score: Norwood Procedures
108	SafeCheckInp_Results	Overall Score: Safe Surgery Checklist - Adult and Pediatric Complex Surgery

Section 4: Maternity Care

ID	Indicator name	Definition
127	Bilirubin_Results[2]	Overall Score: Newborn Bilirubin Screening Prior to Discharge

Section 5: Physician and Nurse Staffing

ID	Indicator name	Definition
145	Peds_IPS_Results[3]	Overall Score: Pediatric 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

[1] cardiology-specific indicator
[2] neonatology-specific indicator
[3] pediatric-specific indicator

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
188	CLABSI_Results	Overall Score: Central Line-Associated Blood Stream Infections (ICUs and select wards)
190	CAUTI_Results	Overall Score: Catheter-Associated Urinary Tract Infections (ICUs and select wards)
192	MRSA_Results	Overall Score: Facility-wide Inpatient MRSA Blood Laboratory-identified Events
194	CDI_Results	Overall Score: Facility-wide Inpatient C.difficile Laboratory-identified Events

Section 8: Pediatric Care

ID	Indicator name	Definition
199	CAHPS_Results	Overall Score: Patient Experience (CAHPS Child Hospital Survey)
206	PedCT_Head_Results[4]	Overall Score: Head Scans Pediatric CT Dose
208	PedCT_AbdPelvis_Results[5]	Overall Score: Abdomen/Pelvis Scans Pediatric CT Dose

[4] pediatric-specific indicator
[5] pediatric-specific indicator

Section 9: Outpatient Procedures

ID	Indicator name	Definition
214	PALS_Results[6]	Overall Score: Certified Clinicians Present While Patients are Recovering - Pediatric Advanced Life Support (PALS)
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 general and pediatric care as well as the medical subspecialty to which they were most relevant. Measures reflecting general as well as general pediatric medical quality were applied across all subspecialties, while subspecialty-specific measures were applied only to the corresponding subspecialty. As general indicators also encompass adult populations, only those incorporating confirmed data from pediatric patients were included.

Each hospital received one *general* score, calculated as the mean of all general indicators, one *pediatric* score, calculated as the mean of all general indicators exclusively relevant for pediatric care, as well as one *subspecialty-specific* score, calculated as the mean of all indicators relevant to that specific pediatric subspecialty. Subspecialty-specific scores were available for pediatric cardiology and neonatology.

[6] pediatric-specific indicator

b. Accreditations and certifications

Several accreditations, certifications, specialized program enrollments, and center designations were included in the hospital quality metrics score, reflecting the commitment to excellence in overall healthcare as well as within pediatric healthcare and the respective subspecialties. These were grouped into two categories:

- General accreditations
- Specialty-centric accreditations

General accreditations

The following accreditations and certifications that are relevant for most subspecialties were included:

- **Health Resources and Services Administration (HRSA)**: Hospitals' participation in programs related to maternal and child health.
- **Planetree certification**: Recognizes hospitals and healthcare organizations that demonstrate excellence in person-centered care.
- **The Joint Commission's (TJC) hospital accreditation**: Accreditation by 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 Joint Commission's (TJC) hospital certifications:** Certifications relevant to specific medical fields were included in the following subspecialties:
  - Cardiology & Cardiac Surgery
    - Acute Myocardial Infarction
    - Chest Pain
    - Heart Failure
    - Acute Heart Attack Ready
    - Advanced Comprehensive Heart Attack Center
    - Primary Heart Attack Center
    - Comprehensive Cardiac Center
    - Ventricular Assist Device
  - Endocrinology
    - Inpatient Diabetes
  - Neonatology
    - Perinatal Care
  - Neurology & Neurosurgery
    - Spine Surgery
    - Advanced Certification Spine Surgery

    - Spine Fusion
    - Primary Stroke Center
    - Thrombectomy Capable Stroke Center
    - Acute Stroke Ready Hospital
    - Advanced Comprehensive Stroke Center
  - Oncology
    - Lung Cancer
    - Brain Tumor
    - Palliative Care
  - Orthopedics
    - Hip Fracture
    - Joint Replacement Shoulder
    - Joint Replacement Hip
    - Joint Replacement Knee
    - Spine Surgery
    - Spine Fusion
    - Advanced Total Hip and Knee Replacement
    - Advanced Certification Spine Surgery
  - Pulmonology
    - Pediatric Asthma
    - Chronic Obstructive Pulmonary Disease
    - Pneumonia
    - Respiratory Failure
    - Lung Volume Reduction Surgery
- **Accreditation Commission for Health Care (ACHC):** International accreditation serving as an indicator of adherence to nationally recognized standards for quality, safety, and performance across various healthcare services for the following pediatric subspecialties:
  - Orthopedics
  - Neurology & Neurosurgery
- **Foundation for the Accreditation of Cellular Therapy (FACT):** Recognition for hospitals offering high levels of stem cell transplant:
  - Oncology
- **National Association of Epilepsy Centers (NAEC):** Recognition for hospitals with advanced capabilities in the treatment of epilepsy:
  - Neurology & Neurosurgery
- **National Cancer Institute (NCI)-Designated Cancer Centers:** Identifies leading institutions with comprehensive cancer care and research programs
  - Oncology

- **National Institute on Aging (NIA) Alzheimer's Disease Research Centers:** Identifies leading institutions with comprehensive Alzheimer care:
  - Neurology & Neurosurgery

Hospitals received one point per recognized accreditation, certification, specialized program enrollment, and center designation. The scores were calculated relative to the maximum number of recognitions achieved within each specialty; hospitals were assigned points proportionally, with full points awarded to those with the highest number of accreditations per subspecialty.

c. 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, 2025). The most recent data, published in February 2026, was used to determine the CMS quality score.

The following indicator from the Timely and Effective Care dataset was used in the evaluation:

Timely and Effective Care	Measure Code
Healthcare workers given influenza vaccination	IMM-3

CMS data was used only for available staff vaccination rates, as these are not specific to the patient population. For the current reporting year, the COVID-19 staff vaccination rate was not reported by CMS and was therefore excluded from the evaluation.

For the Influenza vaccination rate indicator, scores were compared on a national level and then points were assigned to each hospital based on the percentile into which their score fell relative to national performance.

Information on the variable and the dataset can be found on the CMS website: https://www.medicare.gov/care-compare/

2.3.3 Patient satisfaction

Publicly available data from Google reviews were used to analyze patient satisfaction. Patient satisfaction reflects the quality of care from the patient's perspective, indicates the quality other patients can expect to receive, and influences a hospital's reputation and financial performance.

Evaluations from Google were researched for each children's hospital as a proxy of the patient satisfaction with the hospital. Google reviews reflect real patient feedback, provide a standardized rating, and help identify trends in hospital satisfaction over time. The children's hospitals are rated up to 5 stars on Google.

A score was assigned based on the hospital's star rating relative to all evaluated facilities. Hospitals must have at least five reviews to have received a satisfaction score, ensuring a minimum level of feedback. To enable comparability across facilities with differing review volumes, facility scores were adjusted using a Bayesian weighted scoring approach that accounts for variation in the number of reviews.

2.3.4 Patient-reported outcome measures (PROMs) implementation

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.

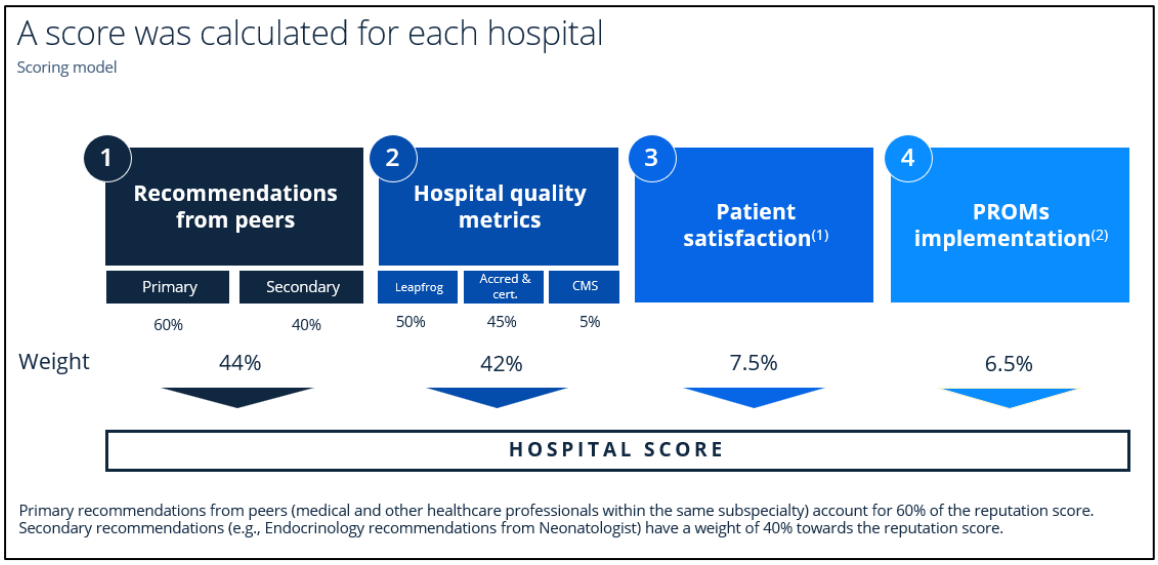
Knowledge partnership with ICHOM

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 on the ICHOM website.

2.4 Scoring model

The scoring model is based on the reputation score, the hospital quality metrics score, the patient satisfaction score and the Statista PROMs implementation score. Children's hospitals were ranked on their overall performance based across the four scoring pillars.



As shown above, recommendations from peers (doctors, hospital managers, and healthcare professionals) account for 44% of each hospital's overall score. Recommendations from peers with primary expertise within a given subspecialty accounted for 60% of the score. Secondary recommendations (e.g., endocrinology recommendations from a neonatologist) received a weight of 40% towards the reputation score. As medical experts are best suited to assess the quality of a hospital, recommendations were assigned the highest weighting in the calculation of the scores.

Hospital quality metrics account for 42% of each hospital's overall score. Accreditations, certifications, and specialized program enrollments or center designations account for 45% of this subscore. Data from Leapfrog account for 50% of the hospital quality metrics score. The CMS data account for 5% of the hospital quality metrics score.

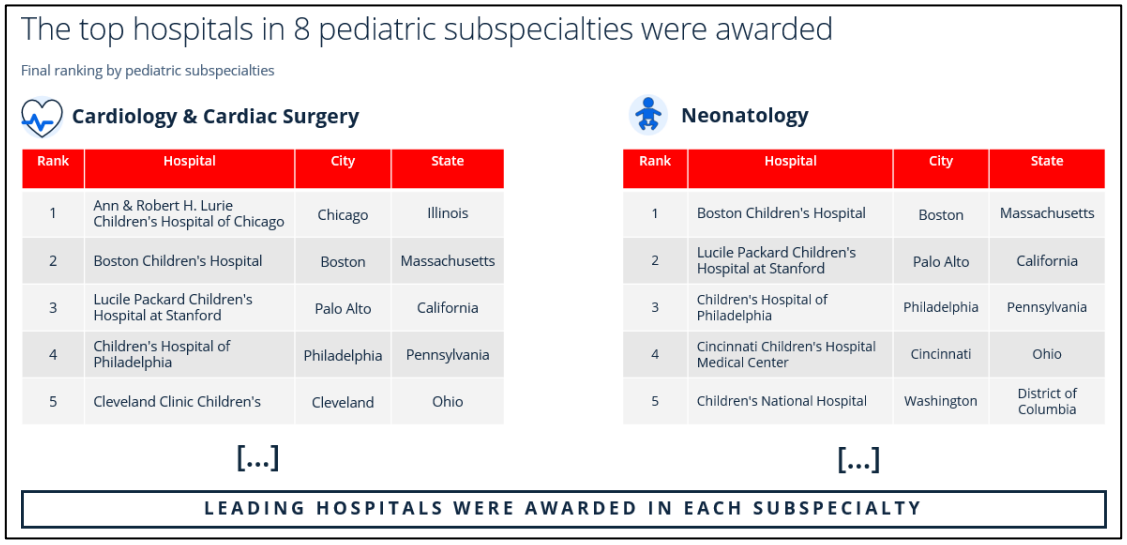
The patient satisfaction pillar was evaluated using Google reviews, which were researched for each children's hospital as a proxy for patient satisfaction within the hospital, and its weighting was set at 7.5%.

The PROMs implementation score accounted for 6.5% of the overall hospital score. As PROMs survey participation is optional, for hospitals that did not submit a survey, the three other pillars were used with adjusted weights in the scoring model.

Newsweek

The hospital score is the weighted average of the available scores for each hospital. Based on this score and the chosen cut-off for list length in the given pediatric subspecialty, hospitals are ranked from top to bottom in each subspecialty.

As a result, the best children's hospitals in the U.S. across eight medical subspecialties were awarded, including: the top 50 hospitals for Cardiology & Cardiac Surgery, Endocrinology, Gastroenterology & Gastrointestinal Surgery, Neonatology, Neurology & Neurosurgery, Oncology, Orthopedics, and Pulmonology. The results of this ranking are displayed in the subspecialty lists published by Newsweek:



The top hospitals in 8 pediatric subspecialties were awarded

Final ranking by pediatric subspecialties

Cardiology & Cardiac Surgery

Rank	Hospital	City	State
1	Ann & Robert H. Lurie Children's Hospital of Chicago	Chicago	Illinois
2	Boston Children's Hospital	Boston	Massachusetts
3	Lucile Packard Children's Hospital at Stanford	Palo Alto	California
4	Children's Hospital of Philadelphia	Philadelphia	Pennsylvania
5	Cleveland Clinic Children's	Cleveland	Ohio

[...]

Neonatology

Rank	Hospital	City	State
1	Boston Children's Hospital	Boston	Massachusetts
2	Lucile Packard Children's Hospital at Stanford	Palo Alto	California
3	Children's Hospital of Philadelphia	Philadelphia	Pennsylvania
4	Cincinnati Children's Hospital Medical Center	Cincinnati	Ohio
5	Children's National Hospital	Washington	District of Columbia

[...]

LEADING HOSPITALS WERE AWARDED IN EACH SUBSPECIALTY

Newsweek

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.

Literature

Accreditation Commission for Health Care (2025). Available online: https://www.achc.org/ (accessed: February 26th, 2026)

Al Sayah F, Lahtinen M, Bonsel GJ, Ohinmaa A, Johnson JA. A multi-level approach for the use of routinely collected patient-reported outcome measures (PROMs) data in healthcare systems. Journal of patient-reported outcomes. 2021 Oct 12;5(Suppl 2):98.

Bates DW, Deerberg-Wittram J, Katz G, Braeger K, Hirsch LS, Kaplan GS, Kwietniewski L, Meier CA, Plaza de Laifer C, Zimlichman E. Using publicly reported global hospital rankings to improve dissemination of patient-reported outcome measures (PROMs). NEJM Catalyst Innovations in Care Delivery. 2023 Oct 18;4(11):CAT-23.

Bonsel JM, Itiola AJ, Huberts AS, Bonsel GJ, Penton H. The use of patient-reported outcome measures to improve patient-related outcomes–a systematic review. Health and Quality of Life Outcomes. 2024 Nov 26;22(1):101.

Centers for Medicare & Medicaid Services (2025): CMS Provider Characteristics & Initiatives. Available online: https://data.cms.gov/ (accessed: February 26th, 2026)

Chen J, Ou L, Hollis SJ. A systematic review of the impact of routine collection of patient reported outcome measures on patients, providers and health organisations in an oncologic setting. BMC health services research. 2013 Jun 11;13(1):211.

Cheville AL, Basford JR. A view of the development of patient-reported outcomes measures, their clinical integration, electronification, and potential impact on rehabilitation service delivery. Archives of physical medicine and rehabilitation. 2022 May 1;103(5):S24-33.

Churruca K, Pomare C, Ellis LA, Long JC, Henderson SB, Murphy LE, Leahy CJ, Braithwaite J. Patient-reported outcome measures (PROMs): a review of generic and condition-specific measures and a discussion of trends and issues. Health Expecta-tions. 2021 Aug;24(4):1015-24.

Consolo L, Colombo S, Basile I, Rusconi D, Campa T, Caraceni A, Lusignani M. Barriers and facilitators of electronic patient-reported outcome measures (e-PROMs) for pa-tients in home palliative cancer care: a qualitative study of healthcare professionals' perceptions. BMC Palliative Care. 2023 Aug 4;22(1):111.

Dawson J, Rogers K, Doll H, Fitzpatrick R, Cooper C, Carr A. Using patient-reported outcome measures (PROMs) routinely: an example in the context of elective shoulder surgery. Open Epidemiology Journal. 2010 Jul 16;3:42-52.

Ernst SC, Steinbeck V, Busse R, Pross C. Toward system-wide implementation of patient-reported outcome measures: a framework for countries, states, and regions. Value in Health. 2022 Sep 1;25(9):1539-47.

Foundation for the Accreditation of Cellular Therapy (2025). Available online: https://accredited.factglobal.org/ (accessed: February 26th, 2026)

Health Resources & Services Administration (2025). Available online: https://www.hrsa.gov/ (accessed: March 25th, 2026)

Kendir C, Tran S, van den Berg M, de Bienassis K. PROMoting quality of care through patient reported outcome measures (PROMs). OECD Health Working Papers. 2025 Jun 29.

Kingsley C, Patel S. Patient-reported outcome measures and patient-reported experience measures. BJA education. 2017 Apr 1;17(4):137-44.

Kluzek S, Dean B, Wartolowska KA. Patient-reported outcome measures (PROMs) as proof of treatment efficacy. BMJ evidence-based medicine. 2022 Jun 1;27(3):153-5.

Marshall S, Haywood K, Fitzpatrick R. Impact of patient-reported outcome measures on routine practice: a structured review. Journal of evaluation in clinical practice. 2006 Oct;12(5):559-68.

Meehan KR, Doherty JR, King JR, Caldon KL, Hayes CA, Hill JM, Lizcano RA, Holthoff MM, O'Donnell EA, Mills P, Zhao W. The Clinical Utility of Real-Time Patient-Reported Out-comes in Cell Therapy Recipients. Transplantation and Cellular Therapy. 2025 Sep 3.

National Association of Epilepsy Centers (2025). Available online: https://naec-epilepsy.org/ (accessed: February 26th, 2026)

National Cancer Institute (2025). Available online: https://www.cancer.gov/ (accessed: February 26th, 2026)

National Institute on Aging (NIA) Alzheimer's Centers (2025). Available online : https://www.nia.nih.gov/health/clinical-trials-and-studies/find-alzheimers-disease-research-center (accessed: February 26th, 2026)

Nelson EC, Eftimovska E, Lind C, Hager A, Wasson JH, Lindblad S. Patient reported outcome measures in practice. Bmj. 2015 Feb 10;350.

OECD (2025e): Health Care Resources, available online: https://www.oecd.org/en/publications/health-at-a-glance-2025_15a55280-en/israel_b3600fbc-en.html (accessed: December 13th, 2025)

Orr MN, Klika AK, Piuzzi NS. Patient reported outcome measures: challenges in the reporting!. Annals of Surgery Open. 2021 Sep 1;2(3):e070.

Planetree (2025). Available online: https://www.planetree.org/partners/locations/united-states#topAccreditations (accessed: February 26th, 2026)

Ruseckaite R, Mudunna C, Caruso M, Ahern S. Response rates in clinical quality registries and databases that collect patient reported outcome measures: a scoping review. Health and Quality of Life Outcomes. 2023 Jul 11;21(1):71.

Santana MJ, Feeny D. Framework to assess the effects of using patient-reported out-come measures in chronic care management. Quality of Life Research. 2014 Jun;23(5):1505-13.

Silveira Bianchim M, Crane E, Jones A, Neukirchinger B, Roberts G, Mclaughlin L, Noyes J. The implementation, use and impact of patient reported outcome measures in value-based healthcare programmes: a scoping review. PLoS One. 2023 Dec 6;18(12):e0290976.

Steinbeck V, Ernst SC, Pross C. Patient-Reported Outcome Measures – an international comparison: challenges and success strategies for the implementation in Germany. Gütersloh: Bertelsmann Stiftung; 2021 May 10. doi:10.11586/2021048.

The Joint Commission (2025). Available online: https://www.jointcommission.org/ (accessed: February 26th, 2026)

Williams K, Sansoni J, Darcy M, Grootemaat P, Thompson C. Patient-reported outcome measures. Literature review. Sydney: Australian Commission on Safety and Quality in Health Care. 2016 Nov.

World Health Organization (April 1, 2018): S*tandards for improving the quality of care for children and young adolescents in health facilities*, available online: https://www.who.int/publications/m/item/standards-for-improving-the-quality-of-care-for-children-and-young-adolescents-in-health-facilities-policy-brief (accessed: April 1st, 2026)

Newsweek

Appendix A

PROMs Implementation Survey section	Weight
PROMs status assessment	5%
PROMs team	5%
Number of standardized PROMs	4%
Condition-specific PROMs - Case mix adjustment	6%
Condition-specific PROMs - Scientifically validated	5%
Condition-specific PROMs - Response rate	6%
Condition-specific PROMs – Follow-up rate	6%
Reporting PROMs results internally to clinicians	4%
Reporting PROMs results internally to management board	4%
Reporting PROMs results internally to patients	4%
Provide patients with individual reports of PROMs data	4%
Reporting PROMs results to the public	11%
Audit before publishing the data	6%
Using PROMs data to optimize care processes	7%
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	8%