

July 30, 2026

World's Best Specialized Hospitals 2027 – Methodology

Table of contents

1 Introduction 3

2 Notable Changes 4

3 Ranking Framework and Evaluation Criteria 5

 3.1 Eligibility 5

 3.2 General Methodology..... 6

 3.2.1 Reputation Score 6

 3.2.2 Accreditation Score..... 8

 3.2.3 Statista PROMs Implementation Score..... 10

 3.3 Methodological input by the Expert Board 16

 3.4 Scoring Model 17

4 Disclaimer 19

Literature 20

Appendix A..... 23

Appendix B..... 25

1 Introduction

Hospitals are the cornerstone of modern healthcare systems, providing essential medical services for acute and complex conditions, and ensuring adequate medical care for the population in the surrounding area (WHO, 2025). While general hospitals are well-equipped to manage common diagnoses and routine care, specialized hospitals are designed to treat more severe, rare, and resource-intensive cases with greater efficiency—both in terms of time and cost (Kruse et al., 2019; Leider et al., 2021). Specialized hospitals may be large general hospitals with centers of focus in certain fields, or smaller institutions dedicated entirely to a narrow range of medical expertise. Leveraging their concentrated expertise, these institutions often drive innovation in medical research and practice and are commonly designated as referral centers for complex or highly specialized treatments (Grilli et al., 1998; Jung et al., 2021). Across many developed healthcare systems, there is a growing trend toward centralizing medical expertise to improve outcomes through deeper specialization (Bhattarai et al., 2016; Preusker et al., 2019).

Patients' hospital choices are strongly influenced by the perceived quality and expertise of care providers, particularly in relation to their specific medical condition. Evidence suggests that patients consider specialty-specific expertise, provider reputation, and expected clinical outcomes as key factors when deciding where to receive care (Pilny & Mennicken, 2014; Yahanda et al., 2016). However, most existing online platforms, media rankings, and healthcare portals assess hospitals only at a broad institutional level. When specialty-specific data is available, it is typically limited to national contexts and lacks international comparability.

The *World's Best Specialized Hospitals 2027* ranking addresses this gap by offering a comprehensive, internationally oriented evaluation of hospitals based on expertise within specific medical fields. The seventh edition **ranks the best hospitals in 13 medical fields across the world.**

The medical fields included are:

- Cardiac Surgery
- Cardiology
- Endocrinology
- Gastroenterology

- Nephrology (new)
- Neurology
- Neurosurgery
- Obstetrics & Gynecology
- Oncology
- Orthopedics
- Pediatrics
- Pulmonology
- Urology

The ranking is primarily based on peer recommendations collected through a global survey of medical professionals, including doctors, healthcare workers, and hospital administrators. These experts worldwide were invited to identify hospitals they would recommend based on their primary (and where applicable, secondary) areas of medical expertise. In addition to peer survey data, various accreditations, certifications, and center designations were included, as they reflect structural quality, patient safety, and levels of expertise relevant to each medical field. Finally, a PROMs Implementation score was also factored into the scoring model.

2 Notable Changes

The following list provides a brief overview of the major changes in this year's edition, compared to the *World's Best Specialized Hospitals 2026* ranking:

- **Expansion of medical scope:** To broaden the range of covered medical disciplines, Nephrology has been introduced as an additional specialty in this year's edition. The specialty encompasses the prevention, diagnosis, and treatment of a wide range of renal disorders and contributes substantially to the management of patients with complex, multisystem diseases. Including Nephrology extends the study's coverage to an important area of clinical practice.
- **Updated Statista PROMs Implementation Survey:** The survey and eligibility thresholds have been updated, and the presentation of participating

hospitals' PROMs implementation recognition has been revised to reflect the updated survey structure and ribbon designation system.

- **Increased PROMs Implementation data weighting:** This year, the weighting of the data from Statista's PROMs Implementation Survey was increased from 5% to 6.5% in the scoring model to place greater emphasis on patient-centered care.
- **Addition of accreditations:** The set of national and international accreditations and certifications included in the scoring model was expanded to include additional indicators of both overall and field-specific quality of care.
- **Decrease in reputation weighting:** This year, the weighting of the overall reputation pillar decreased as more emphasis was placed on quality data from accreditations, certifications, and PROMs.

3 Ranking Framework and Evaluation Criteria

The following sections provide an overview of the ranking design and the underlying methodology used to determine the ranks. First, the eligibility criteria are outlined in chapter 3.1. Next, the general approach is detailed in chapter 3.2, followed by a description of the role of the global expert board in chapter 3.3 and the approach that was used to determine the lists for the thirteen medical fields in chapter 3.4.

3.1 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 terms of the range of services provided. Additionally, hospitals were eligible to receive recommendations in a given specialty only if they demonstrably offer services in that specific medical field. This requirement ensures the validity of specialty-level rankings by aligning peer recommendations with actual institutional capabilities.

3.2 General Methodology

The *World's Best Specialized Hospitals 2027* ranking is based on three pillars:

1. **Reputation:** A worldwide online survey was conducted in collaboration with Newsweek. Statista invited medical experts (doctors, health care professionals, and hospital managers) from around the world to recommend hospitals based on their primary area of medical expertise and, optionally, a secondary area of expertise. Data collection took place between May and June 2026.
2. **Accreditation data:** Relevant hospital accreditations and certifications were analyzed to assess structural and quality standards.
3. **Statista PROMs Implementation Survey:** Hospitals received a score based on their participation in the annual survey regarding their implementation of Patient-Reported Outcome Measures (PROMs).



3.2.1 Reputation Score

As previously described, participants of the survey were asked to recommend hospitals based on their expertise in one primary medical field (e.g., Cardiology for Cardiologists), with the option of selecting a secondary area of expertise in which they are also knowledgeable (e.g., due to frequent interaction with other medical fields). However, secondary recommendations were given a lower weight than primary recommendations (see 3.4 for scoring details). For specialists in the field of Pediatrics, participants were given the opportunity to select a standout medical field for each recommended hospital based on their perception of the hospital's specialized expertise. Available options included Cardiology, Cardiac Surgery, Endocrinology,

Gastroenterology, Oncology, Orthopedics, Nephrology, Neurology, Neurosurgery, Neonatology, Pulmonology, and Urology.

The questionnaire did not suggest a list of recommended hospitals; therefore, respondents were free to suggest any hospital they deemed recommendable (aided by an autocomplete function for convenience). Respondents were not allowed to recommend their employing hospital or hospital group. Statista performed plausibility checks on all data to prevent self-nomination.

To determine the final ranking, the answers were weighted according to two factors: a) working experience by profession, and b) the order of recommendations given, with primary recommendations in the relevant medical field receiving the highest weight. Combined, the two survey parts resulted in over 42,000 individual hospital recommendations.

Finally, the combined data was analyzed, and an overall reputation score (0-100%) was calculated for every hospital per medical field based on the total weighted number of recommendations and the ranking score. The hospital with the highest number of weighted recommendations received a recommendation score of 100%, while the next best hospitals received a relative score based on their weighted number of recommendations (e.g. if hospital A received the most weighted recommendations with 100, hospital B with 80 weighted recommendations would receive a score of $\frac{80}{100} = 80\%$.)

Weighted peer recommendations accounted for 83.5% of the overall score in the ranking model. To incorporate reputational consistency over time, recommendation data from the previous two years were also included in the scoring, albeit with a lower weighting compared to the current year's data.

Hospitals with expertise across multiple medical specialties received separate recommendation scores for each field, based on specialty-specific responses. As a result, a single hospital may appear in multiple rankings if it meets the threshold of recommendations within each respective specialty.

3.2.2 Accreditation Score

The ranking model incorporates numerous accreditations, certifications, and center designations that reflect structural and quality standards, where such data is available. These credentials were included in the scoring to highlight both the general quality of hospitals and their specialization in medical subfields.

Specialty-specific accreditations and certifications were included to assess the level of expertise and specialization in the respective subspecialties.

Specialty-related accreditations and certifications from the following institutions were considered:

- Accreditation Commission for Health Care International ([ACHC International](#)): Data was available for neurology, oncology, and general healthcare quality standards
- Asociación Argentina de Ortopedia y Traumatología ([AAOT](#))
- Australian Council on Healthcare Standard International ([ACHS International](#)): Data was available for pediatrics, cardiology, oncology and general healthcare quality standards
- Commission on Accreditation of Rehabilitation Facilities ([CARE](#)): Data was available for pediatrics, orthopedics, and neurology
- Children's Hospital Association ([CHA](#))
- Deutschen Krebsgesellschaft ([DKG](#))
- European Board of Urology ([EBU](#)): Data was available for urology, pediatrics, nephrology, and oncology
- European Neuroendocrine Tumor Society e.V. ([ENETS](#)) - Centers of Excellence (CoE)
- European Society of Cardiology ([ESC](#))
- European Stroke Organization ([ESO](#))
- Foundation for the Accreditation of Cellular Therapy ([FACT](#))
- German Society of Nephrology ([DGfN](#))
- International Society of Orthopaedic Centers, Ltd. ([ISOC](#))
- Intersocietal Accreditation commiccion ([IAC](#)): Data was available for cardiology, neurology and pediatrics.
- Joint Accreditation Committee of ISCT-Europe and EBMT ([JACIE](#))

- Joint Commission International ([JCI](#)) and The Joint Commission ([TJC](#)): Data was available for several specialties, as well as for general healthcare quality standards. Please see the appendix for the specific certifications and their respective specialties.
- National Association of Epilepsy Centers ([NAEC](#))
- Centers National Cancer Institute ([NCI](#)) Designated Cancer Centers
- National Institute on Aging ([NIA](#)) Designated Alzheimer's Centers
- Organisation of European Cancer Institute ([OECI](#))
- World Endoscopy Organization

In addition, general hospital accreditations focused on overall quality, patient safety, and healthcare infrastructure were considered when relevant across multiple specialties. The following general hospital quality accreditations were taken into account:

- [Acreditação ACSA - Grupo IBES](#)
- [Accreditation Canada](#)
- American Accreditation Commission International ([AACI](#))
- Consejo de Salubridad General ([CSG](#))
- Consortium for Brazilian Accreditation ([CBA](#))
- [Europe Qualicore](#)
- European Reference Networks ([ERNs](#))
- French National Authority for Health ([HAS](#))
- Healthcare Accreditation Institute ([HAI](#))
- Health Türkiye - Health Quality Standards ([SKS](#))
- Indonesian Commission on Accreditation of Hospital ([KARS ICAHO](#))
- Initiative Qualitätsmedizin ([IQM](#))
- Instituto Colombiano de Normas Técnicas y Certificación ([ICONTEC](#))
- Instituto de Administração Hospitalar e Ciências da Saúde Acreditação ([IAHCS](#))
- Instituto Técnico para la Acreditación de Establecimientos de Salud ([ITAES](#))
- Japan Council for Quality Health Care ([JQ](#))
- Korea Institute for Healthcare Accreditation ([KOIHA](#))
- Malaysian Society for Quality in Health ([MSQH](#))
- National Accreditation Board for Hospitals & Healthcare Providers ([NABH](#))
- Organização Nacional de Acreditação ([ONA](#))
- Organización para la Excelencia de la Salud ([OES](#))

- Philippine Health Insurance Corporation ([PhilHealth](#))
- [Planetree International](#)
- Programa de Acreditação em Diagnóstico por Imagem ([PADI](#))
- [Qmentum Global](#) by Accreditation Canada
- Saudi Central Board for Accreditation of Healthcare Institutions ([CBAHI](#))
- Superintendencia de Salud ([SIS](#))
- The Healthcare Accreditation Institute ([HA](#))
- Türkiye Health Care Quality and Accreditation Institute ([TÜSKA](#))

The Accreditation Score accounts for 10% of the overall hospital score.

3.2.3 Statista PROMs Implementation Score

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; Churrua 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), 2025a). 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

The documentation for the survey domain weights is provided in Appendix B, and the full questionnaire is available [here](#).

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 Specialized Hospitals 2027* ranking, the PROMS Implementation score was awarded only to participating hospitals who marked the respective specialty within the PROMs survey. For example, if a hospital stated they measured PROMs for cardiology and oncology, then their overall PROMs score would be factored in only those specific rankings. Consequently, PROMs ribbons are displayed only for the specialties in which PROMs were measured.

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: www.ichom.org

The PROMS Implementation score accounts for 6.5% of the overall hospital score.

The upcoming survey cycle, which will be valid for all hospital rankings published in 2027, will be announced on newsweek.com and rankings.statista.com, and shared via e-mail with preregistered participants. Hospitals interested in participating in future cycles can preregister through the provided link [here](#).

3.3 Methodological input by the Expert Board

The following section outlines the function of the global board of experts, which was founded by Statista to support the *World's Best Specialized Hospitals* project.

The idea behind the board of experts was to create an independent body that was tasked with the continuous development of the quality and scope of the project. The board of experts was tasked with providing input on possible improvements and expansions of the current questionnaires and methodology, most notably the PROMs Implementation Survey. The members of the board of experts were carefully chosen based on their national and international expertise and decades-long experience in their respective medical fields, as well as their scientific output. The current members of the board of experts are:

A global board of renowned experts supports the continuous development of the methodology



Prof. Dr. David Bates
Professor of Medicine, Harvard Medical School, USA

Dr. Gary Kaplan
CEO Emeritus, Virginia Mason Franciscan Health, CommonSpirit Board of Trustees, USA

Prof. Dr. med. Christoph Meier
Director, Department of Internal Medicine, University Hospital Zürich, Switzerland

Prof. Dr. Eyal Zimlichman
Chief Transformation, Innovation and AI Officer, Sheba Medical Center, Israel

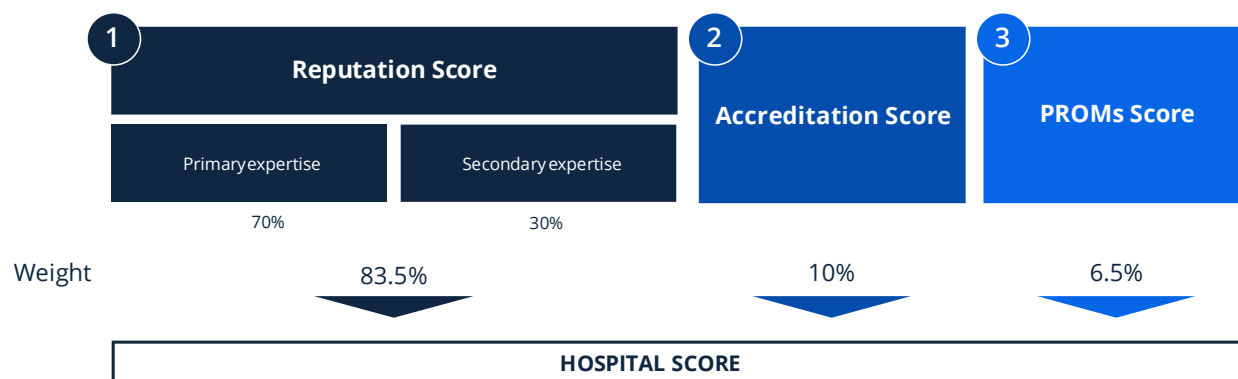
Prof. Gregory Katz
Chair of Value-Based Health Care, Université Paris Cité School of Medicine. President of PromTime, France

Prof. Dr. med. Jens Deerberg-Wittram
CEO and CMO of a public, non-profit hospital group, Founding President ICHOM, Senior Fellow, Executive Director, Germany

The global board of medical experts and the Statista team also gather for an annual conference where they discuss the status quo as well as new ideas and future improvements to the methodology in person.

3.4 Scoring Model

The scoring model is based on the reputation score, the accreditation score, and the PROMs implementation score. Each individual component was assigned a specific weight within the model, as shown in this overview:



As shown above, the primary specialty recommendations from experts in each medical field account for 70% of each hospital's reputation score. Secondary specialty recommendations from medical professionals with knowledge in more than one medical field contribute a weight of 30% towards the reputation score. The total reputation score accounts for 83.5% of the overall hospital score, while the accreditation score accounts for 10% and the PROMs implementation score for the remaining 6.5%.

Hospitals were ranked within each medical specialty based on their overall composite score, ordered from highest to lowest score.

The results of this ranking are displayed in the lists published by Newsweek. This year's ranking features 13 specialty lists with hospitals from over 30 countries. The following number of hospitals were awarded per list:

Specialty	Hospitals awarded
Cardiology	300
Oncology	300
Pediatrics	250
Gastroenterology	175

Cardiac Surgery	150
Endocrinology	150
Neurology	150
Orthopedics	150
Pulmonology	150
Neurosurgery	125
Obstetrics & Gynecology	125
Urology	125
Nephrology	100

Top global hospitals are represented in multiple medical fields, along with leading specialized hospitals that are highly renowned in one or two specific medical fields or treatments.

4 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 07/01/2025–07/01/2026 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

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.

Bhattarai N, McMeekin P, Price C, Vale L.

Economic evaluations on centralisation of specialised healthcare services: A systematic review of methods. BMJ Open. 2016;6:e011214.

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.

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 Expectations*. 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 patients 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.

Jung B, Yeo J, Kim SJ, Ha IH.

Relationship between hospital specialization and health outcomes in patients with nonsurgical spinal joint disease in South Korea: A nationwide evidence-based study using national health insurance data. Medicine. 2021 Aug;100(32):e26832.

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.

Kruse F, Groenewoud S, Atsma F, van der Galiën OP, Adang EMM, Jeurissen PPT.

Do independent treatment centers offer more value than general hospitals? The case of cataract care. Health Services Research. 2019 Dec;54(6):1357–1365.

Leider M, Campbell R, Boyce J, Tjoumakaris F.

Orthopaedic specialty hospitals compared with general hospitals: A systematic review of demographic, clinical, and financial parameters. JBJS Reviews. 2021 Aug;9(8).

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 Outcomes in Cell Therapy Recipients. *Transplantation and Cellular Therapy.* 2025 Sep 3.

Nelson EC, Eftimovska E, Lind C, Hager A, Wasson JH, Lindblad S.

Patient reported outcome measures in practice. *BMJ.* 2015 Feb 10;350.

OECD.

Health at a Glance 2025: OECD Indicators. Paris: OECD Publishing; 2025. Available from: <https://doi.org/10.1787/8f9e3f98-en>

Orr MN, Klika AK, Piuizzi NS.

Patient reported outcome measures: challenges in the reporting! *Annals of Surgery Open.* 2021 Sep 1;2(3):e070.

Pilny A, Mennicken R.

Does hospital reputation influence the choice of hospital? 2014.

Preusker U, Böcken J, Busse R.

Höhere Versorgungsqualität durch mehr Konzentration und Spezialisierung. 2019.

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 outcome 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

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.

Hospitals. World Health Organization. Accessed July 23, 2025.

Yahanda A, Lafaro K, Spolverato G, Pawlik T.

A systematic review of the factors that patients use to choose their surgeon. *World Journal of Surgery.* 2016 Jan;40:45–55.

Appendix A

Joint Commission International Certifications:

Specialty	Relevant Certifications
Cardiac Surgery	Acute Coronary Syndrome, Acute Myocardial Infarction (AMI), Coronary Artery Bypass Grafting, Heart Failure, Heart Transplant, Management of Advanced Atrioventricular Block, Ventricular Assist Device, Ventricular Septal Defect
Cardiology	Acute Coronary Syndrome, Acute Myocardial Infarction (AMI), Coronary Artery Bypass Grafting, Heart Failure, Heart Transplant, Management of Advanced Atrioventricular Block, Ventricular Assist Device, Ventricular Septal Defect
Endocrinology	Diabetes Mellitus (Type 1 and Type 2)
Gastroenterology	Benign Biliary Pathology, Bariatric Surgery
Nephrology	Chronic Kidney Disease, Dialysis, Kidney Transplant
Neurology	Primary Stroke, Brain Cancer, Normal Pressure Hydrocephalus, Acute Ischemic Stroke
Neurosurgery	Primary Stroke, Brain Cancer, Normal Pressure Hydrocephalus, Acute Ischemic Stroke
Oncology	Brain Cancer, Breast Cancer, Cervical Cancer, Colon Cancer, Liver Cancer, Lung Cancer, Multiple Myeloma, Ovarian Cancer, Peritoneal Neoplasm, Prostate Cancer, Rectal Cancer
Orthopedics	Hip Replacement, Knee Replacement, Lumbar Decompression and Fixation, Management of Rotator Cuff Disorders, Orthogeriatric, Shoulder Replacement, Surgical Anterior Cruciate Ligament
Pediatrics	Pediatric Cardiology and Cardiac Surgery, Attention Deficit Hyperactivity Disorder (ADHD) in Children
Pulmonology	Lung Cancer
Obstetrics & Gynecology	Cervical Cancer, Ovarian Cancer

The Joint Commission Certifications:

Specialty	Relevant Certifications
Cardiac Surgery	Acute Heart Attack Ready, Acute Myocardial Infarction, Cardiac Rehabilitation, Chest Pain, Advanced Certification - Heart Failure, Advanced Comprehensive Heart Attack Center, Comprehensive Cardiac Center, Primary Heart Attack Center, Ventricular Assist Device, Certification - Heart Failure
Cardiology	Acute Heart Attack Ready, Acute Myocardial Infarction, Cardiac Rehabilitation, Chest Pain, Advanced Certification - Heart Failure, Advanced Comprehensive Heart Attack Center, Comprehensive Cardiac Center, Primary Heart Attack Center, Ventricular Assist Device, Certification - Heart Failure
Endocrinology	Inpatient diabetes
Neurology	Brain Injury Rehabilitation, Parkinson's Disease Rehabilitation, Spine Surgery, Stroke Rehabilitation, Acute Stroke Ready Hospital, Advanced Certification Spine Surgery, Advanced Comprehensive Stroke Center, Primary Stroke Center, Thrombectomy Capable Stroke Center, Spinal Fusion, Brain Tumor
Neurosurgery	Brain Injury Rehabilitation, Parkinson's Disease Rehabilitation, Spine Surgery, Stroke Rehabilitation, Acute Stroke Ready Hospital, Advanced Certification Spine Surgery, Advanced Comprehensive Stroke Center, Primary Stroke Center, Thrombectomy Capable Stroke Center, Spinal Fusion, Brain Tumor
Oncology	Brain Tumor, Lung Cancer
Orthopedics	Hip Fracture, Hip Fracture Rehabilitation, Joint Replacement Hip, Joint Replacement Knee, Joint Replacement Shoulder, Spinal Cord Injury Rehabilitation, Spinal Fusion, Advanced Certification Spine Surgery, Advanced Total Hip and Knee Replacement, Spine Surgery
Pediatrics	Childhood Asthma
Pulmonology	Chronic Obstructive Pulmonary Disease, Pneumonia, Pulmonary Rehabilitation, Respiratory Failure, Advanced Chronic Obstructive Pulmonary Disease, Lung Volume Reduction Surgery, Lung Cancer

Appendix B

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	4%
Condition-specific PROMs - Response rate	7%
Condition-specific PROMs - Follow-up rate	3%
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	7.5%
Audit before publishing the data	10%
Using PROMs data to optimize care processes	8%
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	9.5%