September 17th, 2025

America’s Best-in-State Hospitals 2026

– Methodology –

Table of contents

Newsweek

1 Introduction

Hospitals are a cornerstone of modern healthcare, delivering essential services for acute and complex conditions while ensuring access to care for their surrounding populations (World Health Organization (WHO), 2025). General hospitals provide a broad spectrum of medical and surgical services, serve as critical hubs for emergency response, support the training of healthcare professionals, and contribute to advancing public health within their communities (Ramanayake et al., 2014; Smith, 2020). Through the deployment of highly skilled staff and access to advanced facilities, general hospitals manage a diverse range of illnesses and injuries, supporting timely interventions and improved patient outcomes. In addition to clinical care, general hospitals adapt to evolving community health needs, foster medical innovation, and play a vital role in safeguarding vulnerable populations (Thune & Mina, 2016; USC Schaeffer Center & Aspen Institute, 2024).

Despite their significance, most existing platforms and media rankings evaluate hospitals primarily at the national or international level, with limited systematic assessments at the state level. However, localized evaluations are essential to provide patients, families, and policymakers with region-specific insights into healthcare quality and accessibility, reflecting the realities of care close to home (Wennberg et al., 2008; Herrin et al., 2015).

When available, state-level data often concentrates on individual health indicators, without offering a holistic, multidimensional perspective. Moreover, such data is often fragmented and not easily accessible (Rahimi et al., 2014). As a result, these measures alone cannot capture the full spectrum of hospital performance.

America's Best-in-State Hospitals 2026 addresses this gap by providing a comprehensive, multidimensional evaluation of hospitals at the state level.

This ranking is based on multiple data sources, ensuring a comprehensive and balanced evaluation. Hospital quality metrics were drawn from the Centers for Medicare & Medicaid Services (CMS), Medicare Fee-for-Service claims sourced from Arcadia, structural capacity data from the American Hospital Association (AHA) Annual Survey of Hospitals Database, and accreditation data from recognized bodies. In addition, peer recommendations are collected through a nationwide survey of medical professionals covering hospitals across all U.S. states, including physicians, healthcare workers, and hospital administrators to determine the hospitals' reputation. Patient experience is incorporated through results from a survey conducted by Hospital Consumer Assessment

of Healthcare Providers and Systems (HCAHPS), while the implementation of Patient-Reported Outcome Measures (PROMs) is also factored into the scoring model.

2 Ranking Framework and Evaluation Criteria

The following sections provide an overview of the study design and the methodology underlying the ranking. First, the newly implemented features and changes in this year's edition are described (section 2.1). Second, the eligibility criteria for being part of the ranking is outlined in section 2.2, followed by the general methodology (section 2.3), an explanation of the patient experience award (section 2.4), and the scoring model (chapter 2.5).

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-in-State 2025* ranking:

- **Inclusion of additional hospital quality metrics data sources**:
  - CMS data on Heath Equity is factored in for the first time this year (section 2.3.1a)
  - Medicare Fee-for-Service claims, including quality performance benchmark data sourced from Arcadia, are included (section 2.3.1b)
  - In AHA, staffing is added as a new category this year to reflect hospitals' utilization rates and capacities (section 2.3.1c)
- **Inclusion of new accreditations and certifications**:
  - Accreditation Commission for Health Care (ACHC) (section 2.3.1d)
  - Planetree accreditation (section 2.3.1d)
  - Critical Access Hospital accreditation from The Joint Commission (section 2.3.1d)
  - Responsible Use of Health Data advanced certification from The Joint Commission (section 2.3.1d)
- **Inclusion of previous year's recommendation data:** To account for reputational continuity, recommendation data from the previous year is also factored into the Reputation pillar (section 2.3.2).
- **Increase in pillar weightings:** The quality metrics and patient-reported outcome measurements (PROMs) implementation pillars were increased within the scoring model (section 2.5).

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- **Expansion of ranking list:** Expanded data availability enabled the inclusion of 800 hospitals in this year's ranking, an increase from 700 last year.

2.2 Eligibility

Hospitals that are not accessible to the public and/or had less than 50 beds 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-in-State Hospitals* ranking is based on four pillars:

- **Hospital quality metrics** with a focus on indicators and accreditation relevant to general hospitals (section 2.3.1).
- **Hospital reputation** (doctors, heath care professionals, and hospital managers) via a nationwide online survey, including recommendations and quality assessments (section 2.3.2).
- Results from **patient experience** surveys (section 2.3.3).
- **Statista's PROMs implementation survey** (section 2.3.4)

2.3.1 Hospital quality metrics

The hospital quality metrics pillar for the *America's Best-in-State Hospitals 2026* ranking is based on four sub-pillars. The data sources used for these sub-pillars come from CMS, performance benchmark data sourced from Arcadia, directly collected validated hospital data from AHA, and hospital accreditations and certifications.

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2.3.1a Centers for Medicare & Medicaid Services (CMS)

The dataset provided by CMS is available for over 4,600 hospitals publicly reporting quality information on the Hospital Compare platform. It includes information on hospitals' characteristics, quality measures, patient experience, performance metrics, and Medicare reimbursements (Centers for Medicare & Medicaid Services, 2025). The most recent data, published April 2025, is used to determine the CMS quality score.

The CMS score consists of seven categories, each representing a distinct domain of care quality. Each category score is calculated as the average of the relevant indicators (see list below). For a hospital to qualify for the CMS score, it must report data in at least three out of the five key categories CMS uses to generate the Star Rating, with at least one category being either Mortality or Safety - which are considered critical indicators of hospital performance.

The following indicators are grouped into CMS categories for evaluation:

Measure code	Mortality (complications and death)
MORT_30_AMI	Death rate for heart attack patients
MORT_30_CABG	Death rate for CABG surgery patients
MORT_30_COPD	Death rate for COPD patients
MORT_30_HF	Death rate for heart failure patients
MORT_30_PN	Death rate for pneumonia patients
MORT_30_STK	Death rate for stroke patients

Measure code	Safety of care
COMP_HIP_KNEE	Rate of complications for hip/knee replacement patients
HAI_1_SIR	CLABSI - Central line-associated bloodstream infections
HAI_2_SIR	CAUTI - Catheter-associated urinary tract infections

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HAI_3_SIR	SSI Colon - Surgical Site Infection from colon surgery
HAI_5_SIR	MRSA Bacteremia
HAI_6_SIR	Clostridium Difficile

Measure code	Readmissions
EDAC_30_AMI	Hospital return days for heart attack patients
EDAC_30_HF	Hospital return days for heart failure patients
EDAC_30_PN	Hospital return days for pneumonia patients
OP_32	Rate of unplanned hospital visits after colonoscopy (per 1,000 colonoscopies)
OP_35_ADM	Rate of inpatient admissions for patients receiving outpatient chemotherapy
OP_35_ED	Rate of emergency department (ED) visits for patients receiving outpatient chemotherapy
OP_36	Ratio of unplanned hospital visits after hospital outpatient surgery
READM_30_CABG	Rate of readmission for CABG
READM_30_COPD	Rate of readmission for chronic obstructive pulmonary disease (COPD) patients
READM_30_HIP_KNEE	Rate of readmission after hip/knee surgery
READM_30_HOSP_WIDE	Rate of readmission after discharge from hospital (hospital-wide)

Measure code	Timely & effective care
HCP_COVID_19	Percentage of healthcare personnel who completed COVID-19 primary vaccination series
IMM_3	Healthcare workers given influenza vaccination
OP_18b	Average (median) time patients spent in the emergency department before leaving from the visit
OP_22	Left before being seen

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OP_23	Head CT results
OP_29	Endoscopy/polyp surveillance: appropriate follow-up interval for normal colonoscopy in average risk patients
OP-10	Abdomen CT Use of Contrast Material
OP-13	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery
OP-8	MRI Lumbar Spine for Low Back Pain
SAFE_USE_OF_OPIOIDS	Safe Use of Opioids - Concurrent Prescribing
SEP_1	Appropriate care for severe sepsis and septic shock

Measure code	Patient experience
H_COMP_1	Nurse communication
H_COMP_2	Doctor communication
H_COMP_3	Responsiveness of hospital staff
H_COMP_5	Communication about medicines
H_COMP_6	Discharge information
H_COMP_7	Care transition
H_CLEAN	Cleanliness of hospital environment
H_QUIET	Quietness of hospital environment
H_HSP_RATING	Hospital rating
H_RECMND	Willingness to recommend hospital

Within each CMS category, scores were calculated as such:

All categorical CMS indicators (e.g., with each hospital performing better than, no different, or worse than the national average) are assigned points according to their

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designation, with a maximum of 1 point for indicators better than average, 0.75 point for indicators no different to the average, and 0.5 points for indicators worse than average.

For all numerical indicators assigned by CMS, the percentile position of each hospital is calculated (i.e., the percentile into which the hospital falls compared to all other hospitals), with points allotted according to the indicators' distribution. For indicators where lower scores indicate better performance (e.g., OP_18b), the maximum of one point is awarded for hospitals in the 5th percentile or lower. For indicators where higher scores are better (e.g., SEP_1), the maximum of 1 point is awarded to hospitals in the 95th percentile or higher. 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. This approach ensures a nuanced and equitable distribution of scores according to relative performance.

CMS data on Patient-Reported Outcomes (PROs), and – for the first time in *America's Best-in-State Hospitals* – Health Equity, are also factored into the analysis. Hospitals that have submitted PROs data to CMS and that participate in the health equity program receive a score within each of these categories.

Measure code	Health Equity
HCHE_D1_F_SCORE	Equity as a strategic priority
HCHE_D2_F_SCORE	Data collection
HCHE_D3_F_SCORE	Data analysis
HCHE_D4_F_SCORE	Quality improvement
HCHE_D5_F_SCORE	Leadership

Hospitals participating in the PROs reporting received 1 point. Hospitals participating in the health equity program received an additional score, with a maximum of 1 point, based on how many of the five domains of health equity are assessed in the hospital.

Finally, the points of each category were combined to build a single CMS score for each hospital. The CMS score constitutes 55% of the hospital quality metrics score.

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

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2.3.1b Medicare Fee-for-Service claims sourced from Arcadia

This year's edition incorporates population- and episode-specific data based on Medicare Fee-for-Service claims sourced from Arcadia. In this analysis, hospital performance was evaluated based on two types of data:

- **Population-level performance:** A range of indicators relating to a hospital's performance quality were taken into consideration.
- **Episodes of care data**: For each medical episode, the following indicators were taken into consideration, wherever possible:
    - Average Length-of-Stay (LOS, in days) of Institutional Long-term Stay
    - ER Visits per 1,000 Episodes
    - Mortality Rate
    - Complications by Episode
    - Unplanned Readmissions per 1,000 Episodes

To evaluate a hospital's performance, the following population-level indicators and episodes of care were considered:

Population level performance

Measure ID	Measure Name
CMS_001	CMS Diabetes: Hemoglobin A1C Poor Control
CMS_112	CMS Breast Cancer Screening
CMS_113	CMS Colorectal Cancer Screening
CMS_128	CMS Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
CMS_226_1	CMS Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention - Condition 1
CMS_226_2	CMS Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention - Condition 2
CMS_226_3	CMS Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention - Condition 3
CMS_317	CMS Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Newsweek

CMS_422	Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury
GAM_04	Percent of Patients undergoing CEA or CAS
GAM_06	Percent of Arterial Duplex and CT Angiography Before First Time Infrainguinal Peripheral Vascular Intervention
GAM_07	Percentage of Patients Underwent a Re-Excision after the Initial Breast-Conserving Therapy
GAM_08	Percentage of Breast Core Needle Biopsy within 3 Months Prior Breast Surgery
GAM_09	Percent of Knee Arthroscopy Before Knee Replacement
GAM_11	Percent of Physical Therapy before Lumbar Surgery
GAM_127	Ultrasound Guided Intra Articular Injections of the Knee
GAM_150	Radiofrequency Ablation Procedures for Low Back Pain
GAM_26	Percent of Underuse FFR or IFR During Percutaneous Coronary Intervention
GAM_28	Percentage of Patients with Multiple Myeloma and No Kidney Dysfunction who were Administered Denosumab
GAM_46	Opioid Prescribing for Arthroscopic Rotator Cuff Repair
GAM_68	Percent of Cervical Spinal Surgery without Prior Epidural Steroid Injection
GAM_69	Percent of Lumbar Spinal Surgery without Prior Steroid Injection
GAM_71	Percent of Questionable PCI
OP_32	Hospital Visits following Colonoscopy

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Episode of care performance

Episode names	
Advanced Heart Failure and Transplant Cardiology	Anesthesiology
Cardiac Surgery	Cardiology
Endocrinology	Family Practice
Gastroenterology	General Practice
General Surgery	Gynecological/Oncology
Hand Surgery	Hematology
Hematology/Oncology	Hospitalist
Infectious Disease	Internal Medicine
Interventional Cardiology	Interventional Pain Management
Medical oncology	Nephrology
Neurology	Neurosurgery
Obstetrics/Gynecology	Ophthalmology
Orthopedic Surgery	Otolaryngology
Pain Management	Plastic and Reconstructive Surgery
Podiatry	Pulmonary Disease
Rheumatology	Sports Medicine
Surgical Oncology	Thoracic Surgery
Urology	Vascular Surgery

For each indicator, the percentile position of each hospital is calculated relative to the other hospitals. Hospitals that are in the 95th percentile receive a maximum of 1 point, and hospitals in the bottom 10th percentile or lower receive a base score of 0.5. To allow for variance and nuance across hospitals' performance, the remaining percentile positions are continuously scaled between the values of 0.5 and 1. The points across all indicators are then averaged into one composite episode score for each hospital.

The combined Arcadia score constitutes 25% of the hospital quality metrics score.

2.3.1c AHA Annual Survey of Hospitals Database

The AHA Annual Survey of Hospitals Database is a comprehensive database that has been sustained through annual surveys of over 6,100 hospitals in America. The database consists of over 1,300 data points, that have been collected for over 75 years (American

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Hospital Association, 2025). The most recent data from FY2023, published in May 2025, is used to determine the AHA quality score.

The AHA quality score is calculated through four categories covering over 200 indicators: General, Health Equity, Technologies and Innovation, and Staffing. The Staffing pillar is a new addition this year, introduced to reflect hospitals' utilization rates and capacities.

General indicators evaluate the range of healthcare services that a hospital provides. It considers the ability of the facility to deliver multi-disciplinary care and to meet the needs of various patient populations. A large range of medical services is factored into this pillar, such as whether a hospital offers emergency services, cardiac intensive care, chemotherapy, or hospice programs.

Technologies and Innovation indicators reflect the adoption and integration of modern health information technologies and medical equipment within the hospital. It covers aspects such as electronic health records, telehealth, remote patient monitoring, and AI-guided clinical decision support.

Health Equity indicators measure the hospital's focus on equity and reducing disparities in patient outcomes. Examples include whether the hospital has programs to implement systematic and shared accountability for health equity and if there is a designated committee for implementing health equity strategies.

Staffing indicators assess the adequacy and deployment of healthcare staff, including physicians, nurses, allied health professionals, and support staff, relative to patient demand, such as the ratio of full-time nurses to active beds.

The list of indicators that are considered for the *America's Best-in-State Hospitals 2026* ranking can be found in the Appendix.

For each category, indicators are divided into categorical and continuous types. Categorical indicators are assigned points according to presence of said service, e.g., presence of oncology services. Continuous metrics are scored relatively based on percentile performance. Hospitals in the top 20th percentile receive the maximum score of 1, while hospitals that score up to the 80th percentile are assigned a continuous score between 0.4 and 1, which ensures relative comparability across hospitals. Final scores are combined across all categories, forming the AHA quality score for each hospital.

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Information on the AHA database can be found here:

https://www.ahadata.com/aha-annual-survey-database

The AHA score makes up 15% of the hospital quality pillar.

2.3.1d Accreditations and Certifications

Accreditations and Certifications are included in the hospital quality metric score to reflect hospitals' commitment to excellence in structural and quality standards.

The following accreditations and certifications are included:

- **Accreditation Commission for Health Care (ACHC):** An indicator of adherence to nationally recognized standards for quality, safety, and performance across various healthcare services.
- **American Nurses Credentialing Center (ANCC)**: A prestigious recognition for nursing excellence and high-quality patient care.
- **Planetree**: Recognition of hospitals and healthcare organizations that demonstrate excellence in person-centered care.
- **The Joint Commission (TJC)**: Accreditations 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, including:
    - Academic Medical Center accreditation
    - Critical Access Hospital accreditation
    - Health Care Equity advanced certification
    - Hospital accreditation
    - Responsible Use of Heath Data certification
    - Sustainable Healthcare certification

Accreditations and Certifications contribute 5% to the hospital quality metrics pillar.

2.3.2 Hospital reputation

The score for the hospital reputation is calculated from the weighted number of peer recommendations and the respective quality assessments, including recommendations for hospitals in the respondent's state and recommendations for out-of-state hospitals.

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From July to August 2025, Statista invited medical professionals (medical doctors/surgeons, registered nurses, nursing assistants, therapists) and hospital managers/administrators to an online survey. The survey was accessible to participants via newsweek.com, and invitations were also sent by email. Participants were asked to recommend top hospitals in their respective states, with an option to also recommend out-of-state hospitals.

The survey does not provide a predefined list of hospitals; instead, respondents are free to name any hospital they wish to recommend. Statista carries out plausibility checks to prevent bias or manipulation in responses.

Each hospital's reputation score is determined by the total number of weighted recommendations. Several factors influence the weighting: the order of the participant's recommendations, the participant's profession, and the participant's professional experience. Additionally, for each in-state recommended hospital, participants are asked to rate five quality dimensions from a scale from 1 ("Poor") to 10 ("Excellent"):

- Quality of care (45%)
- Patient counselling (25%)
- Accommodation and amenities (12.5%)
- Staffing (10%)
- Organization and accessibility (7.5%)

A quality score is assigned to each hospital based on the weighted average of these ratings, which is then incorporated into the overall weighting of recommendations.

Finally, the hospital with the highest number of weighted recommendations received a reputation score of 100%, while the next best hospitals received a relative score based on their weighted number of recommendations (e.g., if hospital A receives the highest number of weighted recommendations with 100, hospital B with 80 weighted recommendations receives a score of $\frac{80}{100}$ = 80%).

For this edition of the ranking, recommendations from the previous survey cycle are also incorporated, with reduced weight compared to the most recent responses. This approach allows the ranking to reflect current sentiment and to achieve continuity from the prior year.

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Recommendations from within the state constitute 80% of the reputation score and recommendations from out-of-state participants make up 20% of the reputation score.

The hospital reputation pillar constitutes 30% of the total score.

2.3.3 Patient experience

The Patient Experience score is calculated based on the HCAHPS survey. This is a standardized survey of hospital patients in the U.S. regarding their experiences during a recent procedure or surgery. The most recent dataset available is the April 2025 edition, which is based on surveys from patients discharged between the third quarter of 2023 and the second quarter of 2024. The specific measures derived from different HCAHPS questions are shown below:

Question Number	HCAHPS Composite Measures
1, 2, 3	Communication with nurse
5, 6, 7	Communication with doctors
4, 11	Responsiveness of hospital staff
13, 14	Communication about medicines
16, 17	Discharge information
20, 21, 22	Care transition

Question Number	HCAHPS Individual Items
8	Cleanliness of hospital environment
9	Quietness of hospital environment
18	Hospital rating
19	Willingness to recommend hospital

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Question Number	HCAHPS Global Items
18	Hospital rating
19	Willingness to recommend hospital

Hospitals are required to have at least 100 complete HCAHPS surveys over a given four-quarter period to receive a score.

The percentile position of each hospital measure is calculated. As higher scores indicate better performance, a hospital receives the maximum of 1 point if it scores in the 95th percentile or higher. Hospitals at or below the 10th percentile receive a base score of 0.5 to maintain continuity with prior years. All other hospitals receive a continuously scaled score between 0.5 and 1. This approach ensures a nuanced and equitable distribution of scores according to relative performance. The points from all measures are then combined to create a single score for each hospital.

The full methodology for the HCAHPS Star Rating is published at:

https://hcahpsonline.org/en/hcahps-star-ratings/

The patient experience pillar constitutes 15% of the total score.

2.3.4 Patient-Reported Outcome Measures (PROMs) implementation

PROMs are defined as standardized, validated questionnaires completed directly by patients to reflect their perception of their health status. Health status is defined beyond simply surviving disease following treatment, covering symptom burden, impact on functioning (physical, mental, and social), and quality of life. In recent years, PROMs measurement and the pursuit of patient-centered and value-based care have become key topics in health care systems worldwide.

With the guidance of the global board of experts, Newsweek and Statista have updated the *PROMs Implementation Survey* for the 2025 ranking cycle. The survey was sent out to hospitals in fall/winter 2024, and participation was also possible on newsweek.com and r.statista.com.

The overall purpose of this survey is to determine the status quo of implementation of generic and condition-specific PROMs in hospital settings, as well as hospitals' efforts

Newsweek

towards reporting and usage of the data both internally and externally for the purpose of improving health care delivery. For this, the global board of experts provided methodological input and guidance regarding the importance and development of the PROMs topic in a clinical setting. Furthermore, the board provided feedback on each of the questions within the survey to capture the most relevant PROMs information from the hospitals.

Since 2024, Statista has collaborated with the International Consortium for Health Outcomes Measurement (ICHOM) as a knowledge expert. ICHOM is the world's leading nonprofit organization dedicated to transforming healthcare through the applied use of standardized patient-centered outcomes measurement. ICHOM empowers patient and clinical leaders to identify and standardize the most important clinical, quality of life, function, and experience results for health care, 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 — standardized sets of patient-centered outcomes 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

An outline of the questions covered in the PROMs Implementation Survey can be found below, and the full questionnaire can be accessed via this link.

Examples of assessed aspects within the PROMs Implementation Survey[1]:

- Designated team to measure PROMs (Yes/No)

[1] In the questions pertaining to external reporting, optimization of care processes, therapeutic decisions, and sharing and comparing of PROMs data – examples were either listed or asked if participants selected yes.

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- Collection of standardized PROMs (Yes/No)
- Number of standardized PROM instruments measured and the departments they are being measured for
- The condition and/or departments measuring PROMs, whether case-mix adjustment was taken into account, if the instruments are scientifically validated, and the percentage of patients that complete the PROMs questionnaire for each condition
- Internal reporting of PROMs data to clinicians (Yes/No)
- Internal reporting of PROMs data to patients (Yes/No)
- External reporting of PROMs results (Yes/No)
- Auditing of the data prior to being published (Internal/External/Both)
- Use of PROMs data to optimize care processes (Yes/No)
- Use of PROMs data to support therapeutic decisions in real-time (Yes/)
- Sharing and comparing of PROMs data with other institutions to learn from each other (Yes/No)

In collaboration with the expert board, a grading system has been developed to determine the PROMs Implementation score. To qualify for inclusion of PROMs within their score, hospitals have to achieve a minimum of 50% (of the maximum 100% score). To further highlight PROMs implementation efforts of participating hospitals and their level of excellence in this category, a range of 1-3 ribbons is awarded.

The number of ribbons awarded is based on the number of points accrued within the PROMs implementation survey, and the criteria are as follows:

- Checkmark: PROMs measurement does not meet the 50% threshold
- 1 Ribbon: 50% to <70%
- 2 Ribbons: 70% to <87.5%
- 3 Ribbons: ≥ 87.5%

The upcoming survey cycle, which will be valid for all hospital rankings published in 2026, will be announced on newsweek.com and r.statista.com, and will be shared via e-mail with preregistered participants. Hospitals interested in participating in future cycles can preregister through the provided link here.

By continuously improving the PROMs Implementation Survey in collaboration with the expert board, Newsweek and Statista strive to drive PROMs implementation and promote

patient-centered care on a global scale. The long-term goal is to establish this questionnaire as the leading measure for PROMs implementation on an international level. Ongoing participation and engagement of hospitals worldwide is crucial in achieving this shared vision of improving healthcare standards through the integration of patient-reported outcomes.

The PROMs implementation score constitutes 5% of the total score.

2.4 Patient experience award

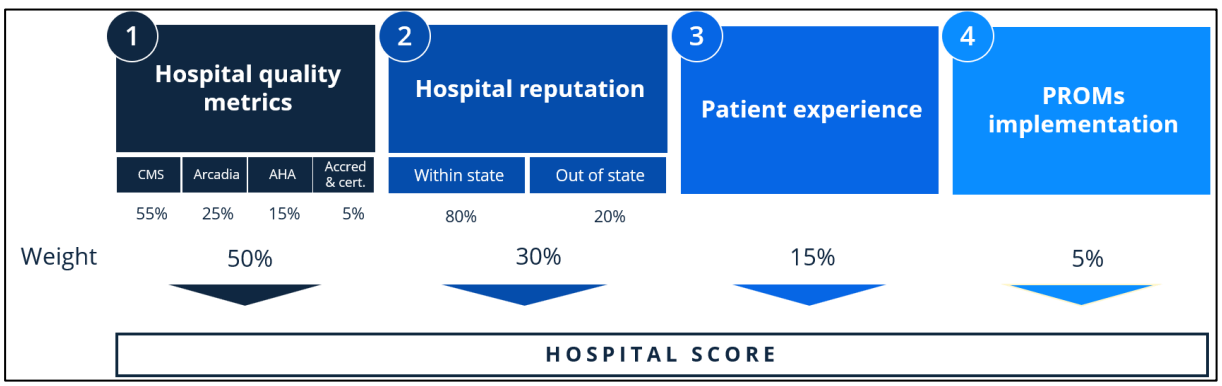
Hospitals with an outstanding performance in patient experience are recognized with a patient experience award, highlighting their dedication to delivering high-quality, patient-centered care. To qualify for the award, hospitals must demonstrate exceptional performance across all evaluated metrics. This is assessed in the following way:

- Only hospitals that report all 10 HCAHPS measures and are within the top 40% per measure are eligible, ensuring a solid baseline of care quality.
- At least 3 of the 10 measures must be rated in the top 15%, highlighting areas of outstanding achievement.
- In addition to the above, hospitals must also rank within the top 10% (90th percentile or higher) on at least four of the ten measures, underscoring the hospital's commitment to excellence in critical performance areas.

2.5 Scoring model

The scoring model is based on the hospital quality metrics score, the recommendations from peers, the patient experience score, and PROMs implementation.

Hospitals are ranked based on their overall performance across the four pillars:



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The hospital quality metrics pillar accounts for 50% of each hospital's overall score. Within this pillar, combined CMS score constitutes 55%, combined Arcadia score 25%, combined AHA score 15%, and combined Accreditations and Certifications score 5%.

The reputation pillar accounts for 30% of each hospital's overall score. Within this category, in-state peer recommendations constitute 80% and out-of-state 20%.

The patient experience pillar accounts for 15% of each hospital's overall score.

The PROMs implementation pillar accounts for 5% of each hospital's overall score.

Based on the overall score, the 800 leading hospitals across the nation are ranked. Per state, this represents roughly 15% of hospitals, with a minimum of 5 hospitals[2] included for each state. The state with the largest number of ranked hospitals is Texas with 67 ranked hospitals. The states with the smallest number of ranked hospitals include, but are not limited to, Alaska, Connecticut, and Delaware, with 5 ranked hospitals each.

The results of this ranking are published by Newsweek as follows:

California

Rank	Hospital	City	Patient experience award	PROMs
1	Stanford Health Care - Stanford Hospital	Stanford	✓	
2	Ronald Reagan UCLA Medical Center	Los Angeles		
3	UCSF Medical Center	San Francisco	✓	
4	Keck Hospital of USC	Los Angeles		
5	Jacobs Medical Center at UC San Diego Health	San Diego		

[...]

Texas

Rank	Hospital	City	Patient experience award	PROMs
1	Houston Methodist Hospital	Houston	✓	
2	UT Southwestern Medical Center	Dallas	✓	
3	Baylor University Medical Center	Dallas		
4	Houston Methodist The Woodlands Hospital	The Woodlands		
5	Memorial Hermann - Texas Medical Center	Houston		

[...]

LEADING HOSPITALS ARE AWARDED BY STATE

[2] Given the limited number of hospitals operating within Washington, D.C., the District is an exception to the standard five-hospital minimum. In the interest of equitable inclusion, three hospitals from Washington, D.C. were recognized in the ranking.

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3 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 09/01/2024 – 09/01/2025 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. Please note that data are subject to change and may be affected by continuing differences among states in abortion laws. The quality of hospitals that are not included in the rankings is not disputed.

Newsweek

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5 Appendix 1: List of AHA Indicators

The AHA indicators below, grouped by categories (General, Health Equity, Technologies and Innovation, Staffing), are used to calculate the AHA sub-pillar score for each hospital.

General	
1. Adjusted admissions	2. Adjusted patient days
3. Adult cardiac electrophysiology - hospital	4. Adult cardiac surgery - hospital
5. Adult cardiology services - hospital	6. Adult diagnostic catheterization - hospital
7. Adult interventional cardiac catheterization - hospital	8. Air ambulance services - hospital
9. Alzheimer Center - hospital	10. Ambulance services - hospital
11. Ambulatory surgical centers	12. Ambulatory surgery center - hospital
13. Arthritis treatment center - hospital	14. Assistive technology center - hospital
15. Bariatric/weight control services - hospital	16. Birthing room/LDR room/LDRP room - hospital
17. Blood donor center - hospital	18. Bone marrow transplant - hospital
19. Breast cancer screening/mammograms - hospital	20. Burn care - hospital
21. Cardiac - Limited service hospital	22. Cardiac intensive care - hospital
23. Cardiac rehabilitation - hospital	24. Certified trauma center - hospital
25. Chemotherapy - hospital	26. Community outreach - hospital
27. Community health education - hospital	28. Diabetes prevention program - hospital
29. Computer assisted orthopedic surgery (CAOS) - hospital	30. Endoscopic ultrasound - hospital
31. Electrodiagnostic services - hospital	32. General medical and surgical care (adult) - hospital
33. Fertility clinic - hospital	34. General medical and surgical care (pediatric) - hospital
35. General medical and surgical care (pediatric) - health system	36. Health research - hospital

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37. Health fair - hospital	38. Heart transplant - hospital
39. Health screenings - hospital	40. Hospital owns trauma certification
41. Hospice program - hospital	42. Imaging centers
43. Hospital unit inpatient days	44. Inpatient palliative care unit - hospital
45. Immunization program - hospital	46. Intensivist FTE Pediatric intensive care
47. Inpatient surgical operations	48. Limited service hospital
49. Linguistic/translation services - hospital	50. Medical/surgical intensive care - hospital
51. Lung transplant - hospital	52. Neonatal intermediate care - hospital
53. Neonatal intensive care - hospital	54. Number of operating rooms
55. Neurological services - hospital	56. Nutrition program - hospital
57. Nursing assistive personnel - vacancies	58. Off-campus emergency department - hospital
59. Obstetrics care - hospital	60. Oncology services - hospital
61. On-campus emergency department - hospital	62. Orthopedic services - hospital
63. Orthopedic - Limited service hospital	64. Pain management program - hospital
65. Other intensive care - hospital	66. Patient education center - hospital
67. Palliative care program - hospital	68. Patient representative services - hospital
69. Patient education, advanced practice nurses/physician assistants	70. Physical rehabilitation outpatient services - hospital
71. Pediatric intensive care - hospital	72. Prosthetic and orthotic services - hospital
73. Primary care department - hospital	74. Rural health clinic - hospital
75. Respiratory therapists - vacancies	76. Social work services - hospital
77. Sleep center - hospital	78. Support groups – hospital
79. Sports medicine - hospital	80. Total births (excluding fetal deaths)
81. Tobacco treatment services – hospital	82. Total outpatient visits

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83. Total hospital beds (calculated)[3]	84. Urgent care center - hospital
85. Total surgical operations	86. Wound management services - hospital
87. Women's health center/services - hospital	

Health Equity	
1. Accountable for meeting health equity goals - CEO	2. Accountable for meeting health equity goals - designated senior executive
3. Accountable for meeting health equity goals - committee or task force	4. Accountable for meeting health equity goals - division/department leaders
5. Accountable for meeting health equity goals - employee resource group	6. Accountable for implementing strategies for health equity goals - CEO
7. Accountable for implementing strategies for health equity goals - designated senior executive	8. Accountable for implementing strategies for health equity goals - middle management
9. Accountable for implementing strategies for health equity goals - committee or task force	10. Accountable for implementing strategies for health equity goals - division/department leaders
11. Accountable for implementing strategies for health equity goals - employee resource group	12. DEI disaggregated data to inform decisions - patient outcomes
13. DEI disaggregated data to inform decisions - training	14. DEI disaggregated data to inform decisions - professional development
15. Health equity strategic planning - equitable and inclusive organizational policies	16. Health equity strategic planning - systematic and shared accountability for health equity
17. Health equity strategic planning - diverse representation in hospital and health care system leadership	18. Health equity strategic planning - diverse representation in hospital and health care system governance

[3] The number of beds was used as a feasibility check and had no impact on the scoring model

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19. Health equity strategic planning - culturally appropriate patient care	

Technologies and Innovation	
1. Computed Tomography (CT) scanner - hospital	2. Diagnostic radioisotope facility - hospital
3. Electron Beam Computed Tomography (EBCT) - hospital	4. Full-field digital mammography (FFDM) - hospital
5. Magnetic resonance imaging (MRI) - hospital	6. Intraoperative magnetic resonance imaging - hospital
7. Magnetoencephalography (MEG) - hospital	8. Multi-slice spiral computed tomography < 64 slice - hospital
9. Multi-slice spiral computed tomography 64 + slice - hospital	10. Positron emission tomography (PET) - hospital
11. Positron emission tomography/CT (PET/CT) - hospital	12. Single photon emission computerized tomography (SPECT) - hospital
13. Ultrasound - hospital	14. Image-guided radiation therapy - hospital
15. Intensity-modulated radiation therapy (IMRT) - hospital	16. Proton beam therapy - hospital
17. Shaped beam radiation system - hospital	18. Stereotactic radiosurgery - hospital
19. Basic interventional radiology - hospital	20. Robotic surgery - hospital
21. Telehealth consultation and office visits - hospital	22. Telehealth eICU - hospital
23. Telehealth stroke care - hospital	24. Telehealth remote patient monitoring: post-discharge - hospital
25. Telehealth remote patient monitoring: ongoing chronic care management - hospital	26. Other telehealth - hospital
27. AI or machine learning - predicting staffing needs	28. AI or machine learning - predicting patient demand

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29. AI or machine learning - staff scheduling	30. AI or machine learning - automating routine tasks
31. AI or machine learning - optimizing administrative and clinical workflows	32. AI or machine learning - does not apply
33. Telehealth/virtual care - number of video visits	34. Telehealth/virtual care - number of audio visits
35. Telehealth/virtual care - number of patients monitored through remote patient monitoring	36. Telehealth/virtual care - number of patients receiving other virtual services

Staffing	
1. Full-time and Part-time physicians and dentists	2. Full-time and Part-time medical and dental residents and interns
3. Full-time and Part-time other trainees	4. Full-time and Part-time registered nurses
5. Full-time and Part-time licensed practical (vocational) nurses	6. Full-time and Part-time nursing assistive personnel
7. Full-time and Part-time radiology technicians	8. Full-time and Part-time laboratory technicians
9. Full-time and Part-time pharmacists, licensed	10. Full-time and Part-time pharmacy technicians
11. Full-time and Part-time respiratory therapists	12. Full-time and Part-time all other personnel
13. Full-time and Part-time total facility personnel	14. Total Full-time and Part-time hospital unit personnel
15. Total Full-time and Part-time nursing home type unit/facility registered nurses	16. Total Full-time and Part-time nursing home personnel
17. Full-time and Part-time advanced practice nurses	18. Full-time and Part-time physician assistants