# Measuring What Matters: PROMs in Hospital Rankings - Q&A Webinar Summary

The following questions were asked during the webinar on October 13, 2025. If you have any further questions, please contact hospitals@statista.com.

## 1. Survey Procedures & Participation

### 1.1 Are you planning to send out this survey by email to participants?

Yes, the survey was sent out on October 16th and 17th via email to all webinar participants, together with the recording and slides from the webinar. The survey can be accessed via this link.

### 1.2 The questionnaire asks to specify either psychiatric or somatic hospitals. How should hospitals report if they have both types of care?

If your hospital provides both psychiatric and somatic care, please select option 1: "General or specialist hospital (physical/somatic care)" for this question.

### 1.3 The Best Specialized Hospitals for 2026 are already online. Will the current PROMs survey affect those rankings?

No, the 2026 PROMs Implementation Survey will not impact any rankings that were published prior to 2026. The results from the 2026 survey will be applied to all Statista healthcare rankings released in 2026.

### 1.4 Will an on-demand webinar recording be made available?

Yes, please find the access to the webinar materials at the following links:
Recording: Link
Slides: Link

### 1.5 Is PROMs participation optional or mandatory? How do you protect against potential misuse or scandals, such as those observed in the US News college rankings?

Participation in the PROMs Implementation Survey for the Statista rankings is voluntary. Hospitals are encouraged to submit data to demonstrate their use of PROMs in clinical practice, which contributes up to 5% of the overall score. However, submission of the survey is not required for inclusion in the rankings.

To ensure data integrity and prevent misuse, Statista applies a rigorous multi-step validation process. All submissions and supporting documents are carefully reviewed by the analyst team for completeness, consistency, and plausibility. Any unclear or inconsistent information is clarified directly with the hospital during a structured validation call, conducted with select hospitals where necessary. This approach ensures that only

accurate, verifiable and methodologically sound PROMs data influence the final results, maintaining the credibility, transparency and integrity of the ranking.

### 1.6 Is it possible to access the survey for scientific reasons without participating in the hospital ranking?

Please contact Meera Chikermane (Meera.Chikermane@statista.com) with a brief description of your institution and research purpose so we can review your request.

## 2 Data Submission & Validation

### 2.1 Could you explain how you verify submitted data for the subset of hospitals during October-November? Could you describe how the data validation call is handled prior to the survey deadline?

The Statista analyst team carefully reviews all submitted data and supporting documents to verify accuracy and completeness. Inconsistencies or unclear details are flagged, and the respective hospitals will be contacted with a list of clarification questions. These points are then discussed in depth during a data validation call, conducted with select hospitals.

### 2.2 What qualifies as supporting evidence that should be attached? For example, do screenshots of multidisciplinary meetings and PPT presentations count? Would a write-up from the clinical department be enough for the use of PROMs in clinical programs? Are you expecting files with all PROMs completed by patients or just summary reports?

Supporting evidence should clearly demonstrate that the processes or measures described in the questionnaire are being implemented in practice. Acceptable proof includes, for example:

- Minutes or screenshots from multidisciplinary meetings
- Internal presentations (e.g., PowerPoint slides)
- Written summaries or reports from relevant clinical departments

Hospitals are not required to submit all available files. Typically, providing one to three representative examples is sufficient. For instance, when proof of PROMs instruments is requested, uploading a single exemplary survey is enough, there is no need to submit all patient questionnaires.

### 2.3 Could you clarify whether data submitted voluntarily to the regulator would count if there is no fully organized, structured national-level data reporting system in place?

Yes, voluntary submissions are generally considered valid as external reporting. If you would like us to review a specific case, please contact Meera Chikermane at Meera.Chikermane@statista.com.

### 2.4 Does the survey support reporting different levels of participation in PROMs across departments (e.g., more in cardiology than orthopedics)?

Yes, the survey supports reporting different levels of PROMs participation across departments. For each instrument, participants can specify the following aspects:

- Department/medical field
- Scientific validation

- Case-mix adjustment
- Response rate
- Follow-up interval

### 2.5 What types of documents are acceptable to prove sharing of PROMs with industry partners, especially since contracts are confidential?

Hospitals are **not required to share confidential contracts** to demonstrate that PROMs data contribute to collaborations with MedTech, pharmaceutical, or innovation initiatives. Instead, acceptable proof can include materials that clearly show how PROMs data have been applied or shared in relevant projects. Examples of acceptable documentation include:

- Internal reports or slides showing PROMs contributions to clinical trials, product development, or real-world evidence studies
- Written statements from clinical or research departments confirming that PROMs data were shared or used in collaboration with industry or innovation partners
- Published research articles or abstracts referencing the hospital's PROMs data

These examples are illustrative, not exhaustive; any documentation that credibly demonstrates the hospital's engagement in PROMs-based collaboration will be considered.

### 2.6 How many pieces of proof must be submitted for each question to receive points? Does submitting more proof increase the points awarded? If submitted PROM data is incomplete (e.g., missing response rates or follow-up intervals), will such data still be considered in the evaluation?

The survey allows hospitals to upload up to three proof documents per question. Submitting additional documents does not automatically increase the points awarded; the evaluation focuses on the relevance, clarity and completeness of the submitted documentation. Incomplete or insufficient documentation (e.g., missing response rates or follow-up intervals) may reduce the score or result in fewer or no points being awarded for that specific section. In most cases, one well-selected, comprehensive document is sufficient if it fully supports the information provided in the survey.

### 2.7 Who can I contact if I have questions about filling out the questionnaire?

If you require any additional information or clarification while completing the survey, please direct your questions to hospitals@statista.com.

## 3 PROMs Selection & Instrument Listing

### 3.1 EQ5D5L vs other PROMs: Which one is more suitable for stroke patients?

As Statista is not a clinical research organization, we do not provide recommendations on the suitability of specific PROM instruments for individual conditions. For condition-specific guidance—such as the optimal PROMs for stroke patients—we recommend consulting clinical research institutions or relevant medical societies, which can offer the most accurate and evidence-based advice.

### 3.2 Is there a comprehensive listing of all available PROMs that participants can review?

The PROMs Implementation Survey includes a list of more than 300 PROM tools, which can be selected via an autocomplete function when completing the survey. Please note that this list is not exhaustive, participants can also enter additional PROMs in a free-text field if a specific tool is not included.

### 3.3 Do you accept generic, quality-of-life PROMs, or only condition-specific instruments?

For the Statista PROMs Implementation Survey, we accept both generic (quality-of-life) and condition-specific PROMs. Please ensure that you provide examples as proof/documentation of the PROMs instruments.

### 3.4 Please explain the concept of case-mix adjustments and whether they are necessary for PROMs evaluation.

Case-mix adjustment refers to the process of adjusting PROMs results to account for differences in patient characteristics and disease severity. This ensures that outcome comparisons between hospitals or departments are statistically valid and not biased by variations in patient populations. While case-mix adjustment is not strictly required for PROMs evaluation, in the Statista PROMs Implementation Survey, hospitals must provide information whether case-mix adjustment is applied.

### 3.5 How does Statista decide which PROMs are most important—what if a hospital uses a PROM tool that's not considered the best for that disease area?

Statista does not penalize hospitals for using PROM tools that differ from commonly recommended instruments. The evaluation focuses on whether the PROMs used are scientifically validated, appropriately case-mix adjusted, and consistently applied in clinical practice. While internationally recognized instruments, such as those recommended by ICHOM, may serve as reference points, hospitals using alternative validated PROMs can still receive full points if the tools are appropriately implemented and demonstrate clinical relevance.

### 3.6 Should Information Transfer PRO-PMs be included in the survey submission?

As the Information Transfer PRO-PM is not a PROM, it should not be included in the survey submission.

## 4 Scoring & Weights of PROMs Implementation Survey

### 4.1 Is the number of PROMs important? What is the required number of different PROMs per service, department, or center of excellence to remain competitive? If PROMs have only recently been implemented (with few responses), will they still be considered and scored?

There is no minimum or required number of PROMs that hospitals must submit. Participants may list up to 25 instruments in the survey. Scoring is based primarily on whether the PROMs are scientifically validated, clinically relevant, and appropriately case-mix adjusted, rather than on their total number.

Newly implemented PROM initiatives or those with limited response volume are still considered, as the evaluation emphasizes quality of implementation and clinical relevance

over sample size. If you are unsure about which PROMs to include, please feel free to send a list with instruments directly to hospitals@statista.com for individual guidance.

4.2 Are the weights for different scoring elements based primarily on current usage? Would it be prudent to increase these weights faster to encourage PROM adoption and rebalance quality and experience metrics?

The weights of individual scoring elements are determined based on clinical relevance, methodological robustness, and verified implementation, rather than on current level of adoption. Adjustments to these weights are introduced gradually and cautiously to promote meaningful PROMs adoption while preserving the integrity and comparability of the rankings.

4.3 Will the PROMs survey, as the fourth pillar, contribute to the final evaluation score of the World's Best Hospitals survey in all countries? Please explain the weight of the PROMs pillar in determining the best hospital rankings overall.

Yes, the PROMs implementation score will contribute towards the overall hospital score in all countries, with a weight of 5%. For further information, please refer to the extended methodology of the 2025 World's Best Hospitals ranking here.

4.4 Is ICHOM accreditation mandatory to receive a full ranking in the Statista survey, or is it optional? How is ICHOM Accreditation weighted in the overall ranking? In the *World's Best Hospitals 2025* ranking, some hospitals' PROM surveys have two ribbons, while others have one; is this related to the number of survey cycles a hospital has participated in? Please explain the difference between scoring and ribbons in the ranking model. How can a hospital secure three ribbons? How is the PROMs score constructed?

ICHOM accreditation is not mandatory to receive full points in the PROMs implementation score. The weighting of the survey categories remains the same, regardless of a hospital's ICHOM accreditation status.

The PROMs implementation score is calculated based on a standardized grading scale that evaluates each hospital's performance across multiple dimensions. The results are then translated into categorical designations represented visually by ribbons in the ranking:

- Checkmark: PROMs measurement that does not meet the 50% threshold
- 1 ribbon: 50% – < 70%
- 2 ribbons: 70% – < 87.5%
- 3 ribbons: ≥ 87.5%

The **score** represents the hospital's quantitative performance based on the weighted survey results, while the **ribbons** serve as visual indicators translating that score into categorical levels of PROMs implementation.

For further information on our grading scale, including the weighting of each category within the PROMs Implementation Survey towards the PROMs implementation score, please refer to the extended methodology of the 2025 World's Best Hospitals ranking here (Appendix A). While the weighting may be subject to change for the upcoming reporting cycle, this document provides an overview of the previous edition.

4.5 ICHOM accreditation is widely recognized as one of the strongest approaches to guide and improve PROMs implementation. You mentioned that using their disease sets may result in a higher score—could you please confirm this? If we are using a validated international PROM tool instead, would our score be equivalent, or would it differ?

There is no specific preference for ICHOM sets over other established sets in the survey. Respondents can indicate any relevant PROMs set. A higher score is assigned to instruments that are scientifically validated and include case-mix adjustment. The survey also includes an autocomplete function to make it easier to select existing PROMs instruments.

4.6 Could you clarify whether ICHOM accreditation status impacts the score, or does it simply facilitate answering the questions?

The ICHOM accreditation currently serves to autocomplete the relevant sections of the Statista PROMs Implementation Survey, helping hospitals save time during submission. Providing ICHOM accreditation is not required to achieve a full score. Further details on scoring will be shared with the publication of World's Best Hospitals 2026. As the methodology continues to evolve, future updates may affect how ICHOM accreditation contributes to specific parts of the survey.

4.7 How many different surveys does an institution need to participate in to receive the maximum 5% score towards the ranking?

Each institution needs to complete the PROMs Implementation Survey only once. The survey is designed to capture PROMs implementation across the entire hospital. Participating once is sufficient to receive the maximum contribution (up to 5%) toward the overall rankings.

## 5 ICHOM Accreditation

5.1 How is JCI different from ICHOM accreditation?

JCI and ICHOM Accreditation are designed to be complementary. JCI accreditation focuses on ensuring that hospitals meet global standards for quality and patient safety, emphasizing compliance with processes, policies, and infrastructure. ICHOM accreditation centers on measuring and improving the outcomes that matter most to patients, assessing how effectively organizations implement and use value-based healthcare principles to drive continuous improvement.

5.2 Do you need to use ICHOM specific sets to achieve accreditation or can one achieve it as long as you have the same indicators?

Level 1 of the Accreditation Program[SM] requires a lower level of ICHOM Set use, acknowledging the fact that hospitals will be at different stages of their value-based healthcare implementation. As such, Level 1 can be achieved without strict adherence to an ICHOM Set, whereas Level 2 and 3 do require it.

### 5.3 How does ICHOM assess situations where implementation is uneven across an institution?

Accreditation is assessed on a Set-by-Set basis, with a healthcare organization being certified in that particular Set. Consequently, we are sure in each instance that the implementation meets the standards required under the ICHOM Accreditation Program[SM].

### 5.4 How much does ICHOM accreditation cost?

The flat rate for Level 1 of the Accreditation Program[SM] is 7500 USD, with an annual renewal fee of 2000 USD. Fees for Level 2 and 3 are calculated depending on the geographic area to take into account the difference in the cost of completing the in-person data audit.