Questionnaire regarding Patient Reported Outcome Measures (PROMs)

This survey is designed to evaluate your hospital specialty department's initiatives implementing patient reported outcome measures (PROMs). In recent years, PROMs measurement and the pursuit for patient centered care has become a key topic in health care systems worldwide.

Newsweek and Statista understand the importance of this topic and are surveying leading hospitals which were part of “World's Best Specialized Hospitals” and “World's Best Hospitals” rankings. To this purpose, responses from the survey will be incorporated into the “World's Best Hospitals” and “World's Best Specialized Hospitals” rankings.

To ensure the validity of the information provided, each participant is required to fill out a verification form at the end of this survey.

Please note that this survey is specifically referring to patient reported outcome measures (PROMs) and not patient reported experience measures (PREMs).

Thank you in advance for your participation.

Information about the timing of deleting personal data, the countries where we save data (e.g., U.S., EU, UK, Singapore), and the companies we collaborate with can be found in our privacy statement.

1.1 Please state which hospital you are providing information for:

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
</tbody>
</table>

1.2 Does your hospital have a unified platform for PROMS collection?

- [ ] Yes (if yes, please name the platform...)
- [ ] No
1.3 What is your position at this hospital?

Choose one of the following answers
Please choose only one of the following:

- I am a hospital manager / director.
- I am a medical director.
- I work in the quality assurance department.
- I am the office assistant of the chief physician of the department.
- I am the chief physician of the department.
- None of the above [Screenout]

PROMs 1

2.1 How many standardized PROM instruments are you measuring in your hospital? Please select the departments you are measuring them for:

Check departments that apply:

- Cardiology
- Endocrinology
- Gastroenterology
- Neurology
- Neurosurgery
- Oncology
- Orthopedics
- Pediatrics
- Pulmonology
- Urology
- Other

2.2 Please name the condition and/or departments measuring PROMs in your hospital.

Please indicate if you take case-mix adjustment into account and the percentage of patients that complete the PROMs questionnaire for each condition.

Optional: you can specify the department for which you measure the PROMs

(Case-mix adjustment mouseover: Adjustment of the PROMs results to patient severity profiles, so as to improve statistical analyses and reduce selection biases)
<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Case-mix adjustment</th>
<th>Collection rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROM 1</td>
<td>[Dropdown department]</td>
<td>[Checkbox] Yes/No</td>
<td>[Dropdown Collection rate] 0%-5%</td>
</tr>
<tr>
<td></td>
<td>□ Cardiology</td>
<td></td>
<td>5%-25%</td>
</tr>
<tr>
<td></td>
<td>□ Endocrinology</td>
<td></td>
<td>25%-50%</td>
</tr>
<tr>
<td></td>
<td>□ Gastroenterology</td>
<td></td>
<td>More than 50%</td>
</tr>
<tr>
<td></td>
<td>□ Neurology</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>□ Neurosurgery</td>
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<td>□ Urology</td>
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<tr>
<td></td>
<td>□ Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PROM 2

PROM 3

PROM 4

PROM 5

PROM 6

PROM 7

PROM 8

PROM 9

... Further text boxes will appear automatically.
PROMs 2

3.1 Is there any audit before you publish the data?

☐ Yes, internal (Who is the auditor: …)
☐ Yes, external (Who is the auditor: …)
☐ Yes, internal and external (Who are the auditors: …)
☐ No

3.2 Are you reporting PROMs data internally to clinicians and/or patients?

Comment only when you choose an answer.
Please choose all that apply and provide a comment:

<table>
<thead>
<tr>
<th>Comment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>We do not report PROMs data internally</td>
<td></td>
</tr>
<tr>
<td>To clinicians</td>
<td></td>
</tr>
<tr>
<td>To patients</td>
<td></td>
</tr>
<tr>
<td>To hospital management (e.g. board of directors)</td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
</tr>
</tbody>
</table>

3.3 Are you reporting your PROMs results to the public?

Comment only when you choose an answer.
Please choose all that apply and provide a comment:

<table>
<thead>
<tr>
<th>Comment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>We do not report PROMs data externally</td>
<td></td>
</tr>
<tr>
<td>With annual report (Please state the year you started reporting)</td>
<td></td>
</tr>
<tr>
<td>On the internet (Please provide the web address)</td>
<td></td>
</tr>
<tr>
<td>As part of an overarching project (Please provide an example)</td>
<td></td>
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<tr>
<td>In a scientific publication (Please provide an example)</td>
<td></td>
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<tr>
<td>Other (Please specify)</td>
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</table>
PROMs 3

4.1 Do you use PROMs data to optimize care processes?

Please choose only one of the following:

□ Yes
□ No

4.2 Are you using PROMs data to support therapeutic decisions in real-time?

Please choose only one of the following:

□ Yes
□ No

Please provide a recent example of how you use PROMs data to optimize care processes in your hospital:

Please write your answer here:

4.3 Are you sharing and comparing your PROMs data with other institutions in order to learn from each other?

Please choose only one of the following:

□ Yes
□ No

Please provide a recent example of when you shared your PROMs data:

Please write your answer here:

4.4.1 Please name the institution you shared your PROMs data with and provide a link to the institutions:

Name

Link
Validation

Please note we may include your survey responses in the evaluation only once your participation has been validated using a valid business email address from an authorized person (CEO, Managing Director or equivalent). No personally identifiable data will be shared, and all data will be collected and evaluated anonymously, within the scope of relevant regulations. This verification serves to prevent fraud.

5.1 Please select an option.

Choose one of the following answers
Please choose only one of the following:

- ☐ I agree to validate the survey using my work e-mail address.
- ☐ I don't want to give an e-mail address, so my answers cannot be used for the evaluation.

5.2 Please enter the required information here: *

Please enter a valid email address.

You have now reached the end of the survey. Thank you for participating. If you would like to leave any comments about this survey, please use the text field below.

Please write your answer here:

Thank you for completing this survey.