

Measuring Patient Experience in a Super Specialty Hospital in Patna Using the Patient Reported Experience Measure (PREM) Tool

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This presentation provides a structured approach to understanding and improving patient experience. We will start with a foundational introduction to patient experience and PREM, then move into the detailed methodology, present our key findings, and conclude with actionable recommendations derived from the study.





Introduction

In this section, we will establish the critical importance of patient experience in contemporary healthcare. We will explore how a holistic understanding of the patient journey, beyond mere medical treatment, contributes significantly to positive health outcomes and patient satisfaction. Furthermore, we will highlight the existing gaps between patient expectations and the care provided, underscoring the necessity of patient-centric approaches in healthcare delivery.



Understanding the Patient Experience



The Patient Journey ^[1]

It's not just about treatment — it's the whole experience, from the first call to the final follow-up. Every step shapes how patients feel and heal.



More Than a Survey ^[2]

Patient experience isn't just ticking boxes. It's about how people *feel* — their fears, hopes, and expectations during their care. Usually, high patient experience scores point to good healthcare, since they are often related to strong clinical outcomes.



A Disconnect That Matters ^[2]

What patients want isn't always what care teams think they need. Bridging this gap means truly listening and creating space for patient voices.



Communication is Healing ^[3]

When healthcare professionals and patients talk openly, trust grows. It leads to better understanding, clearer plans, and more confident care decisions.

Understanding the patient experience extends beyond clinical outcomes, encompassing every interaction within the healthcare system. It delves into the emotional and psychological aspects of care, recognising that feelings, fears, and hopes are integral to a patient's journey. When these elements are addressed, it not only improves patient satisfaction but also contributes to better healing and overall health.



Patient Reported Experience Measures (PREMs)

What Are PREMs? ^[4]

PREMs are structured questionnaires that ask patients to describe their actual experiences with care — not just how they *felt*, but what *happened*.

Beyond Satisfaction ^[4]

Unlike typical satisfaction surveys, PREMs don't focus on expectations or emotions. Instead, they dig into real moments.

Why It Matters ^[4]

PREMs highlight how care is delivered — from wait times and safety to communication and coordination. This helps identify *what* needs fixing and *how* to fix it.

Clearer Feedback, Better Care ^[5]

When patients share their experiences in specific, factual terms, it's easier for healthcare teams to take action. This makes PREMs a powerful tool for improving the care journey.

Centering the Patient's Voice ^[5]

By focusing on what *really happened*, PREMs bring the patient's perspective to the forefront — helping build a system that listens, learns, and improves.

Patient Reported Experience Measures (PREMs) offer a significant evolution beyond traditional patient satisfaction surveys by focusing on the tangible aspects of care delivery. Instead of gauging subjective feelings, PREMs collect objective data on actual events during a patient's healthcare journey. This factual approach enables healthcare providers to pinpoint specific areas for improvement, such as reducing wait times, enhancing safety protocols, or streamlining communication processes.



Types and Applications of PREMs

Purpose of PREMs

PREMs are used in many ways to measure different aspects of patient experiences in healthcare. They are sorted into types and applied in specific situations to gain useful insights.

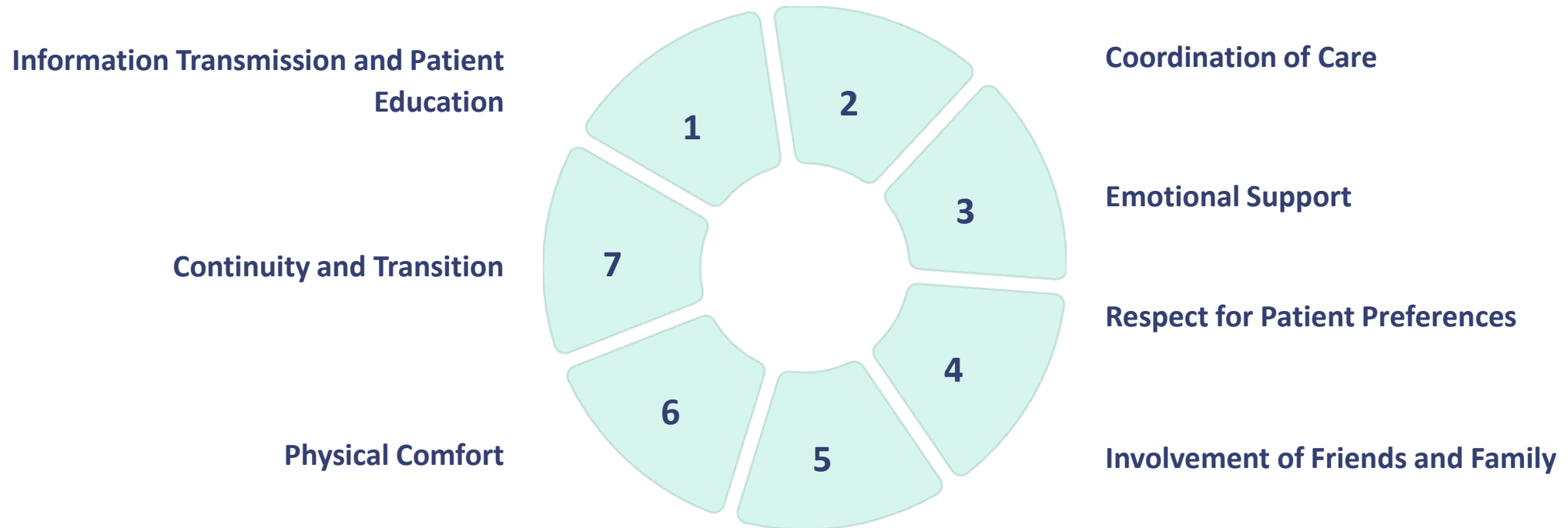
PREMs are versatile tools tailored to measure diverse facets of patient experiences, categorised broadly into two types: generic and setting-specific. Generic PREMs provide a comprehensive overview, allowing for benchmarking and comparison across various healthcare institutions, such as the HCAHPS widely used in the US. Conversely, setting-specific PREMs delve into the nuances of particular healthcare environments, like emergency departments or primary care clinics, providing granular insights relevant to those unique contexts.

Two Main Types of PREMs ^[6]

1. **Generic PREMs** – Designed to evaluate the overall experience of patients in any healthcare setting – Useful for comparing patient experiences across different institutions or healthcare systems – Example: HCAHPS, CAHPS, PPE-15.
2. **Setting-Specific PREMs** – Developed for specific places like emergency rooms, primary care clinics, or long-term care facilities – Focus on the unique situations and patient interactions common in those settings – Example: PPEQ, CAHO.



Picker Patient Experience Questionnaire (PPE-15)



The Picker Patient Experience Questionnaire (PPE-15) is an efficient, 15-item instrument derived from the extensive original Picker Inpatient Questionnaire. This tool is specifically designed for inpatient settings, including both planned and emergency admissions, to capture patient experiences across seven critical dimensions of care quality. The PPE-15 employs a dichotomous "Problem / No Problem" scoring system, simplifying analysis and enabling clear comparisons over time and across different hospitals. [7] [8] [9]





Methodology

The study's methodology was meticulously designed to ensure accurate and reliable measurement of patient experience. It employed a descriptive cross-sectional study design, which allowed for a snapshot assessment of patient experiences at Jay Prabha Medanta Patna Super Specialty Hospital during a specific period. The choice of a purposive sampling technique enabled us to select participants who met specific criteria, ensuring the relevance and validity of the collected data.

This systematic approach is crucial for generating insights that are both representative and actionable, providing a solid foundation for analysis and recommendations.



Research Questions

- What is the level of patient experience among individuals receiving care at Jay Prabha Medanta Super Specialty Hospital, Patna, as measured by the Patient Reported Experience Measure (PREM) tool?
- What factors, as measured by PPE-15, are most strongly associated with patient satisfaction in healthcare services?

Study Design

PLACE OF STUDY	Jay Prabha Medanta Patna Super Specialty Hospital
STUDY DESIGN	Descriptive cross-sectional study
SAMPLE SIZE	200
SAMPLING TECHNIQUE	Purposive sampling
INCLUSION CRITERIA	Patients who received services in IPD during the study period and consented to participate.
EXCLUSION CRITERIA	Critically ill patients, patients admitted in ICU, and daycare, those unwilling to participate, and patients admitted in the neurological department.

The research aimed to quantify patient experience levels and identify key satisfaction factors using the PPE-15 tool. Conducted at Jay Prabha Medanta Patna Super Specialty Hospital, the study employed a descriptive cross-sectional design with a purposive sample of 140 patients. Strict inclusion and exclusion criteria ensured data relevance, focusing on IPD patients who consented, while excluding critically ill, ICU, daycare, and neurological department patients.



Study Tools and Data Analysis

Study Tools

- Structured questionnaire based on the Picker Patient Experience Questionnaire-15 tool.
- Additionally, questions for dimension such as hospital environment and overall impression has been adapted from HCAPHS tool.
- Overall rating by respondents is taken via 10-point Likert scale.

Data Collection Procedure

Distribution of questionnaires in physical format or in google forms to patients and attendants during the day of discharge after explanation of discharge summary to the patients.

Data Analysis Plan

- MS Excel is used for visualization of distribution of responses.
- SPSS is used for bivariate analysis of overall impression and concerned dimensions.
- Average mean problem score of all dimensions of PPE-15 tool is measured with SPSS to find out the level of patient experience.

Statistical Methods Employed

- Monte Carlo method is used to estimate p value of Pearson chi square test at 95% confidence interval.
- Fisher exact test is used if 2*2 tables are involved.
- Median of numeric variables is calculated to determine average due to skewness of dataset.

Informed Consent

Consent form is given in the google form to patient or attendant before filling the questionnaire.

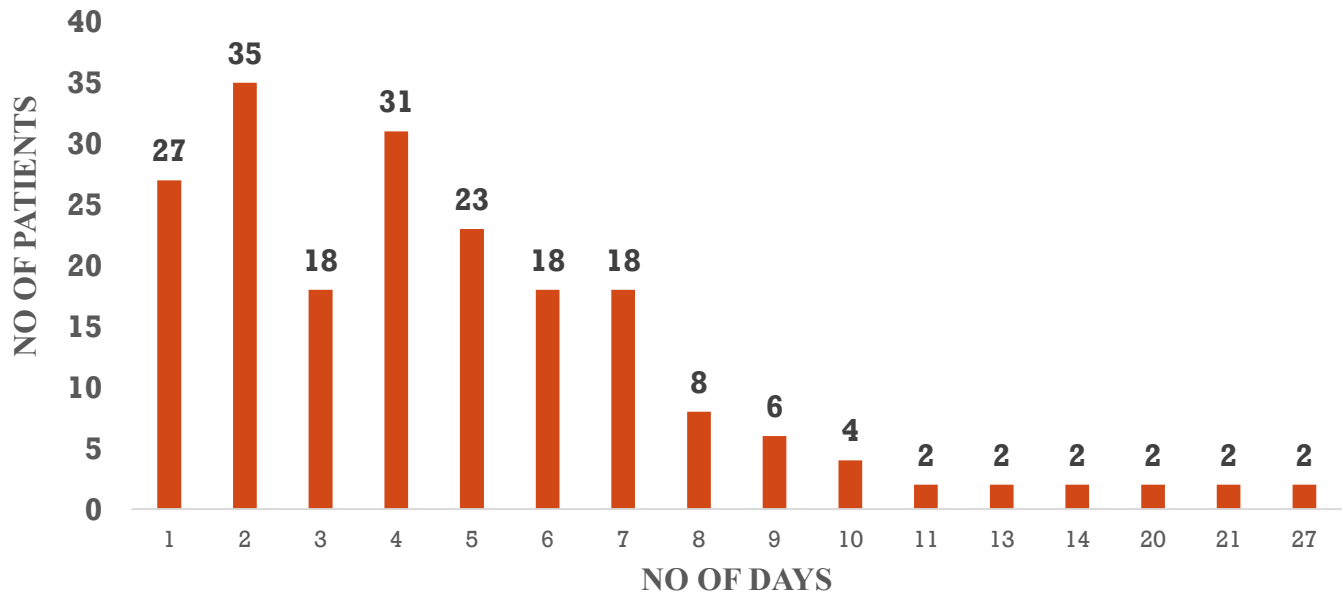




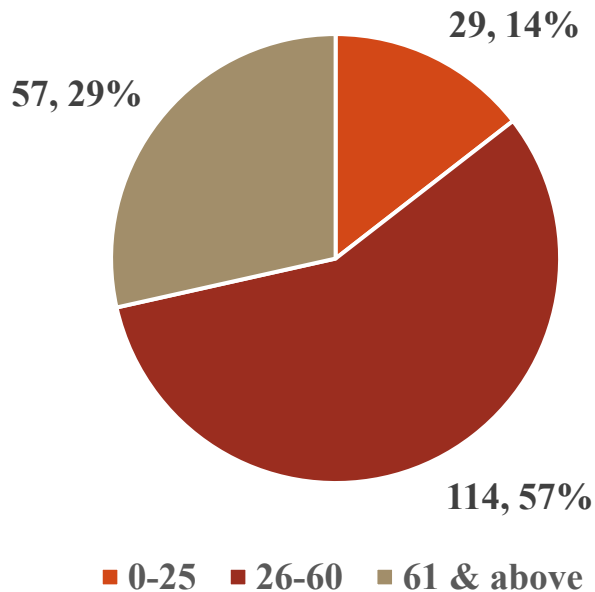
Results



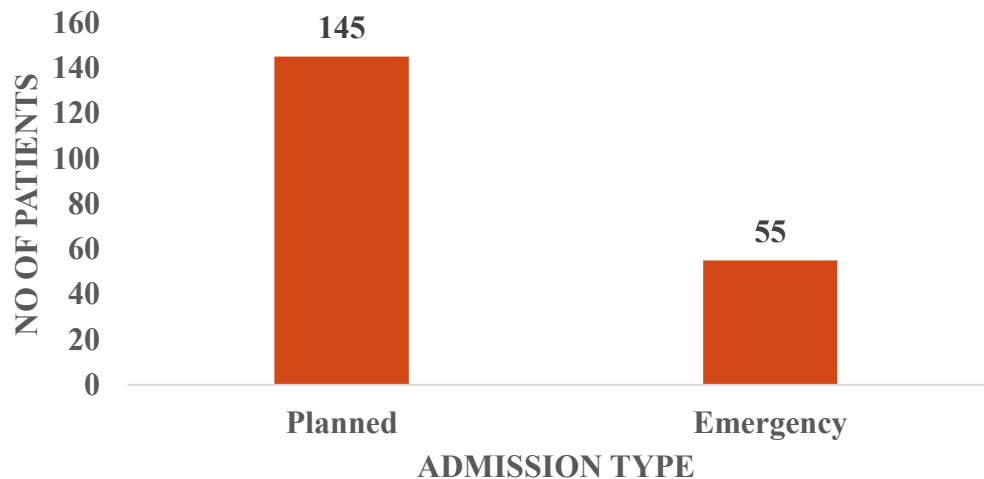
LOS (N=200)



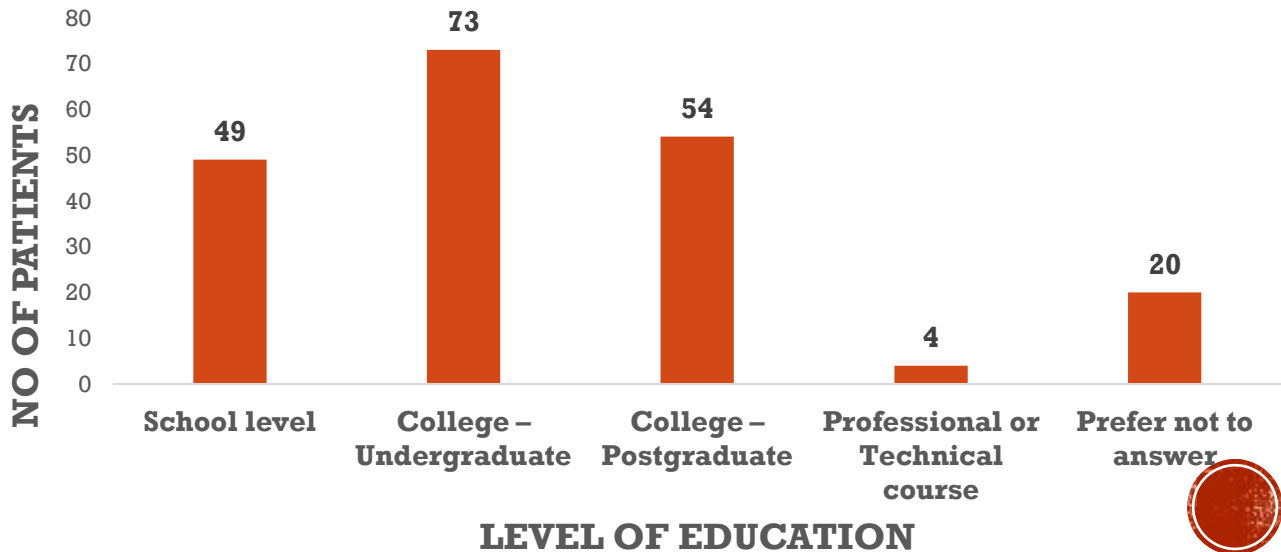
AGE GROUP (N=200)



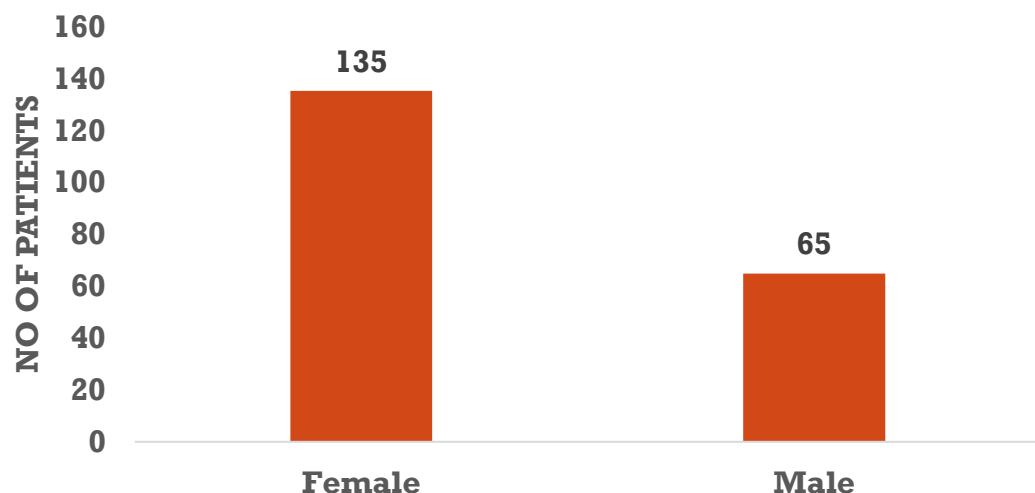
PATIENT TYPE (N=200)



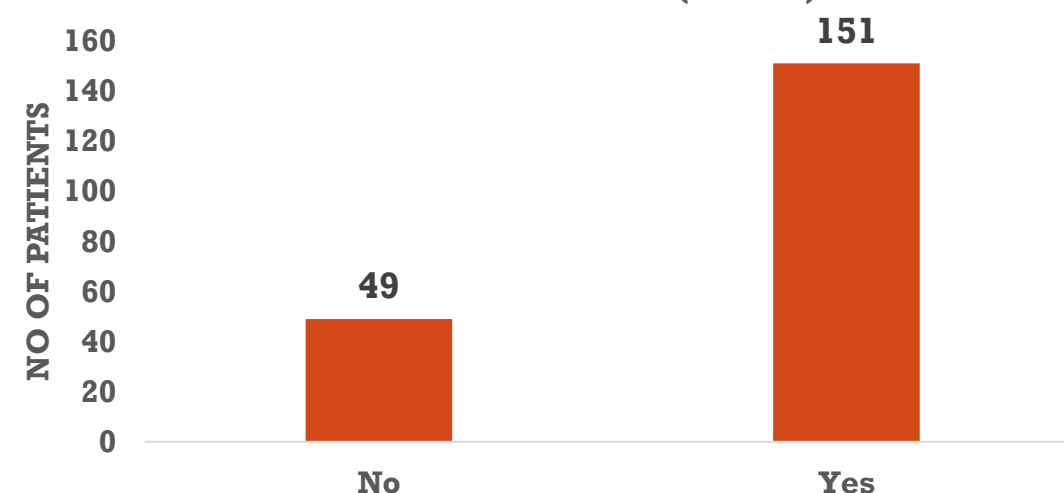
EDUCATIONAL QUALIFICATION (N=200)



GENDER (N=200)



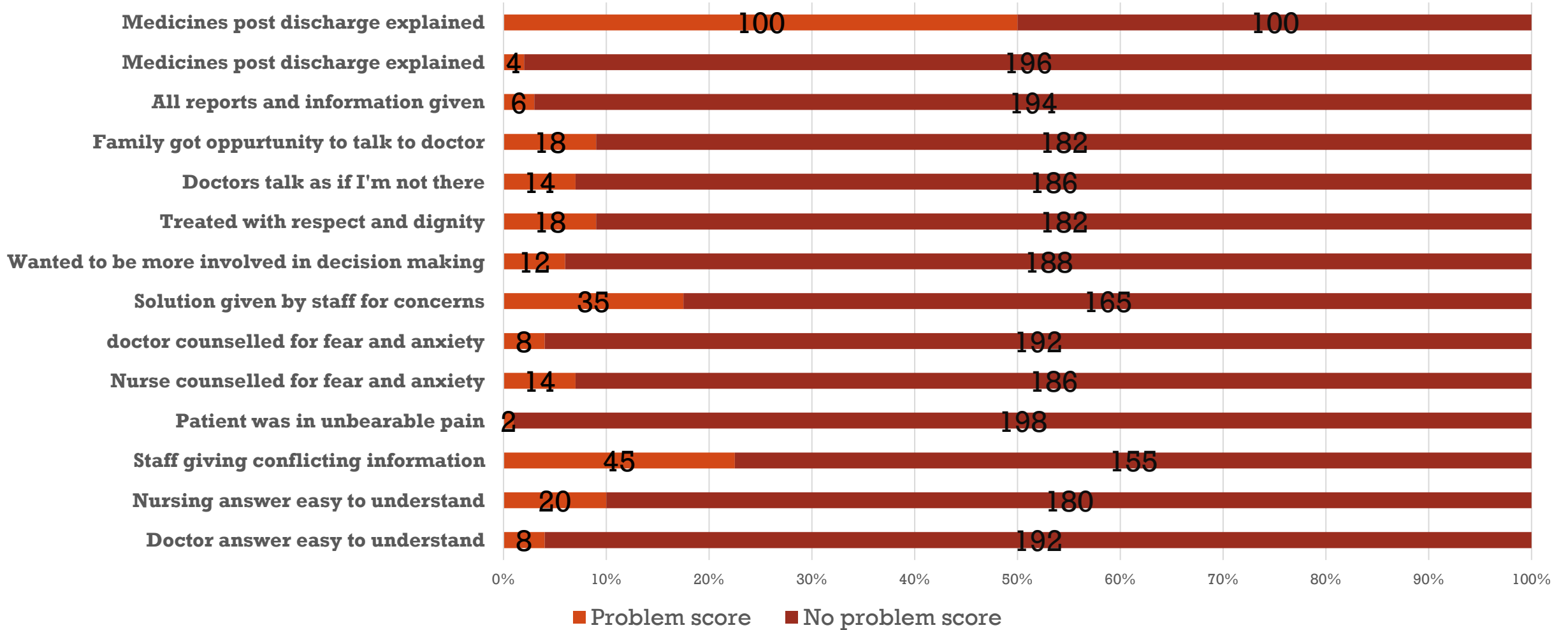
FIRST TIME VISITOR (N=200)



The demographic analysis of 200 study participants shows that most had shorter hospital stays, were adults aged 26–60, and underwent planned admissions. The most frequent lengths of stay were 2 days (17.6%), 4 days (15.7%), and 1 day (13.7%), with a median LOS of 7 days. Adults aged 26–60 made up the largest age group (56.9%), followed by those 61+ (28.4%) and 0–25 (14.7%), with a median age of 50. Planned admissions dominated (72.5%) over emergencies (27.5%). Educationally, the majority had undergraduate (36.5%) or postgraduate (27.0%) degrees. Females were the majority (67.6%). Most participants (75.5%) were first-time visitors to Medanta. Overall, the sample was mainly adult, female, well-educated, with planned short-term stays and first-time hospital experiences.



PPE-15 question analysis (N=200)

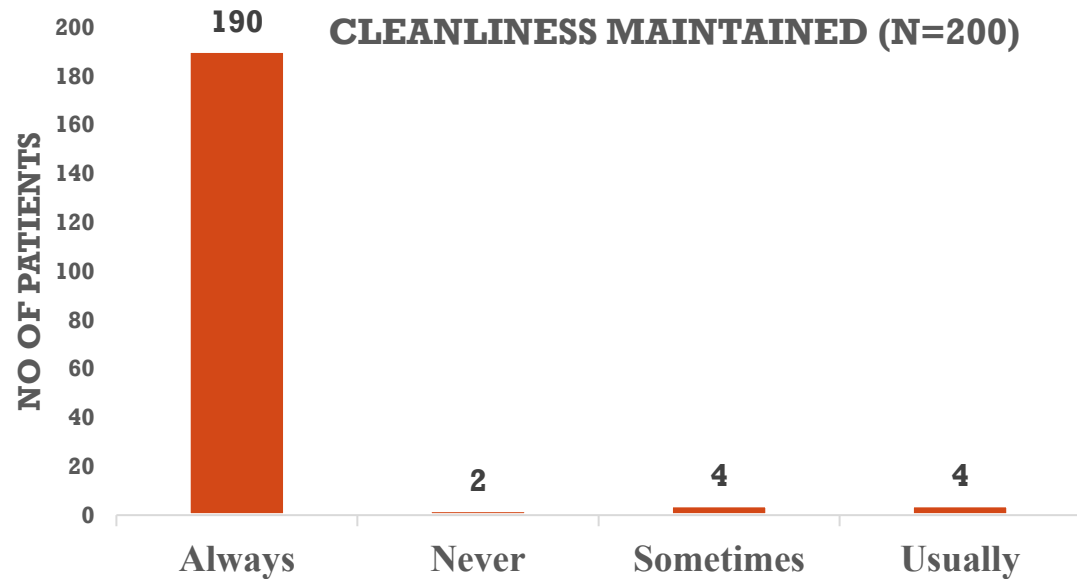


COMMON IDENTIFIED REASONS

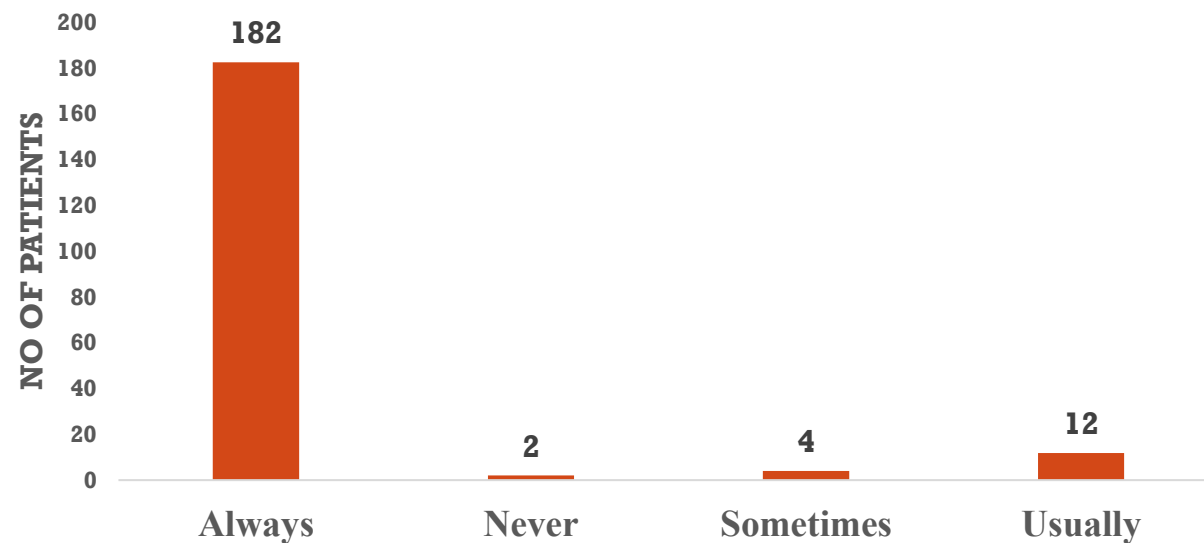
Solutions given by staff for concerns (Q8) (N=35)		Staff giving conflicting information (Q3) (N=45)	
Nursing	- Late response by nurses. - Concerns ignored by nursing.	Nursing	Delay in medicine administration identified by patient/attendant.
Administrative	Concerns regarding final bill.		Delay in investigation due to miscommunication in nursing handover.
Deictics and Pantry	Non-availability of food according to the patient's illness.	Deictics and Pantry	Wrong diet given to patient according to the diet plan.



CLEANLINESS MAINTAINED (N=200)

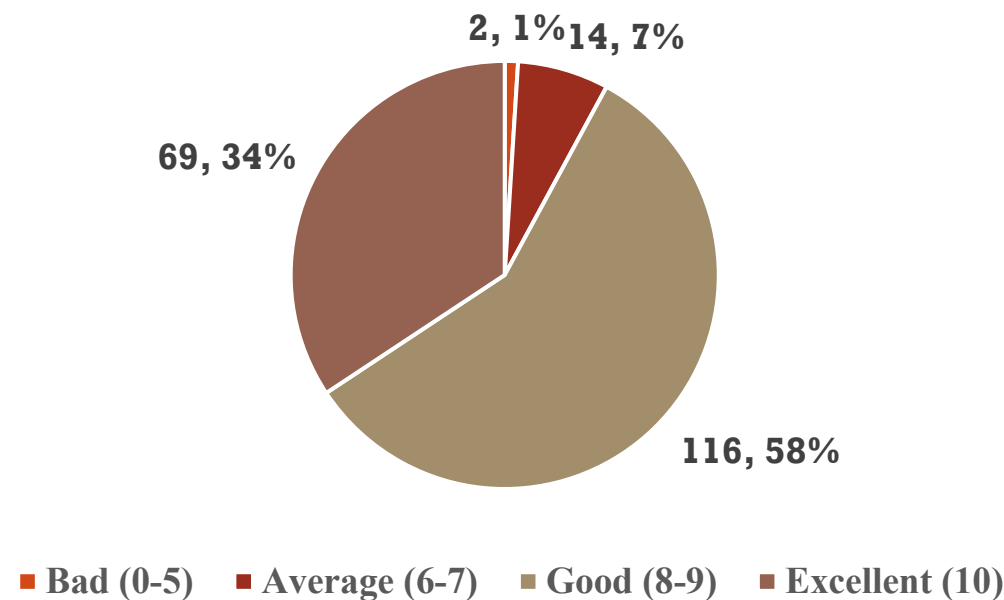


SAFE ENVIROMENT FOR RECOVERY (N=200)

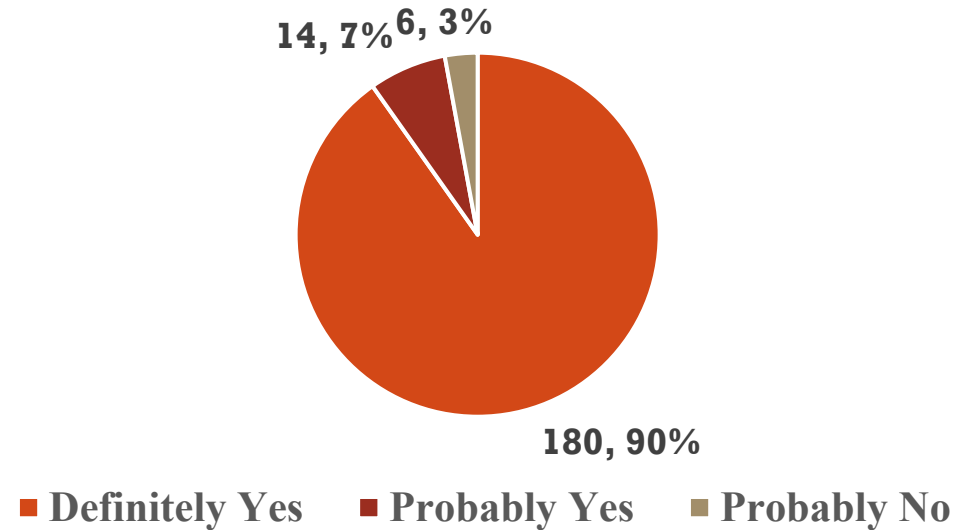


Rating given	Frequency
Bad (0-5)	2
Average (6-7)	14
Good (8-9)	116
Excellent (10)	10
Median Rating is 9.	

RATING GIVEN (N=200)



WILL RECOMMEND HOSPITAL (N=200)



A large majority of patients praised hospital cleanliness, with 95% stating it was "Always" maintained in rooms and washrooms. Additionally, 91% reported "Always" getting enough rest, indicating a peaceful environment. Reflecting this, 90% would "Definitely Yes" recommend the hospital, and 7% said "Probably Yes." Overall satisfaction was high, with 92% rating their experience as "Good" (58%) or "Excellent" (34%), and a median rating of 9 on the 10-point scale.



Pearson Chi Square test (Bivariate analysis)

PPE-15 variables	Rating given	Will recommend hospital a	First time Visitor ^a	LOS
Doctor answer easy to understand	No significance	0.03	No significance	No significance
Nursing answer easy to understand	0.00	0.02	No significance	0.02
Staff giving conflicting information	0.03	No significance	No significance	No significance
doctor counselled for fear and anxiety	No significance	No significance	No significance	0.02
Solutions given by staff for concerns	0.00	0.00	No significance	No significance
Wanted to be more involved in decision making	No significance	No significance	0.03	No significance
Treated with respect and dignity	0.00	0.00	0.01	No significance
Family got opportunity to talk to doctor	0.01	0.01	No significance	No significance

Values marked in red is the p-value.

^a is for variables where fisher exact test is used.

Monte Carlo method is used for the rest.



Dimensions of PPE-15 (N = 200)	Problem score percent	Frequency	No problem percent	No Problem score
Information and education - Q1, Q2	10.0%	20	90.0%	180
Coordination of care - Q3	22.5%	45	77.5%	155
Physical comfort - Q10	1%	2	99%	198
Emotional support - Q4, Q5, Q9	23.5%	47	76.5%	153
Respect for patient preferences - Q6, Q7, Q8	10.5%	21	10.5%	179
Involvement of friends and family - Q11, Q12	10.8%	22	89.2%	178
Continuity and transition Q15, Q17	50%	100	50%	100
Total	69.6%	139	30.4%	61
Total excluding Q17	38.2%	76	61.8%	124

Table 4.5 shows problem scores across PPE-15 dimensions based on 200 patient responses. In Information and Education (Q1, Q2), 10% reported issues, while 90% did not. For Coordination of Care (Q3), 22.5% reported difficulties, and 77.5% were satisfied. Physical Comfort (Q10) had only 1% reporting problems. Emotional Support (Q4, Q5, Q9) had 23.5% reporting unmet needs, while 76.5% did not. Respect for Patient Preferences (Q6, Q7, Q8) had a 10.5% problem rate, and 89.5% felt respected. Involvement of Friends and Family (Q11, Q12) showed 10.8% reporting concerns. Continuity and Transition (Q15, Q17) had 50% indicating problems. Overall, 69.6% reported at least one issue, but excluding the danger sign item (Q17), the score drops to 38.2%, highlighting its strong influence on patient experience.





Conclusion



Conclusion

The findings indicate that patients at Medanta generally had a positive experience, especially in communication, respect, and the hospital environment. Most felt that staff communicated clearly, treated them with dignity, and maintained a clean, restful setting, leading to high satisfaction and willingness to recommend the hospital.

Key dimensions like respect, clear communication, addressing concerns, and involving family were strongly linked to overall ratings and recommendations, shaping how patients assessed their care. However, conflicting information from staff highlighted a need for better coordination. Educational qualification was significantly linked to overall ratings, suggesting that more educated patients may have higher expectations or express experiences more clearly. First-time visitors and those with shorter stays were more affected by communication and involvement in decisions, showing the importance of patient engagement.

Despite many issues reported in the continuity and transition domain, no significant link was found with overall satisfaction or recommendation. While poor explanation of danger signs raised problem scores, it did not statistically impact overall patient perception, indicating operational gaps without affecting care ratings.

Recommendation

-  Efforts should be made to ensure consistency in the information shared by primary doctors, resident medical doctors, nurses, and dieticians to avoid confusion and reinforce trust. Communication during the handover between shifts of the nurses should be improved.
-  Discharge summaries should be supplemented with verbal explanations for the follow-up visit date, appointment contact number, and especially regarding danger signs using language appropriate to patients' literacy levels. Adopting the "teach-back" method for explaining discharge summary to patients is a reliable and validated strategy in healthcare.

Limitation

The sample size wasn't uniformly distributed between the floors where IPD patients were admitted. As the sample size was not randomized data may be biased.

This study is affected by the same biases that PREM tool is affected by such as non response, proxy, recall, language, timing, and fatigue bias. Additionally, as review of literature for PREM is scarce in Indian context, comparison with other studies could not be made.





Appendices

[Picker patient experience questionnaire](#)



Informed Consent

Researcher Name – Aahel Adhikary, 8900446166

You are invited to participate in a research study by [Aahel Adhikary/IIHMR/Jay Prabha Medanta Super Specialty Hospital]. This study aims to measure the satisfaction level of patient experience in Jay Prabha Medanta Super Specialty Hospital, Patna.

If you agree to participate, you will be asked to complete a questionnaire that will take approximately 10 minutes.

There are no known risks associated with participating in this study. However, some questions may be sensitive, and you may choose not to answer any questions that make you uncomfortable.

Your responses to the questionnaire will be kept confidential. All data collected will be anonymized, and no identifying information will be linked to your responses. The data will be stored securely and only accessible to the research team.

Your participation in this study is entirely voluntary. You have the right to refuse to participate or to withdraw at any time.

If you have any questions about the study or your participation, please contact [Aahel Adhikary] at [8900446166].

By selecting "I Agree" below, you acknowledge that you have read and understood the information provided above and consent to participate in this study.

☐ I Agree

☐ I Do Not Agree



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Thank you

