

# **Wound Wise PREM: Using Patient Experience Metrics to Strengthen Safety and Quality in Wound Care**

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# INTRODUCTION

- Wound care is a critical component of healthcare that directly affects patient safety, recovery outcomes, and overall quality of life.
- Effective wound management requires not only appropriate clinical interventions but also continuous monitoring of care quality and patient-centred outcomes.
- In recent years, healthcare systems have increasingly recognised the importance of incorporating patient experience and feedback to improve healthcare delivery.

PREM stands for Patient-Reported Experience Measure - A structured Tool/Questionnaire(s) that is used to capture patients' perceptions and experiences regarding the care they receive.

Unlike clinical outcome measures, PREMs focus on aspects such as –

- Communication with healthcare providers,
- Responsiveness and coordination of care,
- Pain management,
- Involvement in decision-making, and
- Overall satisfaction with treatment/ procedures.

These metrics provide valuable insights into gaps in healthcare services that may not be evident through clinical indicators alone.



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## Aim:

To establish a baseline measurement of patient experience during wound dressing to support quality improvement and clinical governance.

## Objectives:

- To assess patient-reported experience across key safety and communication domains including explanation of care, identification, infection prevention, education and escalation advice using a validated PREM tool.
- To identify low-performing domains as a basis for targeted improvements in patient-centred care.

## Methodology:

- **Study tool:** Validated “Wound Care - Patient Information Experience Details” PREM questionnaire adapted from the CAHO PREM tool.
- The dichotomous (Yes/No) questionnaire assessed 17 domains covering communication, pain explanation, hand hygiene, aseptic practices, waste disposal, home-care education, and urgent-care advice, etc. Informed consent was taken for all the participants.
- Responses were analyzed as percentages to generate a baseline performance profile and identify priority improvement areas relevant to hospital quality management.

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# Wound Care Experience Questionnaire



## WOUND CARE PATIENT EXPERIENCE QUESTIONNAIRE

### Patient Consent

I have been informed about the purpose of this wound care questionnaire. I understand that my participation is voluntary and that the information provided will be kept confidential and used only for quality improvement or research purposes. My treatment will not be affected by my decision to participate or not.

I hereby give my consent to participate in this questionnaire.

Patient Name: \_\_\_\_\_

Signature/Thumb Impression: \_\_\_\_\_

Date: \_\_\_\_\_

### Wound Care Patient Experience Details (Please tick ✓ the appropriate option)

1. Did the doctor/nurse explain the dressing procedure before starting?  
 Yes  No
2. Were you explained that you will face discomfort/ pain during the change of dressing?  
 Yes  No
3. Did the doctor/nurse remove jewellery (watch/ rings/ bangles/ threads) before dressing your wound?  
 Yes  No
4. Did the team take enough precautions to prevent infection, such as wearing sterile gloves, masks etc.  
 Yes  No
5. Did the doctor/nurse wash their hands/use hand sanitizer before dressing your wound?  
 Yes  No
6. Did the doctor examine the wound and explain the plan of management to you?  
 Yes  No
7. Was the dressing material used for dressing kept on your bed?  
 Yes  No

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8. Were the materials used discarded in the waste bins immediately after the dressing?  
 Yes  No
9. Were you able to clarify/ ask questions to the doctor/ nurse related to wound or its care?  
 Yes  No
10. Were you advised that you must not touch your dressing/wound?  
 Yes  No
11. If you were advised to change dressing at home, were you/ your family educated on how to change the dressing?  
 Yes  No
12. If you have been educated, did you or a family member demonstrate how to do the dressing?  
 Yes  No
13. Were you advised that any wetness/soakage in the wound is not a good sign, and you must watch for any wetness/soakage in the dressing?  
 Yes  No
14. Were you advised to watch for fever, as that may be due to infection in your wound?  
 Yes  No
15. Have all your doubts about wound care been cleared by the team members?  
 Yes  No
16. Have you been advised when to seek urgent care?  
 Yes  No
17. Do you know how to take urgent care in case of need?  
 Yes  No

Any suggestions/remarks:

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- Among 50 patients, overall PREM compliance was 98%.
- All domains achieved  $\geq 90\%$  positive responses.
- **100% compliance achieved in:** Procedure and pain explanation, infection precautions, hand hygiene, dressing material handling, waste disposal, home-care education, demonstration, fever advice, urgent-care advice, and escalation awareness.
- **Identified gaps included:** Wound examination and plan explanation (92%), opportunity for questions and clarification (90%), advice on dressing wetness/soakage (90%), and reinforcement of not touching the wound (96%).
- These findings highlight specific, actionable communication and education gaps despite strong overall performance.

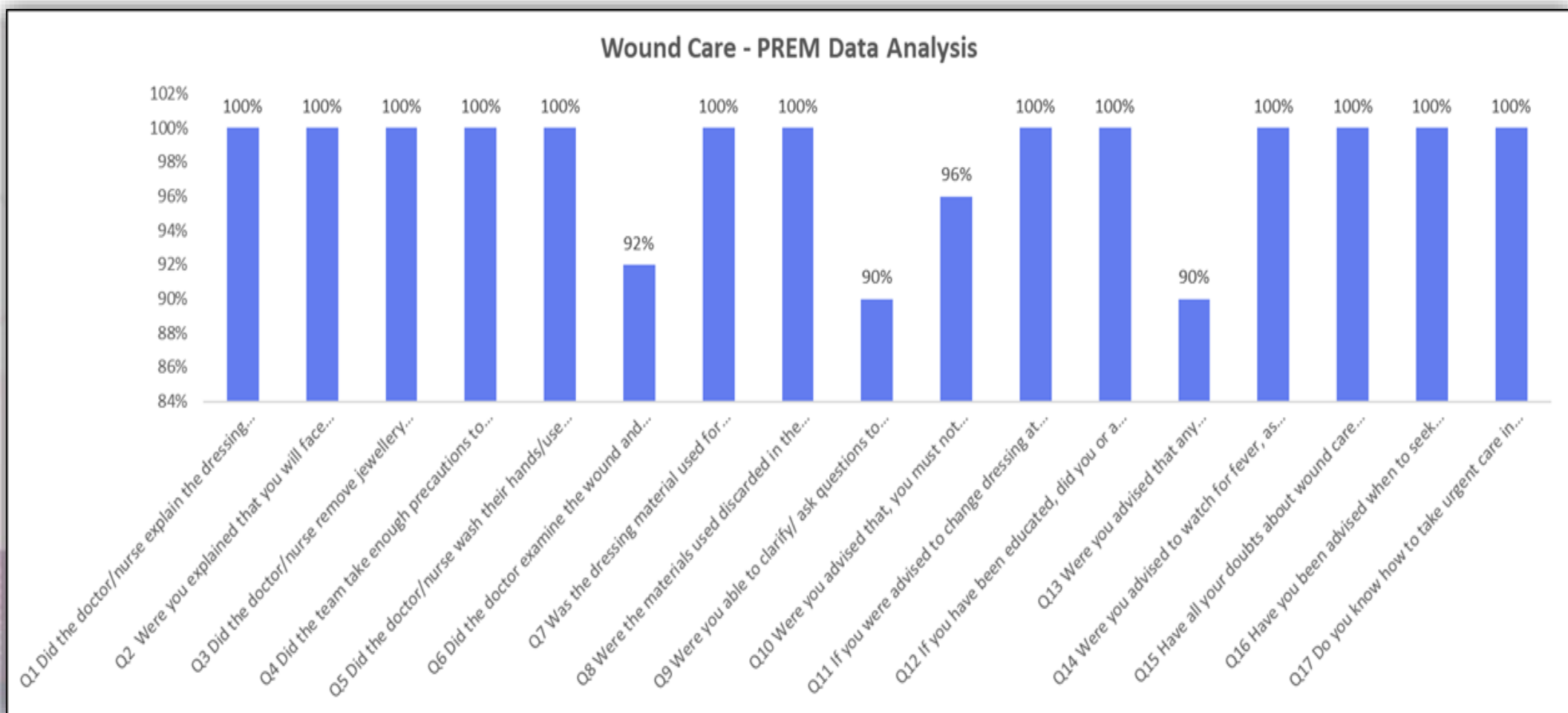
Any suggestions/remarks:  
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Any suggestions/remarks:  
 Nothing All the care are two goods, with  
 our Consultant Staff members. Thank you.

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Any suggestions/remarks:  
 NO SUGGESTIONS & REMARKS -  
 Very good & well cared by Dr. Rajish's  
 Sir, very satisfied & happy that he explained  
 in a well manner.



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# Conclusion

- **Strong Baseline Performance:** A high baseline standard of wound-care delivery was demonstrated with **98% overall compliance**, reflecting strong adherence to infection prevention, aseptic technique, and routine patient education.
- **Operational Effectiveness:** Achieving 100% scores in core safety domains affirms effective operational controls and high staff compliance with established protocols.
- **Workflow Impact:** Lower scores for wound examination and plan explanation (92%) likely reflect high-volume workflow factors, where returning patients may not receive full verbal reiterations at every visit.
- **Communication Gaps Identified:** The PREM data revealed targeted opportunities for improvement in doctor-patient communication and discharge counselling.
- **Age-Related Barriers:** Gaps in question clarification (90%) and wetness/soakage advice (90%) were more prominent among elderly and frail patients, indicating communication barriers rather than process non-compliance.
- **Infection Risk Mitigation:** Although advice not to touch the wound scored high (96%), minor inconsistencies highlight the need for standardized reinforcement to minimize infection risk and support adherence.

These findings underscore the value of PREMs as an early-warning system for latent safety and communication risks often missed by standard clinical audits. The tool's simplicity enables bedside implementation with high completion rates and minimal resource burden, making it ideal for routine quality monitoring.

- **Corrective Actions Initiated:**

- Reinforcing structured, doctor-led briefings during wound assessment.
- Encouraging open-ended patient questions.
- Restrengthening patient/family education on home-care precautions, soakage recognition, and escalation pathways.

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# Conclusion

- **Performance Summary:** This cross-sectional Wound-Care PREM assessment (n=50) demonstrated excellent overall performance (98%) while identifying targeted communication and education gaps at 90-96%.
- **Management Validation:** From a hospital management perspective, the findings validate strong baseline safety practices.
- **Actionable Insights:** The assessment provides actionable insights to strengthen doctor communication, patient engagement, and discharge counselling.
- **Future Direction:** Establishing this baseline supports ongoing audits, focused interventions, and sustained improvement in patient safety, adherence, and outcomes.
- **Strategic Value:** These results ultimately reinforce the role of PREMs in evidence-based hospital quality management.

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