CAHO

COMMITTED TO SAFER HEALTHCARE

WHITE PAPER

Development of validated, context-specific patient-reported experience measures (PREMs) tools to enhance quality and patient safety – A CAHO Initiative

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PROJECT SPONSOR

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Project Directors

Dr. Vijay Agarwal
President, Consortium of Accredited Healthcare Organizations (CAHO), Noida, Uttar Pradesh

Dr. Lallu Joseph
Secretary General CAHO, Associate General Superintendent & Quality Manager, Christian Medical College Vellore, Tamilnadu

Project Lead

Dr. Rahul Deshmukh
Medical Director and Head of Anaesthesia, Medcare Orthopedics and Spine Hospital, Dubai

Project Advisors

Prof. (Dr.) P. Ganesan
Senior Professor & Dean Kalasalingam Business School, Kalasalingam Academy of Research and Education, Krishnankoil, Tamilnadu

Dr. R. Venkatesakumar
Professor, Department of Management Studies, Pondicherry University, Pondicherry

Project Co Lead

Dr. Neesha Ajit Nair
Consultant Quality and Patient Safety, AGM Medical Affairs, Quality and Patient Safety, Aster DM Healthcare, Corporate Office, Dubai UAE

Dr. Pratheesh Ravindran
Professor and Head, Neurosurgery, Deputy Medical Superintendent (Superspeciality Services) MGMCRI, Pondicherry SBV (Deemed to be University)

Dr. Malathi Murugesan
Associate Consultant Infectious Diseases and HIC Officer, Meenakshi Mission Hospital and Research Centre, Madurai, Tamilnadu

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INTRODUCTION

Collaborating with patients and their families to improve the delivery of healthcare services is a critical success factor for every health system. Active feedback from patients is an integral part of improving quality and patient safety. The 2023 World Patient Safety Day theme: 'Engaging patients for patient safety' also highlights the importance of strengthening patients' voice in organizational patient safety strategy.

Patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) refer to standardized tools for collecting data on patient's health outcomes and their experiences with healthcare services. These measures are essential for evaluating the quality and performance of health services and systems. They provide insights into the effectiveness of treatment, the impact of care on patients' lives, and areas for improvement in health systems. However, despite their importance, the adoption and implementation of PROMs and PREMs remain a challenge in many countries. This is due to various factors, such as lack of resources, inadequate infrastructure, and resistance to change.

WHAT ARE PATIENT-REPORTED EXPERIENCE MEASURES?

PREMs are a type of survey tool used by healthcare providers to understand the patient's experience of care. These help to capture a patient's perception of what transpired during their care encounter. PREMs allow patients to provide objective feedback on their care experience, which can help healthcare providers identify the scope for improvement.

PREMs are different from patient satisfaction measures, which ask patients to evaluate their care experience subjectively. Patient satisfaction measures reflect patient expectations, attitudes of appreciation, and social acceptability, whereas PREMs provide a more objective report of what patients experience during their care encounters.

The use of different response categories in PREMs and satisfaction measures is also noteworthy. PREMs typically use response scales like - yes, no, never, sometimes, often, and always. In contrast, patient satisfaction measures use agreement-based response scales, such as strongly disagree, disagree, neither agree nor disagree, agree, and strongly agree. Agreement-based scales are often subject to response bias and may not provide accurate feedback on healthcare quality hence patient experience data is considered more reliable and actionable for evaluating healthcare quality.

PREMs can be divided into two key aspects of care: relational and functional.

FUNCTIONAL PREMs	RELATIONAL PREMs
Provision of effective and timely treatment	Emotional and psychological support
Expert management of symptoms and signs	Treating patients with respect and dignity
Attention to physical support	Patient involvement in decision-making
Care coordination and continuity of care	Clear and comprehensive information
Meeting environmental needs	Transparent and honest communication

When implementing PREMs, healthcare providers must consider the desired outcome of care, the decision of what to measure should be based on the aim of the study or quality improvement project. Additionally, key stakeholders, such as patients and healthcare professionals, should choose the survey tool in accordance with their priorities for enhancing person-centered, value-based healthcare. PREMs can be useful for identifying the scope for improvement in services and help to improve the quality of care for patients.

POTENTIAL USES OF PREMs:

PREMs can be used extensively for various purposes. We have enlisted some of the broad applications below, a specific questionnaire can be designed to evaluate various aspects of the quality of care being provided to the patients throughout the patient journey -

01. To evaluate the implementation of patient-centered care policies - PREMs being feedback directly from the patients, offer us an opportunity to evaluate the effective implementation of all patient-centered care policies by the team members.

02. To identify areas for improvement - PREMs can be used as a proactive measure to identify potential areas for improvement rather than waiting for an incident to happen and then reactively taking corrective actions.

03. To assess the effectiveness of corrective actions - Whenever any corrective and preventive actions are implemented, the effective implementation of those actions can be evaluated using PREMs.

04. To assess and improve (if needed) communication with patients and families

05. To ensure that, the patient's voice is documented and listened to, provide individual care and enhance patient experience.

STATUS OF PATIENT SAFETY IN THE DEVELOPED WORLD AND THE INDIAN SCENARIO:

Events such as performing surgery on the wrong part of the body, leaving foreign objects inside the body, or using the wrong implants and or prostheses are unfathomable in the modern world. Still, as the literature suggests, these events are a regular occurrence even in a developed healthcare system like the National Health Service (NHS) in the United Kingdom. NHS alone, reported as many as 384 serious and avoidable 'never events' between 1st April 2022 to 28th Feb 2023.

Never events are serious, mostly preventable events that could have been avoided if the healthcare workers implemented the existing safety protocols. These never events highlight the potential weaknesses in how the concerned facility or system implements safety processes.

The Indian healthcare delivery system is an interesting mix of public and private sector facilities ranging from primary care to quaternary care units. Lack of adequate resources and low penetration of insurance implies diversity in standards of care. The National Family Health Survey -5 (NFHS -5) 2019-2021, conducted by the Ministry of Health and Family Welfare indicates a massive discrepancy between the urban and rural healthcare infrastructure and varying access to quality healthcare.

Even though the concept of PREMs is not a new one, until recently it was perceived as a tool to assess service excellence, we believe, this is the first time that PREMs are being used to identify gaps in clinical care. Considering the variety of healthcare providers across India and the massive population that we cater to, we believe having standardized tools to assess patients' perceptions of various processes followed by healthcare organizations will contribute to safer care and help identify areas of improvement and hence CAHO planned to create context-specific validated tools for patient-reported experience measures (PREMs) to identify gaps in healthcare delivery. This resource and validated tools can be used by hospitals in India to assess the implementation of the patient centered care policies.

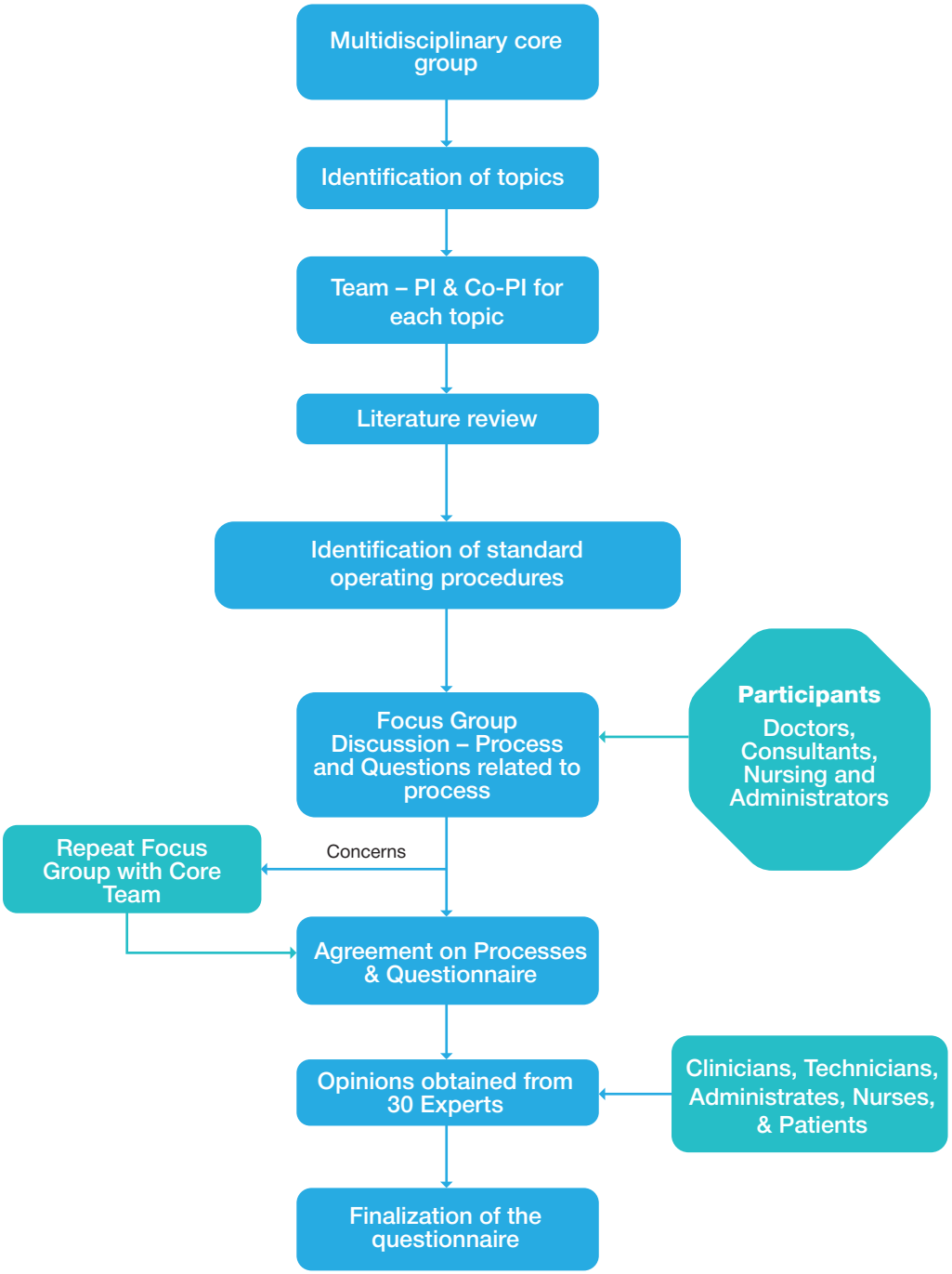
METHODOLOGY

A multidisciplinary core group was formulated which conducted multiple brainstorming sessions to identify topics that are critical to ensuring patient safety across the care spectrum. Considering the enormity of creating validated, Indian context-specific tools the core group identified 17 different topics that are listed in Table below that are critical for patient safety.

S No.	Title	Principal Investigator	Co- Principal Investigator
01.	Surgical Safety	Dr. Pratheesh Ravindran	Dr. Amitha Marla
02.	Endoscopy and Safety	Dr. Parivalavan Rajavelu	Dr. Deepti Madhu
03.	Hemodialysis Safety	Dr. Prabhakar	Dr. Sree Kiran
04.	Preoperative Care by Anesthesiologists for Elective Surgeries	Dr. Anita Shirley Joselyn	Dr. Joseph Fidelis
05.	IV Infection Prevention	Dr. J Jayalakshmi	Dr. Vijay Samuel Richards
06.	Wound Care Management & Safety	Dr. Jothi Clara Michael	Dr. V B Narayanamoorthy
07.	Medication Administration & Safety	Dr. Subhrojyoti Bhowmick	Dr. L Britto Duraisingh
08.	Antenatal Care & Safety	Dr. Anuradha Pichumani	Dr. Deepthy Balakrishnan
09.	Geriatric Care & Safety	Dr Pratibha Periera	Dr. Prabha Adhikari
10.	Cardiac Catheterization Safety	Dr. Arijit Kumar Ghosh	Dr. Helen Gnanakalanjiam
11.	Orthopedic Surgery & Safety	Ms. Rama Rajasekar	Dr. Rahul Deshmukh
12.	Emergency Care & Safety	Dr. Saravana Kumar	Dr. T S Srinath Kumar
13.	Fall Prevention	Dr. Shweta Prabhakar	Mr. Gaurav Loria
14.	Discharge Process	Ms. Vidya Mani	Ms. Gracy Mathai
15.	Cataract Surgery	Dr. Samina Zamindar	Dr. Geeta Fulari
16.	Blood Donor & Safety	Dr. Abhinav Verma	Ms. Anusha K
17.	MRI Safety	Dr. Jawahar S K Pillai	Dr. Lallu Joseph

This is a unique project based on the theme of co-assessing the quality of care. The project not only involved multidisciplinary teams of subject experts from across the country but also involved patient and family representatives. The subject experts identified SOPs for each topic and prepared questionnaires that were then shared with all stakeholders including clinicians, nurses, quality representatives, administrators, patients, and families of patients. Involving all stakeholders in assessing each questionnaire ensured that the questions avoided technical jargon, were easy to understand for the patients, and yielded unambiguous responses. This is probably the single largest project based on PREMs where approximately 10-15 multidisciplinary experts have participated in each study. The involvement of all stakeholders including around 200 healthcare professionals from across India, patients and their families makes this project truly unique. The entire process has been validated with the help of expert statisticians.

Stages of development of the PREMs



The exercise was conducted in a phased manner as described below -

Step 1 (05th September 2023) Creation of the core group including quality leaders, clinicians, statisticians, and support staff to coordinate and direct the entire exercise scientifically.

Step 2 (13th October 2023)Identification of study area and formation of study groups
We identified various key areas of patient care and formed groups of 5-6 subject experts to create the PREMs questionnaire based on the clinical care area being evaluated. Focus group discussions were conducted.

Step 3 (31st October 2023) Focused group discussion by each team to develop SOP and identify the professionals responsible for each step.

Step 4 (11th November 2023) Preparation of a questionnaire containing around 10-20 questions by the respective team based on the SOP. Each question was also allocated to a specific domain such as patient safety, patient identification, patient communication, infection prevention, financial awareness, clinical care, patient privacy, etc.

Step 5 (02nd December 2023) Expert opinion- Each questionnaire was then shared with subject matter experts from various stakeholder groups such as doctors, nurses, quality managers, patients, and patient relatives to assess the relevance of each question and ease of understanding the questionnaire.

The methodology used by us coincides well with the methodology suggested by Tsang S, Royse CF, and Terkawi AS[3] (2017). Approval of the questionnaire completed the first phase of our study wherein we created Indian context-specific validated PREMs tools. In the next phase of our study, we shall be rolling out the questionnaires to our patients to assess the baseline data on the status of the implementation of various safety protocols across India.

This study could be an important milestone in enhancing patient safety, as we believe this is the first multicenter study involving patient-reported experience related to the quality of healthcare from the patient safety point of view.

Following are the validated, context-specific PREMs tools that have been developed and the teams that worked to develop these tools.

01 SURGICAL SAFETY

Rationale: While surgical procedures are intended to save lives, unsafe surgical care can cause substantial harm. This simple set of questionnaires can help identify if the set of WHO surgical safety checklist standards were followed by the treating team.

Reference: WHO Second Global Patient Safety Challenge "Safe Surgery Saves Lives".[4]

When to use: The surgical safety PREMs tool is to gather responses from patients who underwent a planned surgery procedure at the hospital.

When to serve the tool: Any time after post-op recovery period and before discharge.

Exclusion is not limited to Emergency cases, Incapacitated Patients, children below the age of 9 years, or patients under sedatives.

S. No.	Question	Patient Response
01.	Were you explained about the cost estimate for the surgery?	Yes/ No
02.	Did the surgeons explain the risk, benefits, alternatives of the surgery and take your consent for the surgery?	Yes/ No
03.	Did you have adequate privacy while being examined by the clinical team?	Yes/ No
04.	Did any of the surgical team members explain the steps of the operating procedure?	Yes/ No
05.	Did the surgeon explain the need for surgical side/ site marking?	Yes/ No
06.	Did the surgeon verbally verify the side and site of surgery with you before marking?	Yes/ No
07.	Did the doctor mark your surgery site using a permanent marker pen?	Yes/ No
08.	Was the site marking done before shifting you to the operating room?	Yes/ No
09.	Did the doctor advise/ verify, the blood reports and Xray/USG/CT/MRI scan reports before the surgery?	Yes/ No
10.	Were you given enough opportunity to ask questions and clarify your doubts (if any)?	Yes/ No/ Not Applicable
11.	Did our team members clean their hands before and after examining you?	Yes/ No
12.	Were you shifted on a stretcher with side rails/ wheelchair with a belt to the operating theatre (OT)?	Yes/ No
13.	Did any of our team members verify your name and hospital registration number once you arrived in the operating room?	Yes/ No/ Not Applicable
14.	Did the team in operation theatre (OT) check the surgical marking when you were wheeled into the OT?	Yes/ No

15.	Did the team in the operating room confirm the procedure/ surgery for which you have been shifted to the operating room?	Yes/ No
16.	After the surgical procedure, have you been updated by the operating surgeon or a member of surgical team?	Yes/ No

02 ENDOSCOPY AND SAFETY

Rationale: Endoscopy is an intervention that requires considerable resources and is associated with significant costs. Understanding the patient-reported experience and value in the endoscopy process is essential in promoting patient engagement with their care. This approach is vital in addressing pre-procedural anxiety, improving patient tolerance, and ultimately enhancing the overall quality of healthcare experience.

Reference: What do patients want from their endoscopy experience? The importance of measuring and understanding patient attitudes to their care.[5]

When to use: The Endoscopy Safety PREMs tool is to gather responses from patients who underwent a planned endoscopy procedure at the hospital.

When to serve the tool: Any time after the post-procedure recovery period and before discharge.

Exclusion is not limited to Emergency cases, Incapacitated Patients, children below the age of 9 years, patients under sedatives.

S. No.	Question	Patient Response
01.	Did any of our team members verify your name and hospital registration number?	Yes/ No/ Not Applicable
02.	Did the doctor explain the need of the procedure to you?	Yes/ No/ Not Applicable
03.	Were you given a chance to clarify your concerns and doubts about the procedure?	Yes/ No/ Not Applicable
04.	Were you given a clear idea about the possible costs and expenses?	Yes/ No/ Not Applicable
05.	Were you informed and educated about the possible need for bowel preparation?	Yes/ No/ Not Applicable
06.	Were restrooms easily available and of acceptable cleanliness levels?	Yes/ No/ Not Applicable
07.	Was your explicit permission taken, including your signature on the consent form before the procedure?	Yes/ No/ Not Applicable
08.	Were you offered the option of undergoing this procedure under sleeping medicines/ anesthesia?	Yes/ No/ Not Applicable
09.	Did the team ensure that you had adequate privacy during the procedure?	Yes/ No/ Not Applicable

10.	Did all the involved team members use proper hygienic measures like hand wash, mask and glove usage?	Yes/ No/ Not Applicable
11.	Did the team respond adequately to any pain or discomfort that your experienced during the procedure?	Yes/ No/ Not Applicable
12.	Were you advised about when and how to seek urgent care following the procedure?	Yes/ No/ Not Applicable
13.	Did the nurse assess you after the procedure as well as to check whether fit for shifting out?	Yes/ No/ Not Applicable
14.	Were you given relevant education, and follow up instructions after the procedure?	Yes/ No/ Not Applicable

03 HEMODIALYSIS SAFETY

Rationale: Hemodialysis treatment may cause several side effects that can impact both physical and mental health. Patients have to undergo dialysis multiple times per week, which means they spend a considerable amount of time in clinics and with their healthcare providers. This simple set of PREM questionnaires captures objective dimensions of the care patients receive and interactions with different elements of the health care system related to the procedure.

Reference: Methodological considerations in using patient-reported measures in dialysis clinics. [6]

When to use: The Hemodialysis Safety PREMs tool is to gather responses from patients who underwent a hemodialysis procedure at hospital.

When to serve the tool: Any time post-procedure and before discharge.
For regular chronic patients, the feedback should be collected at least twice annually.

Exclusion is not limited to Home dialysis patients, Emergency cases, Incapacitated Patients, children below the age of 9 years, patients under sedatives.

S. No.	Question	Patient Response
01.	Was your clinical assessment done before starting hemodialysis by dialysis team ?	Yes/ No
02.	Did the assessment include thorough examination including your weight, fall risk, and access for dialysis?	Yes/ No
03.	Were you informed about risks associated with dialysis and were you given enough opportunities to clarify your doubts?	Yes/ No
04.	Were you requested to sign an informed consent before starting the dialysis?	Yes/ No
05.	Were you explained about the financial implication and expenses?	Yes/ No
06.	Did the team verify your name and registration number before starting hemodialysis ?	Yes/ No
07.	Did the team take precautions to prevent infection such as cleaning the fistula /catheter site, wearing gloves, hand wash, etc.	Yes/ No

08.	Were you explained about the likely side effects during dialysis such as chills, cramps, giddiness?	Yes/ No
09.	Were you informed about how to seek help during dialysis if needed?	Yes/ No
10.	Were you informed about the blood reports, details about target weight achieved or not, fluid restriction, sodium restriction, diet management to reduce weight during hemodialysis	Yes/ No/ Not Applicable
11.	Was your blood pressure checked periodically during hemodialysis?	Yes/ No
12.	Did the team promptly attend to machine alarms?	Yes/ No
13.	Did the team ensure you had adequate privacy throughout the procedure?	Yes/ No/ Not Applicable
14.	Were you assessed thoroughly at the end of dialysis including checking your weight and blood pressure in sitting position	Yes/ No
15.	Were you advised about precautions to be taken following the dialysis? Fistula care 1.Tape around the fistula should be kept until bleeding stop. 2.Tape around the fistula must be removed within 2 hours. 3.Not use the fistula hand for IV injection 4.Not use the fistula hand for checking blood pressure 5.Avoid tight cloths in the fistula hand Catheter care 1.Not to wet the catheter site. 2.Keep the skin around the dressing site clean & dry.	Yes/ No
16.	Were you informed about when and how to seek urgent medical help following the dialysis?	Yes/ No

04 PREOPERATIVE CARE BY ANAESTHESIOLOGISTS FOR ELECTIVE SURGERIES

Rationale: Preoperative care plays an important role in helping alleviate anxiety in patients undergoing surgery. It can also ensure that patients have more realistic expectations and so improves patient satisfaction. This simple set of PREM questionnaires captures objective dimensions of preoperative care by anesthesiologists for elective surgeries.

Reference: Practice Advisory for Preanesthesia Evaluation: An Updated Report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation.

When to use: Preoperative care by anesthesiologists for elective surgeries PREMs tool is to gather responses from patients who underwent a planned surgery under anesthesia.

When to serve the tool: After consultation with an anesthetist in case of Anesthesia OPD. For inpatients, the tool can be served after the patient has recovered from surgery and is out of critical care or before discharge.

Exclusion is not limited to Local anesthesia, Emergency cases, Incapacitated Patients, children below the age of 9 years, and patients under sedatives.

S. No.	Question	Patient Response
01.	Did any of our team members verify your hospital registration number and name?	Yes/No
02.	Did the team ensure that you had adequate privacy during the consultation?	Yes/No
03.	Did the anesthesiologist clean his/her hands before examining you?	Yes/No
04.	Did the Anesthesiologist ask if you had any medical condition other than what you were admitted for?	Yes/No
05.	Did the anesthesiologist ask you about any current medicines that you might be taking?	Yes/No
06.	Did the anesthesiologist ask you about your allergies (food, medicine, dust)?	Yes/No
07.	Did the anesthesiologist ask for any loose tooth or dentures?	Yes/No
08.	Did the anesthesiologist explain the need to stop smoking before surgery?	Yes/No/ Not Applicable
09.	Did the anesthesiologist ask about your past history (medical and surgical)?	Yes/No
10.	Did the anesthesiologist perform any physical examination such as listening to your heart sounds and/or breathing using a stethoscope?	Yes/No
11.	Did the anesthesiologist or their assistant review/ advise any blood reports?	Yes/No
12.	Did the anesthesiologist explain about various options of anesthesia that could be offered to you?	Yes/No
13.	Did the anesthesiologist explain to you the plan for managing the pain after the surgery?	Yes/No
14.	Did the anesthesiologist give you specific advice regarding fasting before the surgery?	Yes/No
15.	Did the anesthesiologist advice regarding continuing/ stopping your regular medication before surgery?	Yes/No/ Not Applicable
16.	Did the Anesthesiologist inform you regarding the risks involved with your anesthesia?	Yes/No
17.	Did the anesthesiologist refer you to any other doctor after explaining the reason behind doing so?	Yes/No/ Not Applicable
18.	Was the approximate cost involved with the surgery informed to you?	Yes/No/ Not Applicable
19.	Were you given enough opportunity to ask questions and clarify your doubts (if any)?	Yes/No
20	Did you sign the consent for anesthesia at the end of this consultation?	Yes/No

05 IV INFECTION PREVENTION

Rationale: Peripheral intravenous cannulation is one of the most performed invasive procedures in healthcare. Infections related to IV infusion can raise complications as well as the cost of treatment. This can be a stressful experience for patients. Patient-reported experience measures can provide actionable data to improve patient experience, outcomes as well as efficiencies of IVT.

Reference: The patient experience of peripheral intravenous therapy: development of a patient survey, initial findings, and next steps.[8]

When to use: The IV infection prevention tool is to gather responses from patients who underwent a planned intravenous injection procedure in outpatient as well as outpatient. This tool can be used to collect feedback from daycare patients admitted for only IV infusions.

When to serve the tool: After the IV procedure / before discharge.

Exclusion is not limited to Emergency cases, Incapacitated Patients, children under the age of 9 years, and patients under sedatives.

S. No.	Question	Patient Response
01.	Were you given approximate cost estimate before admission?	Yes/No/ NotApplicable
02.	Did you sign a general consent on admission for treatment, procedures and investigations?	Yes/No/ Not Applicable
03.	Did the team verify your name and hospital number/ registration number before giving injection or starting the intravenous (IV) line?	Yes/ No
04.	Was privacy offered when intramuscular (i.m) injections were given in the gluteal/thigh region?	Yes/No/ Not Applicable
05.	Did the health care professionals (Eg: Doctor/Nurse) explain about the steps involved before starting the intravenous (IV) line?	Yes/No/ Not Applicable
06.	Did the nurse perform Hand wash/used hand rub before the procedure?	Yes/ No
07.	Did the nurse wear disposable gloves before performing the procedure?	Yes/ No
08.	Did the nurse identify a vein and clean the site with disinfectant before puncturing?	Yes/No/ Not Applicable
09.	Did the nurse discard the used sharp items in a puncture proof container after the procedure?	Yes/No
10.	Did the nurse insert the intravenous (IV) line in a single prick?	Yes/No/ Not Applicable
11.	Did the nurse provide a splint to support the intravenous (IV) line? (for children)	Yes/No/ Not Applicable
12.	Did the nurse flush the intravenous (IV) before starting the infusion?	Yes/No/ Not Applicable

13.	Did the nurse note down the date of insertion of the intravenous (IV) line?	Yes/No/ Not Applicable
14.	Did the nurse change soiled bandages/apply a new bandage after removing the intravenous (IV) line?	Yes/No/ Not Applicable
15.	Did the nurse explain about care of the intravenous (IV) line while the patient is using the bathroom/ bathing?	Yes/No/ Not Applicable
16.	Did any health care professional (nurse) explain/demonstrate the steps of hand hygiene?	Yes/ No
17.	Was there a hand-rub bottle available and accessible to you?	Yes/ No
18.	Did you perform Hand Hygiene before touching the intravenous (IV) line?	Yes/No/ Not Applicable
19.	Was the intravenous (IV) line capped in a safe manner when the IV fluids were disconnected?	Yes/No/ Not Applicable
20.	Were you informed about when to seek help/assistance (Development of Pain/Swelling or redness)?	Yes/ No

06 WOUND CARE MANAGEMENT AND SAFETY

Rationale: Most of the quality measures for chronic wounds rely on process indicators based on clinical or administrative data without patient input. The goal of this tool is to gain insight into the patient experiences of healthcare processes that affect the quality of care for patients with chronic wounds.

Reference: Patient-reported experience measures are essential to improving quality of care for chronic wounds: An international qualitative study.[9]

When to use: **Wound care management and safety** tool is to gather responses from patients undergoing chronic wound care management in outpatient as well as inpatient outpatient.

When to serve the tool: After the dressing procedure.

Exclusion is not limited to Emergency cases, Incapacitated Patients, children under the age of 9 years, and patients under sedatives.

S. No.	Question	Patient Response
01.	Did the doctor/nurse explain the dressing procedure before starting?	Yes/ No
02.	Were you explained that you will face discomfort/ pain during the change of dressing?	Yes/ No
03.	Did the team verify your name and hospital registration number before starting the wound dressing?	Yes/ No

04.	Did the team ensure that you had enough privacy before starting the dressing?	Yes/ No
05.	Did the doctor/nurse remove jewelry (watch/ rings/ bangles/ threads) before dressing your wound?	Yes/ No
06.	Did the doctor/ nurse wash their hands/ use hand sanitizer before dressing your wound?	Yes/ No
07.	Did the team take enough precautions to prevent infection, such as wearing sterile gloves, mask etc.	Yes/ No
08.	Did the doctor examine the wound and explain to you the plan of management?	Yes/ No
09.	Was the dressing material used for dressing kept on your bed?	Yes/ No
10.	Were the materials used discarded in the waste bins immediately after the dressing?	Yes/ No
11.	Were you able to clarify/ ask questions to the doctor/ nurse related to wound or its care?	Yes/ No
12.	Were you advised that, you must not touch your dressing/ wound?	Yes/ No
13.	If you were advised to change dressing at home, were you/ your family educated on how to change the dressing?	Yes/No/ Not Applicable
14.	If you have been educated, did you or a family member demonstrate how to do the dressing?	Yes/No/ Not Applicable
15.	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
16.	Were you advised to watch for fever, as that may be due to infection in your wound?	Yes/ No
17.	Have all your doubts about wound care been cleared by the team members?	Yes/ No
18.	Have you been advised when to seek urgent care?	Yes/ No
19.	Do you know how to take urgent care in case of need?	Yes/ No

07 MEDICATION ADMINISTRATION AND SAFETY

Rationale: The Institute of Medicine report on Preventing Medication Errors highlights the importance of improving communication with patients as one of the important measures apart from continuously monitoring for errors, providing clinicians with decision-support and information tools, and standardizing medication labeling and drug-related information.

Reference: Measuring medicine-related experiences from the patient perspective: a systematic review.[10]

When to use: This simple questionnaire helps evaluate the patient's perception of the medication administration process undergoing medication therapy during their stay in the hospital.

When to serve the tool: After completion of medication therapy dose /before discharge.

Exclusion is not limited to Emergency cases, Incapacitated Patients, children under the age of 9 years, patients under sedatives.

S. No.	Question	Patient Response
01.	Did you sign a general consent on admission that included medication administration and treatment?	Yes/ No
02.	Did your doctor or the nurse askyou about your previous or current medications?	Yes/No/ Not Applicable
03.	Did your doctor or the nurse ask you about past history of allergies?	Yes/ No
04.	Did the doctor provide you with adequate information about your medication before administering it?	Yes/ No
05.	Has the cost of the medications/treatment regimen explained to you?	Yes/ No
06.	Did the nurse verify your name and hospital registration number before the drug administration?	Yes/No/ Not Applicable
07.	Did your nurses wash hands or use hand rub before and after administration of medicines?	Yes/ No
08.	Did the doctor inform you about the purpose of the prescribed medicine?	Yes/ No
09.	Was the medications administered at the same time every day without any major deviation (± 30 minutes)?	Yes/ No
10.	Were you offered adequate privacy during the drug administration?	Yes/ No
11.	Did the doctor inform you about potential side effects of the medicines given?	Yes/ No
12.	Were you able to clarify your doubts about the medication given by the healthcare provider?	Yes/ No
13.	Was the medicine ever missed or skipped during your hospital stay?	Yes/ No
14.	Were you given any instructions regarding the timings of drug and food to be taken with prescribed medications?	Yes/ No
15.	Were the medicines correctly stopped as per the physician's instruction?	Yes/No/ Not Applicable

08 ANTENATAL CARE AND SAFETY

Rationale: Antenatal care is an important pillar of safe motherhood initiative. Patient-reported experience measures can highlight issues that remain unnoticed when using standard clinical quality indicators and can change perspectives on quality assessment in women receiving care for pregnancy and childbirth.

Reference: WHO guidelines on Antenatal care, The impact of implementing patient-reported measures in routine maternity care: a systematic review.[11]

When to use: Antenatal care and safety tool is to gather responses from women receiving antenatal care.

When to serve the tool: During the first and third trimesters.

Exclusion is not limited to unregistered cases.

S. No.	Question	Patient Response
01.	Did any of our team members verify your name and hospital registration number?	Yes/ No
02.	Did the team ensure that you had adequate privacy during the consultation?	Yes/ No
03.	Did the team members clean their hands before and after examining you?	Yes/ No
04.	Was your BP checked in each visit to hospital?	Yes/ No
05.	Have you been explained about what to eat during your pregnancy?	Yes/ No
06.	Have you been counselled about the exercise during pregnancy?	Yes/ No
07.	Have you been informed about the symptoms that require urgent attention and how to obtain urgent care?	Yes/ No
08.	Did you sign the consent before ultrasound scan?	Yes/ No
09.	Were you informed by the healthcare staff before scan test, that the sex of the baby would not be disclosed?	Yes/ No
10.	Did the doctor or any other health professional explain the details of the results of the scan or lab reports?	Yes/ No
11.	Was your name and hospital number checked before the healthcare worker did the blood tests or scans?	Yes/ No
12.	Have you been informed that you will be tested for HIV and explanation given, before collecting blood for HIV testing	Yes/ No/ Not Applicable
13.	Was the next follow up visit informed to you by the health care worker?	Yes/ No
14.	Were you informed when the TT injection/ immunization needs to be taken?	Yes/ No
15.	Have you been explained about the importance of taking Iron tablets during pregnancy?	Yes/ No
16.	Were you informed that you need to get the doctor's opinion before taking any medications during pregnancy?	Yes/ No
17.	Has the hospital staff discussed with you to help you identify a birth companion	Yes/ No
18.	Did the team explain the estimated cost of delivery?	Yes/ No/ Not Applicable
19.	Has the doctor discussed with you about the mode of delivery and when you should get admitted?	Yes/ No
20.	Were you educated about the birthing process to reduce your fear of delivery?	Yes/ No

21.	Has the different methods to relieve pain during labor been discussed with you?	Yes/ No
22.	Were you advised about the importance of breastfeeding immediately after the delivery?	Yes/ No

09 GERIATRIC CARE AND SAFETY

Rationale: Studies show that elderly care should prioritize person-centered, empathetic approaches. Effective communication, continuity of care, and support for caregivers are key factors that can enhance the quality of care and promote optimal outcomes for elderly patients and their families.

Reference: A Patient Reported Experience Measure (PREM) for use by older people in community services.[12]

When to use: The geriatric care and safety tool is to gather responses from elderly patients admitted s inpatients.

When to serve the tool: Before discharge.

Exclusion is not limited to Emergency cases, Incapacitated Patients, and patients under sedatives.

S. No.	Question	Patient Response
01.	Did the clinician provide adequate explanation about the need for admission?	Yes/ No/ Not Applicable
02.	Were you given approximate cost estimate before admission?	Yes/ No/ Not Applicable
03.	Were you given any estimate about how many days will the patient be admitted to the hospital?	Yes/ No/ Not Applicable
04.	At the time of admission was the patient examined thoroughly including checking your blood pressure, heart rate etc.?	Yes/ No/ Not Applicable
05.	Did our team ensure adequate privacy while examining the patient?	Yes/ No/ Not Applicable
06.	At the time of admission was the patient assessed for risk of fall and did our team explain about various fall prevention measures?	Yes/ No/ Not Applicable
07.	Did our team verify the patient's name and the hospital registration number before giving any medicines/ before performing any elective procedure?	Yes/ No/ Not Applicable
08.	Did our team wash hands/ use sanitizer before and after touching the patient?	Yes/ No/ Not Applicable
09.	If the patient needed any procedure such as insertion of feeding tube/ urinary tube, was the need of the same and the procedure explained to the patient or patient's family?	Yes/ No/ Not Applicable
10.	Was the patient informed about the use of call bell in case they need any assistance?	Yes/ No/ Not Applicable

11.	Was the patient advised to call for help whenever they wanted to use the washroom?	Yes/ No/ Not Applicable
12.	Were the side rails of the bed always engaged when the patient was in bed?	Yes/ No/ Not Applicable
13.	Did the nursing team advise/ perform frequent change of position & was your bed linen always clean and dry?	Yes/ No/ Not Applicable
14.	Did our team brief the family about the patient's condition particularly if the clinical condition needed ICU admission?	Yes/ No/ Not Applicable
15.	Where you give enough opportunity and time to express yourself during hospital stay?	Yes/ No/ Not Applicable
16.	Was the family advised to identify a decision maker/ single point of contact with whom the hospital team can interact about the patient's condition?	Yes/ No/ Not Applicable
17.	Did the clinician discuss the discharge plan and when/ how to seek urgent care?	Yes/ No/ Not Applicable

10 CARDIAC CATHETERIZATION SAFETY

Rationale: The demand for cardiac catheterization procedures to diagnose and treat patients with coronary artery disease is on the rise. Patients who undergo procedures in the cardiac catheterization laboratory and are discharged on the same day have limited time for education about the procedure and post-discharge care. To ensure optimal safety and quality of these services, it's important to understand patient experiences.

Reference: Patient perceptions of care quality and discharge information following same-day cardiac catheterization laboratory procedures.[13]

When to use: Planned cardiac angiography day procedures.

When to serve the tool: After post-procedure recovery /before discharge.

Exclusion is not limited to Emergency cases, Incapacitated Patients, patients under sedatives, patients posted for dual procedures.

S. No.	Question	Patient Response
01.	Was the need for doing the angiography explained?	Yes/ No
02.	Was the consent form explained to you in a language you understood before you signed it?	Yes/ No
03.	Did the doctor tell you that the procedure would be done under local anesthesia?	Yes/ No
04.	Did the doctor explain to you about the estimated cost of the procedure?	Yes/ No/ Not Applicable
05.	Did the doctor ask you about any other diseases you have like Diabetes, Hypertension, kidney disease etc.	Yes/ No

06.	Did the doctor ask you about any allergies to any medications?	Yes/ No
07.	Did any of our team members verify your name and hospital registration number?	Yes/ No
08.	Were any tests such as Blood tests, ECG, 2D Echo done/ verified for you before angiography?	Yes/ No
09.	Were you informed that you will be tested for HIV and explanation given, before collecting blood for HIV testing	Yes/ No/ Not Applicable
10.	Did you have adequate privacy during the process?	Yes/ No
11.	Did the team performing the procedure wear, gloves, mask etc?	Yes/ No
12.	Were you informed/ explained regarding not moving the lower limb if they used the lower limb approach?	Yes/ No/ Not Applicable
13.	Was the site checked for swelling/ bleeding before discharge?	Yes/ No
14.	Were you and your family informed/ explained regarding the disease, outcome of the procedure, further treatment being done and its current status?	Yes/ No
15.	Were you and the caregiver at home told about the dietary plan and medicines to be taken at home and follow up date?	Yes/ No
16.	Were you told about when to report to emergency or seek urgent medical attention such as Chest Pain, Breathlessness, loss of consciousness, etc?	Yes/ No

11 ORTHOPEDIC SURGERY AND SAFETY

Rationale: Helping patients optimize their health requires attention to more than clinical markers and measures as drivers for healthcare decision-making. Capturing Patient perspectives can provide meaningful insights into an individual's physical, emotional, and social well-being, particularly while treating chronic musculoskeletal conditions like knee and hip osteoarthritis (OA), where progressive pain and functional loss drive patients to seek operative and non-operative healthcare to relieve symptoms and improve quality of life.

Reference: A continuous PREMs and PROMs Observatory for elective hip and knee arthroplasty.[14]

When to use: Patients posted for planned orthopedic implant procedures.

When to serve the tool: After post-procedure recovery /before discharge.

Exclusion is not limited to Emergency cases, Incapacitated Patients, patients under sedatives, accident, and trauma cases.

S. No.	Question	Patient Response
01.	Did you get clear information about the different types of surgical implants available?	Yes/ No
02.	Were you informed about the potential risks and benefits of a chosen surgical implant?	Yes/ No
03.	Were you given the opportunity to ask questions and discuss concerns before the surgery and was consent obtained?	Yes/ No
04.	Did you get an opportunity to discuss your preferences and concerns regarding anesthesia with an anesthesiologist?	Yes/ No
05.	Were you advised to undergo blood/ radiological investigations before the surgery?	Yes/ No
06.	Were you provided a rough cost estimate before the surgery?	Yes/ No
07.	Were you involved in the marking of the surgical site, done by the doctors, to ensure the correct side and site of surgery?	Yes/ No
08.	Did our team follow adequate infection control practices such as wearing surgical gowns, masks, gloves, hand wash, etc?	Yes/ No
09.	Did our team verify your name and hospital registration number before starting anesthesia?	Yes/ No
10.	Were you provided with sufficient privacy during the hospital stay?	Yes/ No
11.	Were you provided with adequate pain relief after the surgery?	Yes/ No
12.	Were you provided with clear post-operative instructions and guidance such as but not limited to postoperative follow-up visits, permitted activities, wound care and dressing, and when to seek urgent help, etc.?	Yes/ No
13.	Does your Discharge summary consist of implant batch number, brand and type and were you provided with an implant card on discharge?	Yes/ No
14.	Were you given adequate support and information for post-operative rehabilitation?	Yes/ No
15.	Were you informed by the doctor whether the implant would be permanent or would need to be removed in the future?	Yes/ No

12 EMERGENCY CARE AND SAFETY

Rationale: Patient-reported experience measures capture patients' experience with well-being, illness, and their interactions with health care services and offer unique advantages compared to traditional clinical outcomes (e.g., mortality, emergency department revisits).

Reference: Patient Reported Experience Measure (PREM) for urgent and emergency care.[15]

When to use: for patients who visit the Emergency room (ER).

When to serve the tool: After discharge from the ER.

Exclusion is not limited to Life-threatening cases, Incapacitated Patients, patients under sedatives, accident, and trauma cases.

S. No.	Question	Patient Response
01.	Did the nurse/ doctor attend to you on arrival to the Emergency Department?	Yes/ No/ Not Applicable
02.	Were you assigned a unique hospital registration number?	Yes/ No/ Not Applicable
03.	Was general consent taken from you for treatment and procedures?	Yes/ No/ Not Applicable
04.	Were your vitals (Blood Pressure, Pulse, temperature etc) checked within 10 minutes of presentation?	Yes/ No/ Not Applicable
05.	Was your pain assessed and addressed?	Yes/ No/ Not Applicable
06.	Were side rails of the bed/ seat belt in wheel chair raised to prevent you from falling?	Yes/ No/ Not Applicable
07.	Did the team ensure adequate privacy during the consultation?	Yes/ No/ Not Applicable
08.	Did the team members clean their hands before and after examining you?	Yes/ No/ Not Applicable
09.	Were you well informed about the condition and were all your doubts cleared by the team?	Yes/ No/ Not Applicable
10.	If you needed admission, were you provided with approximate cost of treatment?	Yes/ No/ Not Applicable
11.	If you underwent any blood tests/procedures, did the clinical team check for your name and registration number?	Yes/ No/ Not Applicable

13 FALL PREVENTION

Rationale: Falls in hospital settings pose a global challenge that demands attention due to the potential hazards that they present to patients' safety and well-being. A comprehensive approach that captures patient feedback can be leveraged to enhance fall prevention programs and ensure that they are tailored to the specific needs of patients.

Reference: Hospital falls prevention with patient education: a scoping review.[16]

When to use: The fall prevention tool is to gather responses from inpatients identified as a risk for fall.

When to serve the tool: During discharge.

Exclusion is not limited to Emergency cases, Incapacitated Patients, children under the age of 9 years, and patients under sedatives.

S. No.	Question	Patient Response
01.	Did the nursing staff assess you for risk of fall on admission?	Yes/ No
02.	Were you made aware/ educated and actively involved in discussions about your fall prevention plan?	Yes/ No/ Not Applicable
03.	Did you feel that hospital staff responded promptly when you used the call button for assistance?	Yes/ No/ Not Applicable
04.	Did the Nurse discuss and consider your individual risk factors for falls when implementing preventive measures?	Yes/ No
05.	Did you feel hospital environment safety such as Non slippery/dry floors, adequate lighting, and clear signage is maintained?	Yes/ No
06.	Did the Wheelchairs / stretchers have safety belts?	Yes/ No
07.	Did the hospital staff apply safety belts on you while using the wheel chair/ stretcher?	Yes/ No/ Not Applicable
08.	Were side rails of the bed always kept up whenever the patient was in bed?	Yes/ No
09.	Were metallic grab bars available in the washroom to provide support?	Yes/ No
10.	Did you and your family receive any information or guidance on fall prevention at the time of discharge?	Yes/ No

14 DISCHARGE PROCESS

Rationale: Discharge from hospital to home requires the successful transfer of information from clinicians to the patient and family to reduce adverse events and prevent readmissions. Research shows that when patients are engaged in their health care, it can lead to measurable improvements in safety and quality.

Reference: Care Transitions from Hospital to Home: IDEAL Discharge Planning -AHRQ.

When to use: The discharge process tool is to gather responses from patients being discharged from inpatient wards.

When to serve the tool: During discharge.

Exclusion is not limited to Emergency cases, Incapacitated Patients, children under the age of 9 years, and patients under sedatives.

S. No.	Question	Patient Response
01.	Did the doctor explain about the tentative date of discharge prior / at the time of admission?	Yes/ No
02.	Were you updated on your health condition by healthcare professional prior to discharge?	Yes/ No
03.	Were you and / or your family involved in the discharge decision?	Yes/ No
04.	Did the staff explain about the time required for completing the discharge formalities (including process for discharge)?	Yes/ No
05.	Were the unused medicines returned before your discharge?	Yes/ No
06.	In case of insurance processing, was the approval or query status updated to you periodically?	Yes/ No/ Not Applicable
07.	Did the staff explain on the details of the amount payable which are not covered as part of the insurance?	Yes/ No/ Not Applicable
08.	Were you explained on the final bill details on the day of discharge?	Yes/ No
09.	Were post discharge medicines arranged?	Yes/ No
10.	Were the discharge summary and investigation reports handed over to you?	Yes/ No
11.	Were you informed on when the pending reports could be collected post discharge?	Yes/ No/ Not Applicable
12.	Were you explained on the post discharge care to be taken: a) Medicines b) Exercises c) Diet d) Dressing e) Special Instructions (If any)	Yes/ No/ Not Applicable
13.	Were the above post discharge care aspects explained in a language that you understand?	Yes/ No
14.	Did you receive information on the next follow-up date?	Yes/ No
15.	Have the booking been done for your next follow- up?	Yes/ No
16.	Were you informed on when and how to obtain urgent care?	Yes/ No
17.	Was the safe transport to home after discharge offered to you?	Yes/ No
18.	Were you satisfied with the overall discharge process?	Yes/ No

15 CATARACT SURGERY

Rationale: A patient's satisfaction with a given treatment is an important clinical outcome because a satisfied patient is more likely to comply with treatments, attend follow-ups, and advocate the service to others. Multiple

studies highlight the importance of incorporating patient perceptions to improve the continuity of ophthalmic care.

Reference: Quality of care from the perspective of the cataract patient: the reliability and validity of the QUOTE-Cataract [18] Symptoms and Satisfaction Levels Associated with Intraocular Lens Implants in the Monofocal and Premium IOL Patient-Reported Outcome Measure Study.[19]

When to use: The cataract surgery tool is to gather responses from patients who underwent recent cataract surgery.

When to serve the tool: On follow-up visit, Telephone survey or interviews may be preferred for patients.

Exclusion is not limited to Emergency cases, Incapacitated Patients, children under the age of 9 years, and patients under sedatives.

S. No.	Question	Patient Response
01.	Did the healthcare worker use hand sanitizer/ wash hands before delivering care?	Yes/ No
02.	Were you informed about your present eye condition and expected improvement in eye condition?	Yes/ No
03.	Were you explained about various options to choose the lens from?	Yes/ No
04.	Did the hospital staff explain about the cost of treatment, insurance, or any other cashless process?	Yes/ No
05.	Did any of the team members check your blood reports, medical, and surgical history before the surgery?	Yes/ No
06.	Did you understand the anesthesia process before signing the anesthesia consent form?	Yes/ No
07.	Were you explained about the surgical procedure before signing the surgical consent?	Yes/ No
08.	Did the operating room team verify your name, hospital registration number and eye to be operated on before starting the surgery?	Yes/ No
09.	Were you assisted during the transfer from Operation Theatre to the room after the surgery?	Yes/ No
10.	Were you informed about post-operative care and follow-up?	Yes/ No
11.	Did the staff ensure you had enough privacy during your time at the hospital?	Yes/ No
12.	Were you informed about the Discharge plan and approximate time required for completing the discharge processes?	Yes/ No
13.	Did you receive a clear prescription for eye Drops to be put after surgery?	Yes/ No
14.	Have you been advised about when and how to seek urgent care in case of an emergency?	Yes/ No

16 BLOOD DONOR AND SAFETY

Rationale: Whenever we speak about blood transfusion, invariably we talk about the safety of the blood recipient. Ensuring the safety of blood donors is equally important to develop a social culture of blood donation. Developing PREMs for blood donor safety will help in standardizing the safety practices to be followed before blood donation.

Reference: Standards for Blood Donation Services Version 1, Dubai Health Authority.[20]

When to use: The blood donor and safety tool is to gather responses from patients who underwent recent blood donation.

When to serve the tool: after blood donation.

Exclusion is not limited to Emergency cases, Incapacitated Patients, children, and patients under sedatives.

S. No.	Question	Patient Response
01.	Did the blood centre staff identify your name with an Aadhar card or any other valid identification card?	Yes/ No/ Not Applicable
02.	Did the blood centre staff ask you whether you had food in the last 4 hours?	Yes/ No/ Not Applicable
03.	Did the blood centre staff check your blood pressure, heart rate, and temperature?	Yes/ No/ Not Applicable
04.	Did the blood centre staff ask you about the last time you donated blood?	Yes/ No/ Not Applicable
05.	Did the doctor ask about any illness you had in the past 1 year?	Yes/ No/ Not Applicable
06.	Did the doctor ask about your knowledge about HIV/ AIDS?	Yes/ No/ Not Applicable
07.	Did the doctor ask you about your history of having multiple sexual partners?	Yes/ No/ Not Applicable
08.	Did the doctor ask you about the medications you are taking now?	Yes/ No/ Not Applicable
09.	Did the doctor explain to you that no payment will be done for blood donation?	Yes/ No/ Not Applicable
10.	Did you sign the consent for blood donation?	Yes/ No/ Not Applicable
11.	Did the doctor examine you before the donation?	Yes/ No/ Not Applicable
12.	Did the doctor ask you about any tattoo done in the past 1 year?	Yes/ No/ Not Applicable
13.	Did the blood centre staff tell you the result of the blood tests results/reports?	Yes/ No/ Not Applicable

14.	Did our team follow Infection Prevention techniques during your blood donation procedure (Hand hygiene, site preparation, etc.,)?	Yes/ No/ Not Applicable
15.	Did the nurse check the donor's name, and donation number on the form and the blood collection bag?	Yes/ No/ Not Applicable
16.	Did nurse observe you constantly throughout the blood donation time?	Yes/ No/ Not Applicable
17.	Did the nurse explain to you to put the fingers of the other hand on the swab at the venipuncture site and to raise the arm?	Yes/ No/ Not Applicable
18.	Did the Nurse Check the arm and apply Band-Aid after the bleeding stopped?	Yes/ No/ Not Applicable
19.	Did the blood bank personnel give you any refreshments after blood donation?	Yes/ No/ Not Applicable
20	Did you have adequate privacy during the examination and counseling?	Yes/ No/ Not Applicable
21.	Did the blood bank advise you about when and how to seek urgent medical help if needed?	Yes/ No/ Not Applicable

17 MRI SAFETY

Rationale: Magnetic resonance imaging (MRI) is an important diagnostic method in modern clinical medicine. Patients' **involvement is of utmost importance for optimizing the workflow, safety, and patient comfort and saving valuable time** for the MRI department.

Reference: Magnetic resonance safety.[21]
Assessment of Patient Knowledge Level Towards MRI Safety Before the Scanning in Saudi Arabia.[22]

When to use: **The MRI safety questionnaire** tool is to gather responses from patients who underwent a planned MRI procedure in an outpatient setting.

When to serve the tool: After the procedure.

Exclusion is not limited to Emergency cases, Incapacitated Patients, children under the age of 9 years, and patients under sedatives.

S. No.	Question	Patient Response
01.	Did the doctor inform you about the need for the MRI Scan in the plan of treatment?	Yes/ No
02.	Did the hospital staff/ doctor explain you about the cost of MRI scan?	Yes/ No
03.	Did the doctor inform you about the type of MRI scan needed and the part of the body involved?	Yes/ No
04.	Did the staff inform you about the appointment (time & date) and estimated time duration of the MRI scan?	Yes/ No

05.	Did the doctor take your permission (consent) for the MRI scan?	Yes/ No
06.	Did the staff verify your name/ hospital registration number with the file or MRI request slip?	Yes/ No
07.	Did the staff ask you about any history of allergies? (for Contrast Enhanced MRI)	Yes/ No/ Not Applicable
08.	Did the staff/doctor explain about side-effects of contrast?	Yes/ No/ Not Applicable
09.	Did the doctor advise for blood tests, which is required before the contrast-enhanced MRI? (S. Creatinine & S. Urea)	Yes/ No/ Not Applicable
10.	Have you observed the staff performing hand wash/hand rub during the procedure?	Yes/ No
11.	Did the staff ask you about past history of surgery with any metal devices like implants or pacemakers placed inside your body (in situ)?	Yes/ No
12.	Did the staff inform you about removing all metallic wearable items like jewellery, coins, pen, watch, safety pins, belts etc. before MRI scan?	Yes/ No
13.	Did the staff screen you with a metal detector device before entering the MRI Room?	Yes/ No
14.	Did you notice the caution signage's in the MRI unit or room?	Yes/ No
15.	Did the staff ask you to change to hospital clothes in the changing room?	Yes/ No
16.	Did you have privacy in the changing room?	Yes/ No
17.	Did the staff inform you not to move or lie still during the MRI scan?	Yes/ No
18.	Did the staff inform you about constraints of space where you lie down inside the MRI machine?	Yes/ No/ Not Applicable
19.	Did the staff inform you about how to respond if you feel uncomfortable or scared during the MRI scan?	Yes/ No
20.	Did the staff inform you about the occurrence of loud noise when the MRI scan is in the process?	Yes/ No/ Not Applicable
21.	Did the staff tell you when and where the result/ report of MRI scan will be available?	Yes/ No

HOW TO USE THESE TOOLS EFFECTIVELY?

We believe this is just a first step in the direction of engaging the patients to co-assess the quality of care. These validated tools are a repository that can be used by organizations to co-assess care and identify gaps in care delivery.

The organization can use any of these tools by collecting data from patients in any of the following ways -

Data collection methods:

Method	Advantage(s)	Disadvantage(s)
Paper-based survey	• Less dependent on technology • Can ensure better compliance • Easy to use	• High chances of user bias if taken in the presence of staff • Not eco-friendly
Direct interview	• Better compliance from patients	• High chances of user bias if taken in the presence of staff • Will need a method to store the data
Digital survey form	• It can be devoid of bias as it need not be in-person	• Technology dependent • Compliance could be a challenge
QR codes	• It can be devoid of bias as it need not be in-person	• Technology dependent • Compliance could be a challenge
E mail	• It can be devoid of bias as it need not be in-person	• Technology dependent • Compliance could be a challenge • All patients may not have access to email
SMS	• It can be devoid of bias as it need not be in-person	• Technology dependent • Compliance could be a challenge • This could mean an additional financial burden for the organization
E portal	• It can be devoid of bias as it need not be in-person	• Technology dependent • Compliance could be a challenge • This could mean an additional financial burden for the organization

DATA ANALYSIS:

Data obtained from these surveys shall be analysed using a few traditional and non-traditional statistical tools.

IMPLICATIONS OF THIS PROJECT:

Conducting such a unique large-scale project is a unique opportunity. This project will be helpful in -

01. Ensuring that the patient's voice is empowered. These validated tools will help us identify the lacunae in the quality of care being provided at the participating facilities.

02. Creating a repository of India context-specific, validated PREMs that can be used as a ready reckoner by all the facilities across India, if they decide to conduct PREMs for assessing quality of care.

03. Creating a pan-India snapshot of current practice in these critical areas. The generated responses will be a true reflection of what is currently happening during the delivery of actual care to our patients.

04. Standardizing quality of care across the delivery systems by encouraging good practices across all participating facilities.

05. Evaluating improvement in practice over time - The same tool can be administered again later at some point in time to evaluate the effectiveness of these measures and to evaluate if any progress has been made.

06. Engaging the patients and their families in the delivery of care will help in improving the overall quality of care.

07. Align to WHO Global Patient Safety Action Plan on 'Engaging patients for patient safety'.

LIMITATIONS OF PREMs:

01. PREMs are an indicator of a patient's perception of the quality of healthcare, not a direct measure of patient outcome/ patient's clinical condition.

02. Interpretation of PREMs in conjunction with data from PROMs is recommended as best practice however availability of tools and challenges to capture multiple feedbacks from patients is challenging in the current scenario.

03. The patient's responses can be quite subjective and could be biased by their previous experiences.

LIMITATIONS OF THE PROJECT:

Presently all the questionnaires are in English language only and that could be a limiting factor for patients who are not well-versed with the language. In the future, these questionnaires could be translated into other languages for wider adaptation.

THE WAY FORWARD:

The implementation of Patient-Reported Experience Measures (PREMs) by CAHO represents a pivotal step towards enhancing the quality and patient-centeredness of healthcare delivery nationwide. As India's healthcare system is expanding, there's an urgent need to prioritize patient perspectives and experiences to drive meaningful improvements in care. By systematically integrating PREMs into healthcare practices, we can empower patients to voice their concerns, preferences, and satisfaction levels, fostering a culture of transparency, accountability, and continuous quality improvement.

Implementation of the above PREMs Project requires a multidisciplinary team approach encompassing stakeholder engagement, capacity building, culturally sensitive tool development, robust data collection and analysis mechanisms, and a commitment to leveraging insights for actionable change. CAHO has successfully collaborated with various healthcare providers across India, policymakers, and patients to validate the PREMs Tool in 17 categories and is now moving to the next milestone of utilizing the tool.

- The way forward to implement appropriate utilization of the validated tools is by doing a baseline

study sampling from the patients attending hospitals across India. To have a national-level implementation of the tool and stratified sampling, three hospitals are invited each from five regions of India (North, South, East, West, and Central) with a total of 15 hospitals to participate in each PREMs project topic. Each hospital is expected to do a sampling of a minimum of 50 patients per PREMs topic with an expected overall sample size for each study category as 750 (50 patients X 15 hospitals). After collecting the baseline data from 15 hospitals in each category and collating the responses, a comparative analysis will be done on different regions/types of hospitals so that appropriate interventions can be planned in the future.

- As we are going to conduct the study across India, which is a land of diversity, a proactive approach by translating questionnaires according to regional requirements in terms of language will be done. Embracing linguistic diversity, all questionnaires will be made available in bilingual or multilingual formats, facilitating broader participation from the patients and comprehension among diverse communities in India.

- As we have systematically conducted the PREMs tool topic selection and questionnaire validation that includes ethical clearance, the next step is to publish this research finding in an academic platform, as it is imperative to uphold the highest standards of methodological rigor and validity. Once published, these tools can hold the highest reliability and credibility in India that helps other researchers/quality professionals to compare their findings with our data or to initiate PREMs in their own set up.

- Moving forward, there lies a promising opportunity to expand the utilization of Patient-Reported Experience Measures (PREMs) tools beyond the current seventeen (17) clinical categories. As we embark on this journey, it is essential to prioritize our upcoming needs in the clinical contexts other than these seventeen, which will again involve the same rigorous validation processes and stakeholder engagement to ensure the relevance, reliability, and validity of PREMs tools for the newer clinical contexts.

We believe that this is the first of its kind in India to have a multi-centered study involving various stakeholders across India to develop and validate the PREMS tool in 17 categories. This project can pave the way for a more patient-centric healthcare system in India, one that prioritizes not just clinical outcomes, but also the holistic experiences and needs of those we serve.

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LIST OF CONTRIBUTORS

SURGICAL SAFETY PROJECT TEAM

Dr. Pratheesh Ravindran
Professor and Head, Neuro Surgery, Deputy Medical Superintendent (Superspeciality Services) MGMCRI, Pondicherry SBV (Deemed to be University)

Dr. Amitha Marla
Director Administration, AJ Hospital and Medical College, Mangalore, Karnataka

Core Team Members	Mrs. Vijaya Parameshwari	A J Institute of Hospital Management, Kuntikana, Mangalore
	Ms. Ranjitha	A J Hospital & Research Centre, Kuntikana, Mangalore
	Dhinakaran	JIPMER, Puducherry
	Naveen. I	New Medical Centre, Pondicherry
	Abhijit G Warade	Mahim and Khar Hinduja Hospitals
	Mrs. Vincy Thomas	A J Hospital & Research Centre, Kuntikana, Mangalore
	Mr.Vignaraj Bhat	A J Hospital & Research Centre, Kuntikana, Mangalore

ENDOSCOPY AND SAFETY PROJECT TEAM

Dr. Parivalavan Rajavelu
Consultant Surgeon, Sundaram Medical Foundation, Chennai, Tamilnadu

Dr. Deepti Madhu
Chief Quality Officer, Infection Control Officer and Consultant Microbiologist, Caritas Hospital

Core Team Members	Ms. Chandrakala	Gleneagles BGS hospitals, Bangalore
	Ms. R Florence Kiruba	Gleneagles hospital, Lakidikapool
	Ms. Jyothi Antony	Aster Medcity, Kochi
	Dr. Barnali Banik	ASP

HEMODIALYSIS SAFETY PROJECT TEAM

Dr. M. Prabhakar
Managing Director, Kalyani Kidney Care Centre, Erode, Tamilnadu

Dr. M. Sree Kiran
Managing Director, Peacock Hospital, Thiruthani, Tamilnadu

Core Team Members	Mrs. Lethimol P T	Kalyani Kidney Care Center , Erode
	Dr. Remi George Thomas	Meditrina Hospital Ayathil, Kollam
	Mrs. Reena Rachel George	CMC College of Nursing
	Ms. Pavithra	Nu Trust Hospital, Bangalore
	Dr. P Sarveshh	Kalyani Kidney Care Center, Erode

PREOPERATIVE CARE BY ANAESTHESIOLOGISTS FOR ELECTIVE SURGERIES PROJECT TEAM

Dr. Anita Shirley Joselyn
Head of Pediatric & OBGyn Anesthesia, Christian Medical College & Hospital, Vellore, Tamilnadu

Dr. Joseph S Fidelis
Consultant of Anesthesia and Critical Care, Annai Velankanni Multi Specialty Hospital, Tirunelveli, Tamilnadu

Core Team Members	Dr. Thilaka Muthiah	Simulation Centre, Apollo Hospitals, Chennai.
	Dr. Pranita Mandal	All India Institute of Medical Sciences, Bhopal.
	Dr. Subrat Kumar Nayak	SCB Medical College, Cuttack, Odisha.
	Dr. Surinder Pal Singh Bedi	Indus Group of Hospitals, Mohali.
	Dr. Lulu Sherif Mahmood	Father Muller Medical College, Mangalore.
	Mr. Edward Jonathan	Christian Medical College & Hospital, Vellore.

IV INFECTION PREVENTION PROJECT TEAM

Dr. J Jayalakshmi
Professor & HOD Microbiology, KMCH Institute of Health Sciences & Research, Coimbatore, Tamilnadu

Dr. Vijay Samuel Richards
Senior Consultant, Hospital Infection Control, Narayana Health, Bangalore, Karanataka

Core Team Members	Dr. Grace Mary John	Believer's Church Medical College
	Dr. Subhrojyothi Bhowmick	Peerless Hospital, Kolkata
	Dr. Parinita Kaza	MS Ramiah Medical College, Bengaluru
	Ms. Dhanya Micheal	Lourde Hospital , Cochin
	Dr. Dorai Sureshkumar	Apollo Chennai
	Dr. Shruti Bhargava	Bhagwan Mahaveer Cancer Hospital & Research Centre, Jaipur
	Mr. Arun	Yenepoya Medical College, Mangalore

WOUND CARE MANAGEMENT AND SAFETY PROJECT TEAM

Dr. Jothi Clara Michael
Director of Nursing, Gleneagles Healthcare, India

Dr. V. B. Narayana Moorthy
Consultant Plastic Surgeon & Diabetic Food Surgeon, Lakshana Aesthetics Pvt Ltd, Chennai, Tamilnadu

Dr. Selva Seetha Raman S
HOD & Senior Consultant Institute of Plastic, Aesthetic and Reconstructive Surgery, Gleneagles Health City, Chennai, Tamilnadu

Core Team Members	Thankam Gomez	Cygnia Healthcare, Delhi
	Prof. Dr. Shankar Shanmugam R	Madras Medical College, Chennai
	Dr. Phalakshi Manjrekar	Hinduja Group Hospitals, Mumbai
	Dr. Hepsibah Sharmil S	Chettinad Hospital & Research Institute, Kelambakkam
	Hannah Joyce Rosy G	Gleneagles Hospitals Group, India

MEDICATION ADMINISTRATION AND SAFETY PROJECT TEAM

Dr. Subhrojyoti Bhowmick
Clinical Director, Academics, Quality and Research Departments, Peerless Hospital, Kolkata, West Bengal

Dr. L. Britto Duraisingh
Head -Pharmacy Services, Ganga Medical Centre and Hospitals Pvt Ltd, Coimbatore, Tamilnadu

Core Team Members	Dr. Sangeeta Sharma	IHBAS, Delhi
	Dr. Rupam Das	Down Town Hospital, Guwahati, Assam
	Dr. Shivani Juneja Bedi	Fortis Hospital, Mohali, Punjab
	Dr. Shajahan O M	Vijaya Medical and Educational Trust, Chennai
	Dr. Pramod Paharia	Nazareth Hospital, Shillong, Meghalaya
	Ms. Suchitra Dalvi	Bhaktivedanta Hospital and Research Institute,Thane, Maharashtra

ANTENATAL CARE AND SAFETY PROJECT TEAM

Dr. Anuradha Pichumani
Executive Director, Sree Renga Hospital, Chengalpattu, Tamilnadu

Dr. Deepthy Balakrishnan
Associate Professor, Dept of Obstetrics and Gynecology, AIIMS Bhubaneswar

Core Team Members	Dr. Nitin Shantilal Raithatha	Shree Krishna Hospital, Bhaikaka University, Karamsad, Anand, Gujarat
	Anusha K	Rela Hospital,Chennai
	Ms. Anju Indran	AIIMS, Bhuvaneshwar
	Dr. Indra	Public Health Centre, Chennai, Tamil Nadu
	Ms. Devasri Chatterjee	Bhandari Hospital and Research Centre,Indore, Madhya Pradesh.

GERIATRIC CARE AND SAFETY PROJECT TEAM

Dr. Pratibha Periera
Professor, Head of The Department of Geriatric, JSSAHER, Mysore, Karnataka

Dr. Prabha Adhikari
Professor and HOD Geriatric Medicine, Yenepoya Medical College, Yenepoya Deemed to be University, Mangalore, Karnataka

Core Team Members	Dr. Amita Marla	A.J Shetty hospital Mangalore
	Dr. Deepti	Aster CMI hospital Bangalore
	Dr. Steve	Appollo hospital Bangalore
	Dr. Benjamin	Baptist Hospital Bangalore
	Dr. Meenakshi Dhar	AIIMS Rhishikesh
	Dr. Malar	B.G Hospital Thiruchendur
	Dr. Asha Shetty	AIIMS Bhubaneshwar
	Dr. Anand Ambali	BLDE medical college Vijapura
	Dr. Arun Shrinivasan	N.G Hospital Coimbatore

CARDIAC CATHETERIZATION SAFETY PROJECT TEAM

Dr. Arijit Kumar Ghosh
Professor and Head of Department of Cardiology, AIIMS Nagpur

Dr. Helen Gnanakalanjiam
Chief Quality Manager, Father Muller Medical College Hospital, Mangalore, Karnataka

Core Team Members	Dr. Priya Karthick Prabhu	G Kuppuswamy Naidu Memorial Hospital , Coimbatore
	Capt. Sandhya Shankar Pandey	Fortis Healthcare Ltd.
	Dr. Gopi Nallaiyan	Little Moppet Heart Foundation, Madurai
	Dr. Jostol Pinto	Father Muller Medical College Hospital, Mangalore
	Lt. Col. Dr. Kamalakar Karamcheti	Ramdevrao Hospital, Hyderabad

ORTHOPEDIC SURGERY AND SAFETY PROJECT TEAM

Ms. Rama Rajasekar
Director, Ganga Medical Centre & Hospitals
Trustee, Ganga Institute of Health Sciences,
Ganga College of Nursing, Coimbatore,
Tamilnadu

Dr. Rahul Deshmukh
Medical Director and Head of Anesthesia,
Medcare Orthopedics and spine Hospital,
Dubai

Core Team Members	Ms. Vandana	Ganga Medical Center & Hospitals
	Dr. Raja Bhaskara Kanakeshwar	Ganga Medical Center & Hospitals
	Mrs. Madhavi Chikhale	Sir HN Reliance Foundation Hospital , Mumbai
	Dr. Affan Sami Rayeen	Fortis hospital
	Dr. Anil Gowtham Manivannan	Arathana Hospital, Pollachi

EMERGENCY CARE AND SAFETY PROJECT TEAM

Dr. Saravana Kumar
Group Unit Head, Consultant Emergency
Medicine, Dr Mehta's Group of Hospitals,
Chennai, Tamilnadu
President - Society for Emergency Medicine,
India

Dr. Srinath Kumar
Chair Academic Council, Society for
Emergency Medicine, India

Core Team Members	Dr. Mabel Vasnaik	Manipal Hospital, Old Airport Road, Bangalore
	Dr. Naga Nischal C	Cloudnine Group of Hospitals
	Dr. Priyanka MK	Manipal Hospital, Old Airport Road, Bangalore
	Dr. Manzoor Shaik	Dr Mehta's Hospitals Chennai
	Dr. Punith KG	SDM College of Medical Sciences and Hospital, Dharwad
	Mr. Manickavasagam R	Dr Mehta's Hospitals, Chennai
	Dr. Kiran Kumar Varma K	Yashodha Hospital, Somajiguda, Hyderabad

FALL PREVENTION PROJECT TEAM

Dr. Shweta Prabhakar
Head Quality and Patient Safety, Fortis Hospital, Mohali, Punjab

Mr. Gaurav Loria
Group CQO & Head Operations (SVP), Apollo Hospitals

Core Team Members	Dr. Anna George	Head Quality Aster India
	Dr. Imron	Regional Head Emergency services Apollo group of Hospitals
	Mrs. Suusan C Roberrt	Choithram Hospital & Research Center Indore
	Lt. Gen. Dr. Sunil Kant	AIIMS Jammu
	Dr. Pankaj Arora	PGI,Chandigarh
	Capt. Sunita Uppal	GM Quality Max healthcare
	Ms. Amarjit Kaur	Quality Nurse Fortis Mohali

DISCHARGE PROCESS PROJECT TEAM

Ms. Vidya Mani
Manager - Quality, Apollo Proton Cancer Centre, Chennai, Tamilnadu

Ms. Gracy Mathai
Chief Executive Officer, Baby Memorial Hospital, Calicut, Kerala

Core Team Members	Dr. V. Poorna Chandran	Kauvery Hospital, Vadapalani, Chennai
	Ms. Bhavisha Kharnare	Hinduja Hospital, Mumbai
	Ms. Deepthi Rebekah	Aster CMI Hospital, Bangalore
	Ms. Sushma Katuri	KIMS Group of Hospitals, Hyderabad
	Mrs. Gayathri Sandeep	Seethapathy Clinic & Hospitals
	Dr. Abinash B Mohapatra (PT)	Sakra World Hospital

CATARACT SURGERY PROJECT TEAM

Dr. Samina Zamindar
Chief Medical Director, Zamindar Microsurgical Eye Centre, Bangalore, Karnataka

Dr. Geeta Fulari
Deputy General Manager - Quality Assurance, Sankara Eye Foundation, India

Core Team Members	Dr. Nirmal Fredrick	Nirmal's Eye Hospital, Chennai, Tamil Nadu
	Ms. Josphine Nayagi	Sankara Nethralaya, Main Hospital, Medical Research Foundation. Chennai
	Dr. Sushila Kawade	HV Desai Hospital, Pune, Maharashtra
	Dr. Shilpa Kodkany	Kodkany Super Speciality Eye Centre Belgaum, Karnataka
	Dr. Tejas	Amdavad Eye Laser Hospital, Ahmedabad, Gujarat
	Dr. R D Ravindran	Aravind Eye Hospital, Madurai
	Dr. Venkatesh	Aravind Eye Hospital, Pondicherry
	Dr. Haripriya	Aravind Eye Hospital, Chennai

BLOOD DONOR AND SAFETY PROJECT TEAM

Dr. Abhinav Verma
Principal Consultant and Head, Department of Transfusion Medicine, Max Super Specialty Hospital, Vaishali, Ghaziabad

Ms. Anusha Kothandaraman
Manager - Quality & Compliance Management, Dr Rela Institute & Medical Centre, Chennai, TamilNadu

Core Team Members	Dr. Rajeshkumar Saroday	Al Kuwait (Baraha) Hospital, Dubai.
	Ms. Arundhati Giri	Woodlands Hospital, Kolkata, West Bengal
	Dr. Thirumagal.E	Vijaya Medical And Educational Trust, Chennai, Tamil Nadu
	Irene light	GVN hospital, Tiruchirapalli, Tamil Nadu
	Dr. Shine Anil	Jupiter Hospital, Mumbai, Maharashtra
	Dr. Monica Gupta	Pramukhswami Medical College, Bhaikaka University

MRI SAFETY PROJECT TEAM

Dr. Jawahar S K Pillai
Professor and Head, Hospital Administration,
AIIMS Bhubaneswar

Dr. Lallu Joseph
Secretary General CAHO, Associate General Superintendent & Quality Manager, Christian Medical College Vellore, Tamilnadu

Core Team Members	Dr. Hrishikesh Kale	Fortis Hospital, Mulund, Mumbai
	Ms. Rashmi Srivastava	Group quality & new initiative Narayana health
	Mr. Abdul Dhayan Razack	HCG Enterprise Limited, Gujarat & Rajasthan
	Mr. Walter Nixon	CMC Vellore
	Dr. Venugopal M	Regional Cancer Centre, Trivandrum, Kerala
	Dr. Jyothi P R	Sagar Hospitals
	Dr. Rijo Mathew Choorakutti	Preventive Radiology, IRIA.
	Dr. Navin M Mulimani	JNMC, KAHER University, Belagavi, Karnataka
	Dr. Amel Antony	Institute of Radiology Research & Imaging Sciences, Koch

CAHO

COMMITTED TO SAFER HEALTHCARE

Contact Us:

+919870318781

office@caho.in

G-100, Sector 44, Noida
Uttar Pradesh, India, 201303

https://www.caho.in