



Patient Experience Monitor (PEM) embedded in Dutch University hospitals

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New name

New logo





November 2025



NFU – DUTCH FEDERATION OF UNIVERSITY MEDICAL CENTRES



NFU represents 7 UMC's



Together >80,000 professionals



Highly specialised patient care, research & education



National & international collaboration



Innovations in quality, safety & patient-centred care



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EXAMPLE OF INNOVATION: PATIENT EXPERIENCE MONITOR (PEM)

Nationwide initiative since 2019

Continuous measurement of patient experiences

Shared learning & transparency

Person-centred themes

(e.g. trust, communication, shared decision-making)

Accesible for **limited health literacy levels** (Pharos)

Inclusive design: short, accesible questionnaires

Core set questionnaires: adult IP + OP, children IP + OP and A&E

Real-time dashboard enables staff to quickly take action based on patient input

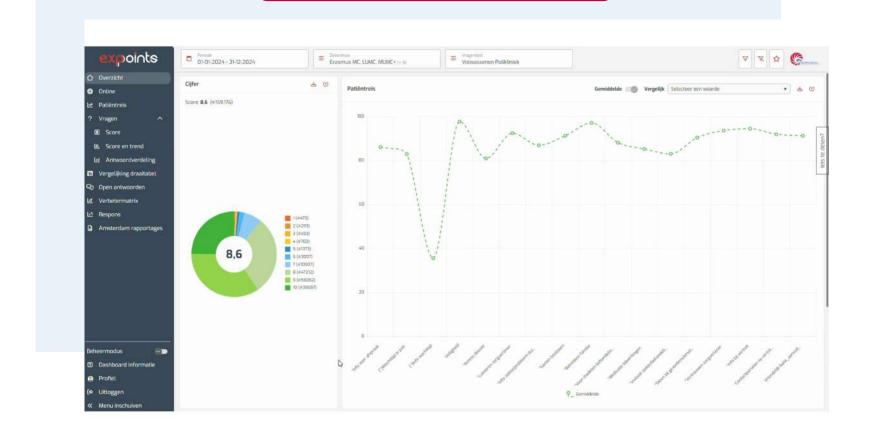
Translation in progress to reach a broader population
Supports quality
improvement (national,
UMC and department level)



Closed and open-ended answers are visible in a structured, real-time dashboard

Since 2019, more than 1.5 million patients participated

Video real-time dashboard



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DEVELOPMENT OF NEW PEM QUESTIONNAIRES

Challenge existing PREMs: often too long, complex or lacking impact

How PEM addresses these issues:

- Standardisation
- Inclusivity
- Practical use for improvement
- Based on Picker Principles of Person-Centred Care
- Short, accessible questionnaires validated with patients



Purpose: Several patient-reported experience measures (PREMs) were developed through the years. These questionnaires are frequently found to be inappropriate for people with lower literacy levels. This paper describes the development of patient experience questionnaires for hospital patients with a wide range of literacy levels, while enabling the potential for quality improvement.

Methods: Mixed methods were used to adapt Picker Institute patient experience questionnaires: selection of items and adaptation towards language level B1 (the language level of which patients can express their own opinion and describe experiences, events and expectations) by expert panels, usability tests with patients, analysis of psychometric properties and member checking. A theory-



DEVELOPMENT OF NEW PEM QUESTIONNAIRES

Multi-step development process

Question selection, translation & adaptation

Expert panel review

Cognitive interviews with patients

Psychometric analysis

Member checking

Patients

Participated in focus groups & cognitive interviews

Ensured questions were clear, relevant & accessible for diverse literacy levels

Expert panel

Healthcare providers,
translators, quality managers,
staff advisors from UMCs,
questionnaire experts,
representative from Pharos

Picker Institute

Final selection of questions translated back to English and approved by Picker Institute

Further methodological details are available in the academic article referenced in slide 4.



PEM IMPACT & BEST PRACTICES

Impact since implementation

Measurable outcomes & rich insights
Trough collecting & using patient
feedback (closed and open questions)

Annual national benchmark report
Variation, best practices & improvement
areas

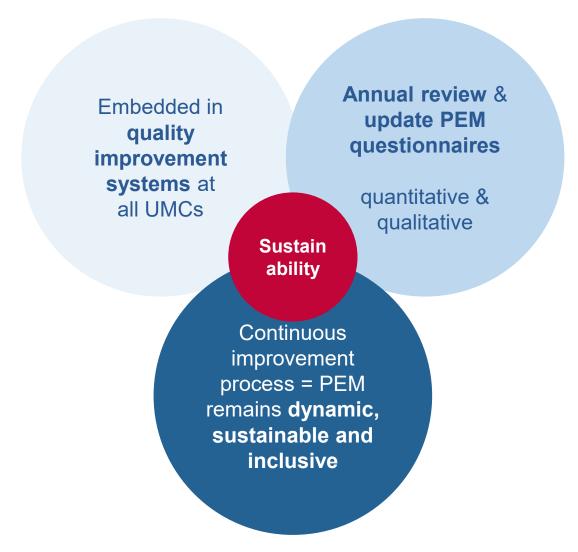
Best practices

Improved communication on waiting times in Radboud UMC, Amsterdam UMC & Erasmus UMC

Development of text mining tool for large volume of responses to open-ended questions

"Ask what matters, listen to what matters, do what matters."







PEM FUTURE SUCCESS

Future priorities

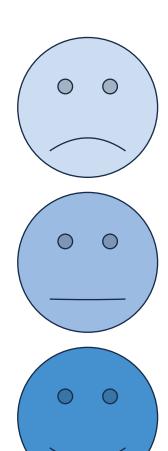
Boosting response rates

Translating questionnaires for diversity of patient population

Improving text mining & realtime dashboard

Creating a question library

Driver for quality improvement initiatives





AWARENESS & ENGAGEMENT

Active promotion across UMC's

via Intranet, newsletters and reports & leadership presentations Results integrated in strategic quality reports

Real-time dashboard accessible to all staff Annual symposium for PEM coordinators

-> shared learning



RELEVANCE TO OTHER GROUPS

- Scalable & transferable beyond UMCs
- In 2024: cooperation between NFU (university hospitals) and NVZ (general hospitals)
- Adopted by 33 general hospitals (in addition to 7 UMC's)
- Growing impact across Dutch healthcare system









National scale & reach

Inclusive design

Real-time insights

Standardised core + locally relevant questions

Co-created with patients & professionals

Fosters continuous improvements



Collaborate
early & often
with all
stakeholders,
including
patients and
healthcare
professionals

Build flexibility into national content to allow for local relevance

Embed patient experience data into quality systems

Make results visible & actionable for patients and staff

Maintain strong, cross-organisational collaboration

Ensure accessibility for patients of all literacy levels



















Thank you for your attention!

Are there any questions?