



# Il valore dell'esperienza del paziente

*Elisa Peruzzo & Elisa Conti*  
*Laboratorio Management e Sanità, Scuola Superiore Sant'Anna*

24 Marzo 2025 | Mestre (VE)



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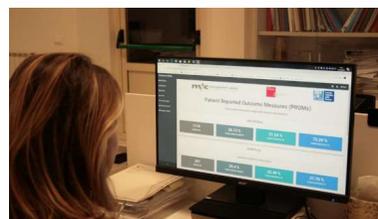


## Laboratorio Management e Sanità (MeS)

Valutazione della  
performance



PREM e PROM



Risorse umane



# 20 anni di esperienza nella raccolta e nell'uso dei dati di esperienza e soddisfazione riportati dai pazienti





# Osservatori permanenti dell'esperienza

De Rosis et al. *BMC Health Services Research* (2020) 20:315  
<https://doi.org/10.1186/s12913-020-05009-4> BMC Health Services Research

RESEARCH ARTICLE Open Access

## Using patient-reported measures to drive change in healthcare: the experience of the digital, continuous and systematic PREMs observatory in Italy

Sabina De Rosis<sup>1</sup>, Domenico Cerasuolo and Sabina Nuti

**Abstract**  
**Background:** The use of Patient Reported Experience Measures (PREMs) has great potential in healthcare service improvement, but a limited use. This paper presents an empirical case of PREMs innovation in Italy, to foster patient data use up to the ward level, by keeping strengths and addressing weaknesses of previous PREMs survey experiences. The paper reports key lessons learned in this ongoing experience of action research, directly involving practitioners.  
**Methods:** The aim of this paper is to present the results of an ongoing action research, encompassing the innovation of PREMs collection, reporting and use, currently adopted by 21 hospitals of two Italian regions. The continuous and systematic PREMs collection has been implemented between 2017 and 2019 and includes a continuous web-based administration, using web-services; an augmented and positive questionnaire matching standard closed-ended questions with narrative sections; the inclusion and benchmarking of patient data within a shared performance evaluation system; public disclosure of aggregated anonymized data; a multi-level and real-time web-platform for reporting PREMs to professionals. The action research was carried out with practitioners in a real-life and complex context. The authors used multiple data sources and methods: observations, feedback of practitioners, collected during several workshops and meetings, and analysis of preliminary data on the survey implementation.  
**Results:** A continuous and systematic PREMs observatory was developed and adopted in two Italian regions. PREMs participation and response rates tend to increase over time, reaching stable percentages after the first months. Narrative feedback provide a 'positive narrative' of episodes and behaviours that made the difference to patients and can inform quality improvement actions. Real-time reporting of quantitative and qualitative data is enabling a gratifying process of service improvement and people management at all the hospitals' levels.  
**Conclusions:** The PREMs presented in this paper has been recognized by healthcare professionals and managers as a strategic and positive tool for improving the actual use of PREMs at system and ward levels, by measuring and highlighting positive deviances, such as compassionate behaviours.

\* Correspondence: [lorenz@antimapsi.it](mailto:lorenz@antimapsi.it)  
Management and Healthcare Laboratory (MHL) Institute of Management and  
DIPACTS, Scuola Superiore Sant'Anna, Piazza dei Martiri della Libertà 33, Pisa, Italy

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L'Osservatorio PREMs rappresenta un canale di **ascolto continuo dei pazienti**. Valorizza l'esperienza dei pazienti e riconosce il lavoro del personale sanitario.

**Tutti i pazienti**, dopo un ricovero o una prestazione, hanno la possibilità di partecipare all'indagine e condividere la propria esperienza.

Le **sezioni narrative** permettono di raccogliere le storie dei pazienti, uno strumento prezioso per individuare criticità e attuare azioni di miglioramento

# Integrazione nel Sistema di Valutazione della Performance

The current issue and full text archive of this journal is available on Emerald Insight at: [www.emeraldinsight.com/0925-1747.htm](http://www.emeraldinsight.com/0925-1747.htm)

MD 56,10

## Let's play the patients music

### A new generation of performance measurement systems in healthcare

Sabina Nuti, Guido Noto, Federico Vola and Milena Vainieri  
*Institute of Management, Scuola Superiore Sant'Anna, Pisa, Italy*

2252

Received 29 September 2017  
 Revised 7 May 2018  
 7 July 2018  
 Accepted 23 May 2018

**Abstract**  
 Purpose – Current performance measurement systems (PMSs) are at the organizational level. They tend not to assess the value creation process and the involvement of users in the value creation process. The purpose of this paper is to investigate the development of PMSs value creation process across multiple healthcare organizations using the Design Thinking approach. The paper analyzes the development according to a constructive approach through the development of a 3D the re-framing process of the PMS put in place by a large group of 14 adopted a collaborative assessment framework.

**Findings** – Framing attention according to the population served PMSs in assessing the value creation process by evaluating the organizations involved. Therefore, it helps prevent each service to avoid dysfunctional behaviors. Re-framing PMSs contributes to overall value creation; legitimates organizational units' specific communication, cooperation and coordination; supports the alignment of goals and behaviors; and fosters shared accountability among providers.

**Originality/Value** – The paper contributes to the scientific literature on value creation by adopting a patient-oriented perspective. Although scarce, the underlying user-oriented approach may be generalized to a context in which value creation stems from the collaboration of multiple stakeholders.

**Keywords** Performance measurement systems, Health care management, Patient-based perspective

**Paper type** Research paper

**Introduction**  
 Performance measurement systems (PMSs) can be defined as defining, controlling and managing both the achieved outcomes as well as the means used to achieve these results organizational and individual (Broadbent and Laughlin, 2016). Success in every evidence-based management (EBM) process, the collection and use of performance measures and information stakeholders with evidence regarding the needs, resources (Walsh and Randall, 2001; Lomas and Bourne, 2006). With makers and other stakeholders would not have evidence of consistent with strategies and whether they are moving in the right direction.

The first PMSs arose with the emergence of mass industrial age (Bourne, 2001; Bitici *et al.*, 2012). Since that time, the changing needs of organizations and society sectors (Bourne and Meglino, 2004).

According to Wikox and Bourne (2002) and Bitici *et al.* (2012), the evolution of PMSs has gone through three phases of PMS evolution. The first one (1890-1980) management accounting systems (Wikox and Bourne, 2002), as part of which the "budgetary control" form of performance measurement was developed. The PMSs developed in this period were designed to

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RESEARCH ARTICLE

## Including patient-reported measures in performance evaluation systems: Patient contribution in assessing and improving the healthcare systems

Sabina De Rosi | Francesca Ferrè | Francesca Pennucci

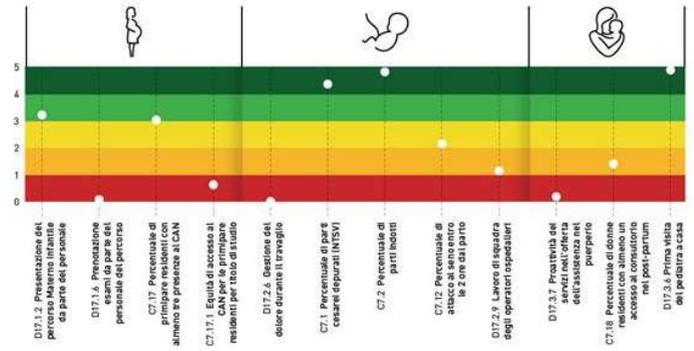
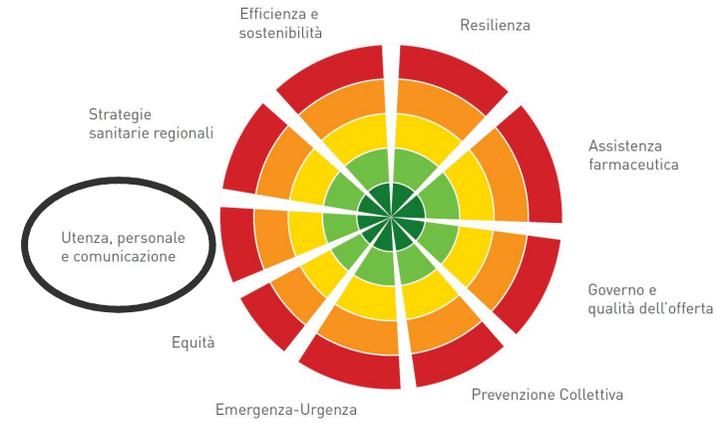
Management and Healthcare Laboratory, Institute of Management and Organization, ERMES, Scuola Superiore Sant'Anna, Pisa, Italy

**Correspondence**  
 Francesca Pennucci, Management and Healthcare Laboratory, Institute of Management and Organization, ERMES, Scuola Superiore Sant'Anna, Pisa, Italy.  
 Email: francesca.pennucci@sssup.it

**Funding Information**  
 Regione Toscana

**Abstract**  
 In healthcare, the introduction of quality standards and indicators to assess performance triggered the development of multidimensional Performance Management Systems (PMSs). The concept of performance in healthcare has recently evolved and broadened its scope. One of the current challenges of PMSs is measuring and integrating the patient perspective into traditional measures. In the regional healthcare system of Tuscany (Italy), a PMS has been implemented and used since 2005. The PMS counts on the systematic involvement of clinicians and managers. Furthermore, the PMS also includes patients' perspective. Moreover, Tuscany has recently implemented the first regional permanent Patient-Reported Outcome and Experience Measures (PROs and PREMs) Observatory in Italy. This paper presents the results of an action research aimed at analyzing the integration of patient-reported outcome and experience indicators into a consolidated PMS. The study describes the process of identifying and discussing of patient-reported indicators with practitioners and categorizing findings into three domains: design of patient-reported indicators, integration process into the PMS, and goal of adoption of the patient-related indicators. The paper also

144 | Int. J. Health Plan. Manag. 2022, 37(3), 144–162. <http://www.internationaljournalofhealthplanningandmanagement.com>



# *Indagine di esperienza sul ricovero ospedaliero*

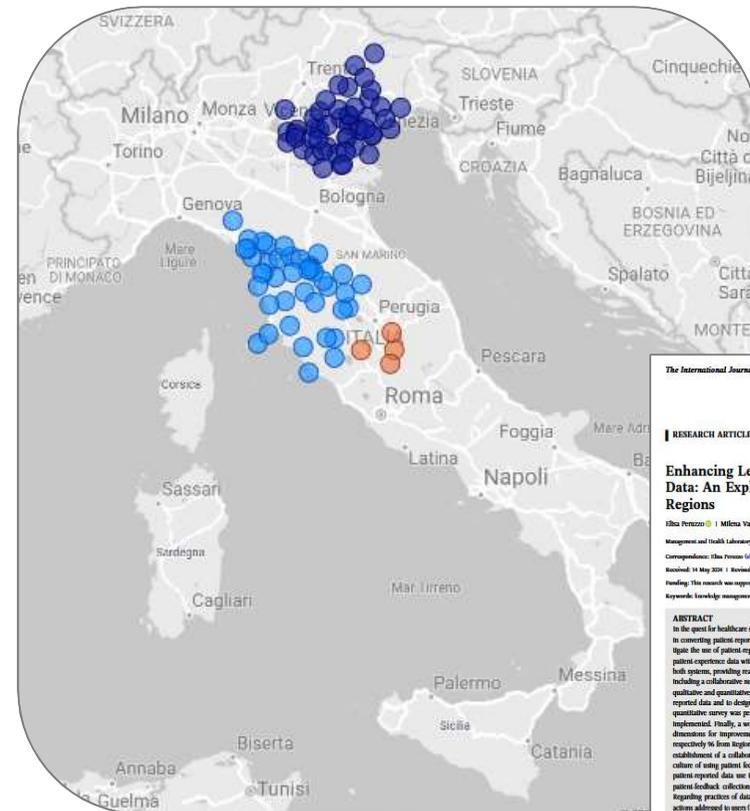
# PREMs – Indagine di esperienza sul ricovero ospedaliero



# Stato dell'arte dell'indagine

L'estensione dell'indagine a più sistemi sanitari regionali consente il benchmarking tra Regioni.

Ciò ha favorito la nascita di una *community of practice* interregionale per condividere esperienze e buone pratiche.



The International Journal of Health Planning and Management | WILEY

RESEARCH ARTICLE

### Enhancing Learning Systems in Using Patient Experience Data: An Exploratory Mixed-Method Study in Two Italian Regions

Ilisa Perazzo | Milena Valentini | Sabina De Rosa

Management and Health Laboratory, Institute of Management, Sant'Anna School of Advanced Studies, Pavia, Italy

Correspondence: Ilisa Perazzo (ilisa.perazzo@sns.it)

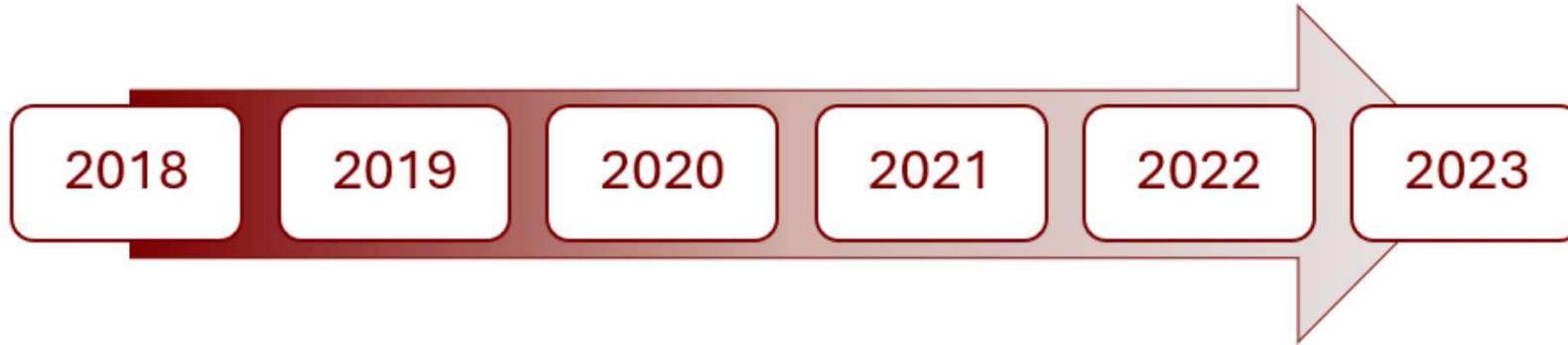
Received: 16 May 2024 | Revised: 22 January 2025 | Accepted: 3 February 2025

Funding: This research was supported by Sant'Anna School of Advanced Studies.

Keywords: knowledge management | learning system | mixed method | patient experience data | quality improvement

**ABSTRACT**  
 In the quest for healthcare systems enhancement, the improvement of patient experience plays a central role. The challenge lies in converting patient-reported experience data into actionable knowledge for quality improvement. This study aims to investigate the use of patient-reported data as knowledge base for actions and to identify and map actions derived from the use of patient experience data within two Italian regional healthcare systems. Patient Experience Data are systematically collected in both systems, providing real-time updates accessible by professionals and managers through web-based reporting systems and including a collaborative network among practitioners. A sequential exploratory mixed-method study was carried out to assess qualitative and quantitative phases. In the first phase, a qualitative method was conducted to discuss the applicability of patient-reported data and to design a tool for collecting the improvement actions based on these data. In the second phase, a quantitative survey was performed to explore the professionals' use of patient-reported information and the types of actions implemented. Finally, a workshop was held to discuss, interpret and validate the results. The initial workshop identified key dimensions for improvement initiatives. After design and distribution of survey, a total of 189 responses was collected, respectively in from Region A and in from Region B. Both regions covered suboptimal use of patient-reported data (PRD). The establishment of a collaborative network seemed to reduce the learning curve in using patient-reported data and fostered a culture of using patient feedback effectively. The results reveal a difference between the two regions, with a more extensive patient-reported data use in Region A, attributed to its systematic joining the PERAS Observatory, prior experiences with patient feedback collection and use, and patient experience indicators integrated into the performance evaluation system. Regarding practices of data use, four themes emerged, namely: internal actions addressed to hospital staff (35.9%), external actions addressed to users (18.6%), content and hospital aspects (14.7%) and review of processes and procedures (10.8%). The study highlights the importance of effectively using patient-reported data to achieve organizational goals, by combining different managerial strategies. It demonstrates how professionals use such data for improvement actions and underscores the significance of various forms of knowledge dissemination and sharing, in advocating for fostering a culture of continuous learning and improvement within and across healthcare organizations.

# Implementazione dell'Osservatorio PREMs ricovero



# Alcuni risultati

*Anno 2024*

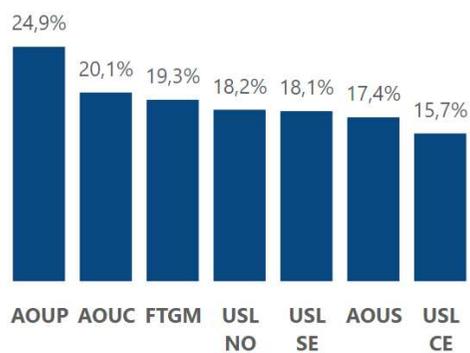
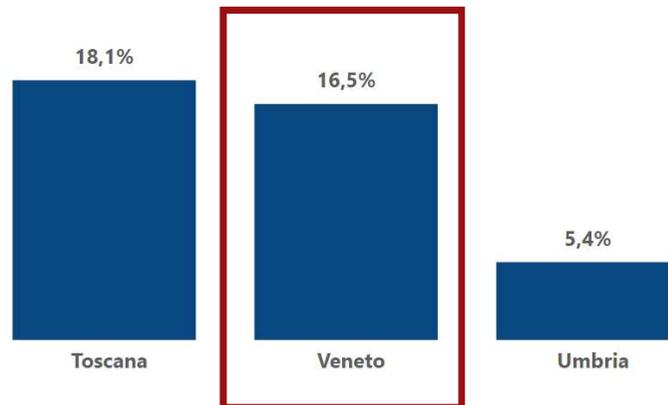
*Sono inclusi i questionari compilati interamente.*

*I dati riportati rappresentano valori grezzi non ancora sottoposti a data cleaning e calcoli di risk-adjustment.*

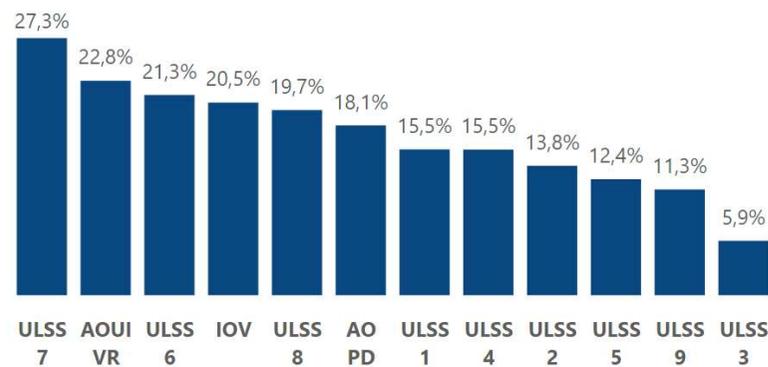


## Tasso di risposta effettiva all'indagine PREMs

Numero di risposte complete sul totale di dimessi



Toscana



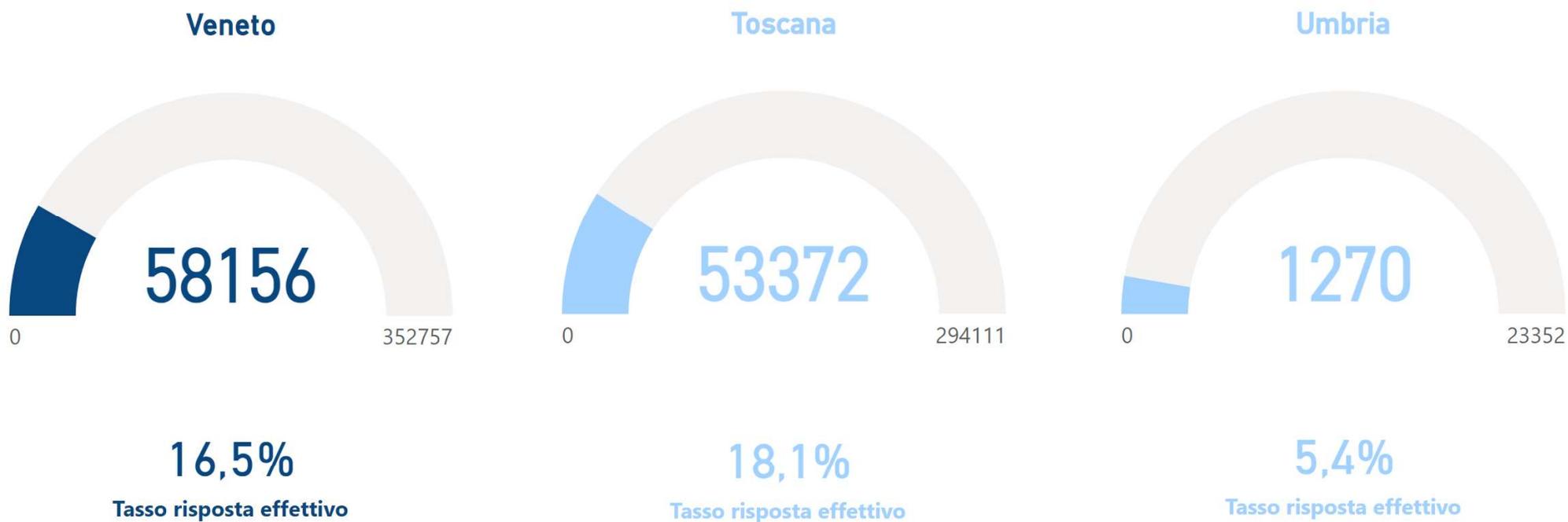
Veneto



Umbria

NOTA: I dati riportati in questa slide rappresentano valori grezzi e non sono stati sottoposti a calcoli di risk adjustment. Sono stati esclusi i questionari incompleti.

## Tasso di risposta effettiva all'indagine PREMs



NOTA: I dati riportati in questa slide rappresentano valori grezzi e non sono stati sottoposti a calcoli di risk adjustment. Sono stati esclusi i questionari incompleti.

## Chi compila il questionario?

Paziente



**46.720**

Genitore/Tutore  
del paziente



**5.234**

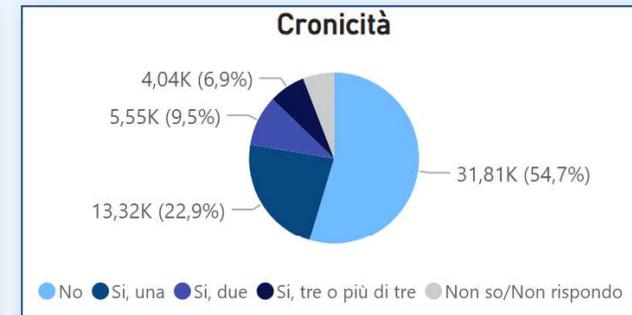
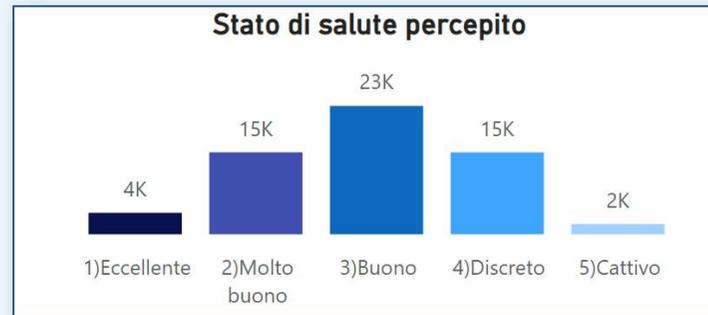
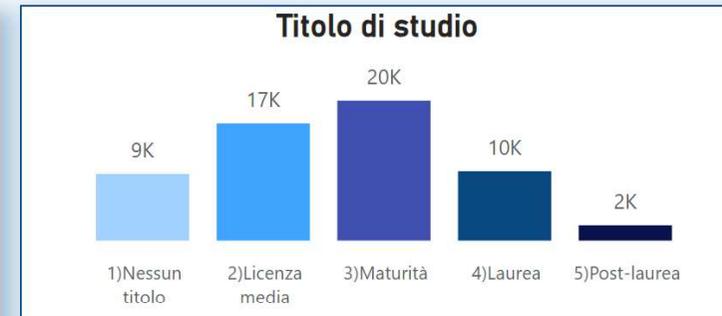
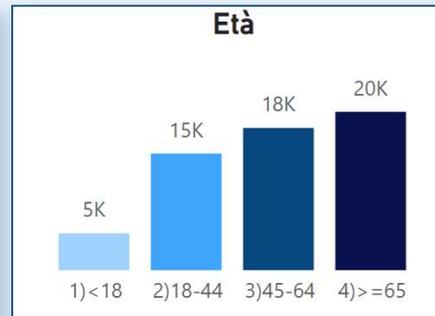
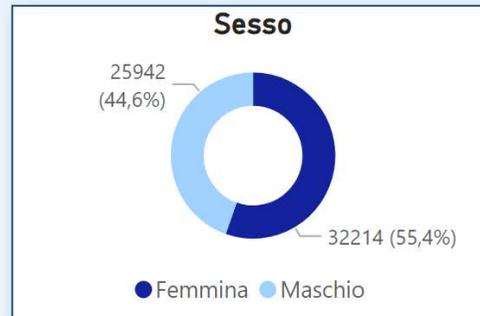
Un'altra persona  
per il paziente



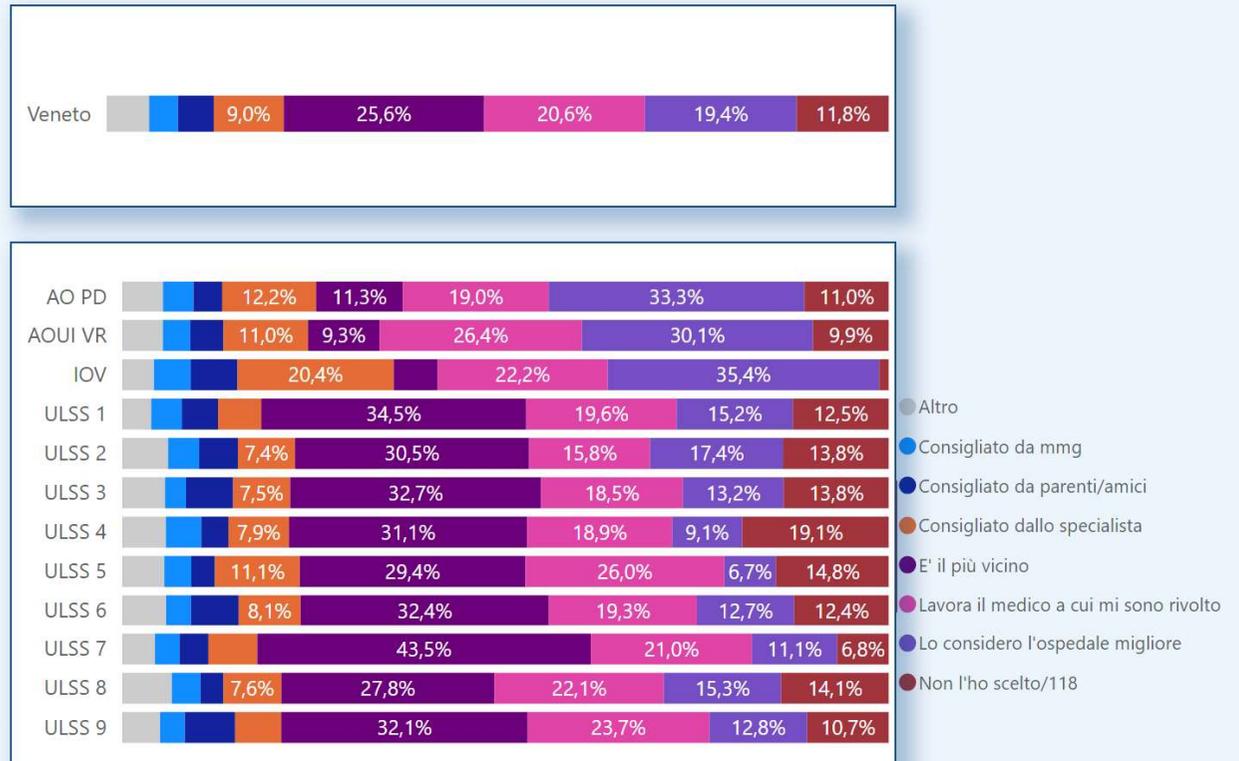
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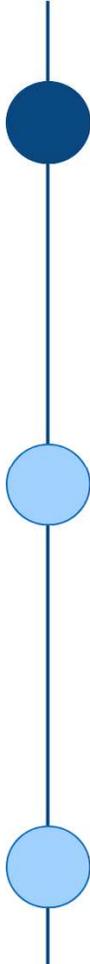


## Caratteristiche dei pazienti rispondenti



## Qual è la ragione principale per cui ha scelto di farsi curare in questo ospedale?





# ACCOGLIENZA

Peruzzo et al. BMC Health Services Research (2021) 21:132  
<https://doi.org/10.1186/s12913-024-11960-7>

BMC Health Services Research

**RESEARCH** **Open Access**

## Improving the healthcare user experience: an optimization model grounded in patient-centredness

Elisa Peruzzo<sup>1\*</sup>, Chiara Seghieri<sup>1</sup>, Milena Vainieri<sup>1</sup> and Sabina De Rosi<sup>1</sup>

**Abstract**

**Background** Patient satisfaction and experience are key outcomes of healthcare and can be computed as powerful measures of service quality. Understand what affects them is essential for service quality improvement. Investigating whether the care setting (i.e., medical or surgical) can impact the patients' perception of the quality can be also important for the actionability of this data. The aim is to explore which experiential factors should be prioritized to improve patient satisfaction with hospitalization service, using experience items as intermediate results and considering different settings.

**Methods** Patient-reported experience measures are used in an Italian region. This study uses the optimization approach to identify factors of healthcare user experience affecting and enhancing satisfaction.

**Results** The results confirm that, among the significant determinants of satisfaction, some specific experiential aspects emerged as the potential primary focus to be prioritized in improvement actions. These aspects vary according to the specific departmental area.

**Conclusions** The study presents an optimization model directly informed by healthcare service users, utilizing their insights to drive healthcare delivery improvements. It emphasizes the necessity of not only collect patient perspectives but also applying different methodologies to understand what matters to patients and what interventions could be prioritized, and to strategically use diverse insights to enhance the delivery of healthcare services and patient experience and satisfaction.

**Keywords** Patient satisfaction, Patient experience, Hospitalization, Optimization Model, Healthcare service, User-centricity, Quality improvement

**Background**  
 Despite the ongoing debate over whether to measure patient satisfaction or experience, both have become important measures of hospital performance [1]. Historically, patient satisfaction was often prioritized, but in recent years there is a growing recognition of the importance of focusing on patient experience. The distinction between satisfaction and experience is based on the understanding that while satisfaction is a subjective outcome shaped by expectations, patient experience provides more objective, actionable insights into specific aspects of care and into patient

\*Correspondence:  
 Elisa Peruzzo  
 elisaperuzzo@unipi.it  
 Management and Healthcare Laboratory, Institute of Management,  
 Sant'Anna School of Advanced Studies, Pisa, Italy

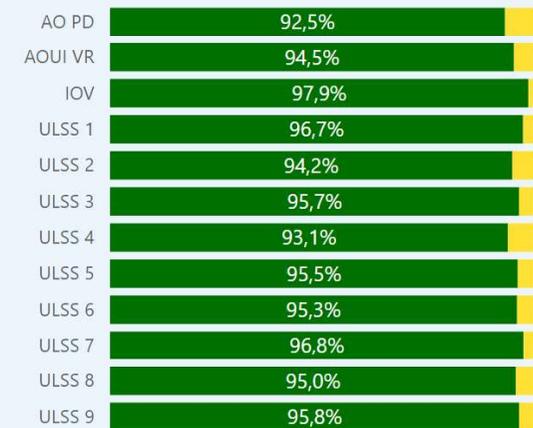
**BMC**

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95%



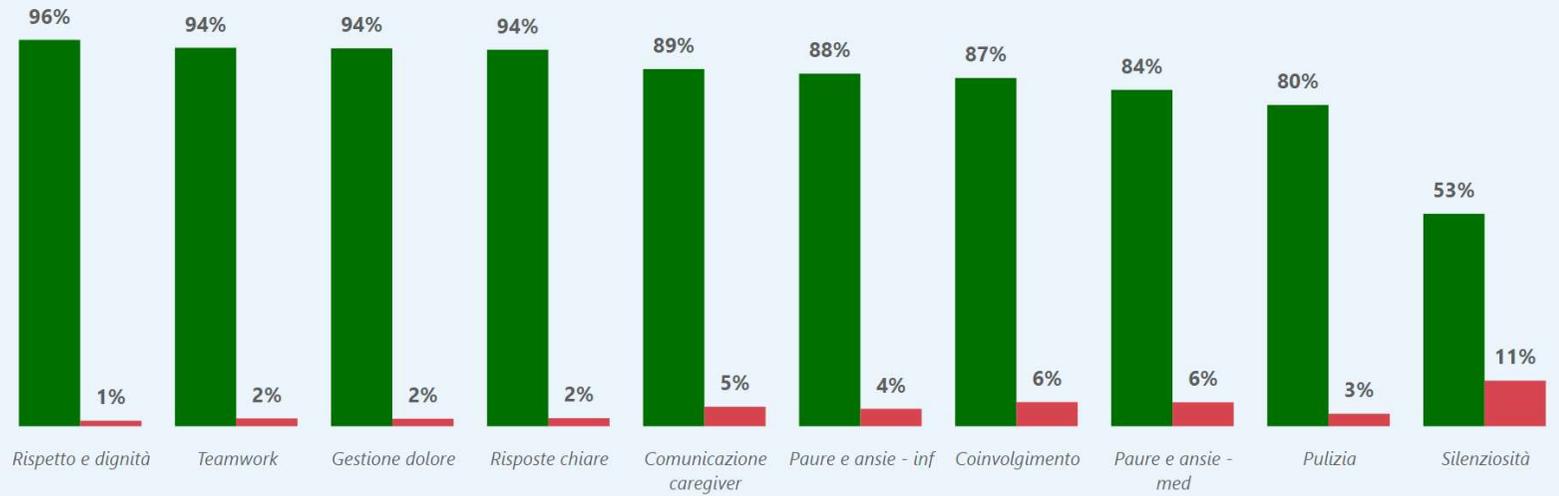
Accoglienza  
gentile



● 1)Sì, completamente ● 2)Sì, in parte ● 3)No



## PERMANENZA





# PERMANENZA

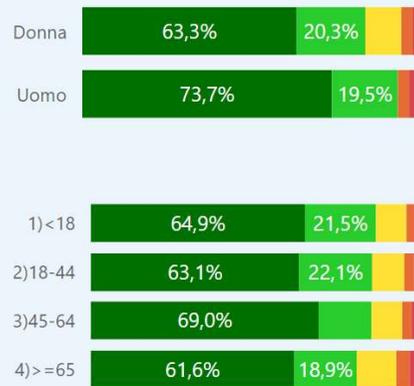
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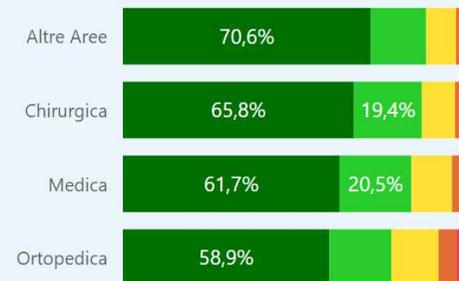
Paure e ansie - med

- 1) Sempre
- 2) Spesso
- 3) Qualche volta
- 4) Raramente
- 5) Mai

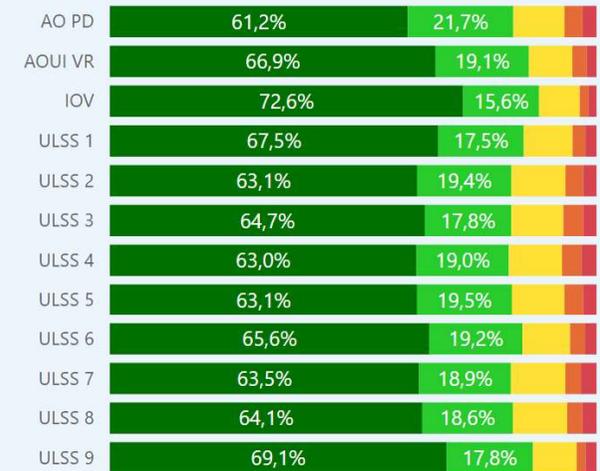
## Caratteristiche dei pazienti



## Area di degenza



## Azienda





# PERMANENZA

#PREMs #IOV #silenzio #sonno #PREms #RegionedelVeneto #AziendaZero #laboratorioMes #scuolasuperioresantannapisa

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- Evitiamo le chiamate in **vivo** voce e usiamo le cuffiette
- Abbassiamo il **volume** del televisore
- Parliamo a **bassa voce**
- Rispettiamo il **riposo** degli altri

Campagna di sensibilizzazione per il rispetto del silenzio nei reparti di degenza. Iniziativa di miglioramento a cura della Direzione Medica Operativa, in stretta collaborazione con i pazienti ammessi ospitati nella padiglione PRIMA. Partecipa anche tu all'Observatorio PREMs e compila il questionario la tua esperienza per un Ospedale migliore!

**IL SILENZIO AIUTA LA CURA**      **IL SILENZIO DIPENDE DA TUTTI**

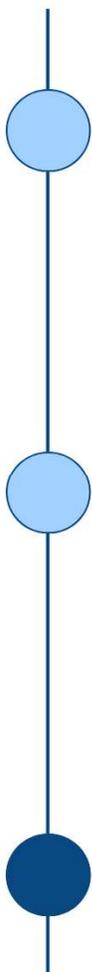
**RISPETTIAMO POCHE SEMPLICI REGOLE**

PARLIAMO A VOCE BASSA  
SILENZIAMO LA SUONERIA DEL TELEFONO  
EVITIAMO QUANDO È IN VIVO VOCE DEL TELEFONO  
USIAMO LE CUFFIETTE



AO PD	13,0%	31,5%	39,5%		
AOU VR	18,5%	34,9%	35,5%		
IOV	26,0%	40,3%	26,8%		
ULSS 1	13,5%	37,5%	38,6%		
ULSS 2	19,6%	36,0%	33,8%		
ULSS 3	18,2%	32,4%	37,0%		
ULSS 4	14,7%	32,9%	38,9%		
ULSS 5	18,2%	33,5%	37,5%		
ULSS 6	17,2%	38,3%	35,3%		
ULSS 7	15,3%	37,8%	37,4%		
ULSS 8	18,0%	38,4%	33,9%		
ULSS 9	17,2%	36,0%	38,3%		

● 1)Moltissimo ● 2)Molto ● 3)Abbastanza ● 4)Poco ● 5)Per niente

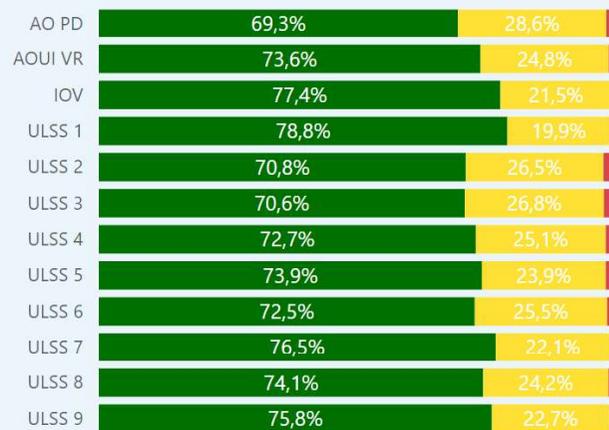


## DIMISSIONE

72%



Informazioni  
chiare - Selfcare

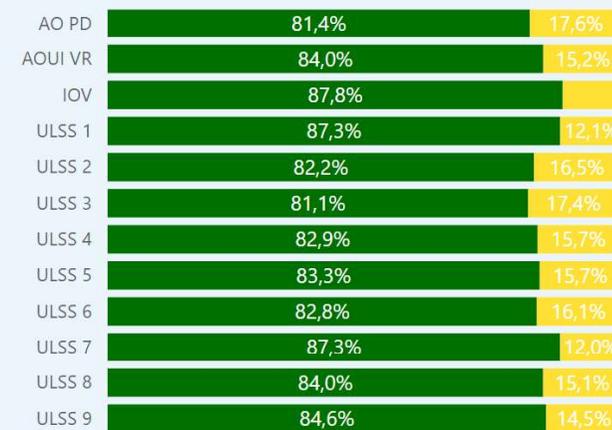


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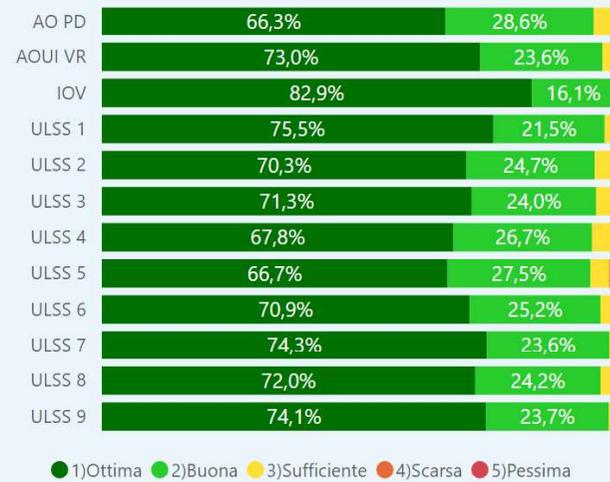
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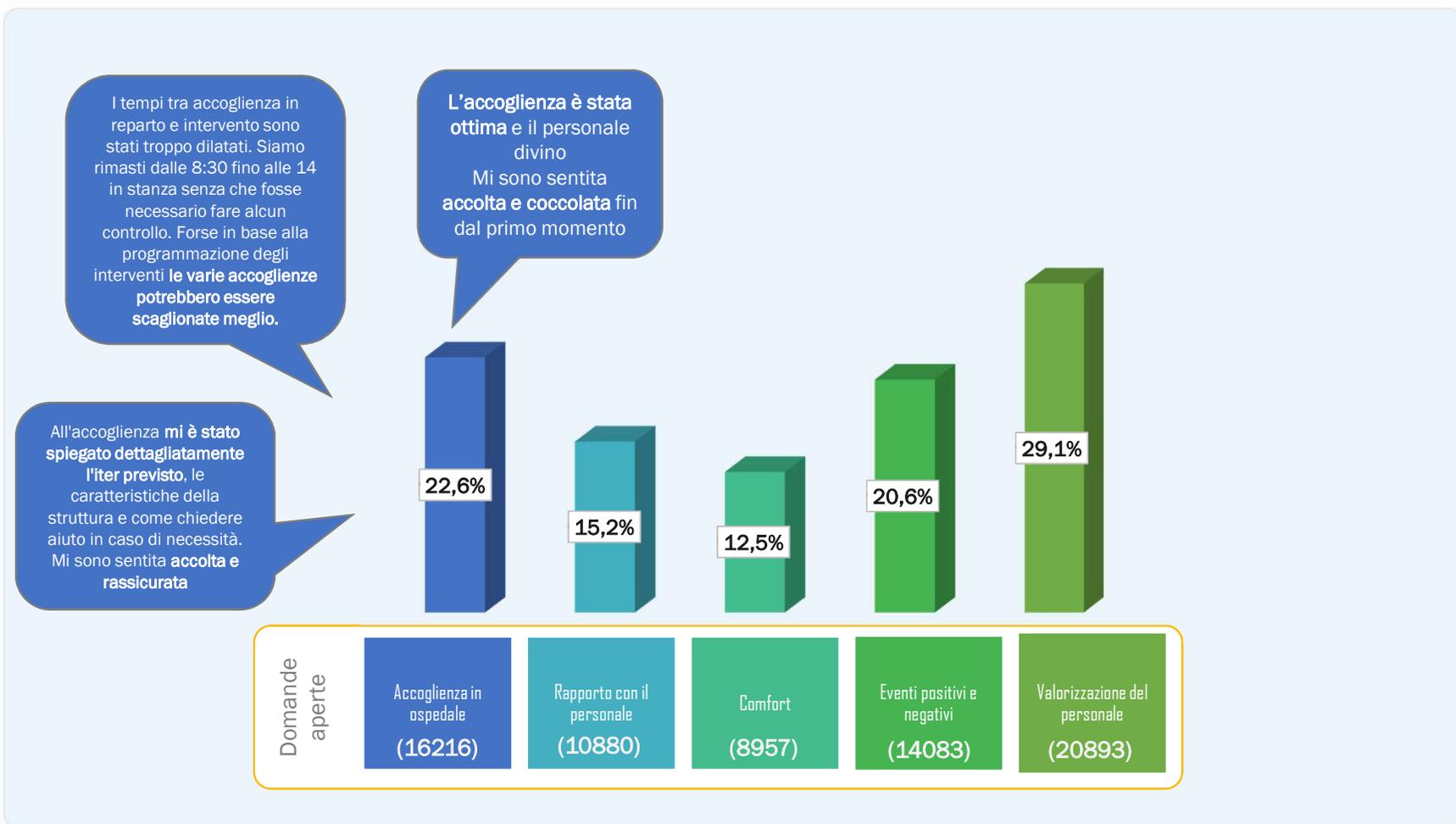
Informazioni  
chiare - Farmaci

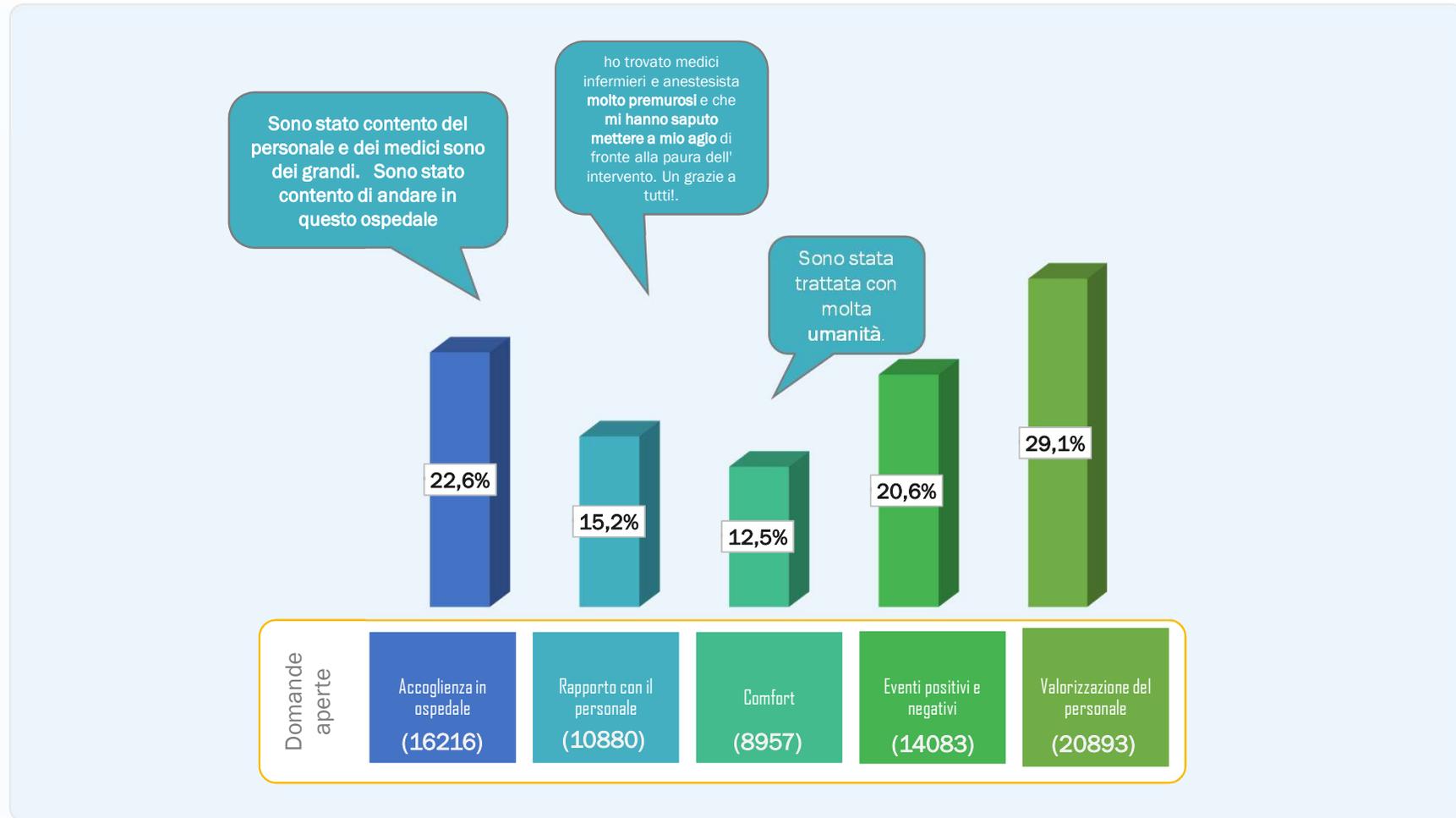


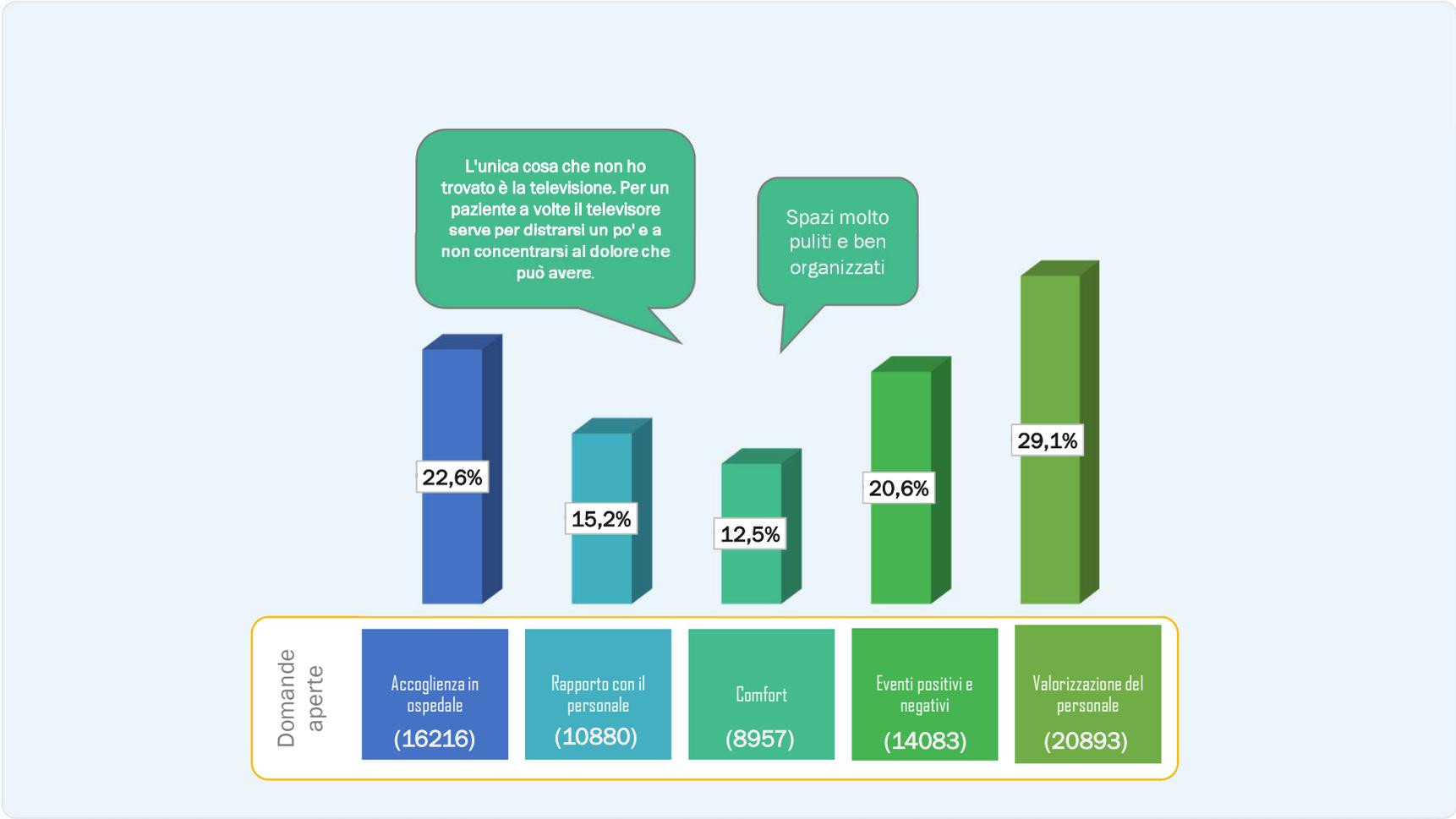
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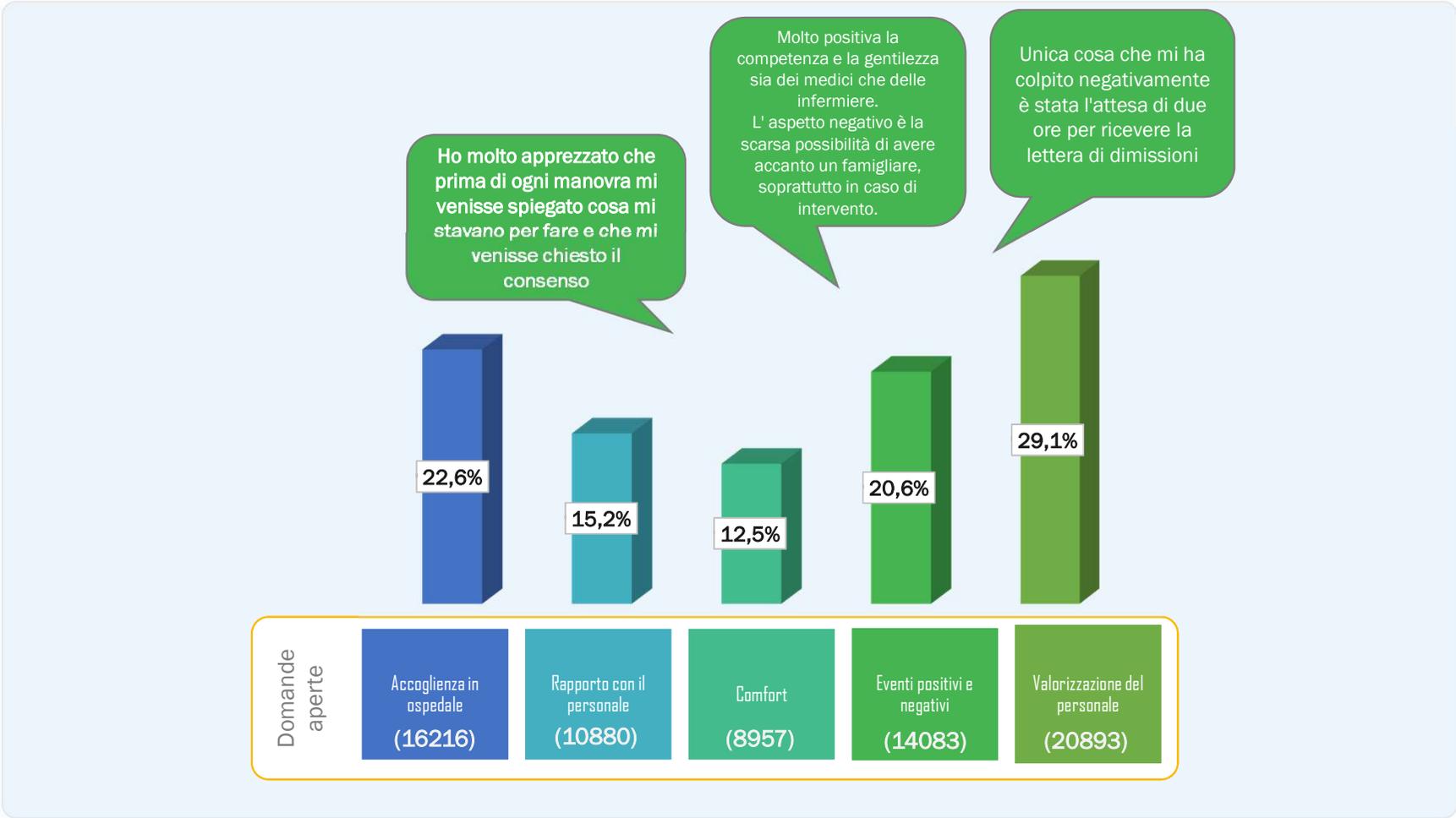


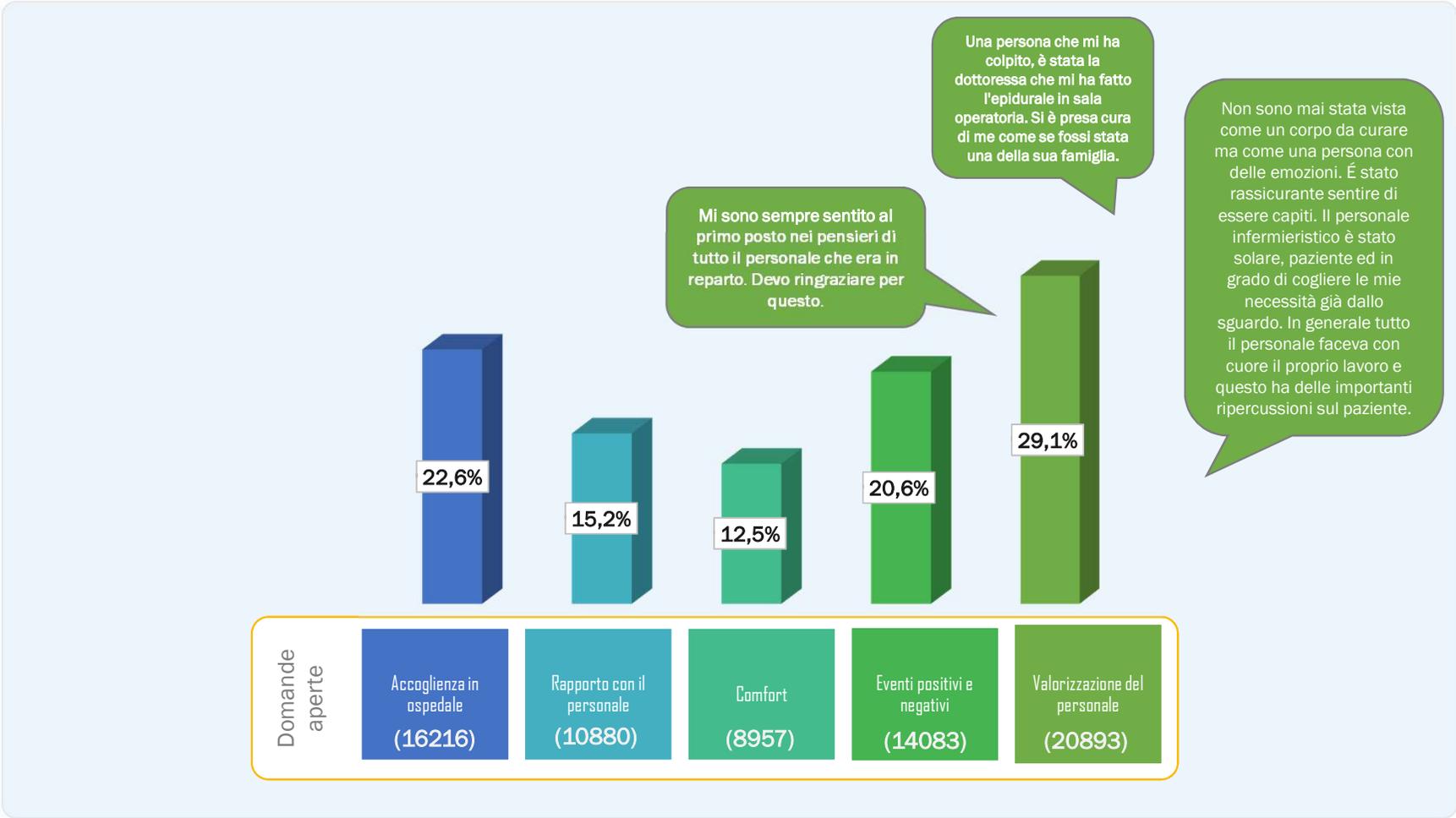












# Benchmarking

# Diffusione dei risultati

# Condivisione delle azioni di miglioramento

Billington et al. BMC Health Services Research (2022) 22:738  
https://doi.org/10.1186/s12913-022-07467-8

**BMC Health Services Research**

RESEARCH **Open Access**

## The contribution of benchmarking to quality improvement in healthcare. A systematic literature review

Clare Wilmington<sup>1</sup>, Paolo Belardi<sup>2\*</sup>, Anna Maria Murante<sup>3</sup> and Milena Vainieri<sup>4</sup>

**Abstract**  
**Background:** Benchmarking has been recognised as a valuable method to help identify strengths and weaknesses at all levels of the healthcare system. Despite a growing interest in the practice and study of benchmarking, its contribution to quality of care have not been well studied. As such, we conducted a systematic literature review with the aim of synthesizing the evidence regarding the relationship between benchmarking and quality improvement. We also sought to provide evidence on the associated strategies that can be used to further stimulate quality improvement.  
**Methods:** We searched three databases (PubMed, Web of Science and Scopus) for articles studying the impact of benchmarking on quality of care (processes and outcomes). Following assessment of the articles for inclusion, we conducted data analysis, quality assessment and critical synthesis according to the PRISMA guidelines for systematic literature review.  
**Results:** A total of 17 articles were identified. All studies reported a positive association between the use of benchmarking and quality improvement in terms of processes ( $N=10$ ), outcomes ( $N=13$ ) or both ( $N=7$ ). In the majority of studies ( $N=12$ ), at least one intervention, complementary to benchmarking, was undertaken to stimulate quality improvement. The interventions ranged from meetings between participants to quality improvement plans and financial incentives. A combination of multiple interventions was present in over half of the studies ( $N=10$ ).  
**Conclusions:** The results generated from this review suggest that the practice of benchmarking in healthcare is a growing field, and more research is needed to better understand its effects on quality improvement. Furthermore, our findings indicate that benchmarking may stimulate quality improvement, and that interventions, complementary to benchmarking, seem to reinforce this improvement. Although this study points towards the benefit of combining performance measurement with interventions in terms of quality, future research should further analyse the impact of these interventions individually.  
**Keywords:** Benchmarking, Quality improvement, Healthcare quality, Process indicator, Outcome indicators, Performance indicators

**Background**  
 Introduced in the late '70s as an effort to reduce production costs in the manufacturing sector, benchmarking has since then been used as a method for continuous quality improvement in many different sectors and fields [1]. Although international literature has provided several

\* Correspondence: paolo.belardi@unisa.it  
<sup>1</sup>Clare Wilmington and Paolo Belardi, Institute of Management, Sant'Anna School of Advanced Studies, Piazza Martiri della Libertà 24, 56127 Pisa, Italy

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journal homepage: [www.elsevier.com/locate/healthpol](http://www.elsevier.com/locate/healthpol)

ELSEVIER

Does feedback influence patient - professional communication? Empirical evidence from Italy

Anna Maria Murante<sup>a</sup>, Milena Vainieri<sup>b</sup>, Diana Rojas, Sabina Nuti

<sup>a</sup>Scuola Superiore Sant'Anna, Istituto di Management, Laboratorio Management e Sanità, Piazza Martiri della Libertà 24, 56127 Pisa, Italy

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 Health professional awareness  
 Communication

ABSTRACT

Healthcare providers often look for feedback from patient surveys. Does health-professional awareness of patient survey results improve communication between patients and providers? To test this hypothesis, we analyzed the data of two surveys on organizational climate and patient experience in Italy. The two surveys were conducted in 26 hospitals in the Tuscany region and involved 8042 employees and 5341 patients, respectively. Statistical analysis showed that the patient experience index significantly improved by 0.35 points (scale 0–100) when the professionals' knowledge of the patient survey results increased by 3%. These findings suggest that the control systems should focus more on the dissemination phase of patient survey results among health professionals in order to improve the quality of services.  
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**1. Introduction**

Patient centeredness is seen as a strategic issue of health care systems and great efforts are made to involve patients in the delivery process. Despite this fact, patient satisfaction is not always included in healthcare planning and control systems because it is considered difficult to interpret [1,2]. Hence, it is difficult to translate patient satisfaction into actions carried out by professionals and staff. To this end, new metrics have been recently devised to incorporate the opinions that patients have about their experience in healthcare settings (Patient Reported Experience Measure) and outcome (Patient Reported Outcome Measure). These methods allow organizations to monitor the care process and outcome [3].

Some organizations have adopted multidimensional performance evaluation systems which include surveys that measure quality as perceived by the patient [4,5]. In addition to this, some healthcare systems decided to compare organizations' results. The working assumption is that awareness of the patients' opinions should be considered to strengthen weak areas of service to enhance performance.

Indeed, surveys of patient experience, per se, are not enough to induce behavioural change in health professionals and staff. This change may be achieved only if improvement targets on patient experience are included in the planning, feedback and evaluation processes [6–8]. Indeed, once the performance process is measured, a critical role is played by the feedback process.

In this respect, this work contributes to the current literature by exploring whether improvement in patient experience can be observed in hospitals where a feedback process exists. In particular, the study investigates whether patients in 2011 showed a better inpatient experience in the hospitals where a year before healthcare workers had reported to be more informed about the most recent inpatient experience survey results.

\* Corresponding author. Tel.: +39 050 883081.  
 E-mail address: [m.vainieri@unisa.it](mailto:m.vainieri@unisa.it) (A.M. Murante).  
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<http://dx.doi.org/10.1016/j.healthpol.2014.02.001>

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WILEY

RESEARCH ARTICLE **Open Access**

## Enhancing Learning Systems in Using Patient Experience Data: An Exploratory Mixed-Method Study in Two Italian Regions

Filipa Perazzo<sup>a</sup>, Milena Vainieri<sup>b</sup>, Sabina De Rosis<sup>c</sup>

<sup>a</sup>Management and Health Laboratory, Institute of Management, Sant'Anna School of Advanced Studies, Pisa, Italy

Correspondence: [filipa.perazzo@unisa.it](mailto:filipa.perazzo@unisa.it)

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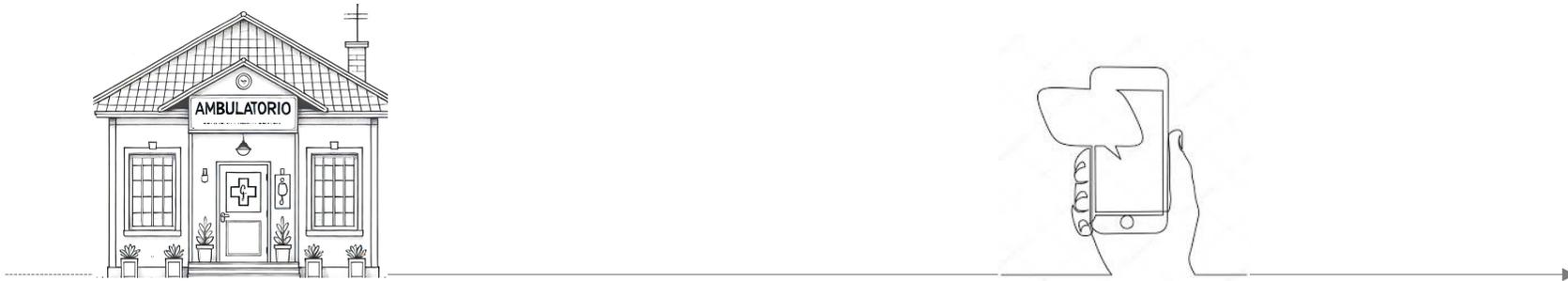
Funding: This research was supported by Sant'Anna School of Advanced Studies.

Keywords: Knowledge management | Learning system | Mixed method | Patient experience data | Quality improvement

**ABSTRACT**  
 In the quest for healthcare systems enhancement, the improvement of patient experience plays a central role. The challenge lies in converting patient-reported experience data into actionable knowledge for quality improvement. This study aims to investigate the use of patient-reported data as knowledge base for actions and to identify and map actions derived from the use of patient experience data within two Italian regional healthcare systems. Patient experience data are systematically collected in both systems, providing real-time updates accessible by professionals and managers through web-based reporting systems and including a collaborative network among practitioners. A sequential exploratory mixed-method study was carried out in several qualitative and quantitative phases. In the first phase, a qualitative method was conducted to discuss the actionability of patient-reported data and to design a tool for collecting the improvement actions based on these data. In the second phase, a quantitative survey was performed to explore the professionals' use of patient-reported information and the types of actions implemented. Finally, a workshop was held to discuss, interpret and validate the results. The initial workshop identified key dimensions for improvement initiatives. After design and distribution of survey, a total of 189 responses was collected, respectively 96 from Region A and 93 from Region B. Both regions ensured widespread use of patient-reported data (89%). The establishment of a collaborative network seemed to reduce the learning curve in using patient-reported data and fostered a culture of using patient feedback effectively. The results reveal a difference between the two regions, with a more extensive patient-reported data use in Region A, attributed to its systematic joining the PRIME Observatory, prior experiences with patient-feedback collection and use, and patient-experience indicators integrated into the performance evaluation system. Regarding practices of data use, four themes emerged, namely, internal actions addressed to hospital staff (33.9%), external actions addressed to users (18.6%), comfort and hospitality aspects (34.7%) and review of processes and procedures (10.8%). The study highlights the importance of effectively using patient-reported data to achieve organisational goals, by combining different managerial strategies. It demonstrates how professionals use such data for improvement actions and underscores the significance of various forms of knowledge dissemination and sharing. It advocates for fostering a culture of continuous learning and improvement within and across healthcare organisations.

# *Indagine di esperienza sull'assistenza territoriale*

# PREMs – Territorio e Cronicità



# Implementazione dell'Osservatorio PREMs



9 aziende

REGIONE DEL VENETO



1 Febbraio  
2024

8 Febbraio  
2024

11 Marzo  
(fino a luglio 2024)

5 luglio  
2024

L'indagine viene  
presa in carico  
dalle aziende

REGIONE  
TOSCANA

3 aziende



1 azienda



ASL Taranto  
PugliaSalute

REGIONE  
PUGLIA



# Caratteristiche dell'indagine

## *Target*

Persone dai 45 anni in su che hanno realizzato una visita specialistica presso una struttura ambulatoriale in Aziende Sanitarie coinvolte

La **cronicità** è accertata attraverso domande specifiche questionario validato a livello internazionale

## *Specialistiche ambulatoriali*

Prima visita o visita di controllo per:

- Pneumologia
- Cardiologia
- Diabetologia
- Nefrologia (*solo Veneto*)

# Questionario PREMs Territorio e cronicità: le dimensioni



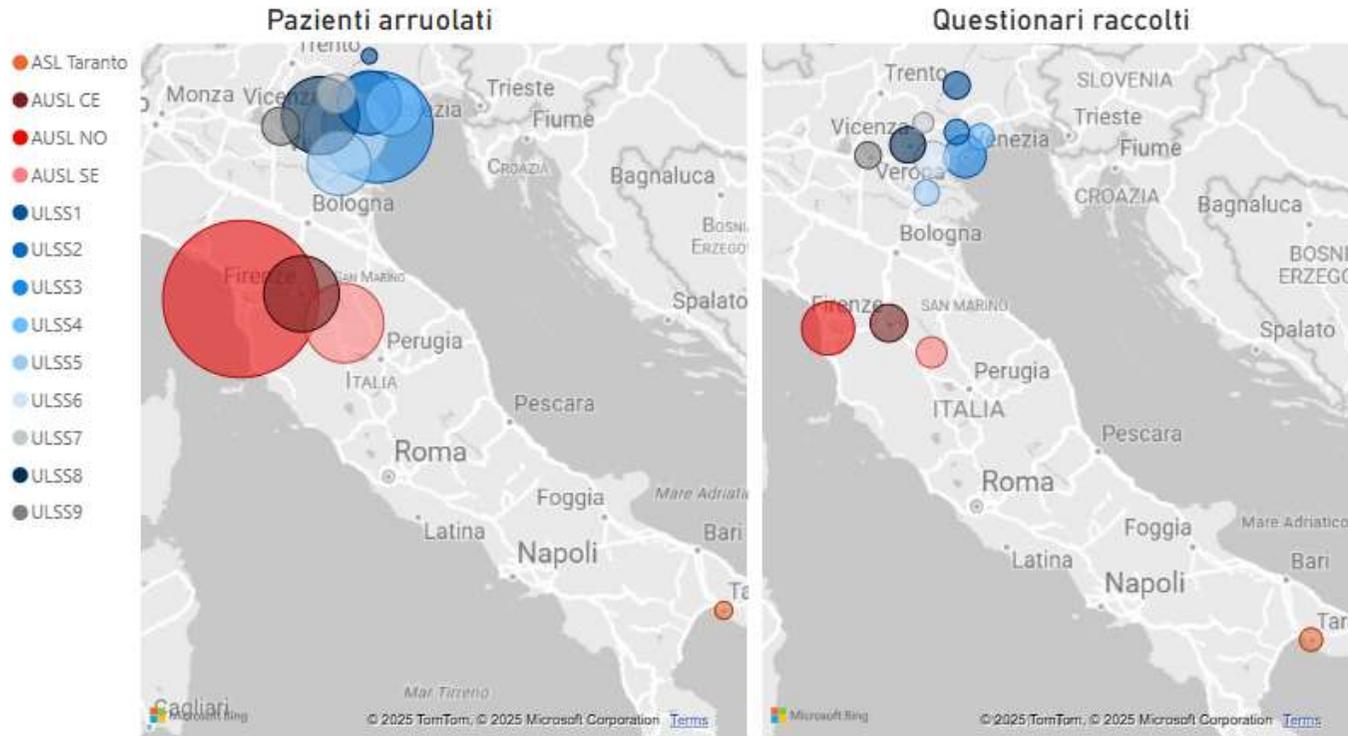
# Alcuni risultati

*Dati raccolti dall'8 febbraio al 31 dicembre 2024*

*Sono inclusi i questionari compilati parzialmente.  
I dati riportati rappresentano valori grezzi*



# Osservatorio: Adesione all'indagine



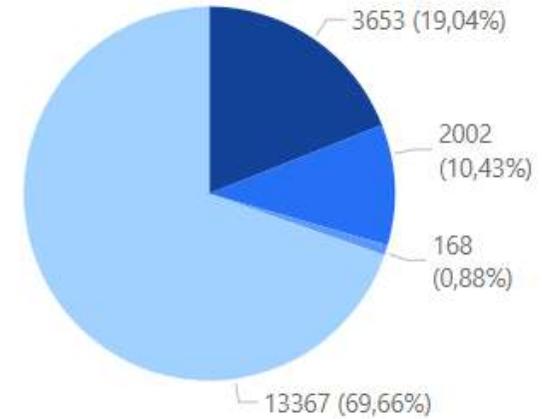
Azienda	Pazienti arruolati	Questionari raccolti
ASL Taranto	770	326
AUSL CE	2539	1063
AUSL NO	10488	2370
AUSL SE	2745	665
ULSS1	768	490
ULSS2	1888	402
ULSS3	5212	1422
ULSS4	1622	424
ULSS5	1914	421
ULSS6	3101	992
ULSS7	1029	239
ULSS8	2647	965
ULSS9	1009	468
<b>Totale</b>	<b>35732</b>	<b>10247</b>

Regione	Pazienti arruolati	Questionari raccolti
Puglia	770	326
Toscana	15772	4098
Veneto	19190	5823
<b>Totale</b>	<b>35732</b>	<b>10247</b>

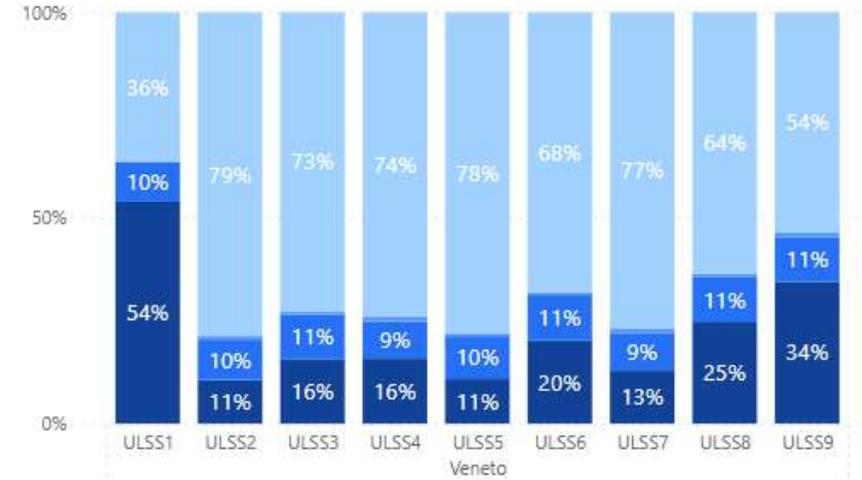
# Regione Veneto: partecipazione

**Arruolati:** 19.190  
**Rispondenti:** 5.655  
**Questionari completi:** 3.653

**Completamento questionario**  
 ● 1. Aperto e terminato  
 ● 2. Aperto e iniziato  
 ● 3. Aperto ma non iniziato  
 ● 4. Non aperto

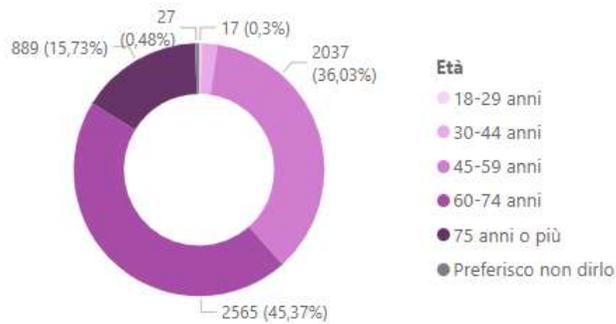


Regione	1. Aperto e terminato	2. Aperto e iniziato	3. Aperto ma non iniziato	4. Non aperto	Totale
<b>Veneto</b>	<b>3653</b>	<b>2002</b>	<b>168</b>	<b>13367</b>	<b>19190</b>
ULSS1	414	74	2	278	768
ULSS2	201	185	16	1486	1888
ULSS3	813	564	45	3790	5212
ULSS4	257	146	21	1198	1622
ULSS5	208	199	14	1493	1914
ULSS6	626	345	21	2109	3101
ULSS7	133	91	15	790	1029
ULSS8	653	288	24	1682	2647
ULSS9	348	110	10	541	1009
<b>Totale</b>	<b>3653</b>	<b>2002</b>	<b>168</b>	<b>13367</b>	<b>19190</b>

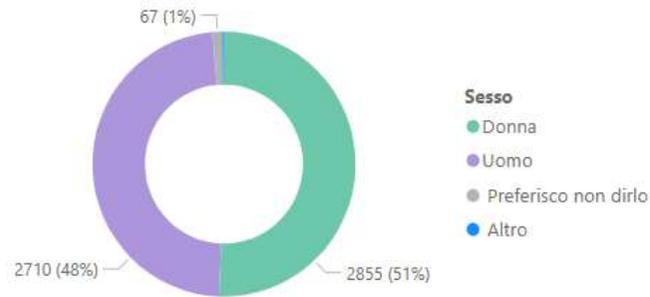


# Caratteristiche dei rispondenti

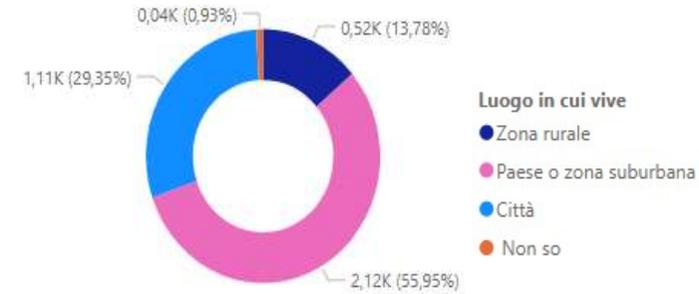
Età



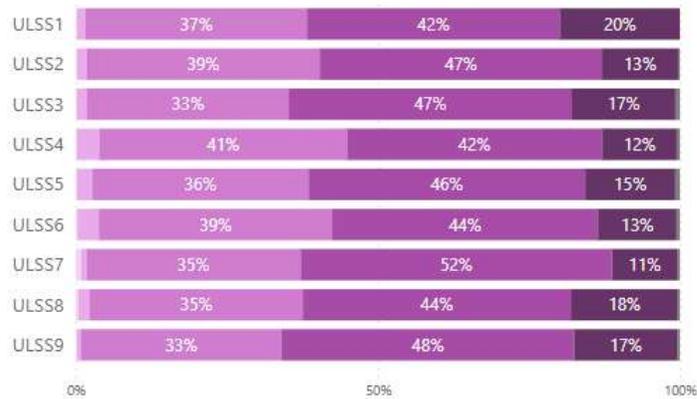
Sesso



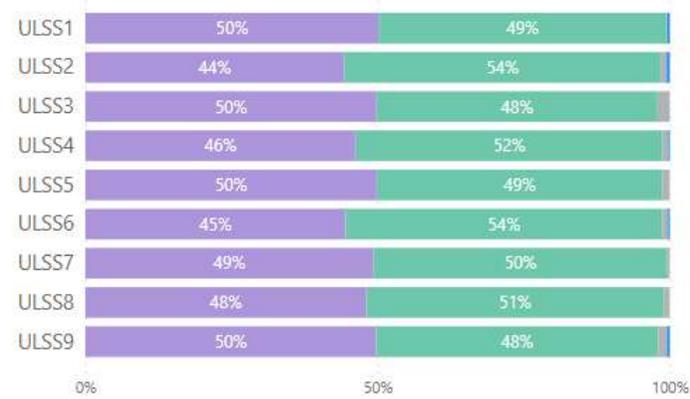
Luogo in cui vive



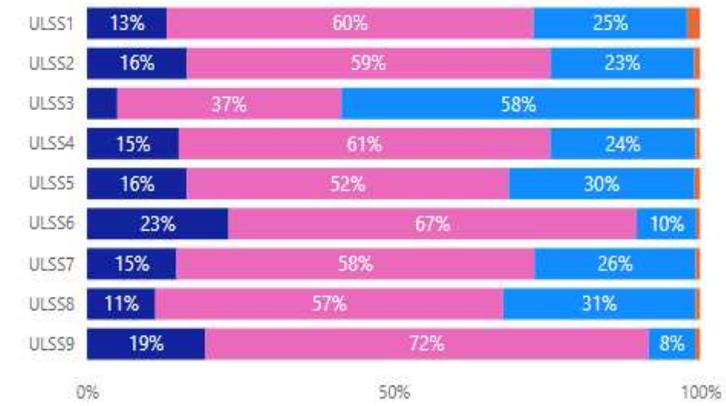
Età per area



Sesso per area

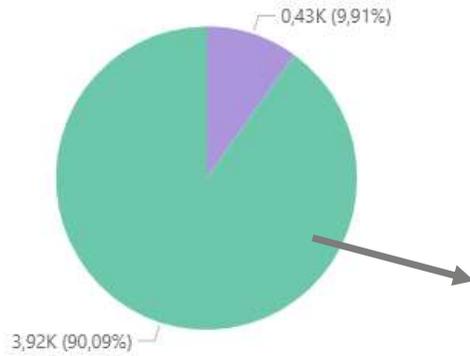


Luogo in cui vive per area

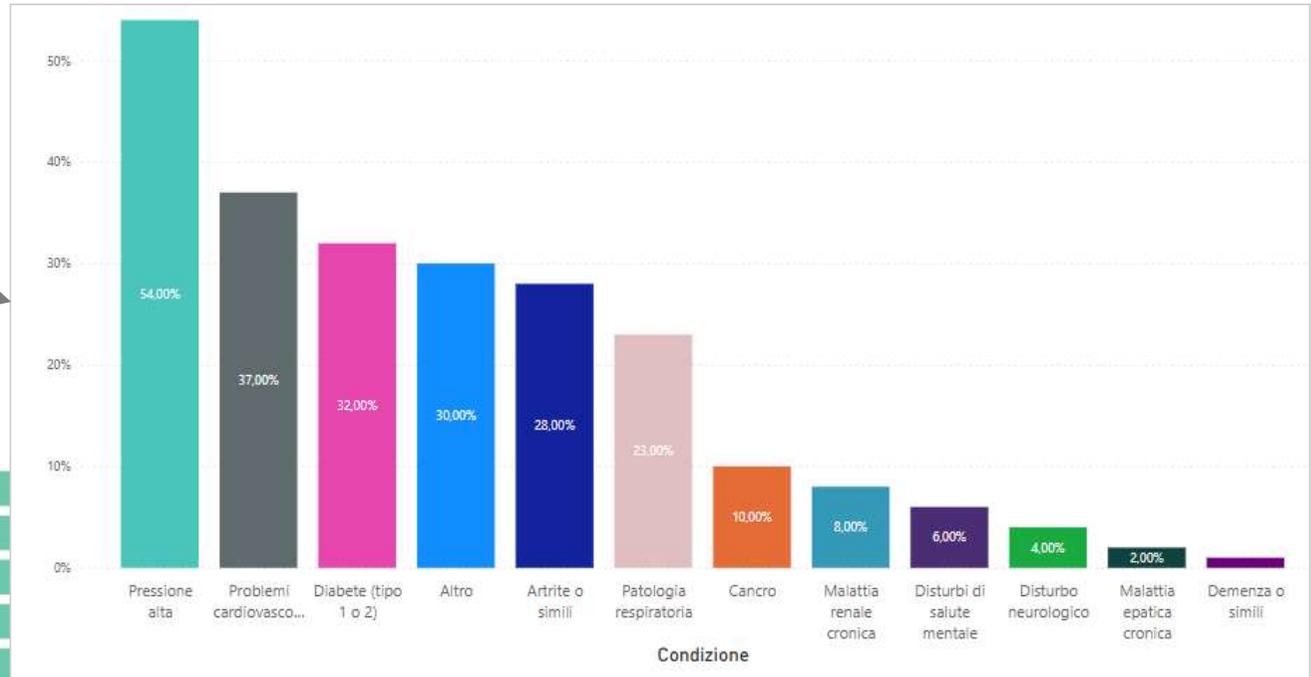
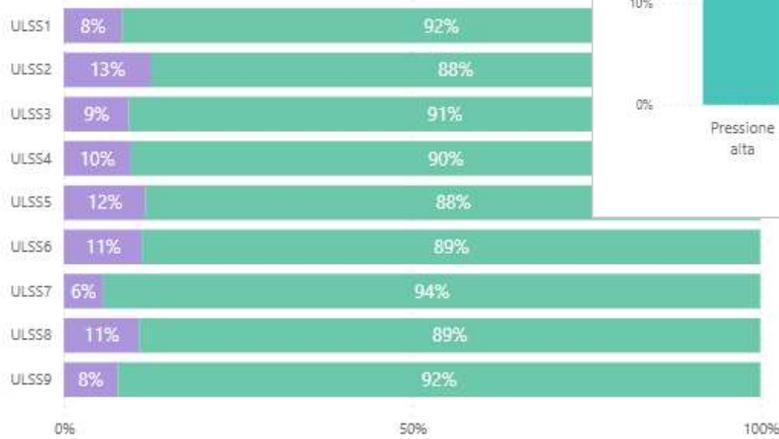


# Caratteristiche dei rispondenti: cronicità

## Cronicità

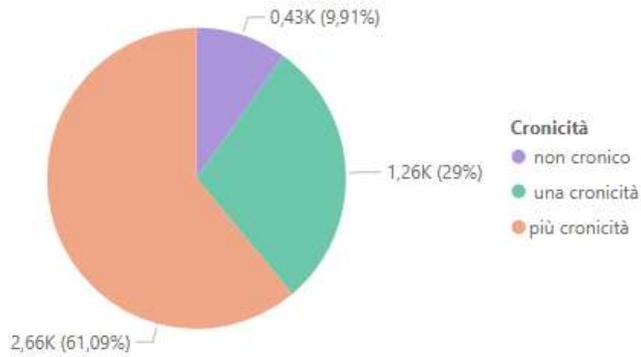


## Cronicità per area

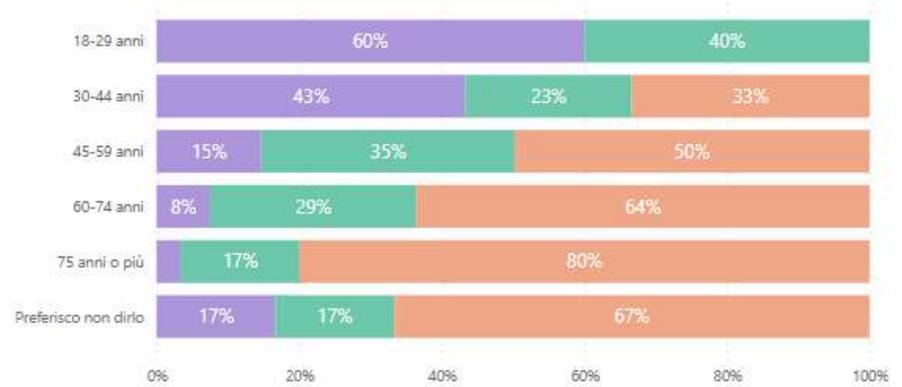


# Caratteristiche dei rispondenti: multicronicità

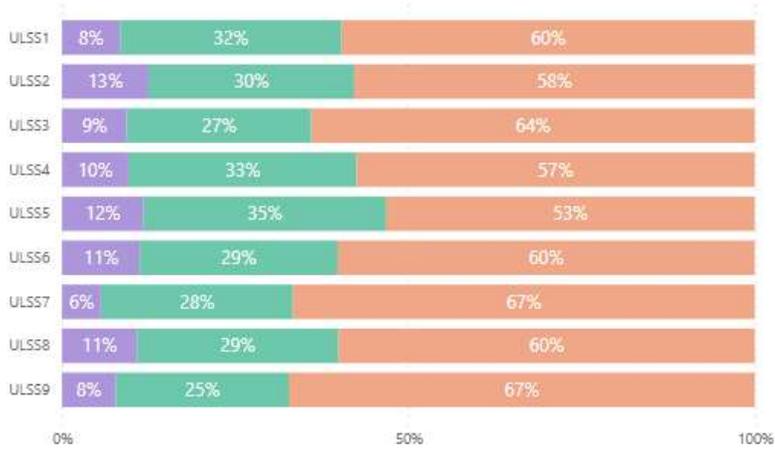
Cronicità



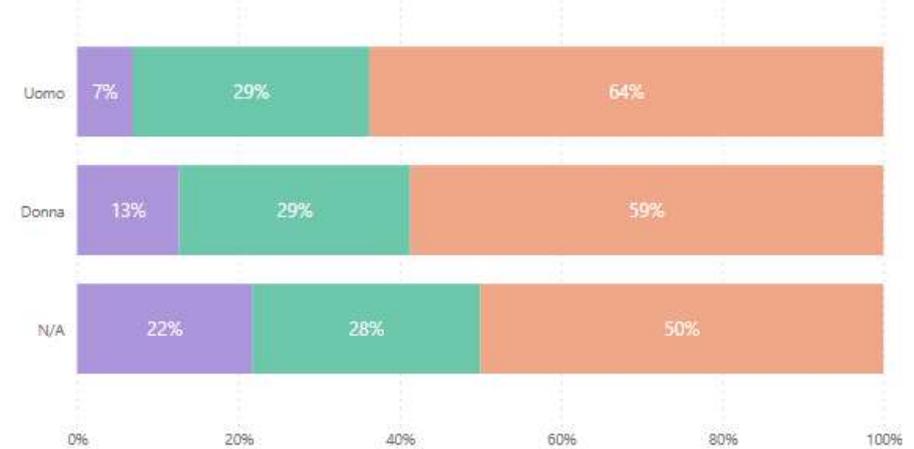
Cronicità per età



Cronicità per area



Cronicità per sesso



# PaRIS10: General health

Risposte alla domanda

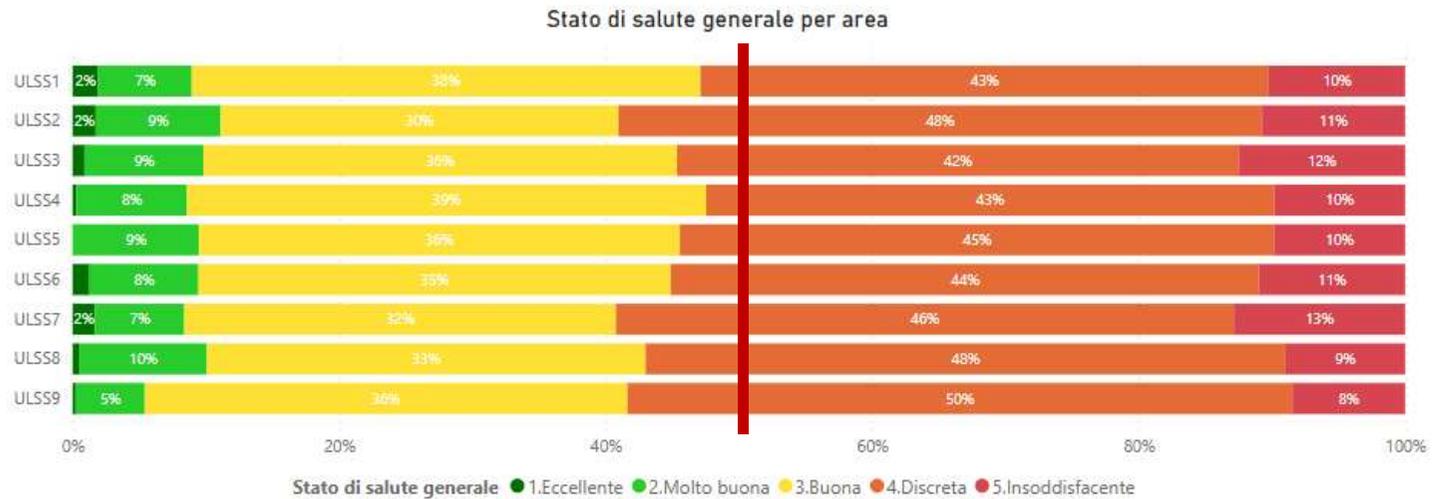
4.712

In generale, direbbe che la sua salute è:

©2008-2020 PROMIS Health Organization (PHO)



Stato di salute generale (1)



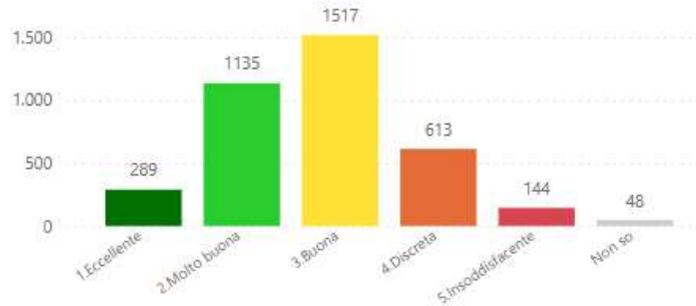
# PaRIS10: Experienced quality of medical care

Risposte al  
questionario

3.746

Complessivamente, come valuterrebbe l'assistenza medica che ha ricevuto negli ultimi 12 mesi dai servizi di assistenza territoriale?

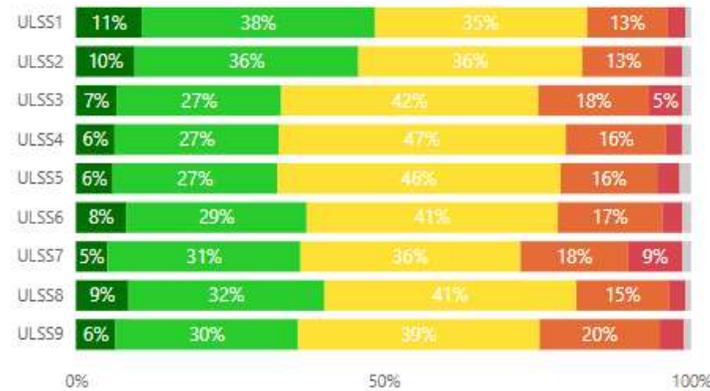
Valutazione complessiva



Valutazione complessiva per età



Valutazione complessiva per area



Valutazione complessiva per cronicità



Valutazione  
complessiva

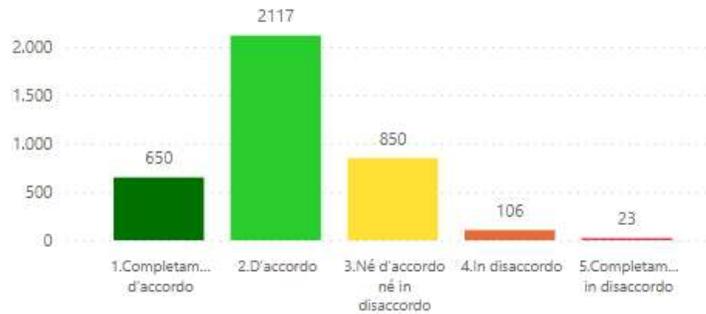
# PaRIS10: Trust in health system

Risposte al  
questionario

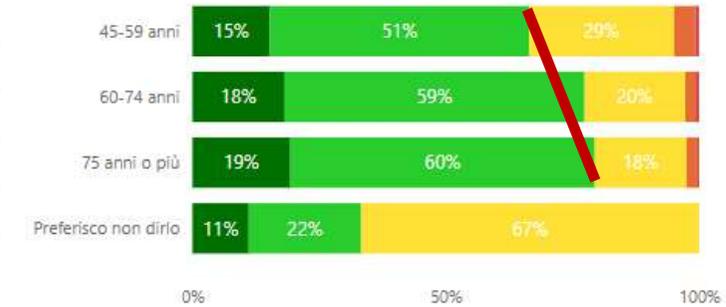
3.746

Quanto è d'accordo con la considerazione che ci si possa fidare del Servizio Sanitario Nazionale (SSN)?

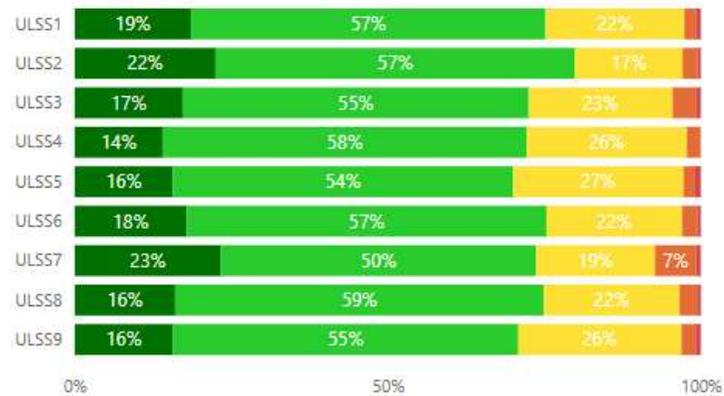
Fiducia nel SSN



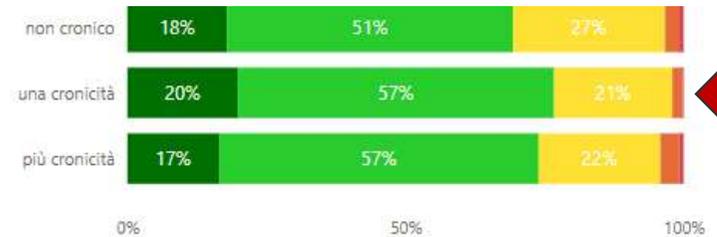
Fiducia nel SSN per età



Fiducia nel SSN per area



Fiducia nel SSN per cronicità



Fiducia nel  
SSN

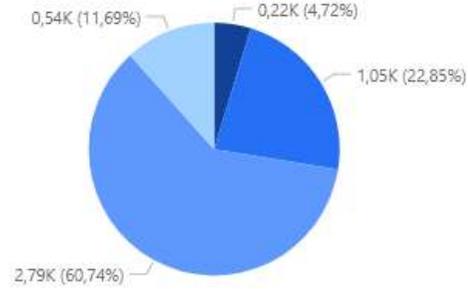
# PaRIS10: Confidence in managing own health/ Individualised care

Risposte al  
questionario

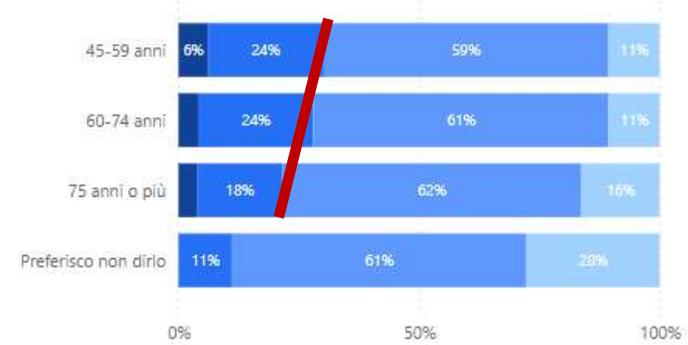
4.595

Quanto si sente sicuro/a di poter gestire la Sua salute e il Suo benessere?

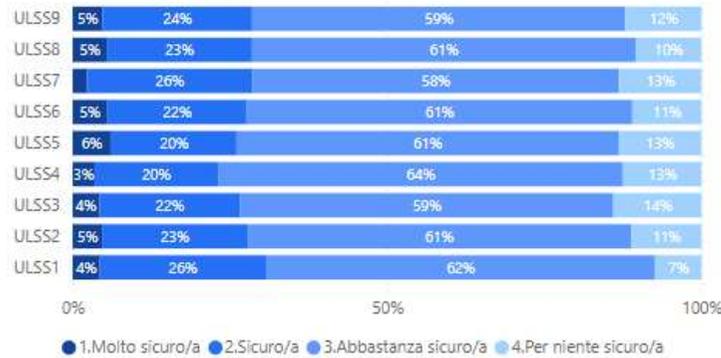
Sicurezza nella gestione della propria salute



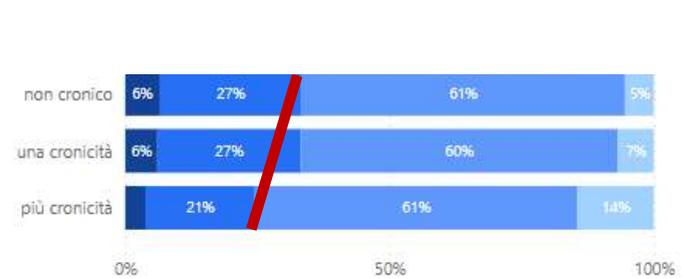
Sicurezza nella gestione della propria salute per età



Sicurezza nella gestione della propria salute per area



Sicurezza nella gestione della propria salute per cronicità



Sicurezza nella  
gestione della  
propria salute

● 1. Molto sicuro/a ● 2. Sicuro/a ● 3. Abbastanza sicuro/a ● 4. Per niente sicuro/a

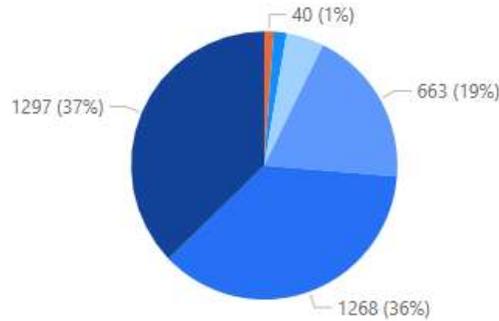
# PaRIS10: Experienced coordination of care/ Individualised care *Pazienti cronici*

Risposte al  
questionario

3.481

Il personale sanitario Le dà informazioni utili per aiutarLa a gestire la Sua salute e il Suo benessere?  
*Pazienti cronici*

Informazioni utili

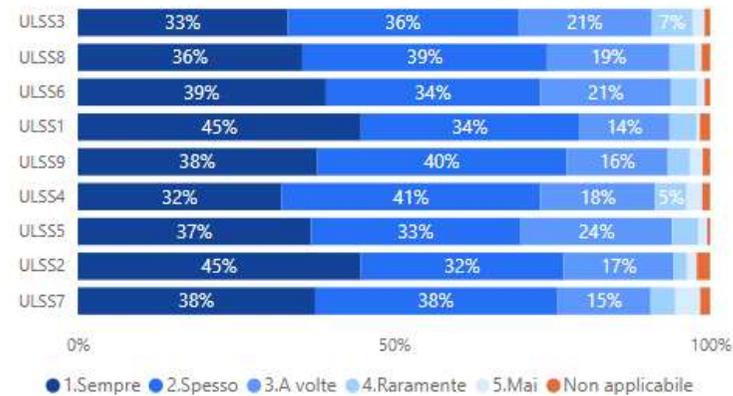


Informazioni utili per età



Informazioni  
utili alla  
gestione della  
salute e del  
benessere

Informazioni utili per area



Informazioni utili per cronicità



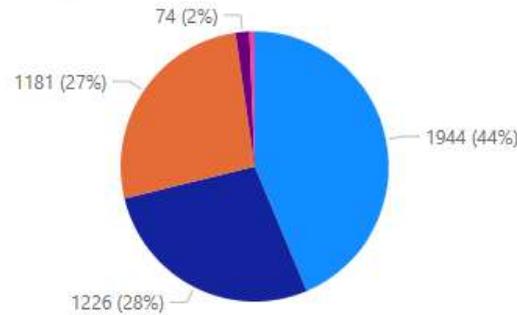
# PaRIS10: Experienced coordination of care

Risposte al questionario

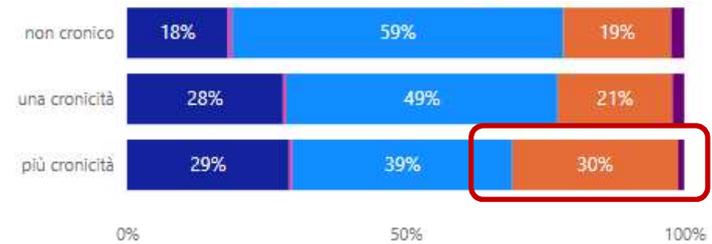
4.453

A quale professionista si rivolge per la maggior parte dei Suoi problemi di salute?

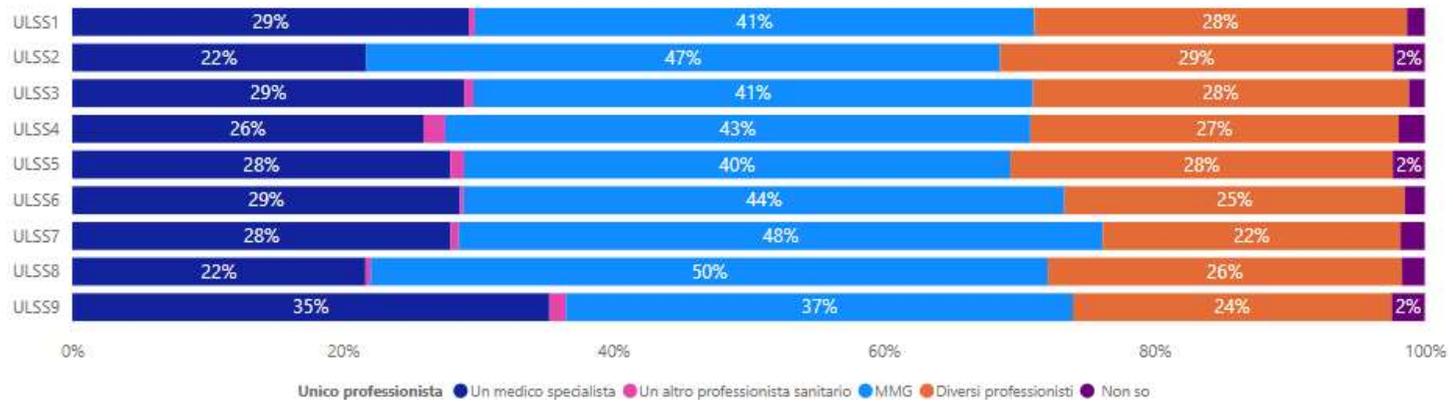
Unico professionista



Unico professionista per cronicità



Unico professionista per area



Unico professionista

# PREMs TC – Evento avverso (I)

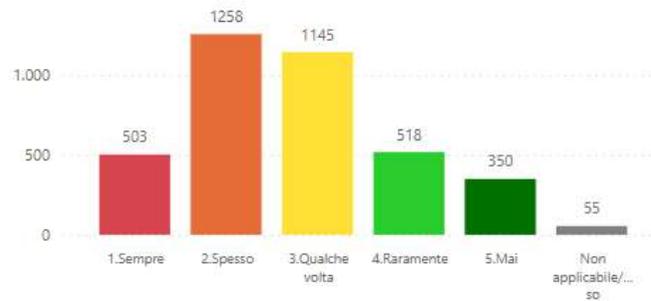
Risposte al  
questionario

3.829

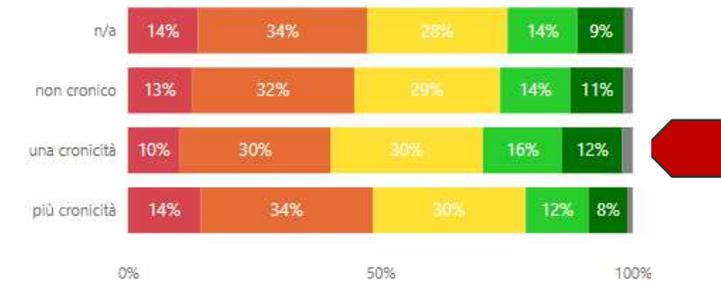
Quanto spesso crede di aver sperimentato un evento di questo genere nel Suo percorso di cura?

Non riuscire a prendere un appuntamento per una visita entro i tempi prescritti

Evento avverso



Evento avverso per cronicità



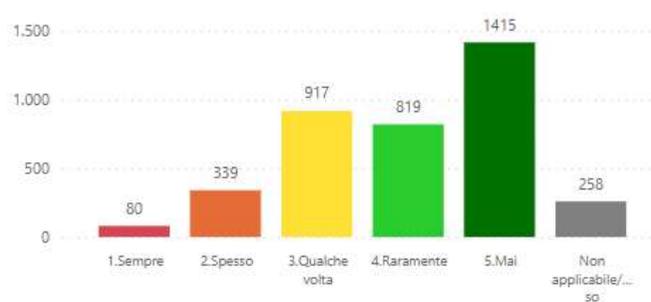
Risposte al  
questionario

3.828

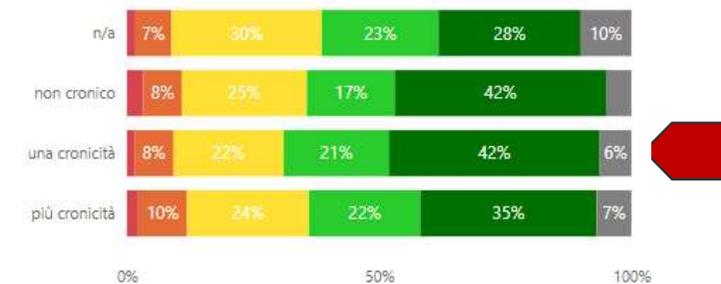
Quanto spesso crede di aver sperimentato un evento di questo genere nel Suo percorso di cura?

Riscontrare problemi di comunicazioni tra professionisti sanitari.

Evento avverso



Evento avverso per cronicità

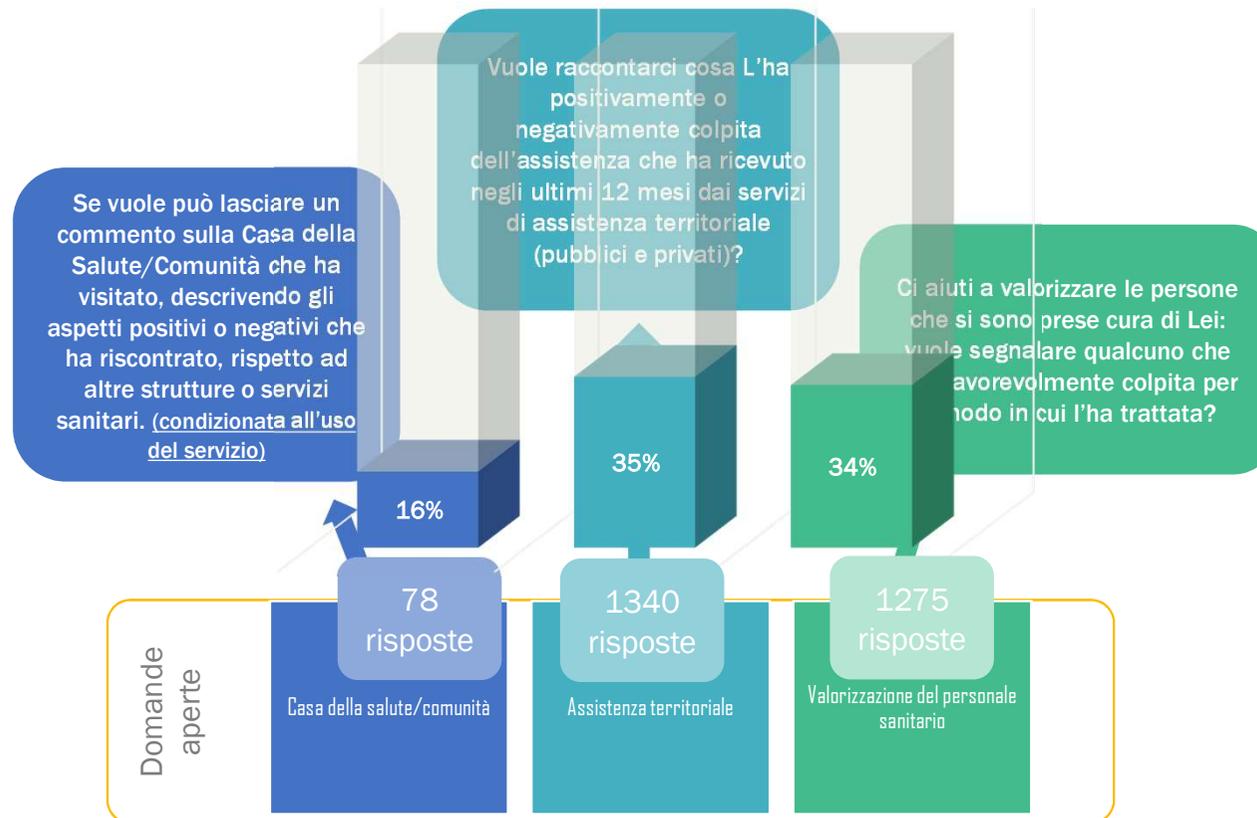


# Commenti degli utenti



# Domande aperte

Tre sezioni narrative consentono ai pazienti di raccontare gli aspetti per loro rilevanti





# Uso dei dati



# Impatto sulla pratica



## PREMs Ricovero

- 8 anni di osservatorio consolidati
- Volume significativo di dati raccolti.
- **Pratiche consolidate** per restituzione e utilizzo:
  - Supporto al management operativo.
  - Ottimizzazione dei percorsi ospedalieri.
  - Miglioramento continuo delle performance sanitarie.



## PREMs Territorio e cronicità

- In consolidamento (1 anno di implementazione)
- **Focus iniziale su:**
  - Implementazione dello strumento.
  - Promozione della partecipazione degli operatori e degli utenti
- **Riflessione in corso** sulla restituzione e l'uso dei dati, in collaborazione con i referenti aziendali regionali del Network PREMs

# Impatto sulla pratica: il valore dei dati

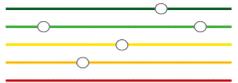
La disponibilità di un'importante quantità di dati in tempo reale offre opportunità uniche per:



- monitoraggio della percezione del servizio per identificare punti di forza e criticità, e di promuovere buone pratiche o avviare azioni di miglioramento



- revisione e ottimizzazione dei processi e procedure sanitari
- valutazione dell'implementazione di modifiche organizzative e nuovi processi, come previsto dal *DM77*



- integrazione di indicatori provenienti dall'esperienza riportata dai pazienti a quelli da flussi amministrativi nel percorso cronicità



MMG



Ambulatori



Distretti



Aziende  
e Regioni

*Dall'esperienza agli esiti:  
integrare PREM e PROM*

# PROMs – Indagine sugli outcomes riferiti dalle pazienti con tumore al seno



BREAST-Q

**BREAST-Q:** Scala sviluppata e validata dal *Memorial Sloan Kettering Cancer Center (USA)* nel 2012 usata per la raccolta degli esiti riferiti dalle pazienti con tumore al seno

I moduli BREAST-Q indagano due grandi domini:

- 1) Dominio la **qualità della vita**
- 2) Dominio della **soddisfazione** della paziente



[www.BREAST-Q.org](http://www.BREAST-Q.org)

# Implementazione dell'Osservatorio PROMs

Da **Marzo 2023**, è stata avviata l'indagine PROMs per la misurazione degli esiti e dell'esperienza con il percorso oncologico per il tumore maligno alla mammella presso **IOV**.



**Aiutaci a migliorare il tuo  
percorso di cura.  
Raccontaci la tua esperienza**

## PROGETTO PROMS

Progetto PROMs (Patient Reported Outcome Measures) per la misurazione degli esiti e dell'esperienza con il percorso oncologico per il tumore maligno alla mammella riportati dalle pazienti.

**CLICCA QUI**



***Grazie per l'attenzione!***

*Elisa Peruzzo - [elisa.peruzzo@santannapisa.it](mailto:elisa.peruzzo@santannapisa.it)*

*Elisa Conti – [elisa.conti@santannapisa.it](mailto:elisa.conti@santannapisa.it)*

