

Measure #35. Picker Patient Experience (PPE-15)

CARE COORDINATION MEASURE MAPPING TABLE

	MEASUREMENT PERSPECTIVE		
	<i>Patient/Family</i>	<i>Health Care Professional(s)</i>	<i>System Representative(s)</i>
CARE COORDINATION ACTIVITIES			
Establish accountability or negotiate responsibility			
Communicate			
<i>Interpersonal communication</i>	■		
<i>Information transfer</i>	□		
Facilitate transitions			
<i>Across settings</i>			
<i>As coordination needs change</i>			
Assess needs and goals	□		
Create a proactive plan of care			
Monitor, follow up, and respond to change			
Support self-management goals	■		
Link to community resources			
Align resources with patient and population needs			
BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION			
Teamwork focused on coordination	□		
Health care home			
Care management			
Medication management	□		
Health IT-enabled coordination			

Legend:

- = ≥ 3 corresponding measure items
- = 1-2 corresponding measure items

Picker Patient Experience (PPE-15)

Purpose: To develop and test an instrument to measure inpatient care experiences from the patient perspective.

Format/Data Source: A 15-item survey implemented in 5 countries. Items are grouped into 8 dimensions on the basis of face validity: (1) information and education, (2) coordination of care, (3) physical comfort, (4) emotional support, (5) respect for patient preferences, (6) involvement of family and friends, (7) continuity and transition, and (8) overall impression.

Date: Measure published in 2002.¹

Perspective: Patient/Family

Measure Item Mapping:

- **Communicate:**
 - Interpersonal communication:
 - *Between health care professional(s) and patient/family:* 1-4, 8, 11
 - Information transfer:
 - *Between health care professional(s) and patient/family:* 12, 13
- **Assess needs and goals:** 4, 8
- **Support self-management goals:** 6, 9, 14, 15
- **Teamwork focused on coordination:** 3
- **Medication management:** 13, 14

Development and Testing: Items were developed from the Picker adult inpatient questionnaire, and were required to address 4 criteria: (1) patient applicability, (2) high correlation of items, (3) high internal consistency reliability levels, and (4) total item correlations exceeding the recommended 0.3 value. Development included expert consultation, a systematic literature review, organization of patient focus groups, and in-depth interviews to confirm salience in health care encounters. Evidence indicates that the Picker Patient Experience Questionnaire (PPE-15) has high levels of internal consistency reliability. Cronbach's alpha coefficient exceeded the recommended value of 0.7, and Spearman correlations (item-total correlations) were acceptable, except for 1 item, which fell below accepted values in Sweden and the United States.¹

Link to Outcomes or Health System Characteristics: None described in the sources identified.

Logic Model/Conceptual Framework: None described in the sources identified.

Country: Germany, Sweden, Switzerland, United Kingdom and United States

Past or Validated Applications*:

- **Patient Age:** Adults
- **Patient Condition:** General Population/Not Condition Specific

- **Setting:** Inpatient Facility

*Based on the sources listed below.

Notes:

- All instrument items are located in the Appendix of the source article.¹
- This instrument contains 15 items; 12 were mapped.

Sources:

1. Jenkinson C, Coulter A, Bruster S. The Picker Patient Experience Questionnaire: Development and validation using data from in-patient surveys in five countries. *Int J Qual Health Care* 2002;14(5):353-58.
2. Cleary PD, Edgman-Levitan S, Walker JD, et al. Using patient reports to improve medical care: A preliminary report from 10 hospitals. *Qual Manage Health Care* 1993;2(1):31-8.