Reviewer's report

**Title:** Using Patient Experiences to Improve Healthcare Quality: a multi-level study of Governmental Expectations and Hospital Practices in Norway

**Version:** 2 **Date:** 26 February 2013

**Reviewer:** Robert L Wears

**Reviewer’s report:**

General Comments

This paper describes an interesting and innovative approach to understanding the problem of increasing patient involvement and patient-centeredness in healthcare. It uses a level-crossing approach [1] by examining expectations and practices at the macro (societal, governmental), meso (organizational), and micro (clinical) levels.

Major Compulsory Revisions

1. Recommend emphasizing the level crossing more clearly in the title. The paper is really about patient involvement as imagined (by government) vs pt involvement as practiced (in the ‘real world’). I think the paper would get more readership if it emphasized that contrast.

2. The conclusions seem largely focused on what should happen at the meso and micro levels. It might be useful to aim a conclusion at the macro level as well, for example, noting that the goals and expectations are mostly aspirational, but lack instrumentality. Even with a measure, aspirational goals can be difficult to implement (for example, we might aspire in government that pigs should fly, and be prepared to measure the proportion of flying pigs, but still be unable to be effective in getting them to fly).

3. The use of direct quotations to tie the data to the inferences drawn from them is quite effective. I like especially the quote about patient representatives being turned into hostages, as it resonates with our own experiences in US hospitals when trying to do the same thing. It takes more than just the presence of patients on these bodies, but we don’t really know what more is needed or would be useful to make this involvement an effective reality.

4. The authors should consider a brief mention of the inherent tradeoffs in balancing effectiveness, patient centeredness, and safety. While there are certainly instances in which an innovative change can improve on all three dimensions, eventually one hits a margin at which one goal must be traded off among the others – most discussions of quality sidestep this issue.

Minor Essential Revisions

1. Pg 11, para 1. It would be useful to give a brief description of Tritter’s framework here, as I expect many readers will not be familiar with it.
2. Pg 20, the quotation. I’m not sure what is meant by ‘definitional power’; a brief explanation would be helpful.

Discretionary Revisions

1. Pg 24, para 2. I presume the authors mean uterine rupture here?

References


**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have no competing interests. You should be aware that I am briefly acquainted with one of the authors (SW) but we have not worked together and are not close friends.