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: 4 March 2013

Reviewer: Henning Boje Andersen

Reviewer's report:

I congratulate the authors on having made a well-designed and interesting study and a comprehensive introduction to the field.

Minor essential revisions:

1. The governmental documents that you refer to and some of the intended activities at the meso level aim at not only collecting and responding to patient *experiences*, but at involving and engaging patients. It is your choice to concentrate your study on patient experiences - visible also in the title and stated aims of the study, and perhaps this choice is shaped by the division of quality aspects of the overall QUASAR project. But given that the overall governmental frame and indeed a large part of the literature cited refer to the more general notion of patient involvement, I lack a (perhaps just short) statement which explains that patient experiences are just one along with other types of patient engagement activities (e.g., patient involvement in self-monitoring as seen in telehealth applications such as the Whole System Demonstrator (Steventon et al. Effect of telehealth ... BMJ 2012)). You have an entire section devoted to introducing basic concepts: patient-centered care, shared decision making, patient participation, co-design. It is unclear (to this reviewer) how the authors view patient experiences in relation to these concepts.

2. It is not entirely clear from the otherwise well written summaries of the parliament acts whether one of the motives behind the drive for enhanced patient involvement is improved outcomes. I.e., is patient involvement and the incorporation of patient experiences also a means for improving quality? [cf. also remark 4]

3. The quotes from the various parliamentary documents are rendered in English. If the translation was made by the authors, this should be stated (except of course ref. 3, which is in English).

4. The second part of the quote on p. 13., reads as follows:
   [there is] “a need for a stronger incorporation of patient experiences as a foundation for understanding quality” [2:p.86-87].

I have searched ref. 2 and am unable to find this quote. The Norwegian word for quality appears nowhere on pages 86-89!
5. The authors do not mention any real or potential/putative limitations of their study. I can think of a couple of potential limitations (potential, because the authors might have very good reasons why these candidates are no real limitations): Why did the study not include any patient panel (user group) meetings in their data collection? Or, perhaps as an alternative, did the authors consider eliciting the views of patients (who might be recruited via the user groups)?

6. I noted only one typo (a missing possessive apostrophe p. 29, l. 4)

Discretionary Revisions

7. The phrase "definition power" sounds very odd in English (whereas the German and Scandinavian equivalents are fine). I suggest you translate this as "the power to define".

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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

Declaration of competing interests:

I declare that I have no competing interests