Reviewer's report

**Title:** Instruments to measure patients' experiences of health care quality in hospitals: A protocol for systematic review

**Version:** 2  
**Date:** 11 November 2013

**Reviewer:** Mark Rodgers

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Given the recent focus on hospital care quality, this protocol is timely and describes a potentially useful systematic review of patient experience of health care. However, it could do with more clarity on certain issues that I have outlined below.

1. Is the study design appropriate?
   Yes.

2. Are sufficient details provided to allow replication of the work or comparison with related analyses: if not, what is missing?
   In some respects the protocol is very detailed, but it could benefit from greater clarity on the planned methods:
   
   i. p8, study objectives. It seems that objectives 1, 2, 3 and 5 are largely concerned with describing the literature, whereas 4 and 6 are more analytical/interpretive. It is the methods relating to objectives 4 and 6 that need to be a bit clearer (see point iv below).

   ii. p.8, study method. The first sentence here is tricky to follow. Perhaps separate it into two sentences.

   iii. p.9, inclusion criteria. The authors state that they will double screen a random 10% sample of retrieved papers, with disagreements resolved by consensus. Presumably this is to test the level of inter-reviewer agreement for study selection, but what if this turns out to be low? Will they then double screen the remaining 90% of studies or simply accept that errors and/or bias might have crept in at this stage? What level of agreement for the 10% sample would be sufficiently reassuring?

   iv. p.11-13, Assessment of quality to data analysis. The authors describe the content of the van der Vleuten utility index and the COSMIN checklist, but exactly how these will be implemented is not clear. For example, the first sentence in this section states "Identification of the instruments intended use will enable us to judge the relative importance to be placed on the five components of the van der Vleuten's utility index" and on the next page "...therefore categorising instruments according to use will enable us to judge the balance of utility metrics". This raises the question of how this weighting will be operationalised and the further question
of exactly how it will be incorporated into the synthesis. The same applies to the COSMIN evaluation.

The authors state that they plan to undertake a narrative synthesis following the ESRC guidance; because of the lack of standardisation of narrative synthesis, this guidance highlights the importance of being as specific as possible at the planning stage to avoid spurious comparisons, data dredging etc. While it may not be possible to describe every aspect of the planned synthesis, it will benefit the reader (and the review) if at least the role of utility and methodological quality assessments in the synthesis is given a priori.

v. p.11, Defining quality. The word “quality” is used to describe both health care quality and methodological rigour. The authors should use terminology that disambiguates these two concepts.

3. Is the planned statistical analysis appropriate?
It is unclear how or where statistical analysis will be used (see above).

4. Is the writing acceptable?
Yes, though the repeated use of the phrase "the patients' experience" can jar a little - would simply "patient experience" be an adequate substitute? A proofread might help catch remaining typos (e.g. p.9, "secondary reference" should be pluralised; p.11, final sentence under 'Data extraction' should begin "Where consensus...") and the occasionally inconsistent use of apostrophes.