

2017

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Recommended Citation

Byers, V., Fahey, D. & Mullins, C. (2017). The Patient Survey Programme: Transforming the Patient Experience in Irish Healthcare. *Administration*, vol. 65, no. 4, pp. 83–99. doi: 10.1515/admin-2017-0035.

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OPEN

Administration, vol. 65, no. 4 (2017), pp. 83–99
doi: 10.1515/admin-2017-0035

The Patient Survey Programme: Transforming the patient experience in Irish healthcare

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Introduction

For more than a decade, health policy in Ireland has pushed the centrality of the patient in the delivery and management of healthcare services, including the development of a *National Strategy for Service User Involvement in the Health Service 2008–2013* (Health Service Executive, 2008). More recently, the need to provide a ‘patient-centred’ (Department of Health, 2012, 2013, 2014) or ‘person-centred’ (Department of Health, 2016) service has been a guiding principle of health policy documents. The *National Service Plan 2017* (Health Service Executive, 2016) also outlines the importance of increasing the rates of service user engagement and feedback across the health sector. According to the Department of Health (2012, 2016), recent reform of Irish healthcare has been specifically designed to develop a ‘patient-centred’ or ‘person-centred’ healthcare system which will deliver improved patient outcomes and population health. The vision is that of a health service which promotes health and well-being,

provides equal access and delivers true value. The national strategy document *Future Health* emphasises the value of patient-centred care and defines it as responding to patient needs, providing timely proactive care and taking account where possible of the individual's needs (Department of Health, 2012). According to Rathert et al. (2016), although many healthcare organisations seek to implement processes that are 'patient-centred', often this is in name only. They suggest two potential remedies evident from a review of patient-centred care: first, to refocus this approach from a set of tasks towards cultivating the development of (healing) relationships between patients and their care providers; and, second, to provide the right kind of environment that supports both patients and care providers in developing and maintaining these compassionate, therapeutic relationships.

In Ireland the *National Service Plan 2017* (Health Service Executive, 2016) outlines the importance of increasing the rates of service user engagement and feedback across the health sector. However, the legislation and statutory involvement in healthcare to date have mainly focused on the 'complaints and appeals' and risk assessment machinery (Department of Health, 2015; Health Information and Quality Authority, 2016). In November 2015 the Department of Health announced a package of patient safety reforms, including plans to simplify the complaints procedure and to enhance the powers of the Ombudsman and the Health Information and Quality Authority (HIQA), and a tranche of patient safety legislation. To date, no annual national patient experience or satisfaction survey has been applied universally across the health sector in Ireland, unlike in the UK, where patient experience and satisfaction are measured as a national outcome. Given recent experience of system failures (Health Information and Quality Authority, 2013, 2015) and the national health policy focus for the last fifteen years of patient-centredness, this has been a significant gap. However, there are plans for an annual national patient experience survey to be developed across hospital groups and primary care and community services (Health Service Executive, 2016). Thus, HIQA carried out Ireland's first National Patient Experience Survey in 2017 in partnership with the Health Service Executive and Department of Health (Health Service Executive, 2016). The survey tool was developed with the purchase of an international questions tool from the Picker Institute and feedback from focus groups and from a Delphi study carried out in 2016. The survey was rolled out for the first time from early 2017

and has now been completed, with a final report due in December 2017 (Patient Experience Survey, 2017).

This paper reports on a separate significant development in Irish healthcare at hospital level in implementing a systematic, continuous hospital-wide survey programme of the patient experience in a major teaching hospital in Dublin (Tallaght Hospital), and outlines its teaching and its success. In Ireland there are many initiatives that are developed through individual institutions or advocate groupings that never reach the attention of the wider public. The purpose of this paper is to share best practice. The Tallaght Patient Survey Programme can serve as an exemplar in Irish healthcare and is noteworthy in a number of respects, as it provides a novel contribution in being the first of its kind in Ireland, through the use of volunteers from the local community, to both deliver and manage the survey programme (volunteer manager). Additionally, it has been developed in tandem with, and builds upon the international experience of, the Picker Institute Europe, initiated by senior management, and has across-the-board support of the health professionals and wider management within the hospital itself. This paper briefly outlines some theoretical and methodological core concepts from the literature in surveying the patient experience, the development and implementation of the Patient Survey Programme in Tallaght Hospital and its benefits, including implications for the development of the patient voice, an inclusive organisational culture, changing front-line practice and generating positive outcomes.

Quality, satisfaction and the patient experience

The terms ‘patient satisfaction’ and ‘patient experience’ are used with reference to healthcare quality metrics and survey instruments. These terms are not synonymous. The measurement of patient satisfaction can be seen as an important aspect of service quality, including structure and delivery, as well as reporting on treatment continuity and outcomes (Lally et al., 2013). It has been examined and reported on since the early 1970s. Patient satisfaction can be considered as an emotion or attitude related to the experience of healthcare or as a judgement about whether expectations were met (Devarkan, 2014). It is influenced by varying standards, different expectations, the patient’s disposition, time since care and previous experience. Being sure that patients’ responses in surveys act as a reliable indicator of performance is important. However, high satisfaction rates could

potentially be indicators of either high-quality care or low expectations (Fenton et al., 2012; Greaves et al., 2012; Jenkinson et al., 2002). In order to discriminate between the performance of healthcare practices, Salisbury et al. (2010) advise that it is better to ask patients to report on their experience rather than ask for satisfaction ratings. Thus, it is important to differentiate between surveys of patient satisfaction and those of patient experience, where the latter uses questions that relate to the patient's actual experiences in the hospital and aims to avoid value judgements and the effects of existing expectations. Jenkinson et al. (2002) outline what patients identify as valuable about their healthcare experience as a number of core dimensions of inpatient care, including information and communications with doctors and with nurses, continuity and coordination of care, physical comfort, emotional support, involvement of family and friends, and overall impression. The Picker approach (based on these dimensions) has now formed the basis of the UK's National Health Service (NHS) patient survey and has been adapted for application widely.

Surveying the patient experience identifies areas for improvement of patient care, as service improvement activity requires specific data about what actually happened, not just data on whether patients were satisfied with what happened. Thus, patients' experiences are important data in the evaluation of the quality of health services (Wong et al., 2012, 2015). Patient experience surveys ask patients questions about what has occurred during their healthcare experience. An example is the following: 'When you had important questions to ask a doctor, did you get answers you could understand?' The choice of responses provided include 'Yes always', 'Yes, sometimes', 'No' and 'I have no need to ask' (Jenkinson et al., 2002, p. 354). These types of questions can elicit responses that provide information which identifies where in the process or experience problems may reside, and what can be done to improve elements of patient care.

Why is this approach needed now?

Improving the patient experience is currently a high priority for many health systems, including those of Ireland, the UK and the US. In the UK the high profile of policy regarding patient satisfaction and experience has resulted in a national requirement for patient surveys in hospital trusts, as well as local level initiatives which reflect an acute awareness of the importance of patient experience and willingness to

engage (National Institute of Health Research, 2015). These local initiatives are seen as important developments that provide case study sites and learning about what works, in which contexts, and how to continue to share this learning. In the US the development of the Hospital Consumer Assessment of Health Plans Survey (HCAHPS) has been used as a measure of patient experience (Elliott et al., 2009). The HCAHPS survey contains twenty-one patient perspectives on care and patient-rating items that encompass nine key topics, including communication with doctors, communication with nurses, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness of the hospital environment, quietness of the hospital environment and the transition of care (Thayer, 2016).

In the Irish context there is an identified need to include patients in the delivery of their own care, not least because it has been a focal point of health policy for over fifteen years but because it can help avert the current difficulties and crises in the health service. The Ombudsman, in 2010, noted the importance of values in our health system: that all of us as citizens, let alone as patients, need to express how we want our healthcare organised and what values we want reflected in our healthcare arrangements (O'Reilly, 2010). This allows for the inclusion of the patient voice. At the hospital level we need patients engaged in their healthcare. The approach in the UK developed by Picker and the aim of the Tallaght Patient Survey is to include all patients. At times patients may not wish to be included, but all efforts are made to engage with patients while respecting their right to privacy. According to Nickel et al. (2012), the end result of such close collaboration with the patient is important for achieving improvements in healthcare provision at all levels. The very nature of healthcare means that most services are co-produced, as healthcare professionals can only deliver a service with full cooperation and engagement of the patient:

Co-production begins and ends with the person, placing them at the heart of any given services and involving them in it, from the creation and commissioning of that service through to its design and delivery. (Loeffler, Power, Bovaird & Hine-Hughes, cited in Munoz, 2013, p. 277)

The Picker Institute, with its extensive experience in developing patient experience surveys, notes that survey instruments should focus

on patient–provider interactions, the aspect of care for which patient-reported measures are most credible, and evaluate interactions with all providers and coordination within the care team (Picker Institute Europe, 2016). The institute notes that factors that were more predictive in influencing overall patient-experience scores in hospital settings were aspects of nursing care and communication, rather than interactions with physicians. Thus, questions in the Tallaght survey included specific aspects with regard to nursing care and communications. The institute also advocates the use of volunteers in delivering surveys to encourage more honest and meaningful responses.

Context and development of the Patient Survey Programme

Tallaght Hospital is a major South Dublin teaching hospital. Its mission, which is patient focused, is to service the healthcare needs of the community, provide care based on best practice and enhance patients' well-being through education and information (Tallaght Hospital, 2017). The hospital's values are underpinned by a strong belief in patient advocacy and a track record of robust community engagement. The Hospital's Director of Quality Safety and Risk Management and CEO engaged with Southampton General Hospital in early 2015 to examine their patient survey programme and to understand the experiences of the NHS, with over a decade of collecting and developing patient experience data. Southampton's programme has expanded over the past few years, developing into a sophisticated, well-organised system where over 400 volunteer-led patient surveys are completed per month, covering a wide range of questions in a variety of settings.

Based on the Southampton model it was decided to develop a programme to capture the patient experience in Tallaght Hospital on a continuous basis in order to highlight areas for improvement and to feed back on what was working well for patients, staff and management teams. In advancing this project, Tallaght Hospital commissioned the Picker Institute Europe as an experienced patient advocacy organisation to help roll out and advise on the Patient Survey Programme. Apart from the institute's long history in measuring people's experiences of care, already mentioned in this paper, it is the approved contractor for over half of the acute trusts in the UK. The NHS Inpatient Survey was developed by the Picker Institute in 2002 and has remained the corner stone of the UK National Survey

Programme ever since. Working with Tallaght Hospital's Volunteer and Patient Advocacy Service, the hospital volunteers began to carry out patient surveys as a pilot survey programme through April/May 2015. The feedback was then utilised by the team in tandem with the Picker Institute to fine-tune the survey and to develop the survey programme. It was decided to streamline programme delivery by using hand-held tablet technology, which allowed multiple surveys to be carried out across departments and specialities hospital-wide. Tallaght Hospital's adult inpatient and outpatient surveys were launched in July and September 2015, respectively. The survey process involves volunteers going out to the wards and departments in the hospital with hand-held tablets to interview patients. Patients can choose whether to engage with or decline the survey. Questions are asked to capture patients' perceptions of their experience, and include reviewing many aspects of care such as cleanliness, trust in those delivering treatment, how much information they are given and how they are involved in decisions about their care, as well as rating their care and suggesting improvements (see Figure 1 for sample questions).

The completed survey data are stored on the tablet devices until remotely uploaded for reporting and analysis. Once the data are received by the Picker Institute site, they are uploaded on a weekly basis to the online results platform, Picker Results. The staff are able to access the reported outputs via the Picker Results site through a secure login.

Measuring patient experience is crucial for organisations to understand whether they are providing good care. Once-off patient surveys carried out annually may not provide enough information for action and understanding of underlying system weaknesses. Measures that are most helpful are those of service- or speciality-level patient-reported experience in identifying areas for improvement, together with patient tracker and real-time data (National Institute of Health Research, 2013). These are the key features of the programme that has been developed in Tallaght Hospital with the Picker Institute, which includes regular surveys of service- and speciality-level patient experience (inpatients, including general medical and surgical, acute medical and surgical, haematology, oncology medicine, palliative end-of-life care, orthopaedics, urological, care of the elderly, as well as outpatient clinics, including the Diabetic Centre, Ear, Nose and Throat, Ophthalmology, and the Bone and Joint Clinic among others). The approach involves ongoing attention to required improvements, as well as recording positive reports with a focus on compassion and

Figure 1: Survey question samples

Sample Question (Inpatient Survey)			
Cleanliness			
In your opinion, how clean is the hospital room or ward that you are in? <i>(please read and select one answer)</i>			
<input type="checkbox"/> Very clean			<input type="checkbox"/> Not at all clean
<input type="checkbox"/> Fairly clean			<input type="checkbox"/> Don't know / can't say
<input type="checkbox"/> Not very clean			
←BACK	RESET	NEXT →	
Sample Question (Outpatient Survey)			
Before the appointment			
Thinking about today's visit to the Outpatient Department/ Clinic...			
How beneficial did you find the acknowledgement letter advising you had been referred to the hospital for an appointment? <i>(please read and select one answer)</i>			
<input type="checkbox"/> Very beneficial			<input type="checkbox"/> Not at all beneficial
<input type="checkbox"/> Quite beneficial			<input type="checkbox"/> I did not receive an acknowledgement letter
<input type="checkbox"/> Not very beneficial	<input type="checkbox"/> Don't know / can't say		
✓ SUBMIT	←BACK	RESET	NEXT →

Source: Tallaght Hospital (2016).

dignity. In addition to continuous evaluation of the data, the survey approach includes use of survey tools utilising real-time data as well as follow-up surveys after discharge. The review of outcomes links feedback to changes in practice through influencing staff behaviours and systems.

Initial Patient Survey Programme outcomes

A full evaluation of the survey between July and November 2015 was made (Tallaght Hospital, 2016; see Table 1).

Table 1: Inpatient and outpatient survey results – response rates and gender

	<i>Inpatient summary</i>			<i>Outpatient summary</i>	
	<i>No</i>	<i>%</i>		<i>No</i>	<i>%</i>
Accepted survey	176	73	Accepted survey	250	86
Declined survey	65	27	Declined survey	42	14
Gender			Gender		
Male	86	49	Male	93	37
Female	88	50	Female	134	54
Blank	2	1	Blank	23	9

Source: Tallaght Hospital (2016).

Some key findings of the survey included that 58 per cent of inpatients rated the care they received as excellent, with a further 26 per cent rating it as very good. The hospital scored very highly on elements of care such as cleanliness. A key finding was that 95 per cent of patients reported that they always had confidence and trust in nurses treating them, with 85 per cent having confidence and trust in doctors. Areas for improvements included those of communication, where some patients reported that they had not found someone on the hospital staff to talk to about their worries and fears (24 per cent). This is an area not always considered in standard hospital performance metrics, but important for building trusting relationships. The outpatient survey scored the hospital highly on elements of care such as interactions with doctors. For example, 98 per cent of the patients surveyed said that the doctors knew enough about their medical history, with 91 per cent reporting that the doctors definitely listened to what they had to say and 93 per cent completely understanding what

the doctors had to say to them. Areas for improvement for outpatients' services included clear communication about waiting times and written information about the hospital before their visit.

Work on improvements has progressed immediately on foot of survey findings: the hospital has instigated focused improvements, including enhanced information and communications through signage and website development, increased staffing levels in pastoral care, as well as better staff communications with patients about their waiting times. The Tallaght Hospital Patient Survey Programme continues to expand with patient experience data being gathered across more departments and areas (e.g. paediatric inpatients, x-ray, emergency department, paediatric outpatients), as well as topic-specific surveys on food quality and infection control. This allows for the breakdown and analysis of data at ward and speciality level to facilitate local ownership of findings. A postal survey of patients post discharge has also been completed to facilitate a review of the care experience after a period of time and encourage further reflection. These detailed granular data, as well as repeat surveys to measure ongoing improvements, continue to inform and improve the quality of the patient journey in Tallaght Hospital.

The Patient Survey Programme and the recognition of the patient voice

There is evidence to suggest that patients can be used as partners in identifying poor and unsafe practice, and helping to enhance effectiveness and safety (Devkaran, 2014). Reports on failures in healthcare organisations in the UK (Francis, 2013; Halligan, 2013) revealed that a negative culture, poor clinical and managerial leadership, a lack of openness in discussing and acting on poor performance and quality failings, and in particular weak representation of patients and carers, all led to serious breaches of care. At all levels in these organisations, the patient's voice was not heard. It is now well established that safer organisations are those which share information about problems as well as about positive experiences. There is much written about methodological issues related to the measurement of the patient experience, such as survey content, risk adjustment, and the mode and timing of survey administration. However, Manary et al. (2013) believe that both theory and the available evidence suggest that such measures are robust indicators of healthcare quality and that patients are well able to provide meaningful information on quality. Evidence has also

indicated that meaningful communication and feedback between patients and both doctors and nurses leads to improved coordination of care, increased compliance with treatment options and reduced medication errors.

The Patient Survey Programme and the use of volunteers

Tallaght Hospital has a long history of volunteerism and local community involvement. Volunteering can be defined as unpaid work that benefits others to whom one owes no obligation via an organisation that supports volunteering in health and social care (Egerton & Mullen, cited in Mundle et al., 2012). Volunteering has long been recognised as a way to engage people in their local communities and improve social capital (Jenkinson et al., 2013). The use of volunteering in healthcare is well known and it has benefits for the volunteer, such as feeling good about ‘giving something back’ to the community, in addition to the benefits to the recipient of their care or service. Volunteer use for patient survey feedback in healthcare has been utilised in the UK (Paylor, 2011) and the US (Garrison & Wolf, 2016). Research shows that the use of volunteers can facilitate more open feedback from patients, as they often perceive that volunteers are less affected than staff by frank comment and that it will not influence their care delivery. Volunteers can have an impact on patient satisfaction as, in many cases, they too have also been patients or family members that have been involved in the care of a loved one. As a result, they can empathise with a patient, chat with them and understand what they may need in that given moment, in a way that a staff member may not fully grasp (Garrison & Wolf, 2016). The volunteers in the Tallaght programme were recruited through local advertising, as well as approached individually. Drawn from the local community, some had experience of being patients, while others had worked in healthcare. They were given individual support and training through the Patient Advocacy Service in the hospital.

The Patient Survey Programme and a responsive organisational culture

At the outset of this paper, Rathert et al. (2016) were cited, suggesting remedies for healthcare organisations seeking to implement processes that are ‘patient-centred’ or ‘person-centred’. The first remedy was to refocus the approach from a set of tasks towards cultivating the development of (healing) relationships between patients and their care providers, and the second to provide the right kind of environ-

ment that supports both patients and care providers in developing and maintaining these relationships. Research by Locock et al. (2014) notes that when there is an awareness and response at board level to evidence of patient experience, the overall culture of healthcare organisations can change for the better. They note that high-level organisational support is necessary but not sufficient for person-centred service improvement, as it is the experience of front-line encounters that matters most to patients. Also bottom-up engagement in person-centred improvement can be motivating for front-line staff. Health professionals, as leaders, need to be developed in order to sustain compassionate care ‘from Ward to Board’ and to develop and maintain these therapeutic relationships.

According to Coulter et al. (2014), measurement of patient experience is necessary in healthcare, but change will not happen without effective leadership improvements. They suggest a number of factors that are essential in order to make strategic use of the data to facilitate the improvement of the patient experience. These factors include committed senior leadership, dedicated champions, active engagement of patients and families or carers, clarity of goals, building staff capacity, adequate resourcing, and performance measurement and feedback. The Patient Survey Programme in Tallaght includes many of these key factors. It started as a managerial initiative and has been promoted by the Director of Quality Safety and Risk Management, as well as by dedicated champions such as the advocacy manager and a volunteer manager. It has been an inclusive and organic development: as each phase is completed and feedback gathered, the next phase builds upon new understanding and includes yet more specialities, functions and measures to be surveyed. There is active engagement with the wider community through the use of volunteers. Real-time data are analysed and results are combined with value maps to identify priorities that align with the issues and goals that are most pertinent to patients. The programme is fully resourced and evaluated. Data from the patient experience survey, as well as suggestions, are fed back from the volunteers and developed to inform quality improvements, such as the use of infographics for clearer information through the hospital, the ongoing development of an information app to ease the patient and their family’s journey, increasing staff resources in pastoral care to support patients’ well-being and deal with concerns, as well as examining means to keep the much needed ‘cup of tea’ hot for patients.

Conclusion – Implications for practice and ongoing research

The Department of Health, in its current strategy, has committed to develop a model of care which is more integrated and continuous, person-centred and delivered at the lowest level of complexity consistent with patient safety (Department of Health, 2016). Recurring patient safety problems in Irish healthcare have led to a growing interest in helping hospitals and their governing bodies to provide more effective oversight of the quality and safety of their services by defining priorities and objectives and shaping their culture (Darker, 2014). Although Irish health policy pushes the concept of person-centred care, to date, the structures and processes of care delivery have not been changed sufficiently to accommodate this alteration nationally (Byers, 2015). Darker (2014) affirms that, at board level, hospitals need to endorse a commitment to person-centred care and oversee the strategies required to ensure the rights and involvement of patients.

The Patient Survey Programme in Tallaght Hospital is an innovative response to current health policy by evaluating the patient experience in a hospital. It illustrates the importance of an inclusive community-focused culture with leadership both from the top as well as distributed throughout the organisation. The programme utilises service- and speciality-level patient-reported experience measures which are crucial in identifying and building on key areas for improvement, together with patient tracker systems and real-time data through the use of hand-held tablets. It also includes detailed postal questionnaires and improvement projects targeting key identified areas.

Measuring patient and carer experience is crucial for organisations to understand whether they are providing good care. This type of service- or speciality-level patient-reported experience measure is most helpful in identifying areas for improvement, compared with an annual patient survey. It provides baseline performance levels which can be tracked with a view to highlighting areas that are not making sufficient progress, or deteriorating. Focus on metrics in themselves are of little use unless the feedback mechanisms are developed to integrate the commensurate learning within the wider community of the hospital itself. According to Robert et al. (2015), this type of approach shows critical reflection and awareness of how to make improvements, rather than viewing patients and families as passive sources of data. This has been the approach adopted by the Tallaght

Hospital Patient Survey Programme. The programme embeds co-design practices and values in the organisation by running these improvement projects based on feedback. The programme also benefits from the knowledge and know-how of the Picker Institute Europe and of the UK experience, which has engaged for many years in evaluating the patient experience.

To conclude, input from patients is a fundamental feature of patient-centred care (Wong et al., 2015). Direct feedback from patients, similar to that gathered in Tallaght Hospital, is considered the best way to measure the quality of their experiences. Research indicates that it is most useful to ask patients to report on detailed aspects of what happened during a specific care episode, rather than asking them to rate their satisfaction using general evaluation categories (Jenkinson et al., 2002). Quality of care must be rooted in the lived experience of patients, their carers, clinicians and managers, rather than just proxy representations (Swinglehurst et al., 2015)

Despite the push of government policy, there has been only limited implementation of patient-centred care (Byers, 2009). It can only occur by recognising the importance of organisational context in terms of availability of resources and commitment to patient engagement (Abelson et al., 2007). If Ireland is to learn from service developments such as the Tallaght Hospital Patient Survey Programme, then there is a need not only to promote such an exemplar initiative but also to promote access to this organisational learning amongst a wider audience at a national and international level for comparative purposes.

References

- Abelson, J., Forest, P. G., Eyles, J., Casebeer, A., Martin, E., & Mackean, G. (2007). Examining the role of context in the implementation of a deliberative public participation experiment: Results from a Canadian comparative study. *Social Science & Medicine*, 64, 2115–28.
- Byers, V. (2009). Planning in the Irish healthcare system: Legislative strategy or administrative control? *Journal of Management & Marketing in Healthcare*, 2, 15–27.
- Byers, V. (2015) The challenges of leading change in health-care delivery from the front-line. *Journal of Nursing Management*. Advance online publication. doi: 10.1111/jonm.12342
- Coulter, A., Locock, L., Ziebland, S., & Calabrese, J. (2014). Collecting data on patient experience is not enough: They must be used to improve care. *British Medical Journal*, 348, g2225.

- Darker, C. D. (2014). Hospital governance in Ireland – The dilemma of diversity. *Administration*, 62 (1), 5–28.
- Department of Health. (2012). *Future health. A strategic framework for reform of the health services 2012–2015*. Dublin: Department of Health.
- Department of Health. (2013). *The path to universal healthcare: preliminary paper on Universal Health Insurance*. Dublin: Department of Health.
- Department of Health. (2014). *The path to universal healthcare: White paper on Universal Health Insurance*. Dublin: Department of Health.
- Department of Health. (2015) *Varadkar announces major package of patient safety reforms* [press release]. Retrieved from <http://health.gov.ie/blog/press-release/varadkar-announces-major-package-of-patient-safety-reforms/> [7 July 2016].
- Department of Health. (2016) *Department of Health statement of strategy 2016–2019*. Retrieved from <http://health.gov.ie/wp-content/uploads/2016/12/DoH-SoS-2016-2019-Final-En.pdf> [17 January 2017].
- Devarkan, S. (2014) *International healthcare accreditation: An analysis of clinical quality and patient experience in the UAE*. Unpublished PhD Thesis, Edinburgh Business School, Heriot-Watt University.
- Elliott, M. N., Zaslavsky, A. M., Goldstein, E., Lehrman, W., Hambarsoomians, K., Beckett, M. K., & Giordano, L. (2009). Effects of survey mode, patient mix, and nonresponse on CAHPS hospital survey scores. *Health Services Research*, 44 (2), 501–18.
- Fenton, J. J., Jerant, A. F., Bertakis, K. D., & Franks, P. (2012). The cost of satisfaction: A national study of patient satisfaction, health care utilization, expenditures, and mortality. *Archives of Internal Medicine*, 172 (5), 405–11.
- Francis R. (2013). *Report of the Mid-Staffordshire NHS Foundation Trust Public Enquiry*. London: Stationery Office.
- Garrison, M., & Wolf, J. A. (2016). *The role of the volunteer in improving patient experience. White Paper*. Dallas, TX: Beryl Institute.
- Greaves, F., Pape, U. J., King, D., Darzi, A., Majeed, A., Wachter, R. M., & Millett, C. (2012). Associations between internet-based patient ratings and conventional surveys of patient experience in the English NHS: An observational study. *BMJ Quality & Safety*, 21 (7), 600–5.
- Halligan, A. (2013). The Francis report: What you permit, you promote. *Journal of the Royal Society of Medicine*, 106, 116–17.
- Health Information and Quality Authority. (2013) *Investigation into the safety, quality and standards of services provided by the Health Service Executive to patients, including pregnant women, at risk of clinical deterioration, including those provided in University Hospital Galway, and as reflected in the care and treatment provided to Savita Halappanavar*. Dublin: Health Information and Quality Authority.
- Health Information and Quality Authority. (2015) *Report of the investigation into the safety, quality and standards of services provided by the Health Service Executive to patients in the Midland Regional Hospital, Portlaoise*. Dublin: Health Information and Quality Authority.

- Health Information and Quality Authority. (2016). *Quality and safety*. Retrieved from <https://www.hiqa.ie/resource-centre/quality-and-safety> [10 July 2016].
- Health Service Executive. (2008). *National strategy for service user involvement in the health service 2008–2013*. Dublin: Health Service Executive.
- Health Service Executive. (2016). *National service plan 2017*. Dublin: Health Service Executive.
- Jenkinson, C., Coulter, A., & Bruster, S. (2002). The Picker Patient Experience Questionnaire: Development and validation using data from in-patient surveys in five countries. *International Journal for Quality in Health Care*, 14 (5), 353–8.
- Jenkinson, C. E., Dickens, A. P., Jones, K., Thompson-Coon, J., Taylor, R. S., Rogers, M., & Richards, S. H. (2013). Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers. *BMC Public Health*, 13 (1), 773.
- Lally, J., Byrne, F., McGuire, E., & McDonald, C. (2013). Patient satisfaction with psychiatric outpatient care in a university hospital setting. *Irish Journal of Psychological Medicine*, 30 (4), 271–7.
- Locock, L., Robert, G., Boaz, A., Vougioukalou, S., Shuldham, C., Fielden, J., Ziebland, S., Gager, M., Tollyfield, R., & Pearcey, J. (2014). Testing accelerated experience-based co-design: A qualitative study of using a national archive of patient experience narrative interviews to promote rapid patient-centred service improvement. *Health Service Delivery Research*, 2 (4).
- Manary, M. P., Boulding, W., Staelin, R., & Glickman, S. W. (2013). The patient experience and health outcomes. *New England Journal of Medicine*, 368 (3), 201–3.
- Mundle, C., Naylor, C., & Buck, D. (2012). *Volunteering in health and care in England. A summary of key literature*. London: The King's Fund.
- Munoz, S. (2013). Co-producing care services in rural areas. *Journal of Integrated Care*, 21, 276–87.
- National Institute of Health Research. (2013) *Commissioning brief 13/07 – After Francis: Research to strengthen organisational capacity to deliver compassionate care in the NHS*. Retrieved from http://www.nets.nihr.ac.uk/_data/assets/pdf_file/0011/129449/CB-13-07-87.pdf [8 June 2016].
- National Institute of Health Research. (2015) *Detailed project description, Locock 14/156/04: Understanding how frontline staff use patient experience data for service improvement – An exploratory case study evaluation and national survey*. Retrieved from <http://www.nets.nihr.ac.uk/projects/hsdr/1415606> [8 June 2016].
- Nickel, S., Trojan, A., & Kofahi, C. (2012). Increasing patient centredness in outpatient care through closer collaboration with patient groups? An exploratory study on the views of health care professionals working in quality management for office based physicians in Germany. *Health Policy*, 107, 249–57.

- O'Reilly, E. (2010). *Adverse events in the Irish healthcare system*. Retrieved from <https://www.ombudsman.gov.ie/en/News/Speeches-Articles/2010/Adverse-Events-in-the-Irish-Healthcare-System.html> [8 July 2016].
- Patient Experience Survey. (2017). *National Patient Experience Survey Programme*. Retrieved from <http://www.patientexperience.ie/> [9 November 2017].
- Paylor, J. (2011). *Volunteering and health: Evidence of impact and implication for policy and practice: A literature review*. London: Institute for Volunteering Research.
- Picker Institute Europe. (2016). *Picker Institute Europe: About us*. Retrieved from <http://www.pickereurope.org/about-us/> [3 March 2016].
- Rathert, C., Vogus, T. J., & McClelland, L. (2016). Re-humanizing health care: Facilitating 'caring' for patient-centered care. In E. Ferlie, K. Montgomery & A. R. Pedersen, *The Oxford handbook of health care management*. Oxford: Oxford University Press.
- Robert, G., Cornwell, J., Locock, L., Purushotham, A., Sturmey, G., & Gager, M. (2015). Patients and staff as codesigners of healthcare services. *British Medical Journal*, *350*, g7714.
- Salisbury, C., Wallace, M., & Montgomery, A. (2010). Patient experience and satisfaction in primary care: Secondary analysis using multilevel modelling. *British Medical Journal*, *341*, c5004.
- Swinglehurst, D., Emmerich, N., Maybin, J., Park, S., & Quilligan, S. (2015). Confronting the quality paradox: Towards new characterisations of 'quality' in contemporary healthcare. *BMC Health Services Research* *15*, 240. doi: 10.1186/s12913-015-0851-y
- Tallaght Hospital. (2016). *Tallaght Hospital patient survey programme*. Retrieved from <http://www.tallaghthospital.ie/About-us/Tallaght-Hospital-Patient-Survey-Programme-2016.pdf> [29 July 2016].
- Tallaght Hospital. (2017). *Mission statement*. Retrieved from <http://www.tallaghthospital.ie/About-us/> [17 January 2017].
- Thayer, J. (2016) *Enhancing the patient experience through volunteer services*. Presentation at the South-eastern Healthcare Volunteer Leaders Conference 2016. Retrieved from <http://shvlonline.org/resources/Documents/2016%20Speaker%20Handouts/Jennifer%20Thayer/Enhancing%20the%20Patient%20Experience%20through%20Volunteer%20Services.pptx> [7 July 2016].
- Wong, E. L. Y., Coulter, A., Cheung, A. W. L., Yam, C. H. K., Yeoh, E. K., & Griffiths, S. M. (2012). Patient experiences with public hospital care: First benchmark survey in Hong Kong. *Hong Kong Medical Journal*, *18*, 371–80.
- Wong, E. L., Coulter, A., Hewitson, P., Cheung, A. W., Yam, C. H., Fai Lui, S., Tam, W. W., & Yeoh, E. K. (2015). Patient experience and satisfaction with inpatient service: Development of short form survey instrument measuring the core aspect of inpatient experience. *PLoS One*, *10* (4), e0122299.