



STARS Education and Research Alliance

CREATING KNOWLEDGE | TRANSFORMING CARE

STARS Critically Appraised Topic (CAT) Group: PREM CAT

Specific Question:

What is the best available evidence for improving patient experience and clinical outcomes in response to patient feedback in a health setting?

Clinical bottom line

The Metro North Clinical Governance Operational Plan, 2024, identified development of a consumer partnerships strategy as one of its top operational priorities. This consumer-focused operational priority includes, as a key deliverable, the development and design of a strategy to ensure the collection of feedback and to establish partnership processes to inform practice and improve patient care and health outcomes. There is strong evidence to suggest better patient experience leads to safer, more effective clinical care. However, feedback mechanisms are diverse and include sources such as compliments, complaints, focus groups and surveys. Patient feedback matters, but further research is needed on which strategies are most effective to support delivery of feedback to front line staff in real time.

Why is this important?

Metro North Health delivers responsive, integrated, and connected care to a local population of over one million people, spanning from the Brisbane River to north of Kilcoy. It also offers specialised services to patients from across Queensland, northern New South Wales, and the Northern Territory.

Complaints are recognised as an important indicator of safe, high-quality care, offering a unique opportunity to identify issues in areas of practice that are difficult to monitor through traditional safety and quality systems. Effective complaint systems are enabled by a regulatory framework, a user-friendly platform that offers multiple submission options for a diverse community, and capacity for comprehensive analysis. Complaints are complex narratives that reflect perceived failures in healthcare delivery from the patient's perspective. In the reporting period from 1 October 2024 to 31 March 2025, Metro North Health received 3,411 complaints. This marks a 9.7 percent increase compared to the same period last year.

This CAT group aimed to identify the best evidence for enhancing patient experience and improving clinical outcomes through patient feedback in healthcare settings.

Inclusion Criteria

Any study that has evidence to support the integration of patient feedback for improving patient experiences of care or clinical outcomes. Not – Primary Care (General Practice / community-based clinics).

Search dates

2010-2025

Type of Study

Higher levels of evidence, including reviews such as systematic and scoping, which have used a systematic methodology, and primary research.

PICOT

	Description	Search terms
Population and Setting	A hospital/healthcare setting – not primary healthcare providers	See below
Intervention or Exposure (ie what is being tested)	Patient Feedback (mechanisms, processes (of feedback collection), types, timing of) <ul style="list-style-type: none"> Managing feedback loops Service recovery approaches Methods for feedback collection 	See below
Comparison, if any	n/a	n/a
Outcomes of interest	Benefits, informing practice, improving patient experience/clinical outcomes	See below
Types of studies	High-level evidence, systematic reviews, within the last 15 years, English language	2010-2025, English language

Databases Searched

PubMed; CINAHL; Cochrane Library; Embase; Web/Scholar

Date of search

02/05/2025

Search Strategies

PubMed 215 results

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((((("patient"[Title] OR "consumer"[Title] OR "family"[Title] OR "carer"[Title]) AND ("Participation"[Title] OR "Engagement"[Title] OR "involvement"[Title] OR "partner"[Title] OR "collaboration"[Title] OR "advoc"[Title])) OR "patient voice"[Title/Abstract]) AND ("Feedback"[MeSH Terms] OR "Feedback"[Title/Abstract] OR "experience"[Title/Abstract] OR "view"[Title] OR "perspective"[Title] OR "communication"[MeSH Terms])) OR "Patient feedback"[Title:~3] OR "consumer feedback"[Title:~3] OR "family feedback"[Title:~3] OR "carer feedback"[Title:~3] OR "carers Feedback"[Title:~3]) AND ("Delivery of Health Care"[MeSH Terms] OR "Quality Improvement"[MeSH Terms] OR "Formative Feedback"[MeSH Terms] OR "process assessment, health care"[MeSH Terms] OR "Patient Outcome Assessment"[MeSH Terms] OR "Quality Improvement"[Title/Abstract] OR "improv"[Title] OR "timing"[Title/Abstract] OR "frequency"[Title/Abstract] OR "effect"[Title/Abstract] OR "change"[Title/Abstract] OR "Patient Reported Outcome Measures"[MeSH Major Topic] OR "Patient Satisfaction"[MeSH Major Topic] OR "Patient-Centered Care"[MeSH Major Topic] OR "Patient Outcome Assessment"[MeSH Major Topic] OR "caring"[Title/Abstract] OR "humanness"[Title/Abstract] OR "consult"[Title/Abstract] OR "collect"[Title/Abstract] OR "frequency"[Title/Abstract]) AND ("Systematic Reviews as Topic"[MeSH Terms] OR "Systematic Review"[Publication Type] OR "Meta-Analysis as Topic"[MeSH Terms] OR "meta analysis"[Publication Type] OR "Systematic Review"[Title] OR "systematic reviews"[Title] OR "systematic literature review"[Title] OR "systematic scoping review"[Title] OR "systematic narrative review"[Title] OR "systematic evidence review"[Title] OR "systematic qualitative review"[Title] OR "systematic quantitative review"[Title] OR "systematic critical review"[Title] OR "systematic mixed studies review"[Title] OR "systematic mapping review"[Title] OR "Cochrane review"[Title] OR "Cochrane reviews"[Title] OR "systematic search and review"[Title] OR "systematic integrative review"[Title] OR "systematically"[Title/Abstract] OR "meta analysis"[Title] OR "meta-analyses"[Title] OR "meta analysis"[Title] OR "meta-analyses"[Title] OR "metanalysis"[Title] OR "metanalyses"[Title] OR "metaanalysis"[Title] OR "metaanalyses"[Title] OR "meta-review"[Title] OR "meta-reviews"[Title] OR "meta-review"[Title] OR "meta-reviews"[Title] OR "metareview"[Title] OR "metareviews"[Title] OR "umbrella review"[Title] OR "umbrella reviews"[Title] OR "overview"[Title] OR "overview"[Title] OR "review of reviews"[Title])) AND ((2010:2025[pdat]) AND (english[Filter]))

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CINAHL Complete (EBSCOhost) 187 results

S4 S1 AND S2 AND S3 Limiters - Publication Date: 20100101-20250531; English Language Database - CINAHL Complete 187

S3 (MH "Systematic Review") OR (MH "Scoping Review") OR ((MH "Meta Analysis") OR (MH "Meta Synthesis") OR (TI "systematic review") OR (TI "systematic reviews") OR (TI "systematic literature review") OR (TI "systematic scoping review") OR (TI "systematic narrative review") OR (TI "systematic evidence review") OR (TI "systematic qualitative review") OR (TI "systematic quantitative review") OR (TI "systematic critical review") OR (TI "systematic mixed studies review") OR (TI "systematic mapping review") OR (TI "Cochrane review") OR (TI "Cochrane reviews") OR (TI "systematic search and review") OR (TI "systematic integrative review") OR (TI systematically OR AB systematically) OR (TI "meta analysis") OR (TI "meta analyses") OR (TI meta-analysis) OR (TI meta-analyses) OR (TI metanalysis) OR (TI metanalyses) OR (TI metaanalysis) OR (TI metaanalyses) OR (TI "meta review") OR (TI "meta reviews") OR (TI meta-review) OR (TI meta-reviews) OR (TI metareview) OR (TI metareviews) OR (TI "umbrella review") OR (TI "umbrella reviews") OR (TI overview) OR (TI overview) OR (TI "review of reviews") Database - CINAHL Complete 296,115

S2 (MH "Health Care Delivery+") OR (MH "Quality Improvement+") OR (MH "Process Assessment (Health Care)+") OR (MH "Outcome Assessment") OR (TI "Quality Improvement" OR AB "Quality Improvement") OR (TI improv*) OR (TI timing OR AB timing) OR (TI frequency OR AB frequency) OR (TI effect* OR AB effect*) OR (TI change* OR AB change*) OR (MH "Patient-Reported Outcomes+") OR (MM "Patient Satisfaction+") OR (MM "Patient-Centered Care") OR (TI caring OR AB caring) OR (TI humanness OR AB humanness) OR (TI Consult* OR AB Consult*) OR (TI collect* OR AB collect*) OR (TI frequency OR AB frequency) Database - CINAHL Complete 2,807,586

S1 ((TI Patient*) OR (TI consumer) OR (TI family) OR (TI carer*)) AND ((TI Participation) OR (TI Engagement) OR (TI involvement) OR (TI partner*) OR (TI collaboration) OR (TI advoc*)) OR (TI "Patient voice*" OR AB "Patient voice*")) AND (((MH Feedback) OR (TI Feedback OR AB Feedback) OR (TI experience* OR AB experience*) OR (TI view*) OR (TI Perspective*) OR (MH communication+))) OR "Patient feedback" OR "consumer feedback" OR "family feedback" OR "carer feedback" OR "carers Feedback" Database - CINAHL Complete 5,177

Embase (Elsevier) 65 results

((patient*:ti OR consumer:ti OR family:ti OR carer*:ti) AND (participation:ti OR engagement:ti OR involvement:ti OR partner*:ti OR collaboration:ti OR advoc*:ti) OR 'patient voice*:ti,ab) AND (feedback:ti OR experience*:ti OR view*:ti OR perspective*:ti OR 'interpersonal communication/exp) OR 'patient feedback' OR 'consumer feedback' OR 'family feedback' OR 'carer feedback' OR 'carers feedback') AND ('health care delivery/exp OR 'total quality management/exp OR 'constructive feedback/exp OR 'health care quality/exp OR 'quality improvement':ti OR improv*:ti OR timing:ti OR frequency:ti OR effect*:ti OR change*:ti OR 'patient-reported outcome/exp OR 'patient satisfaction/exp OR 'person centered care/exp OR 'outcome assessment/exp OR caring:ti OR humanness:ti OR consult*:ti OR collect*:ti OR frequency:ti,ab) AND ('systematic review (topic)/exp OR 'meta analysis (topic)/exp OR 'systematic review':ti OR 'systematic reviews':ti OR 'systematic literature review':ti OR 'systematic scoping review':ti OR 'systematic narrative review':ti OR 'systematic evidence review':ti OR 'systematic qualitative review':ti OR 'systematic quantitative review':ti OR 'systematic critical review':ti OR 'systematic mixed studies review':ti OR 'systematic mapping review':ti OR 'cochrane review':ti OR 'cochrane reviews':ti OR 'systematic search and review':ti OR 'systematic integrative review':ti OR systematically:ti OR 'meta analysis':ti OR 'meta analyses':ti OR metanalysis:ti OR metanalyses:ti OR metaanalysis:ti OR metaanalyses:ti OR 'meta review':ti OR 'meta reviews':ti OR metareview:ti OR metareviews:ti OR 'umbrella review':ti OR 'umbrella reviews':ti OR overview:ti OR 'review of reviews':ti) AND [english]/lim AND [2010-2025]/py AND ('article'/it OR 'article in press'/it OR 'review'/it) AND [embase]/lim

Cochrane Library (Wiley) 45 results

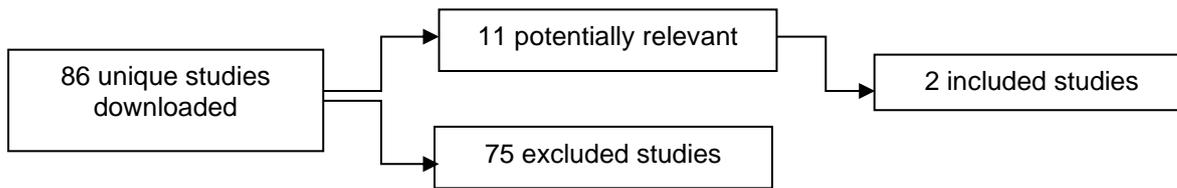
#1 ((Patient*:ti OR consumer:ti OR family:ti OR carer*:ti) AND (Participation:ti OR Engagement:ti OR involvement:ti OR partner*:ti OR collaboration:ti OR advoc*:ti) OR ("Patient" NEXT voice*):ti,ab) 2956
 #2 Feedback:ti OR experience*:ti OR view*:ti OR Perspective*:ti 24004
 #3 #1 AND #2 110
 #4 [mh "Delivery of Health Care"] OR [mh "Quality Improvement"] OR [mh "Formative Feedback"] OR [mh "Process Assessment, Health Care"] OR [mh "Patient Outcome Assessment"] OR "Quality Improvement":ti OR improv*:ti OR timing:ti OR frequency:ti OR effect*:ti OR change*:ti OR [mh "Patient Reported Outcome Measures"] OR [mh "Patient Satisfaction"] OR [mh "Patient-Centered Care"] OR [mh "Patient Outcome Assessment"] OR caring:ti OR humanness:ti OR Consult*:ti OR collect*:ti 662796
 #5 #3 AND #4 with Cochrane Library publication date Between Jan 2010 and Jan 2025 45

Search process

Additional searches and AI results using SciSpace 47

Screened through 451 results (108 duplicates) – 94 selected for relevance to be reviewed.

Results



Of the 86 unique studies identified, there was 1 umbrella review, 39 systematic reviews, 8 scoping reviews, 7 other reviews and 31 primary research articles. Following an initial review of titles and abstracts, 11 potentially relevant papers were identified (9 systematic reviews and 2 scoping reviews). All 11 potential papers were reviewed by the shortlisting team (3 researchers, 2 consumers, and 1 clinician), and 2 key articles were prioritised for review. These papers have been summarised in the table below.

Papers reviewed:

1. Doyle C, Lennox L, Bell D. **A systematic review of evidence on the links between patient experience and clinical safety and effectiveness.** *BMJ Open.* 2013 Jan 3;3(1):e001570. doi: 10.1136/bmjopen-2012-001570 <https://bmjopen.bmj.com/content/3/1/e001570.long>
2. Davis J, Sinni S, Maloney S, Walker L. **Strategies Australian Hospitals Utilize to Incorporate Patient Feedback in the Delivery and Measurement of Person-Centered Care: A Scoping Review.** *Clin Nurs Res.* 2022 Jun;31(5):782-794. doi: 10.1177/10547738211033098

First Author, year and type of study	Population and setting	Intervention or exposure tested	Study results	Assessment of quality and comments
<p>Doyle et al., (2013)</p> <p>Systematic review</p>	<p>Hospital and primary care settings are included.</p> <p>Diverse clinical populations and disease areas considered (including cardiac, cancer, diabetes, pulmonary, acute, hypertension, chronic, pain, mental health and general health conditions)</p> <p>Summarises evidence from 55 studies: (28 studies were conducted in the USA health context, and 26 in Europe. 1 older study (2008 data) included an Australian population (1 of 8 countries surveyed)).</p>	<p>Diverse patient experience and clinical effectiveness measures considered</p> <p>Patient experience measures/mechanisms included: both relational and functional aspects of patient experience (methods: survey, interviews, medical records) – these included both patient self-report measures of clinical effectiveness</p> <p>Clinical outcomes/effectiveness included: patient self-report (e.g. interviews, patient survey reports of undesirable events), medical records (e.g. physiological measures; disease prevention/management, immunisation, counselling services), data-monitoring of quality care indicators (e.g., death score, survival rates post-discharge, legal action); technical quality of care (e.g. Hospital Quality Alliance scores), medical outcomes/functional health status (e.g. health survey forms), follow-up visits, medical compliance.</p> <p>Considered whether studies examined patient or organisational factors within the analysis</p>	<p>Key findings indicate patient experience is positively associated with clinical effectiveness and patient safety and support the case for the inclusion of patient experience as one of the central pillars of quality in healthcare.</p> <p>Positive experiences were associated with improved outcomes for: health outcomes, self-reported health and well-being, adherence to treatments, preventative care, healthcare resource use, adverse events, and technical quality of care.</p> <p>A meta-analysis showed a positive association between the quality of clinician-patient communication and adherence to medical treatment (patients were 1.62x more likely to adhere to treatments when physicians received communication training).</p>	<p>Clinical implications: This study provides high-level evidence supporting the value of patient experience as a pillar of healthcare quality. The collated evidence showed positive associations among patient experience, clinical effectiveness, and safety.</p> <p>Limitations: heterogeneity across studies, potential for missing studies due to time-limited searches and inability to establish causality.</p> <p>Relevance to the research question:</p> <ul style="list-style-type: none"> Provides high-quality evidence that supports the positive association with clinical effectiveness and safety across all healthcare settings. Comments around communication, if the physician had received communication training, there are more associations with better patient outcomes (1.6x better outcomes). Did not address the aspect of the RQ for the CAT group on how to use feedback to improve healthcare. <p>Implications for MNHHS:</p> <ul style="list-style-type: none"> Strengthens the case for capturing and acting on patient feedback from all sources (compliments, complaints, surveys, etc) as part of ongoing quality improvement and research initiatives Suggests that patient experience data is visible in performance monitoring. Identifies training opportunities in clinician-patient communication interactions

<p>Davis et al., (2022)</p> <p>Scoping review</p>	<p>Australian acute hospital settings</p> <p>Adult patients only</p> <p>Excluded community or outpatient, radiology, and mental health services</p> <p>Summarises evidence from 16 studies from 493 screened</p>	<p>Strategies in acute hospital settings that utilise feedback from adult patients to improve person-centred care (PCC).</p> <p>Feedback was typically sought in the context of research (e.g. qualitative and participatory research approaches) across research design and implementation initiatives that incorporate various forms of patients in the design of interventions to improve PCC (feedback from patients was additionally incorporated in the design of questionnaires, interview guides, focus groups, and clinical practice guidelines).</p> <p>PCC strategies incorporating patient feedback included: measurement or assessment of person-centred care, patient and staff educational programs, clinical practice, and governance.</p> <p>Measures of relevance included patients' self-reports on outcome measurement tools, feedback, and data retrieval from clinical records (e.g., number of falls, complaints, need for 1:1 care, length of stay).</p>	<p>Findings indicated that PCC can be improved based on patient feedback. Patients preferred point-of-service feedback as a mode for collecting patient feedback; however, 30% of patients (n=247) would alter their feedback based on who collected the data, indicating that multiple methods and points of collection are needed to enhance patient outcomes and service improvements.</p> <p>Highlighted findings:</p> <ul style="list-style-type: none"> • Health literacy-inclusive governance: One study combined consumer stories, clinical incidents and wide consultation to design a governance framework. This included electronic portals for staff and patients, procedural protocols for creating patient resources validated by consumers, staff training on consumer partnership and health literacy, and health literacy coordinators. • Ward-level engagement: Statistically significant improvements in nursing care occurred when patient survey reports were discussed at ward meetings with the manager present, staff encouraged to take ownership of the results and improvements planned. • Staff training co-designed with consumers: Collaborative communication and PCC training, designed and delivered with consumers to affect the attitudes and behaviours of staff. • Patient-driven clinical practice guidelines: Tong et al. (2011) and Miller et al. (2017) described the development and approvals of clinical practice guidelines (CPG) with direct input from the patient cohort affected by the guidelines. 	<p>Clinical implications: This study compiled various patient feedback types and the strategies used to respond to them, aiming to improve healthcare. The most effective types of feedback and strategies, and when to use them for different purposes, are missing from the study. How clinicians can invite feedback and support patients to engage equally remains unclear.</p> <p>Limitations:</p> <ul style="list-style-type: none"> • No critical appraisal of included studies • Limited focus on effectiveness • Heterogeneity of studies and methods • Lack of longitudinal studies <p>Relevance to the research question: The study initiatives from this review fell into four broad categories:</p> <ul style="list-style-type: none"> • clinical practice • educational strategies • governance • measurement. <p><i>Strategies to augment digital and physical communication approaches, explore the difficulties for patients to provide feedback, and empower equitable patient-clinician information exchange require further exploration.</i></p> <p>Implications for MNHHS:</p> <ul style="list-style-type: none"> • Systematic processes to amalgamate complaints and feedback to capture significant themes of healthcare that identify improvement needs or reinforce quality care practices are needed. • Justifies integrating patient experience into governance and performance metrics in your strategy, reinforcing that improvements here can drive safety and effectiveness.
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Summary

Patient-Centred Care (PCC) combines patient experience and clinical outcomes, making them inherently connected. PCC is characterised by its responsiveness to individual patient preferences, needs, and values, ensuring these factors guide all clinical decisions. This approach empowers patients to actively participate in their healthcare actively, boosting their engagement and commitment to treatment plans and ultimately improving clinical outcomes. A better patient experience is consistently associated with safer, more effective clinical care. **Doyle et al. (2013)** found strong, cross-setting associations between positive patient experience and improved outcomes, such as adherence, symptom control, preventive care, fewer adverse events, and shorter hospital stays. Although causality could not be definitively established across the varied study designs included in the review, the evidence consistently and convincingly supports patient experience as a key component of healthcare quality alongside safety and effectiveness. This underlines the importance of making patient experience a formal organisational priority in healthcare quality.

Davis et al. (2020) mapped how Australian hospitals use patient feedback to drive PCC—grouping strategies into 1) clinical practice redesign, 2) staff education, 3) governance and consumer partnership, and 4) measurement/monitoring. A highlighted point was the patient preference for point-of-service feedback and the need for multiple feedback modes, given that approximately 30% of patients report changing responses depending on who collects the data. The review identified gaps in the literature; most studies were narrowly focused and rarely applied PCC measurement tools at scale or used feedback data to demonstrate improvements. Evidence indicates that patient feedback during ward rounds depends on the patient's physical ability and health literacy, as well as on the opportunities clinicians provide for information exchange. How to influence clinician behaviour and support equitable engagement remains unclear, emphasising the need for standardised terminology and routine PCC measurement. Collectively, these reviews support integrating patient feedback into a structured, transparent system that directly informs care delivery, governance, education, and quality monitoring. Strong evidence shows that improving patient experience is linked to better safety and clinical outcomes, but research on which feedback-driven strategies accomplish these improvements is less developed.

Discussion points that arose during the CAT process included:

- Training for clinicians in de-escalation, communication (including how to support communication with patients who have diverse communication needs or impairments), and cultural sensitivity may improve patient experiences and adherence.
 - The potential for assessing and collecting patient feedback on communication effectiveness in healthcare interactions may help identify staff training needs related to enhancing patient care experiences and adherence to medical treatments.
 - Communication efficacy is influenced by cultural sensitivity, timing of information, health literacy, and mode of delivery (face-to-face versus online or postal options).
- Measurement of Patient Centred Care (PCC).
- Integration of digital platforms – could improve timing of information delivery – how to gather real-time feedback to enable earlier interventions – timely, responsive practices by treating teams can enhance the patient experience.
- Awareness among patient treating teams of feedback received.
- Health literacy – facilitating patient feedback.
- Cultural sensitivity and face-to-face feedback.
- How does feedback inform practice?

Further research is needed to determine how patient feedback influences clinical practice and to examine the impact of clinician communication training on patient outcomes. Well-designed trials and implementation studies are necessary to evaluate feedback-based strategies and their effects on both experience and clinical results. Reviews of how hospitals use the collected patient experience data are essential to close the feedback loop. A second CAT to examine 'What is the best available evidence to improve patient experience in healthcare settings' (which may include clarifying the definition of patient feedback) is recommended.

Implications for Practice & Research

To realise the potential benefits of patient feedback, it must be gathered through multiple channels, analysed, translated into actions, and tracked alongside other clinical indicators using standardised PCC measures. Currently, there is no established best practice for collecting patient feedback; however, reviewed papers demonstrated a variety of processes for capturing feedback and the complexity in managing it. We do need to improve and implement changes; this may include providing a clearer definition of patient feedback.

Following the completion of the CAT, it is proposed that the Metro North Clinical Governance team:

1. Move from siloed feedback channels and develop a framework that offers a coordinated, structured system allowing Metro North Health to collect, analyse, and act on patient feedback.
2. Explore opportunities for Metro North to use digital platforms to provide real-time feedback to frontline staff.
3. Implement targeted strategies to engage underrepresented groups, including culturally appropriate methods for collecting feedback, such as Yarning circles.
4. Continue utilising data to measure patient-centred care and improve the management of feedback loops.
5. Invest in staff capabilities to enhance skills in effective communication, integrating patient feedback into clinical practice, and partnering effectively with consumers.

Further research is required to follow up with another CAT question: '*What is the best available evidence for improving patient experience in health care settings?*'

Social media post suggestion (140 characters)

- Evidence shows better patient experience = safer, more effective clinical care. Patient feedback matters, but further research is needed on which strategies deliver in real time.

Critical Appraisal Topic Group Team Members

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- Claire MacBean – Assistant Director of Nursing, Metro North Clinical Governance

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