

PEN AWARDS 2026 · INDEPENDENT EXCELLENCE IN EXPERIENCE OF CARE

From Feedback Collection to Patient Experience Intelligence

Charter Medical Private Hospital

An independent hospital's listening capability — built in-house, in six months



CharterMedical
Private Hospital

Who we are

Charter Medical Private Hospital is a 77-bed Irish private hospital, offering a wide range of diagnostic, treatment and surgical services for adult and paediatric patients in a caring, child-friendly environment. CHKS-accredited.

77

beds

5

feedback settings

~300

staff

0

external vendors

Outpatients · Minor Injury Unit · Endoscopy · Surgical Ward · Step-Down & Rehabilitation

Our values — patient centric, responsibility, collaboration, relationships based on trust, pride in what we do — require feedback to be acted on. Everything you will see runs on the hospital's own Microsoft 365 — no external vendor.

Where we started

Before 2026, feedback was already collected, analysed and presented to leadership — but department by department.

And the ground was shifting: our patients are also customers of Amazon and Ryanair, and they choose their hospital. Meanwhile Ireland entered a trust moment — trust is no longer built on reputation; it is earned inside the experience itself.



No shared taxonomy

The same comment meant different things in different areas — hospital-wide trends could not be assembled.



No alerting

A poor experience could sit in a pile of forms until someone read it.



No common denominator

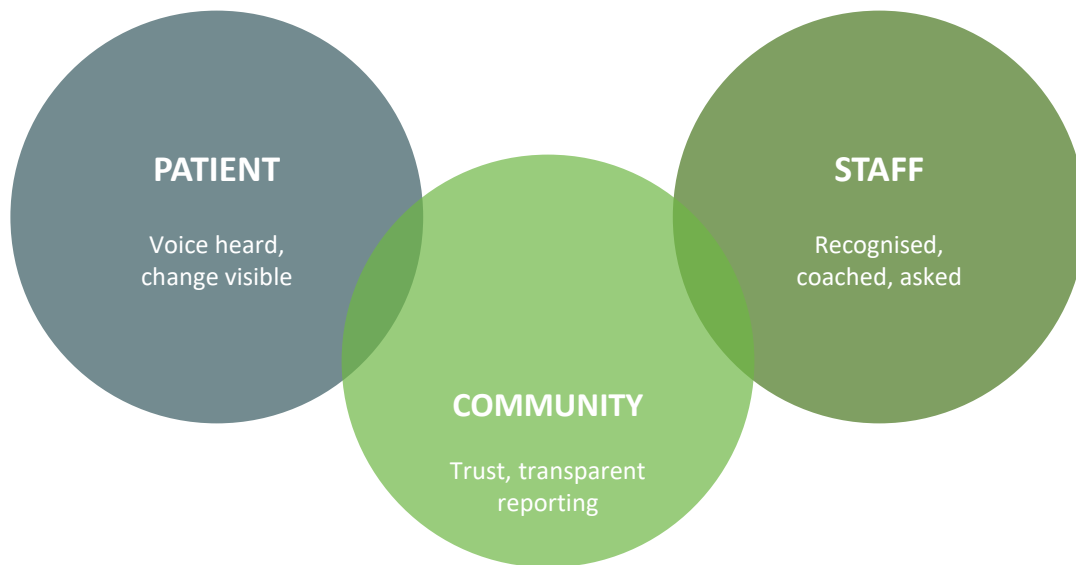
Five departments, five pictures — results could not be compared across the hospital.

The vision

Move beyond collecting feedback — turn patient voice into better decisions and better care.

One human experience

The Beryl Institute principle behind the whole design: patient, staff and community experience are interdependent. You cannot lift one without the others.



So this is not a patient survey system with a staff module attached. Every component serves at least two of the three.

One pathway for every comment



QR, online and paper —
continuously

Low score notifies the
manager in real time

Coded to a 14-category
taxonomy

KPI registers and Power BI,
monthly

Named owners and “You Said,
We Did”

14 categories, mapped to the patient journey

Admission · care · environment & safety · discharge · cross-cutting domains

Four Patient Experience Index parameters

Environment & premise · facility quality & staff · operations · treatment

Built so every patient can answer



QR at the point of care — a scan takes under a minute



Paper kept as a respected channel, not a fallback



On the ward, beside the "You Said, We Did" board

Six months, January–June 2026

2,897

patients gave feedback

14% → 26%

pooled response rate

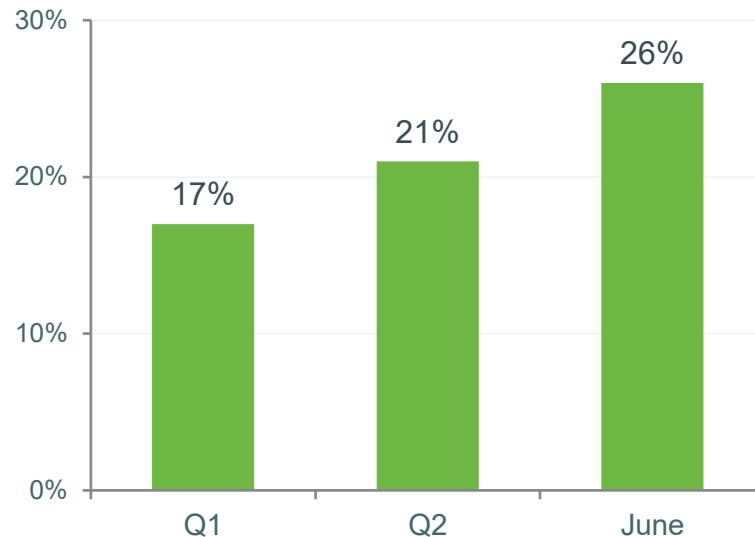
84–100%

satisfaction, wherever measured

247

times patients named a staff member in thanks

Response rate vs 28% target



Figures from KPI registers, Medbase denominators and monthly executive reporting.

THE INSIGHT

The insight that changed the work

Early data showed response rates as low as 8% in some departments — while satisfaction stayed between 84% and 100%.

*Low response ≠ unhappy patients.
It meant asking wasn't yet a habit.*

So the lever was the staff who ask, not the patients who answer. We treated patient experience and staff experience as one system — point-of-care prompting, monthly department reporting, named praise fed into recognition.

Where asking became a habit

58%

Step-Down Unit response in June — above target every single month. Our fastest-improving unit grew ×2.6 in one quarter.

The loop actually closes

In Endoscopy, patient comments drove:

- Consent forms sent before appointments
- Procedure reports given before discharge
- Stronger identity checks
- **Patients said they could be overheard at admission — individual admission bays from July 2026**



"You Said, We Did" — Surgical Ward

Between Q1 and Q2, waiting-time issues fell from 39% to 31% — so leadership can see whether actions shifted the data, not just that something happened.

The loop closes for staff, too

Feedback does not only change the ward — it teaches the team.



Micro-coaching, from our own data

Monthly classification picks the topic patients actually raise; it becomes a five-minute module, delivered online or on the floor — no generic external training.



“The First Five Minutes”

The first module: seven coachable hospitality behaviours — greeting, comfort checks, walk-don't-point — now rolling out across all five departments.



Praise goes back by name

Every time a patient names a staff member in thanks, it reaches that person through the Staff Recognition Programme.

ENVIRONMENT & HOSPITALITY

Seven Techniques

Patients remember how they were treated as a person, not just the clinical care.
Your presence, your words, your small actions — that's what stays with them.

- 1 **The 10-5 Rule**
Greeting patients
- 2 **Proactive Comfort Checks**
Ask before they complain
- 3 **Acknowledge the Environment**
Show empathy when it isn't ideal
- 4 **Walk, Don't Point**
Escort, don't direct
- 5 **Small Hospitality Touches**
A glass of water, a chair, a blanket
- 6 **Explain Waits and Delays**
Information reduces anxiety
- 7 **Create Calm in Chaos**
Your presence matters

Before your next shift, ask what the patient:

SEES

Is the space calm and clear?

HEARS

A greeting? Or silence?

FEELS

Comfortable? Or uncertain?

Charter Medical Private Hospital - Patient Experience Programme 2024
Version 1.4, July 2024 - Content and Design: Mariana Kallomaki, Patient Experience



Seven Techniques coaching card — designed and produced in-house



Seven techniques — seven voices

When the techniques are used, this is what patients tell us — one verbatim comment for each.

1 The 10-5 Rule

“From the moment I walked into reception everyone was so helpful and nice. Kind, smiling faces.”

2 Proactive Comfort Checks

“Very attentive and caring staff. Receptionists kept asking if we needed water.”

3 Acknowledge the Environment

“Made me feel very at ease straight away. Acknowledged I was anxious and felt heard.”

4 Walk, Don’t Point

“Friendliness and courtesy of staff at all times, quietly moving from stage to stage, no fuss or rush.”

5 Small Hospitality Touches

“The nurse put me at ease and even made me a cup of tea, which was much appreciated.”

6 Explain Waits and Delays

“We were kept informed of what was happening next, which was a great help.”

7 Create Calm in Chaos

“I was feeling unwell before the procedure and all staff reacted very quickly and got me comfortable and sorted.”

What we'd tell anyone starting



Response rates are structural, not attitudinal

The strongest lever is staff asking at the point of care.



Separate ownership clearly

One function owns the system and intelligence; managers own local collection and action.



Paper is inclusion, not failure

Digital-only quietly excludes older and less confident patients.



Governance before sophistication

A policy, a service-recovery route and named owners make it safe to act on what patients say.

Early by design — built to grow

The core is stable; components are added only as the foundation proves itself.



Standardised question set and NPS across all departments



Multilingual tablet collection



Patient Advisory Group — from feedback to co-design



Health-equity monitoring — whose voices are missing?



Annual Patient Experience Report

Standard tools, mapped to CHKS accreditation standards and HX2030 — any Irish organisation could adopt this without new procurement.

Patients are not only asking for good clinical outcomes. They are asking whether they can trust the process they are entering.

It is not a bigger survey.

It is a listening capability leadership uses to prioritise, act — and check whether care improved.

Thank you

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