Reviewer’s report

Title: Postal Survey Methodology To Assess Patient Satisfaction in a Suburban Emergency Medical Services System: an observational study.

Version: 1 Date: 5 December 2006

Reviewer: Jose M. Quintana

Reviewer’s report:

General
The authors present an interesting work and of certain difficulty of accomplishment and in a field (EMS) in which is not very common this type of research. But the low answers rate, the absence of information on who responded and did not respond, and the little information that provide on the patients who they take care of and on the satisfaction of their patients, given to the brief satisfaction survey they used, make the manuscript less interesting and relevant. The authors must have developed a work that avoided or responded to all or some of these previous problems. The study was conceived to be made quickly and with low cost and that, consequently, has lead to relatively poor results. The authors are not able to respond to many of the important questions that arise (possible presence of bias by the high non-response, null information on the responders… etc.) and that the very same authors asked themselves. The article could and should be improved substantially. Given the special characteristics of the EMS field I have considered that if the authors work thoroughly the whole article and provide with more information and a better discussion the article could be worthwhile.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Methods
It would be important to know the explicit exclusion reasons, and how many people were excluded by each one of those reasons.
How many people were excluded by each of the reasons that they include in a sentence of methods section “Setting” saying: “Patients were not sent to survey if they were nursing home residents, had mailing address or were known to does not see homeless, had sustained to cardiac arrest, or were to repeat to customer within the same survey mailing period and had therefore already received to survey”

Results
It would be interesting that the authors included in a first table a descriptive statistics of the characteristics of the patients who were selected to participate in the survey (age, gender, reason for consultation… etc.) as well some technical/ quality indicators data (as mean response time, outcome measurements .. etc) by year.
The five closed-ended questions of the questionnaire, were answered by all the responders? if the answer is no, as is expectable, they should include in Table 2 the number of answers to each question, and between parenthesis the percentage from the total on all the responders, and by year.

Discussion
The authors of the study had to make a deep discussion on which would be the impact (in the rate of answer and the economic impact, among others) if they would apply some of the measures that they themselves mention will improve the answer rate (the uses of colored inks, personalized questions, repeat mailings, or follow up telephone calls), with , quite likely, not a so important increase in cost. It seems evident that the answer rate that they reached, mainly in the first year, is the expected in many types of surveys if only one mailing is made, and that rate can be increased until around 70% if some of the techniques that the authors mentioned are used. Are they nor worthwhile? Give some explanations.
The authors must make a deeper discussion in this section on what implies to have a so low answer rate, as well as which one is the optimal one (that obviously does not have to be in a 40%), and have to explain at the end of that section what kind of possible futures studies are necessary in this field.
The authors had to discuss if they think that the survey they used was really measuring the satisfaction of
their patients. A so high rate of satisfaction can be real or can be that the adequate questions that the patients would expect or may need to detect quality problems were not made or not in a form in which they could obtain more critic answers. For that reason, the fact that they found a so high satisfaction rates had to be a reason for reflection for the authors, mainly because they used a tool that see me not validated. In relation to this also discuss the subject of the missing responses. And, they had to compared their study and results with similar studies, not only as far as answer rates and level of satisfaction but also as methodology employed.

It would be good that the authors of the study will finish the manuscript with a series of recommendations of how to improve its own methodology (the questionnaire and the collection of data fundamentally) in the near future to do a more robust study methodologically and, so, to be able to obtain conclusions that allowed them to identify real problems and to introduce the opportune changes in their daily work. That is the only way that a health quality program may work.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Change in page 7, last paragraph: “chi-square tests” to “the Chi-square test”.

Please, explains what corresponds to each one of the abbreviations of the first paragraph of page 6: EMT-B/EMT-B, EMT-P/EMT-P, or EMT-P/EMT-B

Include references on “Our early response rate of 43% is similar to comparable reports”.page 9, 1st para.

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests