Reviewer's report

Title: The association between survey timing and patient experiences with hospitals: results from a national postal survey

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Reviewer: M Beckett

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This study finds that delays in sending the survey is associated with worse reported experiences, but that this seems to be explained away by controlling for patient health status at time of interview. The authors conclude that “response time” (how defined in this article) is “unrelated” to patient experiences and that based on these analysis, “Protocols for local and national inpatient experience surveys with hospitals have flexibility in relation to time from discharge to posting of survey, at least up to five weeks.”

Major compulsory revisions

My key concerns with the article relates to the interpretation of prior literature and the conclusions/implications drawn from this study. These issues can be addressed. My major concerns:

1. Can you the authors please clarify the key predictor variable: “Response time was computed as the difference between date for response registration and date for first postal mailing.” Does response registration refer to compiling list of all discharges in the past 14 days (in which case response time is really “first mailing time”) or is it days between discharge and survey completion? The answer has important implications for my comments. Elsewhere, the authors describe “survey timing” which implies that they are measuring days until survey is initially sent, which is entirely under the control of the survey firm/hospital.

2. Literature review is incomplete. The literature review contains one randomized trail of time between discharge and when survey sent based on a small sample (<2000) and several other observational studies that involved mode change. The authors say that the other observational studies which tend to find worse experiences for patients with greater delays when interviewed may be an artifact of change in survey mode and that the exception (based on the randomized study) which finds worse outcomes only for the longest duration group for two of six measures. The literature review can be strengthened by referring to Elliott et al. (2005; Health Services Research) CAHPS analysis. This is a very large observational dataset. They find that time between discharge and survey completion (which is related to survey protocol and patient characteristics, since patients with worse health outcomes are more difficult to track) is negatively related to patient experiences and this study did not allow mode to change over time.

3. Description of the randomized trail can be more detailed. In particular, this
study had a compelling design, but a very small sample size. The authors should note this limitation and that, with a larger sample size such as that used in the current study or CAHPS, it is likely that the lower total problem score reported by patients in the group with the greatest time since discharge (>5 weeks) group would have reached statistical significance. As it is, two of six measures that go into the total score did reach statistical significance.

4. The recommendations are misleading. The authors conclude that time since discharge (up to 5 weeks) is unrelated to patient experiences and therefore survey firms have flexibility and when they administer. But the results show that as in other studies (including CAHPS), patients in the group with more days since discharge have worse outcomes and we know from other work that patients with more health problems tend to be more critical of their health experiences. Hospitals that wait up to 5 weeks will disadvantage the health profile of their respondents and their ratings. Some flexibility is probably ok (and probably necessary from an implementation point of view), but adjustments should be made to account for both time since discharge and patient health status to ensure a level playing field for hospitals being evaluated. These results are consistent with such adjustments.

5. The article would also benefit from a close read by the BMC copywriter to clarify some of the English usage, but is generally well-written.

6. If “response time” refers to time between discharge and when patient completes the survey, then the authors should clarify this and should also note that response time is a function of time it takes to track patient which is confounded with patients’ characteristics (e.g., institutional transfers, readmissions, etc.) and survey protocol.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.