Reviewer's report

Title: Patients experiences with quality of hospital care: the Consumer Quality Index Cataract Questionnaire

Version: 1 Date: 1 June 2007

Reviewer: Xavier Castells

Reviewer's report:

General

The manuscript shows an interesting work on patients’ satisfaction by proposing a specific instrument for its assessment. However, in the introduction, the authors do not sufficiently justify the need to propose a new instrument for measuring quality, they only describe the background of the evaluated instruments (QUOTE and CHAPS).

Discussion should deepen in some topics, because it is more descriptive than interpretative of the results. For example, how should the items not entering the factorial analysis be interpreted (Q14, Q15, …)? How should be interpreted the lack of influence of the dimension ‘communication with nurse’, when nurses are the personnel that may have more contact with the patient? Or maybe nurses have a minor role in the case of cataracts, opposite to other pathologies that need more hospital follow-up?

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

1. It is not clear how patients were sampled, specially the first 5,323 patients

2. Questionnaires should be described in more detail. First, what does exactly mean ‘experience’ and its difference with ‘importance’? Second, there is no example of the 41 items.

3. Which method was used for the interviews? Self-administrated, mail, face-to-face…?

4. Would it be a limitation the fact that only CQI Cataract Experience was analyzed when both questionnaires (CQI Cataract Exp. And CQI Cataract Imp.) were asked?

5. The minimum number of 10 patients per hospital in the multilevel analysis should be justified.

6. The authors do not sufficiently justify the adjusting variables. Specially anaesthesia. It is evident that the practice of anaesthesia in cataract surgery has substantially changed in the last years, however, which should be justified is its influence in satisfaction. On the other hand, it is not clear to this reviewer why hospital-related variables are included

7. As the authors comment in the discussion, the group of patients older than 64 should be divided. At least in 65-74 and older than 74.

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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)

1. The change in the answers of the original QUOTE may lead to changes in its validity. Authors should comment on it in the discussion.

2. In page 8, the case-mix variables used in the model should be described.

3. Table 3 could be excluded and only referred to in the text.

4. Table 4 needs a footnote explaining the abbreviations and column values inside and outside
Discretionary Revisions (which the author can choose to ignore)

Conceptually, questionnaire values should not be presented in the same table than sample characteristics (table 1).

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

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests