Reviewer’s report

Title: Impact of Chronic Obstructive Pulmonary Diseases clinical pathway on clinical outcomes: A Case Study In A Teaching Hospital In Malaysia

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Reviewer: Eugene Haydn Walters

Reviewer’s report:

Overview:
I enjoyed reading this paper, although the English language style and grammar (which started well), progressively declined in quality and needs lots of editing.

Major issues:
Although i can understand the difficulties in undertaking an formal RCT of this sort of intervention a single institution, an historically controlled tudy has the inherent problem of potential changes over time in the nature of the study population. This seems to have occurred here with significant differences over time in active smoking, education status and weight profiles, for example. Unfortunately, these factors could well influence the very outcomes of interest.

Is not the age spectrum for inclusion rather bizarre for a study of smoking-related COPD, even in Malaysia? I would have thought that age 50 or 55 and above would be necessary to try and limit to non-asthma and non-chronic sepsis etc.

Although this paper is about an intervention of a new specific clinical pathway, exactly what this consists of is not detailed nor even the principles outlined. Was the decrease in Type 2 respiratory failure, for example due to better oxygen management?

An important aspect of the discussion relates to cultural resistance to change, but what the local experience was of this needs to be detailed and indeed should be very interesting and important part of the paper for other centers in Asia and beyond to have a a reference and learning point.

Although it must have been done, I assume, since the details are given on COPD GOLD severity, details of spirometry per se as an inclusion criterion are not given, but should be.

Conclusion:
I wonder if this paper would not be better as a more descriptive essay on the process of developing clinical pathway guidelines in a developing Asian country, with more emphasis on change strategies, the nature and quantity of resistance to uptake, and patient/junior doctor acceptability etc, rather than this attempt to try and prove a clinical benefit which is always difficult and here not totally convincing. A cost analysis would be worthwhile as part of that, albeit in a fairly
general way as the clinical benefit side would not be fully available...but whether this strategy had any inherent cost risks could be included.

**Level of interest:** An article of importance in its field

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

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

**Declaration of competing interests:**

none!