Author's response to reviews

Title: Assessment of Quality of care given to Diabetic patients at Jimma University Specialized Hospital Diabetic Follow-up clinic, Jimma, Ethiopia

Authors:

Esayas K Gudina (esakgd@gmail.com)
Solomon Tamiru (solomontamiru@yahoo.com)
Fessahaye Alemseged (fessahayeatd@yahoo.com)
Rana Ram (usctrojan.rana@gmail.com)

Version: 4 Date: 23 May 2011

Author's response to reviews: see over
Author's response to reviews

Title: - Assessment of Quality of care given to Diabetic patients at Jimma University Specialized Hospital Diabetic Follow-up clinic, Jimma, Ethiopia

Authors: -

1. Esayas Kebede Gudina (esakgd@gmail.com)
2. Solomon Tamiru (solomontamiru@yahoo.com)
3. Fessahaye Alemseged (fessahayeatd@yahoo.com)
4. Rana Ram (usctrojan.rana@gmail.com)

Version: 2 Date: 11 May 2011

Author's response to reviews: see over
Reviewer's report

Title: Assessment of Quality of care given to Diabetic patients at Jimma University Specialized Hospital Diabetic Follow-up clinic, Jimma, Ethiopia

Version: 2 Date: 27 January 2011

Reviewer: Kirsten J Coppell

Reviewer's report:

Overall this study covers an interesting worthwhile subject area. Many published audits of diabetes care have been conducted in Western countries, and this study presents a different set of challenges for diabetes care in an under developed country. A lot of information is presented.

Major compulsory revisions

1. The paper would benefit from being written more concisely, particularly the introduction and results sections. The introduction would benefit from primarily focusing on quality of diabetes care and the current situation in Ethiopia, and substantially reducing the part giving an overview of diabetes complications and risk factors.

   The whole manuscript, including the abstract, was extensively edited and re-written. The introduction was written in the way commented and the aims of the study were added at the end of this part as commented by reviewers.

2. Currently I do not think all the results presented contribute to answering the study question as stated in the abstract (‘to describe the gaps in the care of diabetic patients at Jimma University Specialized Hospital and devise ways to improve it’). Presenting the process measures (number and proportion who had had the various recommended clinical and laboratory measures) earlier in the results section would provide a better context for the outcome measures. It is important to know what proportion of participants did not have various measures completed when considering the mean values. For example table 6, shows that 68% of participants had weight measurements during the last 3 visits. The missing weight measurements may affect the mean weight and units of insulin/kg presented in the text (paragraph 2 of ‘Adequacy of glycaemic control’ section).
The mean weight (64.4kg) seems relatively low. Did the proportion having weight measured differ between type 1 and type 2 diabetes patients?

The result section was structured according to the aims listed in the introduction into five parts. Some of the contents were omitted. Particularly, repetitions of the findings in the text and on tables were avoided. Findings which did not have significant relevance in answering research questions were also omitted from the texts. Because the weight measurements were incomplete and presenting the mere value of the average weight of the patients is of no significant relevance in answering research questions, this was removed. Only proportion of patients who had weight measurements was mentioned. The average insulin need per kg per day was also omitted because of similar statistical inconvenience.

3. The discussion needs to be better structured and focused. The key results followed by possible explanations would help to provide some structure. There are some statements which require explanation, the first and foremost being why was HbA1c not done? Is this a funding/nonavailability issue? And why was body mass index not calculated? Comparisons are made with the Beaton study, yet there are differences between the two study populations. I note that the Ethiopia population was much younger (19% aged 15-34 years) than the Beaton study population (3.4% aged 18-39 years in the diabetes chart review population).

Also, although the proportion of type 1 diabetes patients in the Beaton study was not stated, it appears that the Ethiopia study most likely had a much higher proportion of type 1 diabetes patients (36%). This higher proportion of type 1 diabetes patients is likely to influence the results and any potential comparisons. A paper presenting results from a hospital based diabetes clinic audit would be a better comparison.

- Regarding why HbA1c was not done, the investigators were not involved in doing any laboratory and the findings of laboratory results were solely from patient’s record. Besides, there is no access for HbA1c in all public health sectors in Ethiopia.

- Comparison of most the variables are now done with findings of previous studies in Ethiopia rather than ADA guidelines and western studies.

Minor essential revisions
1. There a number of typographical and grammatical errors throughout the paper.

   *Yes, we will agree that there were typographical and grammatical errors in the paper and we feel sorry for that ignorance. Every attempt has been done to reduce that in this version.*

2. The study question is stated in the abstract, but should also be stated at the end of the introduction section.

   *Correction was done as mentioned above.*

3. In the data collection section of the methods, please state what data were collected from patients. Was it demographic information only or was other information gathered that was not presented? Most of the data presented appears that it came from the medical notes only.

   *Data collection procedures were stated in the method part regarding what were collected by interview, what were obtained from patients chart, how interview was done, who did that, and privacy of the patients.*

4. In ethical considerations of the methods section, please explain what is meant by the sentence “Only interested subjects were included in the study.” Does this imply more than 329 people were invited and some refused to participate? If this is the situation, then what was the response rate? And did the non-responders differ from the responders?

   *This was also well mentioned in the newer version. Patients were asked if they were willing to participate in the study. Those who were not willing to have their details uncovered for the study (19 patients), no farther details were obtained from them and their charts.*

5. In the third paragraph of the ‘Adequacy of glycaemic control’ section is stated, ‘….no attempt for glycaemic control was made for 69.3% (158) of patients with suboptimal control (Table 3).’ How was ‘an attempt’ defined? Please state whether this was medication modification only or whether it included providing lifestyle advice also.
The phrase ‘attempt for glycaemic control’ in table 3 and elsewhere was replaced by ‘treatment modification.’ It includes life style change, dietary modification, and pharmacologic treatments.

6. In the first sentence in the ‘Assessment of efforts done to watch for and prevent diabetes related morbidities’ section it states ‘...only 68.1% of the patients had their weight measured on each visit of the last 3, the mean for them was 64.4+/− 12.1kg.’ Please state which result from each individual’s 3 clinic visits was taken to calculate mean values. Was it the last visit or were the three visit results averaged for each individual? Also state in the methods whether the same was done for the other process measures where a mean was calculated eg blood pressure, glucose.

    Average weight was omitted for the reason mentioned above. Otherwise, mean BP, FBS, doses of glucose lowering agents and weight (if mentioned), were calculated averages of the last three measures. (Stated in the method part)

7. Please include an explanation for each of the abbreviations.

    Comment accepted! Explanation for each of the abbreviations was given at least once where they were mentioned first.

Discretionary revisions

1. Was there any attempt to assess provision of lifestyle advice or seeing a dietitian? If so, it would be worthwhile to present these results.

    Regarding the issue of life style advice and dietician, no dietician at all in the hospital, probably in the country! Patients were asked whether they attended diabetic health education. Issue of diabetic health education at the hospital cannot be over emphasized due to the fact that it is given, if any, by nonprofessional groups. Explanation was given for this in the 'setting' part of methods section.

Minor essential revisions

There a number of typographical and grammatical errors throughout the paper.

Comment well accepted
Reviewer's report

Title: Assessment of Quality of care given to Diabetic patients at Jimma University Specialized Hospital Diabetic Follow-up clinic, Jimma, Ethiopia
Version: 2 Date: 28 February 2011
Reviewer: Bibbi Smide

Reviewer's report:
Dear authors,

It is a privilege for me to get the opportunity to review your manuscript. I think it is very important to highlight the situation for diabetic patients in your country. In comparison with western countries there are very few scientific articles available from Africa. As more and more people in most countries have to struggle with diabetes it is most interesting and necessary to perform these studies.

My suggestion is that you consider my comments and thereafter I am happy to review your manuscript again.

My comments:
The Background
You should state the aim also in the background. I lack a specific aim telling what you are going to study. In the abstract it is written to describe the gaps in the care of diabetic patients at Jimma University Specialized Hospital and device ways to improve it.
You end up your background part by writing Findings of this study will etc. I consider this sentence to be a kind of conclusion – recommendations after reading your results.
When reading the results the sub-headings are;
1) Background characteristics
2) Adequacy of glycemic control
3) Assessment of adequacy of hypertension management

4) Assessments of efforts done to watch for and prevent diabetes related morbidities

Your aim should include something like – the aim is to describe the current situation for a group of Ethiopian diabetic patients regarding diabetes specific characteristics, assessment of hypertension management and the occurrence of diabetes related morbidities. Another aim was to investigate the diabetic patients’ satisfaction with diabetes care. This second aim indicates that I suggest that you include another sub-heading namely patients’ satisfaction with current diabetes care.

*Study question were well stated in introduction exactly as commented.*

**Methods**

I suggest that you start with a sub-heading study-design. The reader then gets a very good chance to understand what you are doing. Go on with next sub-heading Settings. Here you give some information about how often patients mostly come to the clinic. Do they have a diabetes specialist nurse? What diabetes education do patients get? Does each patient keep his own chart regarding treatment or how is this organized? You write – there occasions, how often was this, three times a year or what? A brief description would be very useful in order to get an overall picture. Include study area under this sub-heading.

Your text under the sub-heading Selection of study participants. You write that you used a simple random sampling – how did you do then? I understand that you had a kind of consecutive sampling as patients were included in the study until you reached the needed number. Were all patients who you approached interested in participating in the study? I consider that the sub-heading data collection includes the concepts procedure and measurements. How did the interviews take place? Did the patients fill in the questionnaire? Illiterate patients, were they asked questions and somebody else filled in the questionnaire for them? Were all patients interviewed in the out-patient room or did they have any privacy?

The pre-tested questionnaire – how was this test done? Did you use a well-known questionnaire? Had it been used in other studies? Or was it specifically developed for this very study? How many questions were included? How did you measure patients’ satisfaction? Patients’ attitudes regarding care given to them?
Please specify the measurements you used; for example all blood tests were done using the same investigation equipment? Weight on a weighing machine, the same for all? Etc.
Also how did you differ between type 1 and type 2 diabetes?

Method part was re-arranged with new sub-headings according to the comments. Most of the questions raised by the reviewer were addressed in the setting section in the new version. There are no diabetes specialist nurses at the hospital. The general organization of the clinic was also mentioned.

Sampling method was not really a random sampling method. Patients were asked for their willingness and included in the study until the planned sample size was obtained.

Data collection procedures were stated in the method part regarding what were collected by interview, what were obtained from patients chart, how interview was done, who did that, and privacy of the patients. Selection procedures of participants are also stated.

Results
You need not repeat the information in the text in the tables – please check.
Do not use abbreviations if you do not explain what it means. For example SMBG and you have in table 1 written SMBGL??

Please check all tables.

Comments accepted corrections were done accordingly. Result part is now separated into five parts. Patients’ satisfaction with diabetes care is now added as additional part.

Discussion
Why did you compare your results with the American (ADA) ones?

Comparison with ADA and Western studies omitted and similar studies in the country were used as comparison instead.

I understand that all patients were given drugs free of charge – was this the case for those participating in your study or did all patients get drugs free of charge?

For most of the patients with chronic illnesses (DM, hypertension, Seizure, etc.), the drugs are given free of charge at the hospital.

Also, I think you could highlight the need of diabetes education – both for patients and staff.

Comment included in the setting part.

Misc.
Go through and make sure that your manuscript uses proper English. Consider the use of diabetes – diabetic.

Comments accepted and we tried to re-write the whole manuscript to decrease all the mentioned pitfalls.

Conclusion
Please work with my suggestions and make alterations accordingly. I will thereafter review your manuscript again and maybe I will have some more suggestions when I have gone through it again.

Best regards
Bibbi Smide

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:
I declare that I have no competing interests

Additional comments by authors: -

Number of references was reduced after re-editing the whole manuscript.
In general, all the comments were well addressed and most parts of the manuscripts were re-written. We are ready to take further comments until our manuscript is published and reaches wider audience.