Reviewer's report

Title: Different patient subgroup, different ranking? Which quality indicators do patients find important when choosing a hospital for hip- or knee arthroplasty?

Version: 2 Date: 18 July 2011

Reviewer: Ingeborg Strømseng Sjetne

Reviewer's report:

2. Are the methods appropriate and well described?
   Minor Essential Revisions
   I find it somewhat hard to conceive what analyses that have been performed and suggest that the methods section is reviewed critically and together with the tables.

   Some confusion comes from the difference in the sentence in page 9, “The difference in mean score was tested by adding [*] a subgroup variable (e.g. gender) to every indicator in the assignment” compared to the footnotes of tables B, C, and D.

   [*] Is “adding” the best choice of words here?
   On page 9, paragraph 2, it could be written explicitly that subgroups were generated by dichotomizing the variables describing individual characteristics.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Minor Essential Revisions
   Some repetition Results-Discussion, for example page 11:
   “When we look at the ranking of the clinical performance indicators, we saw that younger patients, men and patients with a lower educational level ranked information provision before surgery as most important instead of the presence of procedures to prevent adverse effects of thrombosis (…),

   and Page 15: “In addition, younger patients, men and patients with a lower educational level ranked information provision before surgery as most important clinical performance indicator instead of the presence of procedures to prevent adverse effects of thrombosis”.

3. Are the data sound?

and

5. Are the discussion and conclusions well balanced and adequately supported by the data?
The description of the sample is improved in the revised manuscript. It is clear the study sample does not reflect populations beyond itself.

Major Compulsory Revisions

In my opinion, the manuscript implicitly draws a conclusion that goes further than the data allow for, even if some reservations were presented in the previous version (and the exploratory character of the study is emphasized) and some were added to the revised version. For example in the abstract, given the composition of the study sample, I think the study provides an insight into “that” rather than “how” subgroups of patients differ in the value they attach to the various pieces of information. Also, in the start of the discussion the wording alludes to THA/TKA-patients in general, in my opinion it should be limited to the study sample. It is still an interesting result as a “first impression”. On page 19, the following sentence implicitly states that the conclusion in the present study is valid for the population of THA/TKA-patients “For future research we would recommend to examine which quality indicators are important for other patient groups when choosing a healthcare provider, in order to develop relevant comparative healthcare information for them as well.”

6. Are limitations of the work clearly stated?

Minor Essential Revisions

If numbering is to be used in the text, it should be used consistently through the paragraph. In general, this part needs a clearer structure, for example all the weaknesses that were results of self-selection can be discussed together and not as one phenomenon apart from the other; different age, different level of interest etc.

Page 17. That the self selection can bias the results is self-evident, but there is no reason to believe that they “can slightly bias the results”.

9. Is the writing acceptable?

Minor Essential Revisions:

Page 8; “The scale showed high reliability (κ=.77) and the mean score was 18.5 (95% CI 17.9-19.2), suggesting a relatively active search and selection behaviour of the participants.” Relative to what?

Page 12; is “revalidation” the best choice of word? I would suggest for example rehabilitation, convalescence as better options.

Page 16; “One could argue that crucial information, like the number of performed surgeries, should be available for every patient even if patients do not perceive it as relatively important”. What does relatively mean here? (…)

“It was notable that patients with a good to excellent health and a lower educational level were less unanimous about the importance of conduct of doctors, which overall was ranked as the most important patient experience indicator”. I suggest replacing lower with low, as there in the sentence is no counterpart to which comparison is made.
The word “significant” is used in table footnotes and text. In my opinion it should be stated explicitly, at least in the methods section, that the significance in question is statistical significance.

In the matter of matter

Picking up on the drapery metaphor, I would like to comment that tailor-made clothes are fitted to individuals. Deciding what information to present or withhold based on rankings made at group level will result in ready-to-wear solutions, which not necessarily fit the need or shape for every individual in the group. I am skeptical to implementing a system that makes use of choices made by others, and agree with the authors’ suggestions about providing linking- and selection tools that facilitate for patients’ own individual choices. Research like the present study is valuable in that respect.

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: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I work at the Norwegian Knowledge Centre for the Health Services, a public and not for profit organisation that provides documentation and research in closely related areas. Financial gains or losses are not relevant.