Reviewer's report

Title: Factors affecting the use of patient survey data for quality improvement in the Veterans Health Administration

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Reviewer: Michelle Hendriks

Reviewer's report:

The manuscript describes a study on experiences of the staff of two VA facilities with using patient experience data. Several promoters and barriers were identified by the participants. However, it remains unclear how these promoters and barriers are related to improvements in quality of care.

Major compulsory revisions

1. I have one big concern. The authors state that the study has 3 goals (see Rationale). In my opinion the data only allow them to answer the first question: which barriers (and promotors) health professionals and managers experience when using patient survey results. The other two questions can not be answered since only two VA facilities were included and for these facilities the scores on provided emotional support did not improve or even change over the years. This makes it impossible to link the experiences of hospital staff with improvements in quality of care (as opposed to what is stated in the title and conclusion).

The following comments are related to this main concern.

2. On its own question 1 is interesting enough to answer, but for me it is not clear what the study in that case adds to references no 24 and 25. I would also expect these studies to be described in the background instead of the discussion.

3. the authors selected 6 facilities based on their scores on the emotional support dimension from 2002 to 2006. These 6 facilities differed on change scores and absolute level on the emotional support dimension. The rationale for precisely these 6 facilities is missing. F.i., why not also 2 stable low performers and facilities that worsened over the years?

4. In the end, only 2 facilities participated; 1 with stable high scores and 1 with stable low scores. Why didn’t the authors approach another group of facilities? And I miss a full reflection of the consequences of this selection bias.

Other major comments are:

5. Concerning the interview method (Methods, 5th paragraph). The selection of facilities was based on the scores on the emotional support dimension. This focus on provided emotional support is not reflected in the interview schedule. Does this have any consequences for the possibility to answer the research questions?

6. Concerning the data-analyses (Methods, 6h paragraph): Only 1 person read
and coded the interviews. This is not conform scientific standards that prescribe that at least 2 people code the data and that consensus is reached in case of disagreements.

7. It is shown that the authors could not correctly identify the high and low performer based on the interview results. This is crucial in light of the research questions. I find the interpretation of this result in the discussion misleading (Discussion, first paragraph, last sentence).

Discretionary revisions

8. Who categorized something as a promoter (see Results). The coder or the participants? Only sometimes it is explicitly stated that participants described a theme as important. Is this true for all promoters?

9. Methods, 3rd paragraph: who approached the directors of the facilities? OQP staff or the authors?

10. Methods, 4th paragraph: the interviewer selected 16 individuals from the respondents list. How were these 16 individuals selected, based on which criteria?

11. Methods, 4th paragraph: How were the respondents divided over the two facilities. It is interesting to know whether one facility, for instance, mainly delivered managers and the other nurses. And no physicians were included, an important actor when it comes to providing patient-centred care.

12. Methods, Interview method: the sequence of events since 2002 were reconstructed. This is not in any way reflected in the results.

13. Methods, data analyses:
   a. Themes were coded according to themes identified earlier (ref no 2, 3). I would appreciate a fuller description of these themes in the background.
   b. What is meant by integrating a multiple perspective?
   c. ED wrote case studies which were discussed. This process and accompanying results are not described in the results.
   d. Several hypotheses are given. I would expect these to be described in the background/rationale section. And not all hypotheses are tested in the study.

14. The barrier that physician are sceptical towards using patient survey results (which is supported by the fact no physician was interviewed) is hardly recognized in the discussion.

15. Discussion, 1st paragraph summarizes the main results. I’m under the impression that not all of these results are described in the Results section.

16. Discussion, limitations: why would respondents feel uncomfortable talking to a non-US interviewer?

17. Discussion, comparison with other findings, last sentence. Previous studies did not describe the used interventions. If I’m correct this also is true for the present study, in which care the authors should acknowledge this as a limitation.
In sum, in its present form the manuscript is scientifically unsound on several points. The manuscript is only suitable for publication if the authors adjust their goals and conclusions according to the available data and argument that their data has added value to existing literature.

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

**Quality of written English:** Acceptable

**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