Reviewer's report

Title: Hospital process orientation from an operations management perspective: development of a measurement tool and practical testing in three ophthalmic practices.

Version: 3 Date: 28 August 2013

Reviewer: Paul Gemmel

Reviewer's report:

The authors have done a good job in revising the paper taking into account the remarks of the reviewers. By doing this the paper has improved substantially. I would like to thank the authors to answer my remarks point-by-point.

In this section, I make some suggestions for further improvement. They can be considered as minor essential revisions or discretionary revisions. In the document in attachment a more complete report can be found. The same remarks are included in a more structured report.

Table 1 is very instructive to understand how OM and QM contributes to the further development of the HPO tool. One suggestion is to make the OM references and QM references more specific. In fact there are 4 categories of references: (1) the items developed in previous BPO/HPO studies (2) OM references (3) QM references and (4) Process Management literature (or another category?).

Processes can be studied from an organization, division or department perspective. Do the authors believe that their tool (which was tested on a department level), also can be used on a hospital level? This could be clarified in the discussion or limitations.

It is a good approach that the researchers went back to the participants to test the comprehensibility and that they collected quantitative data on hospital operations to verify the respondents perceptual responses. I believe that the quantitative data collected in this study give some contextual understanding, but that these indicators are too generic to verify the respondents perceptual responses. The idea of developing more specific metrics for each dimension (as suggested in the practical implication) is the only way to develop a more objective framework to verify the perceptions of the respondents. The thirteen indicators in this study are not really used for this kind of verification. So I would only state that they are collected for contextual understanding and keep the suggestion to further develop more specific metrics per dimension.

One remaining question is to what extent the tool can be more generalized to other (complex) pathologies with non-routine processes?

Some other minor remarks:
p.17 I am still not convinced that using a 4-point likert scale in the exploratory stage of the study is a good idea, but I accept the argumentation of the authors.

p. 21 “In addition, financial and production performance come from the results of management actions and organizational performance. They are not the results of the core processes in healthcare, the clinical interventions”. Are clinical interventions, more specifically the perceived quality of these interventions, not important for the future success of a hospital?

p.24 The authors write more than a ½ page on a plausible explanation for the fact that the average score of the team leaders in the university hospital was often lower than the average score of the healthcare professionals. I do not find this discussion very relevant for the paper. I would reduce the length of this paragraph.

p.28 I would not add the last paragraph (starting with Lillrank and Lukko, 2004). If you want to keep this paragraph in the paper, I would not use it as the last one in the paper. It is not a strong end of the paper.

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

**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.