Reviewer's report

Title: Baseline assessment of adult and adolescent primary care delivery in Rwanda: an opportunity for quality improvement

Version: 2 Date: 10 November 2013

Reviewer: John Walley

Reviewer’s report:

This is a well conducted, interesting and important study. I complement the authors for the work done, and I recommend that it is published.

Minor essential revisions:

Results, Page 10, para 3 and into page 11:

1. I do not think it is realistic/feasible for all of the "Routine screenings by history" to be done for each consultation. For example, "Only 7.3% of patients were asked about current sexual activity". Whereas, I would think that, for non STI problems, to ask about sexual activity is not reasonable/feasible. My concern is that this baseline study will show a lower baseline level of service (in comparison to the IMAI ‘gold standard’) if the assessment ‘marks down’ the performance of the health workers in comparison to IMAI trained mentors. That is, if assuming all these screenings should be done in each consultation. In contrast, I would think it is reasonable/feasible for cough screening (> two weeks) and check HIV status for all adult consultations.

2. It isn’t possible for me as a reviewer to decide what is reasonable in the Rwanda OPD and IMAI adaptation context. So please decide what is reasonable/feasible and adjust the % accordingly.

3. Page 13: Discussion. Related to the above: You may modify the discussion of "infrequent collection" of .... it seems to me the 'bar' of expectation (in a routine OPD consultation) of history screening questions and vital signs that should be done seems high (ie, you could briefly discuss this issue, e.g. asking about alcohol consumption, unless this (or other) relates specifically to the presenting problem.

4. Authors contributions: is too long. It could be edited down from 2 pages to say one 1/2 a page.

Discretionary:

1. page 4. Background, line 11: I think is unclear the explanation and term 'auxiliary clinics' in the second part of this sentence 'or as auxiliary clinics' to district or regional hospitals'. In my experience the ambulatory care is generally in these hospital outpatients (OPDs) rather than 'auxiliary clinics'.

2. page 5. last para. "The goal of this study.... I assume to add ... as a baseline for evaluation of the "Integrated management of adolescent-adult Illness" (or
similar).

3. page 7. para 1, line 4: 'underwent extensive didactic training.... best add the duration.

4. para 2. 'Data were collected...... to Data was collected.

Results:

5. In general: I prefer to report all %'s as two significant figures for clarity and to avoid (as I see it) spurious accuracy. E.g. page 10 first line, 68.4% could be clearer at 69%, and line 5, instead of 70.9% to be 71%

6. page 11 "Chief complaints": last line:
Where it says... "Of note, only 13.1% of patients were asked directly for a chief complaint by the nurse". It would be interesting to comment on the way they are asked.

7. page 12. .. agreement.... with (78.6%) fever - it would be interesting to comment if this is or not with a rapid diagnostic test (RDT) for malaria.

8. Page 14. para 2. Is a very long sentence, .. "While it was [ better start "It was] and could be 'split' with a full stop at [.] time constraints. [Then] This said, , clinical training ....

9. page 15 para 2, line 4: best change " may have... to be "is likely ....to have influenced the nurse to perform better.

End of comments.

**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.