Author's response to reviews

Title: Implementation of the quality management system in Lithuanian palliative care hospitals

Authors:

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Version: 2 Date: 25 May 2006

Author's response to reviews:

Dear Madam/ Sir,

We would like to thank you for taking your time to review our article and providing us critical comments which will assist to the improvement of the overall quality of the paper.

We have revised the article, and accordingly incorporated alterations as to your advice in the present revised version. We wish to respond to each reviewer's comments:

Response to Ms. Payne's report

Your comment on the definition of palliative care and term usage has been of utmost significance for us and the overall quality of the paper. Therefore, we would like to express our cordial gratitude to you for pointing this issue out to us. Having carefully analysed the concept of palliative care, the functions of hospitals under the present survey, as well as the legislative norms of Lithuanian Health Care Ministry it became evident that only a small part of the functions performed can be viewed as palliative care. In fact, the above hospitals are support treatment and nursing hospitals. This has also lead to respective changes in the article title.

Please see comments to other comments below:
1. More information of QMS implementation in Lithuanian health care and support treatment and nursing institutions provided in Background section.
2. Questionnaire development. The process described in more detail, providing information on data collection and description of the respondents. A sample questionnaire is provided in the appendices to illustrate the items included.
3. Questionnaire reliability (Cronbach's alpha) indicated.
4. Pilot study described in Methods section.
5. Conclusions revised and corrected appropriately.

Response to Mr. Lember's report

1. The study question has been narrowed to managerial attitude to the implementation of QMS. The research aim and paper title have been modified respectively to reflect more specifically the study aim.
2. Questionnaire development. The process described in more detail, providing information on data collection and description of the respondents. A sample questionnaire is provided in the appendices to illustrate the items included.
3. The issue of QMS implementation differences based on the hospital size is included in the research goals and the background section of the paper.
4. In the discussion section, among other limitations, the authors admit that the paper presents merely the managerial attitude to QMS implementation, which does not illustrate the real quality of care in the studied hospitals. The data on the real quality is unavailable and necessitates an additional research.
5. We changed edited this version with the help of native English speaking colleague.

Response to Ms. Bookbinder's report

1. In the abstract and method section, research method was more specified.
2. The national QMS implementation movement, facilitators and barriers encountered in the QMS process described in more detail.
3. Research aim was narrowed to managerial attitudes.
4. The conceptual framework for questionnaire development explained in the methods section: ISO standards and prior research in QMS implementation in health care institutions.
5. Survey process described in more detail: questionnaire distribution, the time given for the questionnaire filling, sample characteristics.
6. A sample questionnaire is provided in the appendices to illustrate the items included.
7. Demographics provided (tenure); others were not relevant for the research aim.
8. The survey is presented as a cross sectional, one time assessment of support treatment and nursing hospitals, which is described in the method section in the paper.
9. Results are presented in terms of the respondents' perceptions, i.e. hospital managers' perceptions.
10. Provided recommendations on terminology usage in result analysis part accepted and adequate corrections made.
11. Conclusions corrected - statements not related with research findings were eliminated from the paper.
12. Qualifiers such as "strongly" eliminated from the data interpretation in the discussion section.
13. Research limitations identified in the discussion section.
14. We changed edited this version with the help of native English speaking colleague.

Response to Ms. Wagner's report

1. Information on survey respondents included (heads of hospitals).
2. The questionnaire included an item on QMS implementation stage. The respondents had to indicate the current situation as to QMS implementation in their hospitals. To facilitate the survey understanding, a sample questionnaire is provided in the appendices to illustrate the items included.
3. We totally agree with the reviewer that organisational benefits in fact are perceived benefits of hospital heads. This has been clarified in result analysis section (subsection perceived organizational benefits).
4. Adequately the titles of table 3 and figure 2 were adjusted respectively.
5. The questionnaire included two items - one on the existence of training system, another on managerial opinion about their staff competence (A sample questionnaire is provided in the appendices to illustrate the items included).
6. Based on the responses to the two items, Figure 1 was drawn. Actual staff competence was not measured, however, the paper is aimed to analyse the managerial attitude, and therefore employee competence is merely a reflection of managerial opinion about their staff.
7. Satisfactory is generally defined as positive or negative attitudes held by individuals towards a certain phenomenon, it is a complex influenced by different aspects (QMS related expectations, implementation process, problems encountered in the implementation, etc.), benefits being just one of them. Therefore despite a number of perceived benefits, their level of satisfaction with QMS was rather moderate.
8. In response to the reviewer's comment on the nature of the statement that that quality implementation time is related to the hospital size is an assumption made by the authors. The assumption is built on the premises that the larger the hospital the more procedure development, staff training, staff preparation for QMS, involvement in QMS they need. This has been explicated in the paper, section.
9. After careful consideration, we support the reviewer's comment that procedure development is hospital specific. It is thus recommended to share experience in procedure development process, staff involvement in QM process, benchmarking from large hospitals to smaller ones, cooperate in organising training (all hospitals), audit group formation.
10. Explication of figures in brackets provided (SD).
11. Description of hospital group moved to methods section.
12. Key reasons of QMS introduction discussed in more detail.
13. We changed edited this version with the help of native English speaking colleague.

We sincerely hope that the above changes will meet the expectations of the reviewers.

Sincerely,

Ilona Buciuniene