Reviewer's report

Title: Improving organisational systems for diabetes care in Australian Indigenous communities

Version: 1 Date: 1 February 2007

Reviewer: Sandy Cook

Reviewer's report:

General

1. This was a well written article applying and assessing the impact of a quality improvement measures in 12 Aboriginal community health centers.

2. The significance of the paper is in that it assessed the application of QI techniques to improving the processes of care for a new population and different country while attempting to address some of the barriers to implementation noted in the literature (mainly frequency of reporting).

3. The methods appear appropriate.

4. The sampling technique and the details of the training would need to be further clarified in order for one to completely replicate.

5. In general the data is sound, but there is no real control group – just a pre/post control within the sample (but that limitation is noted).

6. I do not know if Australia is required to submit for IRB approval or obtain informed consent. This was not discussed nor how they matched data yet made comparisons across years.

7. I found the discussion and conclusions well balanced and supported by the data.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. I did not find any major compulsory revisions needed.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. It was not clear what percent of the total Diabetes population your sample was derived. You indicated that you collected a random sample of 30 records from each center that had more than 30 appropriate patients – but of what total number?

2. Also, how did you do the randomization to identify the 30?

3. You indicate that the 12 centers are a “purposive” sample. I’m not sure exactly what that means – Would you say that they were representative of the full 53? If no, in what way are they different?

4. You display the demographics of your sample, but you do not indicate if your sampling technique actually gave you a representative sampling of the entire population of eligible subjects from the 12 centers.

5. I understand the need to pool the data to get a larger sample, but one might wonder if there were site differences that might have impacted the results. Or, if there was implementation differences by site that each could learn from – was there sharing among the centers about their strategies, successes, failures?

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Discretionary Revisions (which the author can choose to ignore)
1. An additional limitation of your study is that there is no baseline data from any of the other centers, so it is difficult to determine if the processes of care from these 12 centers were better or worse than any of the others and there is no way to determine if there were any global trends that were occurring outside of your interventions that might have mitigated your results (which you noted).

2. The Breakthrough series in the states reported that the monthly “reporting” cycles were burdensome – they were not expected to make monthly QI changes; but they also found that sustainability required continued contact and frequent training of the new staff. Was there any exploration of the staff turnover and its impact on creating barriers to improving some of the processes of care?

**What next?:** Accept after minor essential revisions

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

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I declare that I have no competing interests.