Author's response to reviews

Title: Development of quality of care indicators from systematic reviews: The case of hospital delivery

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Author's response to reviews: see over
Dear editor,

Many thanks for evaluating our manuscript “Development of quality of care indicators from systematic reviews: the keys of hospital delivery” (RE: 9649308697065863) and providing some advises for improving it. We have carefully reviewed all the comments and suggestions received and corrected accordingly, as it are detailed below. We think all of issues have satisfactorily been addressed and thus hope that our manuscript will be approved for publication.

Please also note that in this new version I am also the corresponding author.

Sincerely yours,

Xavier Bonfill

Manuscript:
‘Development of quality of care indicators from systematic reviews: the case of hospital delivery’
by Bonfill X et al. RE: 9649308697065863

Responses to the comments:

- Associate Editor comments

  1. More detail and description of the indicators and guidelines should be presented in the results section. The results section ends with little description of the 18 indicators. Inclusion of Additional file 2 as a table and a description of the table contents should be included in the manuscript.

    RESPONSE: Additional file 2 has been substituted by a more descriptive Table 3, now included in the manuscript. This table includes details of each indicator: Title, supporting literature, target population, indicator formula and standard.

  2. In addition, provide more description of at least one indicator as an example.

    RESPONSE: We have added an example of computation to the table presenting an example of an indicator (Table 4, additional file 2)
3. The manuscript should be edited by a primary English speaker. There are many instances where sentence and/or paragraph structure is incorrect.

**RESPONSE:** The manuscript has been thoroughly revised and edited.

4. Delete the word “obviously” at the beginning of the second sentence. It is fine just to say that “Scientific knowledge is not the only component”

**RESPONSE:** Thanks for the suggestion, text modified.

5. The sentence that begins: “It seems more efficient” may be better edited to read, “The establishment of a priori clinical indicators to be used as performance measures may be more efficient for systematically assessing the degree to which scientific evidence is applied in clinical practice.”

**RESPONSE:** Thanks for the suggestion, text modified.

6. The last paragraph on page 4 needs to be edited.

7. The first sentence of the first full paragraph on page 5 needs to be rewritten.

8. You note that a third author was consulted when there was disagreement (pg 6). How were disagreements resolved? Was the third author’s decision final or was there discussion among all authors until resolution was reached?

**RESPONSE:** We specified the criteria applied in case of reviewers disagreement. “In case of disagreement, the criterion from a third author (XB) was applied.”

9. In the discussion section please provide a paragraph that describes in detail how these guidelines might be utilized in clinical practice and potential barriers and facilitators to their adoption and use by organizations and physicians. For example, would there be an electronic decision support tool? Would a physician have to have the guidelines in a booklet or document and then refer to the document? How would a hospital provide the guidelines and support their adoption and use by physicians?

**RESPONSE:** We generated quality indicators of delivery care, not guidelines. Thus, they are instruments for assessing the quality of care once provided whereas guidelines contain recommendations for orientating clinical decisions before taken. We think that discussing how to implement clinical guidelines in practice could confuse the reader since it is not the focus of our article. In any case, we have added a paragraph (included in the last one: “If clinicians.....”) that provides some practical directions for improving the feasibility of indicators:
“If clinicians know in advance the criteria applied for calculating the quality indicators, they will be more aware of the actions that must be considered in each clinical scenario and the necessity of registering them or justifying an alternative. These indicators could not only be included into the local clinical guidelines but also be part of electronic alarms or reminders to be activated when the hospital information system detected one of the situations labeled as a priority (ex. reminding the administration of antibiotics when a cesarean is programmed).”

- Referee 1:

10. Additional file 2: indicators should be in the main manuscript

  RESPONSE: Additional file 2 has been included as Table 3 in the manuscript

11. The search in The Cochrane Library was up to Issue 3, 2009. It should be more updated

  RESPONSE: Actually we checked the updating status of systematic reviews that support the indicators in 2012. Following your suggestion, we include a paragraph to explain it at the methods and results section.

- Referee 2:

We appreciate that this reviewer, a well known expert in quality of care issues, requires neither major nor minor revisions of our manuscript, considers it ‘an article of outstanding merit and interest in its field’ and only provides some discretionary comments that, as he acknowledges, are matter of discussion.

In short, this referee questions if the same evidence that health care organizations use for developing clinical guidelines can also become the criteria for generating quality indicators of their performance. In fact, we already included this potential objection in our Discussion (second paragraph): “Several authors have warned about potential errors that could be made using quality indicators.[48,49] Basically, the authors criticise a construction of quality indicators that is too mechanical, which would infringe the
principle that clinical decisions should be flexible in nature, with no individual assessment of each patient and circumstances before applying a particular intervention. They also highlighted the consequences of possible inflexibility resulting from dichotomizing quality of care into adequate or inadequate in relation to a particular practice and frequent methodological errors made in the design and construction of indicators.[14]"

In the fourth paragraph of this manuscript we already commented how this issue was addressed, by saying: “....a rigorous and systematic process was conducted to extract relevant data from each review, and the strength of recommendations was assessed by a standardized method (GRADE)[16] to construct each indicator. We only considered high-quality evidence which resulted in a strong recommendation (in favour or against the intervention) for the generation of indicators. It implies, according to the GRADE proposal, that most patients should receive the recommended intervention or that it can be adopted as a policy in most situations.[16] Moreover, our discussions with the obstetric consultants and the authors of systematic reviews resulted in important aspects in the formulation, interpretation and applicability of the indicators....

....... Illustrated in table 2, each proposed indicator has a clear definition, including specific inclusion and exclusion criteria which are consistent with those used in the studies that are the source of the evidence and establishes the population that could possibly benefit from each intervention. All the aspects needed to be taken into account for the use of the indicator are described, including clinical situations in which an intervention might not be suitable for a particular patient, meaning that the patient must be excluded from the calculation of the indicator. The possible rejection of the intervention by the patient has also been considered in the formulation of each indicator".
Therefore, in our opinion the concerns expressed by the reviewer are adequately and sufficiently taken into account in the text. Clearly, recommendations included into a clinical guideline that come from a systematic review are generic by nature and, as stated and previously written by the reviewer, would not permit an adequate assessment of the corresponding decisions taken on an individual patient. That is why for each indicator we elaborated detailed specific inclusion and exclusion criteria, the respective target population and all the aspects needed to be taken into account, including clinical situations in which an intervention might not be suitable for some patients as well as their preferences. In our opinion, the precision that we adopted for defining each indicator is one of the main strengths and originality of our work.