Reviewer's report

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

Version: 1 Date: 17 July 2012

Reviewer: Salvador S Peiró

Reviewer's report:

This is an interesting manuscript aiming to develop quality indicators based in systematic and explicit methods to incorporate scientific evidence into these quality measures. The manuscript is centred in obstetrics, but the methodology can be generalized to other clinical areas. The research question is original and clearly defined, the overall study design is adequate, methods are adequately described and the interpretation and conclusions are well balanced and supported by the results. Writing, organization and tables are correct.

Major compulsory revisions:
none.

Minor essential revisions:
none.

Discretionary revisions:

In my opinion the authors confuse two concepts that are substantially different: 1) quality indicators aiming to improve the care provided by healthcare organizations, and 2) criteria for optimal management of individual patients. The intuitively appealing method proposed by the authors (to review the scientific literature for developing “optimal” evidence based criteria as quality measures) will almost always require more sophisticated measurement approaches (with detailed data for patients’ inclusion and exclusion) and also can produce risk generating performance measures that promote waste, and perhaps cause substantial patient harm.

I have limited experience in obstetrics. In other areas like blood pressure or diabetes control, optimal evidence based measures as BP<140/90 or HbA1c <7 often provides greater rewards for speculatively treating intensively patients with mild disease (where treatment goals are easy to reach), but at the same time it may lose interest in high-risk patients (with treatment goals difficult to achieve even using combination therapies) with higher expected benefits even if the goals are not achieved. In these circumstances, other not necessarily evidence based criteria (such as raising the threshold or consider the percent of BP reduction, ...) can better focus the work of the healthcare organizations to the populations most at risk or with greater expected benefits.

In short, it is different that clinicians should try to get their patients receive optimal
evidence based treatment (a useful approach to develop practice guidelines), to that healthcare organizations must use the same criteria as quality indicators of their performance. From my point of view this is an important (conceptual) limitation of the methodology developed that may hinder its practical application in healthcare organizations (the use of systematic reviews to develop guidelines has a wide experience), but obviously is an issue of discussion on which the authors may disagree.

**Level of interest:** An article of outstanding merit and interest 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 reviewed an earlier version of this manuscript a year ago (at the request of the first author) and I am therefore included in the acknowledgments section of the manuscript.

I do not maintain working relationships with authors and, although I know some of them (Spain is a small country) I do not have a special friendship with any of them.