

## Reviewer's report

**Title:** Improving eye care for veterans with diabetes: an example of using the QUERI steps to move from evidence to implementation

**Version: 1 Date:** 30 October 2006

**Reviewer:** Gordon Mosser

### Reviewer's report:

General

This is a well written and clear account of well conceived but ultimately unsuccessful project. It must have been very frustrating! Despite its lack of improvement success, it does illustrate the QUERI process well and highlights several important points in the work of process improvement, in particular, the implementation of a guideline for care when that guideline is in part at odds with a widely promulgated guideline (in this case, annual eye exams for diabetic patients).

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

None.

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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)

At the top of page 9, there is a sentence that reads "In addition, this study helped identify close follow-up as a possible quality gap ... ." This is a bit confusing. Perhaps a word or phrase is missing. I would suggest: "In addition, this study helped identify lack of close follow-up as a possible quality gap ... ."

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Discretionary Revisions (which the author can choose to ignore)

In the results section (p. 15-16), it is reported that 708 checkout forms were completed. If possible to report, the success rate here would have some value, i.e., the rate of completion of forms for all patients for which a form would have been appropriate during the time period in question (November 2004 through June 2005). This would provide at least some measure of how well the ophthalmology residents and others were engaged in the project. (On p. 17, the authors say that this point cannot be fully assessed, but can any quantitative estimate be provided?)

Also, I wonder whether it might be useful to discuss whether "building infrastructure" and "creating tension" are out of order in the model. The authors are clear that they had various difficulties in engaging eye clinic physicians and staff in using the checkout form and other parts of the system devised. Were these people engaged in devising the solution? If not, perhaps their motivation for using it might have been higher if they had been involved in building the system that was intended to solve the problem. But perhaps this would have been impractical because staff rotate through the clinics. Or perhaps this would be undesirable because a single system is desired for the whole VHA. Some discussion of these issues might be valuable.

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

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.