

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Patient satisfaction with in-centre haemodialysis care: An international survey
AUTHORS	Palmer, Suetonia; De Berardis, Giorgia; Craig, Jonathan; Tong, Allison; Tonelli, Marcello; Pellegrini, Fabio; Ruospo, Marinella; Hegbrant, Jorgen; Wollheim, Charlotta; Celia, Eduardo; Gelfman, Ruben; Ferrari, Juan Nin; Torok, Marietta; Murgu, Marco; Leal, Miguel; Bednarek-Skublewska, Anna; Dulawa, Jan; Strippoli, Giovanni

VERSION 1 - REVIEW

REVIEWER	Peter G Kerr Monash Medical Centre & Monash University, Clayton, Vic, Australia
REVIEW RETURNED	21-Mar-2014

GENERAL COMMENTS	<p>I suspect the statistical analysis is OK but it would be appropriate to have a statistical review.</p> <p>My major comments in relation to this paper relate to limitations:</p> <ul style="list-style-type: none">- the title should probably state that this study concerns centre-based HD (there is a comment late in the discussion that home HD patients were excluded)- all the patients are drawn from one company's exclusive clinics - how does the patient population in these clinics compare to national cohorts?- many of the authors work for these clinics - this is not kept secret but nevertheless needs to be kept in mind- the extrapolation of the data to USA/Europe/UK situations may be limited with only Italy included as a fully economically developed country as a source of data.- the survey data is quite old (2008) - there have been several changes in dialysis since then, especially the more widespread use of HDF which is associated with improved cardiovascular stability during dialysis (and hence possibly a greater inclination to satisfaction). <p>The other point I would raise: it would be helpful for readers to have a feel for the level of satisfaction seen in other chronic illness programs. The authors make brief mention of dissatisfaction in cancer therapy but one would guess that no chronic illness program will achieve a 100% satisfaction level by very nature of the fact that we are dealing with unwell people, who have a habit of dying.</p>
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REVIEWER	Donal O'Donoghue Dept of Renal Medicine Salford Royal FT Manchester
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	UK
REVIEW RETURNED	15-Apr-2014

GENERAL COMMENTS	This is a helpful paper that examines nearly 3000 patients experiences in a range of countries . Participation was high at 80% and the messages we inadequate information , choice and care planning are clear .
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1 comments:

1. The title should probably state that this study concerns centre-based haemodialysis.

We have revised the title to now read: “Patient satisfaction with in-centre haemodialysis care: An international survey”

2. All the patients are drawn from one company’s exclusive clinics – how does the patient population in these clinics compare to national cohorts?

The mean age of the respondents in this survey was 61.0 years which is numerically similar to the mean age of prevalent patients receiving kidney replacement therapy on December 31, 2010 as reported by the European Renal Association European Dialysis and Transplant Association which described mean ages of all patients as Italy 63.5 years; Poland data not available; Portugal 65 years; Hungary data not available. There were slightly more men than women in our cohort consistent with the profile of the European population receiving kidney replacement therapy.¹

3. Many of the authors work for these clinics - this is not kept secret but nevertheless needs to be kept in mind

We note this comment. Author affiliations and funding sources are provided in the study report.

4. The extrapolation of the data to USA/Europe/UK situations may be limited with only Italy included as a fully economically developed country as a source of data.

We have added this as a limitation to the study.

5. The survey data is quite old (2008) - there have been several changes in dialysis since then, especially the more widespread use of HDF which is associated with improved cardiovascular stability during dialysis (and hence possibly a greater inclination to satisfaction).

We have added this as a comment to the limitations of the study in the manuscript.

6. The other point I would raise: it would be helpful for readers to have a feel for the level of satisfaction seen in other chronic illness programs. The authors make brief mention of dissatisfaction in cancer therapy but one would guess that no chronic illness program will achieve a 100% satisfaction level by very nature of the fact that we are dealing with unwell people, who have a habit of dying.

Interestingly, other studies have shown that patients with more chronic illnesses may report higher overall satisfaction with healthcare services, in part related to increased patient-provider interaction and support for patient self-management. As with our study, older, female and insured patients may be more satisfied and those with more education may be less satisfied.² Although direct comparisons

between different surveys and different chronic illness settings are difficult, similar studies in patients with rheumatoid arthritis and diabetes mellitus suggest high levels of patient satisfaction based on interpersonal skills, technical quality and access to care. We have added some additional comments to the discussion to include these observations and suggest that patients who experience chronic illness do not necessarily have low levels of patient satisfaction.

Reviewer 2 comments

1. This is a helpful paper that examines nearly 3000 patients' experiences in a range of countries. Participation was high at 80% and the messages we inadequate information, choice and care planning are clear.

We have not made any changes in response to these observations.

Kindest regards,
Giovanni Strippoli on behalf of all authors

References

1. ERA-EDTA Registry. ERA-EDTA Registry Annual Report 2010. Academic Medical Center, Department of Medical Informatics, Amsterdam, The Netherlands. Available at <http://www.era-edta-reg.org/files/annualreports/pdf/AnnRep2010.pdf>. Accessed 4 March 2014.
2. Carlin CS, Christianson JB, Keenan P, Finch M. Chronic illness and patient satisfaction. Health services research. Dec 2012;47(6):2250-2272.