

Review of: "Outpatient Consultation of Diabetes and Cardiovascular Diseases Patients in Abuja Public Hospitals Based on Selected Indicators"

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Potential competing interests: No potential competing interests to declare.

- The rationale and quality of the research need to be improved.
- The two outpatient disease conditions selected are appropriate for outpatient care as both CV and DM are important markers of primary care access and ambulatory care sensitive conditions.
- It is not clear from reading the research what problem the authors tried to address here. The rationale of this research needs to be clearly written. Why would it be necessary to understand patient experiences? What would happen if the patient experiences were not mapped? This rationale needed to be articulated clearly. There is literature around the need for understanding patient perspectives for improving health services delivery, but it was not clear if the authors were addressing this aspect.
- "Patients not presenting for follow-ups may have negative effects on treatment outcomes and the planning of the hospital." This statement needs to be rewritten or rephrased to make it clear. How or why is it assumed that a non-reporting patient will adversely affect planning of the hospital? The phrase "planning of the hospital" needs to be clarified.
- The phrase "prospective cross-sectional study" is a misnomer, as a cross-sectional study by definition cannot distinguish the time sequence between a purported cause and an effect. Here, what the authors did was collect cross-sectional data between February and August of 2019. They did not follow up with any patients, so a longitudinal component was not described. The method of the study needs to be rephrased to indicate that it was a cross-sectional survey.
- Sample size needs to be recalculated, as the authors wanted to find out the outpatient experience of people with DM and CV, not the experience of all DM and CV patients within the overall health system. Therefore, the appropriate "p" (meaning prevalence) would be a proportion of people who are treated in the outpatient department for the DM and CV conditions; this is lower than the prevalence of DM and CV combined. Further, for the sake of research, the authors needed to consider subtypes of DM (Type 1 DM? Type 2 DM?) and what CV conditions (chronic heart disease? chronic heart failure? Post MI rehabilitation?).
- "Outpatient management experience was defined as good or poor. A combination of three questions (attending consultation at least four times in a year, having no problems in accessing trained health personnel, and no treatment challenge) was used to describe outpatient management as good." This is arbitrary; the authors need to justify why this was done.

- In the discussion section, the reference to “The civil servants were 10.48 times more likely to report good management experience compared to other occupations.” is based on post-hoc interpretation of the findings. This was a cross-sectional survey; therefore, this metric of satisfaction with respect to “good management” cannot distinguish whether it was due to their personal positions or whether a true relationship exists. For example, their position might have determined that they received good services, or that the hospitals might have truly good services for which they expressed what they did.