

Reviewer's report

Title: Assessing organisational readiness for change: use of diagnostic analysis prior to the implementation of a multidisciplinary assessment for acute stroke care.

Version: 1 **Date:** 13 February 2007

Reviewer: Kathryn Getliffe

Reviewer's report:

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

None

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

None

Discretionary Revisions (which the author can choose to ignore)

1. Is the question posed by the authors new and well defined?

The broad answer to this question is yes although it could be queried whether the main question is to determine the barriers and facilitators for change in the organisational setting of the study or is it about how best to undertake diagnostic analysis? Although the barriers and facilitators are clearly vitally important for developing tailor made change strategies, those identified are probably common to many organisations and clinical areas and I wonder what the authors consider to be the primary 'new' element.

The study is described as Stage 1 of a larger one but the objective of the larger study is not clearly stated [presumably to introduce clinical guidelines for stroke assessment] but this is inferred rather than presented.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

Yes, however the literature review is predominantly descriptive and there is no clear link to show how the literature has influenced the study design [although this is mentioned in discussion].

I agree with the authors that a diagnostic analysis requires information collection prior to change, but the Methods section doesn't draw out the benefits of a mixed methods approach [qualitative and quantitative]. Although this is fairly intuitive it forms a major focus of the study and could be elaborated on rather more.

Under 'setting' it would be helpful to indicate the threat of a merger with another Trust.

Under 'Face validity' – the authors state that this was provided by a senior academic. There is no mention of clinical expertise but this would be important in establishing face validity by expert opinion.

3. Are the data sound and well controlled?

Yes. I do have a question on Theme 5 – support for project. This has not really been introduced adequately. How is the project leader working with teams / Trust? What is the relationship between the project leader and the different groups?

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Yes

5. Are the discussion and conclusions well balanced and adequately supported by the data?

Yes, the discussion is generally well balanced and sound. It provides detailed insight into the barriers and facilitators identified; although it does not go on to indicate how these insights may actually influence tailor-made plans for change.

It would have been helpful to introduce the role of the project leader and their relationship with various other groups.

Conclusions are brief and limited by the fact this paper is reporting on an early stage of a larger project.

6. Do the title and abstract accurately convey what has been found?

Yes up to a point. The abstract text does not introduce what the study is although it is inferred by the title. It would be helpful to explain more clearly what the data collection was for.

7. Is the writing acceptable?

Yes – there are a few minor grammatical points

What next?: Accept after discretionary 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.