

Reviewer's report

Title: The Role of Organizational Research in Implementing Evidence-based Practice: VA QUERI Examples and Applications

Version: 1 **Date:** 2 February 2007

Reviewer: Martin Eccles

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General

These are combined comments from series Editors Martin Eccles and Ian Graham.

This is an interesting article that tackles an important topic.

We are sorry for the delay in getting back to you but, in order to deal with the series of articles as a whole the pace has been dictated by the getting the last reviews of the series.

General comments for authors of all articles

1] Please remember that you are writing for an international audience. In some cases it seems the papers make comments that seem directed at the VHA and these should be deleted - you need to be thinking much more globally and presenting lessons learned and perhaps recommendations for how best to do implementation research regardless of what your own system is like. The DETAIL of VHA structures and funding are of no interest to an international audience. If you wish to make reference to funding it should only appear in the acknowledgements section and not in the body of the text.

2] Related to [1], all articles have a plethora of abbreviations, many of which relate to VHA specific structures functions or procedures. In general these should be described in generic terms and the number of abbreviations kept to a minimum.

3] You need to be clear about who will be the main audience for both these and the rest of the papers- if it is seasoned implementation researchers then sometimes the information seems rather simplistic; if it novel implementation researchers/facilitators then sometimes more clarity is needed- either way the papers need a more similar pitch to the intended audience. We think that the readership is the interested implementation researcher or policy maker.

4] You should use a standard description of the QUERI process both in the text and Table. However, the Journal web system will not retain the formatting so I will send you the preferred version as a separate email attachment. Ideally, this should be introduced early on in the article and then referred to as appropriate throughout.

Overall could you ensure that the article conforms to the journal style as specified in the instructions for authors (<http://www.implementationscience.com/info/instructions/default.asp>).

There are only one set of referees comments available; the second is due within the next two weeks. Rather than delay any further we have chosen to send you the single reviewer's comments and the editorial comments now. We will forward the second reviewer comments once they arrive.

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

There a number of general points I would like you to consider and think about incorporating or discussing.

The article is based on the fact that, at a system level, it is necessary to understand organisational attributes because [1] these vary and [2] they can be successfully modified to good effect.

The conduct of a pragmatic randomised controlled trial within which the known and unknown variables are randomly distributed between intervention and control sites and within which sites can modify the intervention to a degree can produce a policy relevant evaluation of effectiveness. The pragmatic nature of the trial allows for the fact that the same degree of modification would happen under subsequent implementation and the same overall effect should be seen. This approach doesn't open the black box but side steps it. It represents another way to deal with the problem of varying attributes of participating sites.

You assume that greater understanding of factors leads to greater success of interventions. I accept that the QUERI framework (which is, after all, what you have been asked to write about) takes you down this route. However, I would be interested to know what evidence you can cite to support the underlying contention.

The only attempt I know to try and address this issue (B Shaw, F Cheater, R Baker, C Gillies, H Hearnshaw, S Flottorp, N Robertson. Tailored interventions to overcome identified barriers to change: effects on professional practice and health care outcomes.) did include some studies that could have been regarded as evaluations of interventions that had organisational elements – and it came to very ambivalent conclusions about the effectiveness of tailored interventions. If you know of other robust attempts to look at this it would be valuable to include them.

Having read the paper I was left uncertain about what it was that was unique about “organisational research”. Many of the things that you include in your examples are the sorts of things that I would expect thoughtful “health services researchers” to do within implementation studies. The other way of dealing with this would be to say something about how research teams could organise themselves as multi-disciplinary teams and cast organisational research as one of several lenses through which the situation can be viewed. The reviewers encourage you to use terminology consistently. Part of what I perceive as the reason that you slip between terms is related to this point. On page 17 you say “Applying organisational research methods, theory and thinking to implementation science ...” without ever defining how you distinguish these. Hopefully dealing with the general issues can help with this.

It would be helpful if, throughout the article, you hold onto the distinction between description and prediction. QUERI as an enterprise is about changing things. Therefore it needs to understand attributes in terms of their changeability or fixed attributes that are effect modifiers. There are places within the manuscript where you are dealing with this but to have it consistently enforced throughout would be helpful for the reader. This is highlighted by your section on organisational culture on page 8. My understanding of this area is that there is no widely agreed definition of culture, no agreed instrument to measure it and problems with analysis. If I am wrong it would be most helpful to say what is the current state of play. However, if I am correct I think that you have to be much more cautious. I take the implication of the section on theory that you have written on page 19 to lend some support to my position. I agree with what you have written on p19 and wonder if you shouldn't move it to the start of the paper as it forms an important backdrop for the whole paper. This also applies to the bottom half of page 18.

Role of Organizational Factors in Implementation Research

I'm not sure what you mean by a “structure-quality” linkage – could you clarify?

I have some problems with your sub-section Organisational outcomes. What I think that you are describing are measures of the process or outcome of clinical care being applied within the context of the evaluation of an organisation. This doesn't, in my book, make them organisational outcomes but illustrates the inter-relatedness of the nature of the evaluations that are needed.

I think the section starting “The diversity of how ...” on page 9 is important and could again be usefully placed earlier in the manuscript. I think you could add to it a bullet point relating to the question being posed and could link it to the paragraph about the limitations of theory.

The section about QUERI on page 10 is now redundant and could be largely removed.

You imply on page 10 that the use of PDSA cycles is some sort of automatic step – I don't think it is. It seems more to be a tool (one of a number that are available) that QUERI have chosen to use. Is this correct?

On Pages 10 and 11 you talk about steps 1 and 2 in a way that seems a bit artificial - almost that you are saying something because steps 1 & 2 are how you get to steps 3 to 6 where I think you have much more to say. I would be quite happy for you to deal with steps 1 & 2 in a much more cursory way identifying that it is at step 3 that the major impact of “organisational research” begins. Unless you wish to make the case that it is important to have an organisational focus when conducting the prevalence/environmental scan studies in step 1 and identifying variation by organization/setting, etc. Also, re step two EBP - adaptation of guidelines that take into account organization factors/set ups is also important and could be highlighted better.

You shouldn't underline in the text.

P10- need description of how priorities are actually set in step one which is a separate issue from collecting data on the prevalence or burden of the condition - what are the criteria for identifying condition that needs attention?

P12 it would help if the org factors/characteristics associated with adoption of HIV guidelines and glycaemic control were actually stated.

P13- are the tools to assess organisational readiness and organisational diagnosis of system barriers

available to readers?

P18- virtually no other health care systems can accomplish this to the same degree... except NHS and Kaiser- is this true? What about Australia or some of the western European countries?

In Table 1 I don't understand the distinction between the two bullet points

- Knowledge, attitudes, beliefs of managers, providers, staff
 - Organizational readiness to change (conversely provider/staff resistance to change)
- when you have effectively defined the latter as negative attributes of the former.

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

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory 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.