

## Reviewer's report

**Title:** NorthStar, a support tool for the design and evaluation of quality improvement interventions in healthcare

**Version: 1 Date:** 15 September 2006

**Reviewer:** Cheryl Stetler

### Reviewer's report:

#### 1. General:

This is a very interesting and potentially worthwhile tool for enhancing successful implementation studies. It is already available to the public, although it does still have some access issues (e.g., I could not access the intervention section)

It is presumably submitted to Implementation Science as an example of a methodological article, presenting a new tool to increase the knowledge and skill of "QI researchers, healthcare professionals and managers responsible for developing, delivering and evaluating continuing education (CE) and QI programmes at a national or regional level."

My difficulty with the paper in terms of publication in the journal at this point in time is that it has insufficient evidence as to its actual, rather than intended use. We know that behavior does not automatically follow intent and therefore the key question would seem to be how this medium, perhaps as a supplement to other but harder to access print material, e.g., Grol et al's book on Improving Patient Care, can "improve QI" work, or as the authors indicate, enable the best design and evaluation of CE and QI interventions. Additionally, the "confidence level" assessment did not appear to adequately cover the spectrum of individuals in the targeted audience; i.e., only 4 were not researchers; there was no differentiation between those with a degree of experience with QI research and novices; and it would have been instructive to have seen the separate comments of the researcher vs. non-researcher respondents. Finally, there is a general need for "passively disseminated" educational resources to be more thoroughly evaluated as to their use and effectiveness.

I would recommend that the authors delay publication in this specialty journal until they have at least some illustrative cases of its use, preferably within both CE/QI initiatives and as explanatory research, with commentary on the perceived quality of the resultant design at various points along the pragmatic-explanatory continuum, per the intent of the study. Comparison with users' prior, pre-tool studies would be useful. Eventually, perhaps as a follow-up paper as this is a long-term issue, it would also be useful to also have an assessment of the degree of success of the various projects and retrospective thoughts from the users.

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

Not applicable

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

-----  
4. Discretionary Revisions (which the author can choose to ignore)

As the authors consider refinements in the future, the following would have been helpful:

- o Names of authors of various NorthStar components and their specialty expertise.
- o A more comprehensive list of references to demonstrate the international breadth of underlying sources.
- o Use of tables for the technical software/web-linking processes.
- o Explanation as to why the focus is only on those doing regional or national initiatives. Might those in clinical settings not find it useful, i.e., access it and use at least selected components for local QI project purposes?

**What next?:** Reject as not sufficiently sound

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

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