

Reviewer's report

Title: Factors for success and failure of the Quality Improvement Collaborative methodology for process redesign: a multiple case study

Version: 1 **Date:** 10 October 2009

Reviewer: Robbert Huijsman

Reviewer's report:

Before going into details, I struggle with a very principle problem: this paper seems to be not very helpful in developing more evidence based knowledge about the workings and benefits of the Quality Improvement Collaborative (QIC) methodology because the hospitals did not use most of the change interventions, PDSA instruments and QIC methods from the methodology itself. So there remains little to evaluate (the "back box" is almost) and –not surprisingly- the results are disappointing. The authors reach the conclusion that only 3 out of 17 projects have been successful, although they did not use the QIC-methodology. So, what to do with this brave research paper about a sound evaluation of a poor developed QIC? It has my sympathy as it helps in the quest to resolve the positive publication bias in international journals. It is necessary to research the QIC-initiatives in depth as they have a worldwide appeal but not a very sound evidence base. The QIC "Better Faster" is an very interesting initiative in it's nation wide scope (24 hospitals; a quarter of all Dutch hospitals) and its broad content (17 projects, covering many relevant patient groups, work processes and departments). It is very important to open "the black box" of complex and multifaceted intervention programs like the QIC and to unravel the effective mechanisms and co-interventions at the various levels of the patient, professional, work process, organisation and system. The authors have done this in a systematic and painstakingly effort. The step-by-step guide as reported on the pages 9-12 gives a lot of information. But for the purpose of evaluation, the information is rather shocking and step-by-step, projects fall out of the design because they fail necessary conditions like baseline measurement (project 3), smart project aims (projects 2, 7 and 11), at least one outcome measure (projects 6, 9, 14, 15 and 17), non-applicability of ex-ante provided evidence (project 1, 4, and 12) and noncompliance to the PDSA-principles (project 5, 6 and 16). What remains, are two (2!) possibly relevant projects, one on lung cancer and one for small orthopedic interventions, a very poor reflection of all complex hospital interventions.

The project teams ignored important advises of experts, they did not use the instruments to test and implement change, and did not comply with the principles of the PDSA cycle. The content and project management of each project vary dramatically between each hospital, which further hampers comparability. Unavoidably, the reader has to come to the conclusion that "the black box" is empty! So, however sound the mixed methods evaluation itself, there is little to evaluate! Therefore, there also remains little to be learned about the central

question whether the QIC methodology is also applicable for implementing complex process redesigns in complex multilayer organisations like hospitals. However, it is interesting to know why hospitals do NOT want to work with the QIC-methodology.

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

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

Declaration of competing interests:

I declare that I have no competing interests