

Reviewer comments: 2014-0064	
Title	Developing implementation tools: contributing to an identified gap in the guideline enterprise
Authors	
Reviewer 1	Richard Birtwhistle
Affiliation	Queen's Univeristy, Family Medicine
General comments and author response	<p>This paper describes a series of interviews with 26 guideline implementation tool (GI tool) developers in 9 countries. The objective was to describe their GI tool development process. There was a qualitative approach to analysis. Two researchers analyzed the transcripts of the interviews independently and themes were developed. These were used as the basis for development of a GI tool checklist. This study surveyed groups already in the GI tool development business, the methods seemed appropriate to determine what is being done in this area. The area of GI is very important because we know that guidelines are not used if there is no approach to knowledge translation for both health care users and patients. The information collected helped with the development of the GI tool checklist. This checklist in its current form is quite comprehensive and needs further refinement in each area so that it does not seem daunting to guideline developers. The authors have also identified that resources and time are an issue in any GI process and the cause would advance by evidence for what works best when, GI tool templates and a knowledge sharing network for these tools. The methods seem appropriate and the paper is a useful addition to literature on guideline implementation.</p> <p>Author response: No edits required</p>
Reviewer 2	Dr. Gihad Nesrallah
Affiliation	Humber River Hospital, Medicine
General comments and author response	<p>Very nicely conducted study and clearly written manuscript. This is an important starting point for developing standards and approaches to GItool development. No substantive suggestions for improvement.</p> <p>Author response: No edits required</p>
Reviewer 3	Mr. Mark Gary Embrett
Affiliation	McMaster University, Health Sciences
General comments and author response	<p>There is an 'overselling' of guidelines, right away, which does not adequately position the true use of guidelines in healthcare. There is plenty of evidence suggesting that, like evidence, guidelines are only used when it suits the user/stakeholder.</p> <p>Author response: Introduction, paragraph one was completely revised and elaborated to better note the multiple barriers of guideline implementation and use (including physician skepticism), and justify the pursuit of GItools</p> <p>At the end of the first paragraph it states that guidelines with GItools have greater compliance, but it doesn't say compared to what? Guidelines without implementation tools? What about other elements of guidelines? The story seems oversimplified and one sided.</p> <p>Author response: We specify at the end of what is now Introduction, paragraph two that this was compared with guidelines not accompanied by implementation tools. We completely revised what is now Introduction, paragraph one to better justify the pursuit of GItools, and we believe that this addresses the second part of this reviewer's comments.</p> <p>Methods should be further elaborated on. It is very brief. An interview guide would be useful. Unclear how you achieved thematic saturation.</p> <p>Author response: Methods, Sampling and recruitment (p 6-7) was expanded to better describe how saturation is achieved. Methods, Data collection (p 7-8) now better describes the interview guide which was added as a supplemental file. Methods, Data analysis (p 8-9) was expanded to better describe how data were analyzed, and this complements the information added to Sampling and recruitment such that readers can better understand how sampling is determined in qualitative research. A table of themes and major findings would be beneficial.</p> <p>Author response: The coding scheme with exemplary quotes was added as a supplemental file. We did not include a table of all coded data as this spanned 6 tables with a total of 115 pages</p> <p>An example or two of GItools would be valuable.</p> <p>Author response: We mentioned examples of types of GItools in Introduction, end of paragraph one, and middle of paragraph two.</p> <p>Several quotes from participants seem to be out of context, or the context is not well positioned. The results seem a bit disjointed, and it is unclear the importance/relevance of various quotes.</p> <p>Author response: We completely agree, and the Results section has been extensively revised. We provided more detail about the participants and the GItools, provide more</p>

	<p>information about the results that were incorporated in the checklist, and in particular provide more context and reasoning to clarify the relevance of the quotes.</p> <p>Overall, the contribution of this article is limited, and it is unclear how results can be used by the medical community.</p> <p>Author response: We hope that by addressing all reviewer and editor comments the overall contribution of this study is now more apparent. We further emphasized this by adding two sentences to the very end of the Introduction which reiterates the overall need to GItools, clarifies the purpose of the study, and states the overall implications of the findings. We also revised the first paragraph of Interpretation (p 12) to clarify the key findings, and emphasize the contribution and implications of this study, and adding a concluding paragraph (p 15) to emphasize the implications.</p>
Reviewer 4	Dr. David Barber
Affiliation	Queens University, Family Medicine
General comments and author response	<p>How was the division of GITool type into the 4 types (implementation, patient engagement, point of care decision making, and evaluation) decided upon. Is this a standard way of looking at GItools. Has any work been done on which type is most important in affecting patient care/behavior? To me, the evaluation component should be mandatory because it is only through this that one will be able to identify which of the other 3 types has the most impact.</p> <p>Author response: In Methods, Sampling and recruitment (p 6-7) we note that our prior research showed that these were the most common types of GItools accompanying guidelines. Apart from this no research has examined which type of GItool is most desired by guideline users, or most effective, however, this is something that we are gradually working toward achieving once this background work of having described currently available GItools is complete.</p> <p>The second paragraph of introduction is confusing. Because it is first person, on first read I thought you were describing your current research, not research already been done by your group.</p> <p>Author response: In what is now the last paragraph of the Introduction (p 5), we noted that this was previous research, and modified the last sentence to further highlight how the gaps identified in our previous research are being addressed in the reported study.</p> <p>You identify your purpose of this research "was to generate guidance for developing GItools", but later on you refer to this as a checklist. Are these words interchangeable?</p> <p>Author response: For consistency, the last sentence of the Introduction (p 5) was modified to state that the purpose of this research was to generate a checklist of instructions</p> <p>In the discussion, you might discuss further studies to evaluate if this checklist is found to be useful by GITool developers, and what kind of impacts it had in the development of these tools.</p> <p>Author response: A statement to this effect was added to the end of Interpretation, Conclusions and implications (p 14)</p>