Reviewer's report

Title: National targets, process transformation and local consequences in an NHS Emergency Department (ED): a qualitative study

Version: 2 Date: 8 June 2013

Reviewer: Thomas Locker

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Minor Essential Revisions

Context

The study context section is lengthy and repeats what has been extensively described in the literature previously. This section should be shortened and the reader directed to other sources of this information.

The authors talk about waiting time but do not define what they mean. I assume they refer to length of stay in the ED but this term also refers to the wait to see a clinician. This needs to be defined.

Methods:

Sampling—
“approximately 5 years after the implementation of EDIS. All the participants were using the system at the time of the interviews and they were working in the department for at least a year before all these changes were completed.”

This sampling method will mean that junior doctors, who rotate over very short periods of time, will be excluded from participation. As they currently undertake a large proportion of the work in UK EDs this is a significant weakness of the sampling methodology and should be acknowledged.

It would be useful to state the period when the interviews were conducted as it is unclear from the text how this relates to the introduction of the 4 hour target.

The methods otherwise seem appropriate.

Results

“Our 28 participants included clinicians of various grades and experience as well as members of the administrative and managerial staff.”

It would be useful to give more detail about the role/grade of participants.

The abbreviations EDA and ENP should be stated in full in the text on first usage.

Figure 3: It is difficult to see what information is reported in the 4hr column. This appears to be a number not a time.
“For those patients who have successfully managed to navigate themselves through the maze of the healthcare system and have been given the boarding pass to the ED, a better clinical experience and quality of care is guaranteed.”

No evidence is provided to support the assertion that quality of care has improved.

Limitations
This section should be expanded to take account of the comments above

Discussion
“The 4 hour wait target was not intended to bring about this degree of wholesale change in the emergency department.”

This statement needs to be substantiated. It is very likely that the wholesale was the intention of introducing the target and the work of the Emergency Services Collaborative was geared to driving such changes.

“The target led to a variety of changes in ED, all of which can be characterised as unintended consequences. These included compartmentalisation. Though the redesign had happened prior to the introduction of the target, the four hour wait target made the reconfiguration of space a necessity.”

Given the redesign happened prior to the target it is difficult to see how compartmentalisation can be attributed to the target.

**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.

**Declaration of competing interests:**

I declare that I have no competing interests