Reviewer's report

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

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Reviewer: Hans Thulesius

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

Major revisions

This resubmission of a study on what happened when a 4 hr wait target was imposed in a UK ED is improved but still has some improvement potential mainly re the presentation of the results.

In all I am confused by the language which to me has too much of sociological buzz words.

I am trained to read other types of text being a physician researcher and one should remember that the journal is medical.

Therefore I encourage authors to try simplify the text as much as possible. Leave out words that don't add meaning to the text or where meaning becomes unclear.

What is much improved is the first para of the discussion section. This text explains a lot with easy words.

I earlier suggested that authors use the, however borrowed, concept of "sociotechnical ensemble" if it made sense but now I am not so sure. What is a "sociotechnical ensemble" according to the article where it first appeared? Give a better definition if there is one or skip it is my advice.

In the results section it is encouraged that the physical outline of the ED is more explained - i.e. cubicle is not defined which is difficult for me as a non-native English speaker

The sentence "By fine-tuning all these sociotechnical processes though integration or segregation, the department was thought to be better equipped to meet performance standards, while creating a satisfactory experience for patients and staff."

Is not clear to me. Though should probably be through and what is meant by "integration" and "segregation" is not evident. Please explain or leave out these words.

The sentence "For patients, reception was not directly visible and there was a long public corridor to led them to the two main waiting areas, while another
public corridor separated reception from the main area of clinical activity" has misspellings and missed prepositions.

"Inevitably, the work of each professional group is changing as the system in which they work is also changes"

"We have already seen how the focus on the target as a means of addressing the chronic problem of ED wait times led to the abolishment of the one big queue, in which every patient was prioritised, and its replacement with smaller, more manageable and less visible queue"

"By using the sociotechnical ensemble as a conceptual framework of our analysis, we were able to make explicit the social and technical aspects of emergency care and, highlight the complexity of their interrelations as they engage is specific times and places"

misspellings in these sentences as well

The following section is unclear - missing words?

"...they can now be informed of how many people are in front of them. EDAs at the reception, while they cannot possibly know how long a patient will have to wait, they can look up the queue in EDIS and reassure these patients"

In the discussion section it is not clear to me what "they" is referred to - see below:

"In particular, the redesign of the built environment, towards compartmentalisation, signifies an important paradigm shift on the way healthcare organisations understand the practical value of space in the mediation of work. They acknowledged, perhaps for the first time, that spaces are not just neutral containers of social action. They emerge from socio-material relationships and are constructed within that network [74]. Through processes of delegation and discipline [75], they can exercise power [76] and structure human practices and social interactions [77]. Especially for hospitals, which are simultaneously “physical”, “social” and “symbolic” spaces of therapy [78], they “mediate information flow to maintain awareness”

The paragraph that discusses time, see below, is another text that appears redundant. Much ado for nothing.

"Likewise, time is not fixed and absolute. It too exerts meaning and it is embedded in local contexts and processes, structuring actions, events and behaviours [82] towards specific outcomes. But when it comes to organisational productivity, the quantifiable clock time is mostly viewed as a simple, independent, self-explanatory variable and a resource that can be manipulated accordingly so as to increase efficiency of work [83]. An ethnographic study, however, found that multiple categories and understandings of time coexist in technologically-driven organisations where accuracy is fundamental to smooth operation. Importantly, this study concludes that while “standardized forms of time..[don’t] displace or eliminate local forms of time reckoning embedded in
particularities of local contexts and practices...[they] provide new contexts for re-embedding time ... for new forms of local time” [84]."

Remove it is my suggestion. .

"between the ED and the inpatient specialisms” ??

The word "clinician" is repeated often but it is to me not clear if it includes physicians' opinions or only ENPs, i.e. nurses. Or is it nurses who talk about the reactions of physicians?

It is clearly a weakness of the study that no physicians were interviewed but this is also pointed out in the discussion. Another weakness is that observation data was not used - or was it? Did the researchers visit the ED at all? If that is the case did they not take down notes on their observations that was used in the analysis?

If they actually did visit the ED but did not take notes I encourage authors/researchers to write down memorized observations to be used in a refined analysis for the final write up of this ms. They can then add "observations" to the data collection method!

One of the main reasons for the increased throughput of the ED seems to be that ENPs took over tasks of physicians - see page 14.

What the authors call "Restructured Social Relationships: modernisation" in my opinion should include the "task shift" concept which I recognise from the area of restructuring health care.

This could be done in the discussion or in the results by calling it "restructured tasks"

All in all this ms tells us about a major change in the work processes of a very big ED in the UK and the analysis of what happened is not bad.

However, this could be reported by using much fewer words as I previously have mentioned.

**Level of interest:** An article whose findings are important to those with closely related research interests

**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.