Reviewer's report

Title: Reducing the time-lag between onset of chest pain and seeking professional medical help: a theory-based review

Version: 2 Date: 20 November 2012

Reviewer: Janet Smylie

Reviewer's report:

This paper addresses an important gap in the literature and uses an innovative approach. It was a pleasure to read. I have a few suggested revisions.

Major Compulsory Revisions
1. There seems to be a need for the authors to more clearly distinguish between a theory-based evaluation and a theory-based review. This paper appears to be a theory-based review – since it reviews and discusses theories used in existing studies, but does not generate one or more theories and test them against the published literature. I would therefore recommend that the aim of the paper be describes as a theory-based review rather than evaluation at the end of the background section. The title appropriately describes the work as a theory based review.

2. Further explanation is needed to explain why the cut-off date of 2006 for the literature search is acceptable, when the paper is reviewing theories – it is possible that there could be some good qualitative descriptive theory building works prior to the wide use of percutaneous coronary interventions – certainly there was still a need for persons with chest pain to get promptly to ER prior to PCIs. Also, I wonder if the literature review should be updated since it is 18 months past February 2011 and perhaps some relevant literature has been published in this time period.

3. I would recommend that the quality grading of the study be disciplinary specific – ie. qualitative studies should be judged using a qualitative study grading criteria, not quantitative study criteria. So there would be a different set of criteria for qualitative studies – ie. was saturation reached, was there triangulation of the data, was the theoretical lens clearly described, was the implementation of the study and data analysis consistent with the assumptions of this theoretical lens, did the researchers locate themselves etc. So the current criteria should only be applied to the quantitative studies. It would also be important to identify which studies were descriptive and which studies were interventions. Finally, I think it would be good to identify specific studies and then list all papers associated with that particular study in the table and text. So that there would be 36 papers, describing X studies.

4. I would recommend a bit more clarity and consistency regarding study outcomes for the studies that were interventions – ie. for each study that is identified as an intervention study, the study intervention is described and the
primary and secondary outcomes listed. This allows the reader to more clearly understand the links between the study theories and study outcomes. An additional row in the study table might help.

5. In the discussion I think it would be important to identify that the theories that were identified don’t clearly address several contextual factors such as socioeconomic position, health literacy, and systemic discrimination/cultural safety – all of which are known to impact access to health services. I would recommend that some discussion of this gap be included in the discussion.

6. I wonder if in addition to the stated conclusions the authors have also identified a need to improve the quality of theorizing interventions in this area - as well as a need to ensure that study designs and evaluations are consistent with whatever the explicit pathway for enhanced care access is described and that this is clearly communicated in subsequent scholarly publications.

**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.

**Declaration of competing interests:**

I declare that I have no competing interests