Author's response to reviews

Title: Planning and process evaluation of a multi-faceted influenza vaccination implementation strategy for health care workers in acute health care settings

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Author's response to reviews: see over
Date
15 February 2013

Subject
Manuscript submission after second revision

Dear Professor Icardi, dear Mrs. Harris,

Please find enclosed the second revision of the article by J. Riphagen-Dalhuisen et al. entitled ‘Planning and process evaluation of a multi-faceted influenza vaccination implementation strategy for health care workers in acute health care settings’.

Following the interesting and well-thought comments of the four reviewers, we have adjusted and adapted our manuscript again in many places. We asked again the assistance of a native English-speaker to improve the quality of written English. We believe this has led to a greatly improved version of our manuscript.

Below you will find the point-by-point response to the reviewers’ suggestions and concerns.

We hope this manuscript is now acceptable for publication in BMC Infectious Diseases.

Yours faithfully,
On behalf of all authors,

J. Riphagen-Dalhuisen, MD, PhD research fellow
General response
We very much appreciate the efforts the reviewers have made to further improve our paper. We have asked a native speaker to go through the whole paper and to correct the English language where appropriate.

Reviewer: Eleanor J Hothersall

“Add a mention of the RCT to the abstract”

We now have mentioned the RCT in the abstract.

Pg 12 - change "invitational email" to "email invitation"

We changed this.

Reviewer: Sarah Head

Background P1 S2 – “up to three-quarter continues their work while infected”
Background P1 S3 - ?do not need “therefore”
Background P3 S1- “it is not impossible.....”
Background P3 S8 – “we here report on”

We changed these sentences.

METHODS--DEVELOPING THE PROGRAMME ACCORDING TO THE IM METHOD
There appears to be some contradiction here around the development of tools/programme materials. In Step 4 it appears that the program materials were developed by the research group and then just used by the intervention groups, yet in Step 5 it appears that the UMC intervention groups were actually involved in the development of the tools/programme materials. Maybe this could be made clearer.

Thank you. We agree that our description was not clear enough. We developed formats of materials that could be used by the intervention UMCs, but could be adapted by the UMC communication department. We amended this to this section.

Linked to the above – I think the paper would benefit from clearer and more consistent use of terms for the tools/materials generated by the programme methods. In some areas (table 4) they are referred to as “communication tools” and in other areas (Step 6 Para 1) they are referred to as “communication tools and methods” and in other areas (Step 6 Para 2– last sentence) they are referred to as “tools”. Also, I am not clear whether or not these terms refer to more general strategies such as longer opening hours, more vaccine locations etc. referred to in Para.2 S1 of the Results.

We reviewed the whole paper again with regard to the consistency of the terminology used for the program materials and organizational methods.

RESULTS OF THE PROCESS EVALUATION
P2 – S3 – this sentence does not makes sense/needs more explanation? How did they measure “positive intentions amongst healthcare workers” P2 – not sure if I have misunderstood the point about meetings organized by the management to discuss with HCWs. From my reading of this it appears that 2 out of 5 of the intervention UMCs (ie. 3 randomised intervention and 2 external intervention) held a staff information meeting, in comparison with 1 out of 3 control UMCs. This does not appear to be a difference worth comment?

We agree that we overstated the role of the management. Though there was not much difference in the involvement of the Boards of Directors of the intervention UMCs compared with the control UMCs the self-reported impression by the communication department was that such involvement led to positive intentions among HCWs.
P2 Last sentence – “in contrast, in the communication reports ….” am not sure of the significance of this sentence. My reading/understanding of this (using information from Step 6 (Programme evaluation) is that these communication reports are provided solely by one representative of the UMC? I would like to know more about how it had been judged that “the provided information was too limited”.

*These reports are summaries from the evaluation of the whole team involved in the organisation of the influenza vaccination program. We made this clearer in the methods, step 6.*

P4 S4 – does “2010” refer to flu season “2010/11” this is a bit confusing?

*This indeed refers to 2010/2011.*

P4 S4 – I cannot reconcile this text with Table 4. My reading of table 4 implies that badges were handed out to 32.9% in 2009/10 and 16.6% in 2010/11 which is different to the text. Apologies if I have misunderstood but may need to be clearer?

*We agree that we changed the table, but did not change the text accordingly in our first revision. Thank you.*

**DISCUSSION AND CONCLUSION:**

Much clearer and more aware of limitations of study now. The term “acute health care hospitals” does not make sense – I would either use “acute health care settings” or “hospital”. If you want to use just “hospital” then you can always clarify your definition at some point to avoid any confusion. Using the term “acute healthcare settings” will automatically exclude any nursing homes etc.

*We changed this.*

**Reviewer:** Anna Llupià

I appreciate the effort of the authors in answering some of my queries. I understand well their point about splitting the trial and the program design and implementation in two papers.

In my opinion, “Results of process evaluation” have not been placed in the appropriate step of the IM method, as I suggested in my first revision.

*We have chosen to describe the results of the process evaluation in a separate part then the actual methods description of the IM methods. In our view this makes it more clear for the reader. The other three reviewers did not comment on this issue, so we assume this is acceptable.*

One of the basis of the IM tool, is still unclear, more centered in practical strategies than in behavioral theories that support strategies.

*We now have described the basic methods more clearly and referred to reference 22 in which more general information is given on the effectiveness of practical strategies. Importantly, it has been noted that there are no magic strategies. As mentioned earlier behavioral/implementation models have been described in step 1.*

The use of qualitative in table 3 is not accurate. Qualitative research explores phenomena in-depth, investigates the why and how and not only the what (or how much, as in this case).

*We removed the term qualitative in table 3.*

The use of % in such a small n is neither appropriate.

*We have changed this.*
Reviewer: Mary Patricia Nowalk

Reviewer's report:
1. Abstract: no need to use “However” when using “despite.” Also suggest using percentages for the qualitative results

   We changed this.

2. Introduction: Page 6 paragraph 2 sentence beginning, “Since . . .” should be broken into two sentences for clarity.

   We changed this.

1. Methods: Paragraph 1 change “choose” to “chose.”

   We changed this.

2. Results: Paragraph 1 change three or “less” to three or “fewer.”

   We changed this.

3. Discussion: Based on the percentage of survey participants who reported exposure to the various interventions, it is a bit of an overstatement to say that they were successful.

   We removed the term successfully in the first paragraph. We already commented on the suboptimal exposure to program methods or materials in the first paragraph.

4. Also, in the limitations, I disagree that survey respondents would have been more negative about the intervention. It is more likely that those who took the survey would have seen the posters, etc., than not to have seen them.

   We changed this sentence.

5. Table 4: Appeal ratings of interventions should be separate from the assessment of use. If you are making comparisons from year to year (H1N1 to regular season), which is done in the discussion, significance testing should be performed.

   We placed * in the table to indicate statistical significant differences.

6. Table 2: Row 5 “it’s” should be “its.”

   We changed this.