Reviewer's report

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

**Version:** 4  **Date:** 16 December 2012

**Reviewer:** Sarah Head

**Reviewer's report:**

This paper now reads much more clearly. However there are still some areas where the English does not read well and I would recommend that you continue to use a Native English speaker to help with these areas. Some examples of areas needing attention are:

- 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”

**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.

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.

**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?

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”.

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

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?

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.

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: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests