Reviewer’s report

Title: Reasons behind non-adherence of healthcare practitioners to pediatric asthma guidelines in an emergency department in Saudi Arabia

Version: 2 Date: 21 February 2012

Reviewer: Janet Curran

Reviewer’s report:

Thank you for the opportunity to review this manuscript. The authors attempt to address an important issue in Pediatric emergency medicine: barriers to the use of evidence based guidelines to guide the management of children who present with acute asthma.

Major Revisions

Methods:

1. Can you provide a reference for the selection of the 8 recommendations frequently encountered as gaps that guided your data extraction?

2. It is not clear how you determined cut-offs values for compliance versus non-compliance?

Chart Review

3. Can you describe the statistical power calculation used to determine your sample size for chart extraction?

4. Can you describe further the procedure for retrospective grading of asthma severity? ie by whom and how decisions were made.

5. How did you manage other missing data?

Focus group procedures

6. There is a need to clarify procedures related to the Focus group data collection and analysis. Did Diffusion of Innovation theory influence development of interview guide? The authors refer to the use of an “inductive” content analysis process yet they describe using predetermined themes drawn from the Diffusion of Innovation theory.

Results:

7. There is a critical need to extend the reporting of the data extracted from the chart review. Can you include raw data in brackets after percentages? Tables should also include raw data (numerator and denominator).

8. Children age 0-3 appear to pose some difficulty with assessment and
treatment. This is not uncommon in other settings. Is it possible to break this group out and present data regarding adherence to recommendations with this subgroup. Note: GINA has separate guidelines for children 5 years and younger which have implications for measuring severity and treatment.

Discussion:

9. Individual health care providers attitudes and beliefs appear to be as important in the focus group data as organizational context issues. Yet you describe organization barriers and lack of an implementation strategy (which really was an unsuccessful implementation strategy) as the main factors in the conclusion?

10. You state in the discussion that there were no differences in adherence based on quantitative data from chart review. However it is difficult for the reader to be confident in this fact without the raw data.

Limitations

11. Many of the patients who presented to the ED did not present with acute asthma and therefore some of the recommendations were not relevant for them. It would be important to know how many of the cases fall into this category. This should be explained as a limitation

Minor Revisions

12. Please change systematic corticosteroids to systemic corticosteroids.

13. First use of the acronym PAMP in the Methods (Page 5, line 3) should be spelled out.

14. Please provide the date when the guideline was implemented in the ED.

15. Please proof for spelling errors ie. Pg8 Focus group interview langue versus language

Discretionary Revisions

16. What were the characteristics of individuals participating in the 4 additional individual interviews? Nurses and physicians?

Level of interest: An article of importance in its field

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.

Declaration of competing interests:
I declare that I have no competing interests