Reviewer's report

Title: Implementation of a Health Care Policy: An analysis of barriers and facilitators to practice change

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Reviewer: CL McWilliam

General
This is a well-written, interesting paper that presents research describing what happened at the service delivery level after the implementation of policy providing a universal program of up to 60-hour postpartum stay and public health follow-up for new mothers and their infants in a publicly funded health care system. The question, to my knowledge, is new and it is also well defined. The title and abstract accurately convey the contents of the manuscript.

The researchers used data representing five purposefully selected hospitals from two studies to answer the research question. The quantitative study component was a cross-sectional survey of a sample of 1250 new mothers, using questionnaires at baseline and structured telephone interviews four weeks after discharge. The qualitative study component consisted of nine focus groups with front-line clinicians and administrators from across the hospitals and public health units at the five sites. Participants were asked to review the quantitative results and comment on the findings to afford understanding about how the health policy initiative was implemented at the individual sites and the barriers and facilitators to achieving practice change. While the methods are clearly described, a few additional details about the qualitative methods might enhance the paper. Specifically, it would be helpful to know the numbers, hospital/public health unit participant mix, and the demographics of participants in the focus groups. As well, the focus groups appear to have taken place either at baseline or follow-up. It is unclear how these focus groups, particularly those at baseline, contributed to the uncovering of barriers and facilitators to practice change in accordance with the policy.

Secondary data analyses present particular challenges, sometimes limiting the potential contained within research questions. It is difficult to assess the soundness, control and potential of data available for the conduct of the study reported in this manuscript. If feasible, additional analyses and/or interpretations of existing data would enrich the paper. For instance, while findings suggest that the wide variance in the implementation of the offer of 60-hour lengths of stay was not apparently related to variability in demographics of the sub-samples across the five sites and elaborate what facilitated policy implementation, some comparative interpretations of the barriers to policy implementation across the five sites would also be informative. Some of the information presented in paras 2 through 5 under the “Discussion” section might be moved up in the manuscript to address this need. Similarly, further interpretation of the extremes in changes in length of stay from baseline to follow-up measures across the five sites would be informative. For instance, factors such as organizational emphasis on length of stay for benchmarking purposes may have differed across the five sites, suggesting struggle to address conflicting government policy priorities. Given the patient-related indicators of uptake of the offer of additional length of stay, the correlation between mothers’ perceived readiness for discharge and actual lengths of stay may be informative, as would any correlation between indicators of uptake and home visits, which were at highly variable rates. As well, it is informative that the offer of public health follow-up was comparatively consistent, although varied in timing, across the five sites, but one wonders if that follow-up changed over time, and if and how that related to site changes in hospital lengths of stay. Overall, however, the manuscript does adhere to the relevant standards for reporting and data disposition.

The discussion is thought-provoking and insightful. While the policy’s historical genesis and focus
clarifies the emphasis placed on understanding results related to the public health follow-up, the discussion section might be further enhanced by additional attention to the enactment of the policy in the hospital sector. The conclusions are logical, well balanced, and well grounded in the study findings. Minor additions the authors may wish to consider are reference to the providers’ advocacy role for patients, particularly those most vulnerable in the instance of more limited services, and elaboration of the “other facilitating and inhibiting factors” mentioned in their concluding sentence.

In summary, this well-written manuscript presents an interesting and informative study. All of the recommendations contained within this review, with one exception, are meant to suggest discretionary revisions. One minor essential revision is the elaboration of barriers in the “Results” section, largely achievable by moving relevant findings from the Discussion” section to the “Results” section.