Reviewer's report

Title: Research in Action: Using Positive Deviance to Improve Quality of Health Care

Version: 1 Date: 3 October 2008

Reviewer: David Sommerfeld

Reviewer's report:

Review comments for “Research in Action: Using Positive Deviance to Improve Quality of Health Care”

General Comments

The authors discuss the use of an interesting approach, positive deviance (PD), for identifying and implementing organizational change and apply it to the important topic of improving health care services. The authors illustrate aspects of this approach by briefly outlining their experiences with the PD approach to reduce “door-to-balloon times” for myocardial infarction patients. Highlighting the potential role of the PD methodology as it applies to organizational change represents a useful contribution to the implementation literature, particularly given the challenges frequently encountered when pursuing planned organizational improvements. However, the specific contribution of the manuscript is limited by its brevity, which leaves a number of important aspects unaddressed. Following are some recommendations for improvement:

Major Compulsory Revisions

1. The article provides a nice introduction to PD, but it should include a more substantial examination of 1) PD as one methodology in the context of others and/or 2) a more detailed discussion of their experiences with the method. Since the authors are utilizing PD as a quality improvement mechanism, I think it is crucial for the authors to embed PD within a broader discussion a quality improvement mechanisms so it is clear how the PD approach differs from/is better than other common approaches for generating knowledge and improving practices that go by names such as Best Practice Initiatives, Bench Marking, Continuous Quality Improvement, Quality Performance Matrix as well as the Veterans Affairs’ Quality Enhancement Research Initiative (QUERI) which is more specifically targeted to health services and formale Randomized Controlled Trials for treatment/services research. All of these have been advanced as mechanisms for identifying and/or promoting positive organizational changes. The authors do not need an extensive literature review on each of these practices and their evidence base (or lack thereof), but the case for utilizing PD will be made stronger if the readers are more systematically informed about the specific differences and benefits relative to some of the other approaches.
2. Alternatively, or in conjunction with the recommendation to ground this paper more substantially in the organizational change/improvement literature, the authors could strengthen the paper by providing more information about their experiences using PD as a case study to highlight the major issues that are likely generalizable to others considering the PD approach. Each step of the PD process poses numerous challenges and raises a variety of questions that the authors can explore more fully based on their use and knowledge of the model. For example, in step one – how choose the relevant community of organizations to sample from? How can local PD initiatives be conducted to maximize national implications? Who starts PD investigations (service practitioners, organizational administrators, external researchers, policy makers, and/or existing collaborations)? and What does that process look within health care quality improvement initiatives? Likewise, the authors could provide more information about the other steps, such as how they were able to get organizations to adopt and implement a new practice, which frequently represents a major impediment to organizational change. A more thorough presentation of the author’s experiences working through and thinking about the PD process can help readers understand the applicability and potential for the PD approach within their arenas of involvement.

I would prefer the authors go the “AND” route by addressing both PD in relation to other quality improvement methods as well as incorporating more of a detailed case study approach, but I think a solid paper could result if the authors choose to focus on only one or the other in depth.

3. I am also somewhat concerned with the potential overly optimistic tone of the article advocating the use of PD. I do not mean to suggest that the authors should not enthusiastically endorse PD as there appear to be a number of promising aspects related to this approach, however, a more nuanced discussion will lessen the response of skeptics who assume that something that sounds too good to be true, probably is in fact too good to be true. This may be addressed in the course of the authors’ response to my earlier concerns, but if not, some specific mention of the challenges and difficulties (e.g., time, financial costs, collaboration management, etc.) related to this method would provide a greater sense of realism. Even if there are few negative aspects of the PD approach, the authors can discuss the potential barriers in getting this model more widely adopted throughout health services quality improvement research.

Minor Essential Revisions

4. Provide an explicit definition for the “door-to-balloon times” phrase that is utilized multiple times in the paper. The meaning can be generally intuited, but as a non-medical journal with a diverse readership, a more specific definition would be helpful.

Discretionary Revisions

5. It might be interesting to apply the thought process of the PD approach to PD
in order to develop a more comprehensive understanding of this perspective. For example, are all results of PD initiatives successful or are there a range of outcomes? If there is a range, why might some PD initiatives be more successful at generating change than others (e.g., problems conducting or analyzing the qualitative and quantitative research or problems getting organizations/persons to change behaviors even after being presented with a new “best practice”)?

6. The authors may want to reexamine the structure of the article. As originally submitted, it appears to loosely follow the order of the “Five Steps in PD” with some case-study type language outlined at the end on pages 9-10. The logical flow of the article could be improved if the authors explicitly adhere to the five steps (after an introductory section similar to current pages 4-5 as well as any additional PD contextual material) and integrate their case study experiences and the important issues to consider within each step.

**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