Reviewer's report

Title: Factors for success and failure of the Quality Improvement Collaborative methodology for process redesign: a multiple case study

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Reviewer: Stephen S.L. Walston

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This article discusses an interesting and topical subject, the use of quality improvement collaboratives (QICs). The author(s) provide elaborate detail of 17 projects, their processes, and outcomes. The goals of each collaborative was to reduce times in disparate settings (outpatient and inpatient). Although the article is interesting, there are a number of issues that distract from its potential. These include:

1) Many of the concepts discussed are very vague. Even the central concept, QIC, is described as a concept that includes multiple PDSA cycles, has external change agent support, peer stimulus, and the use of the model for improvement. All of these subcomponents also seem rather vaguely defined and hard to quantify. This lack of specificity creates difficulty later in demonstrating causal effect.

2) The diversity of the teams’ goals appears to make the measurement more difficult. It seems that some had goals that were widely diverse and some much more difficult than others.

3) In the Methods section the authors state that there were 24 hospitals, but only 18 project teams from 8 hospitals joined the collaborative. What happened to the other 16 hospitals? Is there possible selection bias here?

4) On page 7 the data collection method is explained. There is one minor spelling error in the middle of the page. “Form” should be “from.” Also the questionnaires to evaluate the outcomes of the projects were sent one year after the start of the projects. Instead of sending the questionnaire a set time from the commencement of the project, they should have evaluated a time after the implementation of the project. It would have been good to have quantified the questionnaires and presented numerical results.

5) On page 8 under Results the author(s) indicate that the projects were even more diverse with the some involving 1 medical department and others up to 8. Again, this wide variation makes measurement much more difficult.

6) Again, the variation causes many potential programs. Page 9 states that only 6 of the 17 teams even completed all the three preconditions and half did not have adequate organizational change agent support.

7) In the evaluation section it is interesting that only 5 groups “confirmed that their project team used or was going to use the PDSA cycle.” It would that by the article’s own definition, most of the groups were not using QIC, and therefore, it
would be impossible to measure its use. Half did not have external change agent support and only 5 of 17 used the PDSA cycle. No wonder they have difficulty to evaluate the outcomes. As stated in Step 7, “it is unknown whether they [the collaborative groups] reached the collaborative goals.”

8) Because of the messy construction, it would be impossible to understand the causal relationship between the QIC and outcomes. Only 3 project teams implemented their process redesign in the year. These teams did not use the PDSA cycle. Consistently, on page 13 when discussing the other 14 teams, there is little clarity of the relationship.

9) The Discussion section comments that “a lot of the project teams had to cope with the lack of fit between the principles of the QIC methodology and process redesign.” Is QIC too standardized to not be able to adapt? Or was the problem in the lack of external facilitators and motivation of the participants?

Because of the lack of construct validity in the groups, I would suggest the author(s) revise the paper to discuss the difficulties of applying QIC and methods that can better encourage success.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

Loaded by MPE on behalf of reviewer.