Reviewer's report

Title: Supported local implementation of clinical guidelines in psychiatry: A two-year follow-up

Version: 1 Date: 1 September 2008

Reviewer: Lawrence A Palinkas

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Major Compulsory Revisions

This is a very interesting paper. The results suggest that an implementation intervention based on the formation of teams of researchers and clinic personnel is likely to result in a significant increase in compliance with clinical guidelines than simply providing clinics with the guidelines. Studies reporting on the effectiveness of interventions designed to facilitate implementation of evidence-based guidelines represent an important area of research. Although the design of the study is framed as quasi-experimental, the comparisons appear to be based on individual patients as the unit of analysis. However, the assignment to experimental condition was performed at the clinic level, not at the level of the individual patient. Hence, the comparisons should be based on an n of 6, not an n of 2165. This means that the study is likely to be underpowered to test the hypothesis that the intervention leads to greater compliance with clinical guidelines.

A second required revision is clarification of the conceptual framework that guided the design of the intervention to enhance implementation of the clinical guidelines. Reference is made in the discussion section to the theory of learning organizations (p. 14, lines 1-2). However, reference is also made to academic detailing, and it is not clear whether all components of the implementation intervention can be related to this one theoretical framework. It is recommended that the authors describe their theoretical framework either in the introduction or in the methods section.

Minor Essential Revisions

The rationale for conducting this study is that while there have been numerous indicators to evaluate and assess the care provided to patients with chronic illness, there have been a lack of studies provided to patients with psychiatric disorders. The authors should explain why they feel there should or might be any differences in outcomes of studies of clinical guidelines for psychiatric disorders and chronic disorders.

Although the authors note that assignment to experimental condition was not randomized, it is not clear how the six clinics were assigned into receiving the depression or suicidal behaviours guidelines and the implementation intervention or just the guidelines. Please explain how you came to choose which clinics
would receive the intervention and which clinics would serve as the control group.

On p. 7, lines 3-6, the authors note that "the adaption (sp) of care defined by the clinical guidelines were conducted by the implementation teams. What forms of adaptation of the clinical guidelines were undertaken by the clinic sites? How did the teams adapt the guidelines to fit the needs of their clinic? Did such adaptation influence the fidelity of implementation of the guidelines?

On p. 8, the quality indicator scale was dichotomized in 0 and 1, the latter reflecting a score of 1 and 2. However, if 1 was defined as not clear according to the definition, then how valid is the measure? It would seem this could result in a high number of false positives. Would it not be more appropriate to dichotomize into 0 and 1 as 0 and 2 as 1? Perhaps the best solution would be to try both schemes for dichotomization.

**Level of interest:** An article of importance in its field

**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.