Reviewer's report

**Title:** The relationship between baseline Organizational Readiness to Change Assessment subscale scores and implementation of hepatitis prevention services in substance use disorders treatment clinics.

**Version:** 3 **Date:** 1 December 2009

**Reviewer:** Melissa M. Farmer

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In health services and implementation research, there is a critical need for understanding organizational readiness for change. To date, there is a limited understanding on how the concept should be measured and more research is needed on the reliability and validity of measures for organizational readiness for change. This manuscript could offer some important information for implementation/health services researchers on the ORCA measure. However, there are some issues with the manuscript that need to be addressed.

**Major compulsory revisions**

1. The main focus of the article needs to be clarified. The title and abstract are focused on the relationship between ORCA and implementation of hepatitis prevention services. The Background is a description of PARIHS and two pages later ORCA is introduced. Then the Methods section seems to be a description of the Liver Health initiative training program and information specifically about the measurement of ORCA and the outcome is missing. The results section jumps back to the relationship between ORCA and implementation of hepatitis prevention services.

   One suggestion is to reframe the manuscript as a measurement piece on empirically testing ORCA in a clinical setting. To do this, there needs to be more information about the significance of understanding organizational readiness in the context of implementation and highlight the lack of evidence in the field (see review by Weiner, Amick and Lee in Medical Care Research and Review, 2008) – then present a strong argument about how this work advances the field of organizational readiness measurement by examining ORCA within the context of the Liver Health Initiative training program.

2. There are key parts of the manuscript missing.

   • First, there is no introduction that provides the reader with a clear purpose of the manuscript with clearly developed hypotheses.

   • Second, the measurement of variables seems to be embedded in the procedures section (is the Needs Assessment Questionnaire the same as the ORCA?). There needs to be a clear description of the ORCA measures.
• Also, clarification of the outcomes is needed. There are three outcomes listed on the bottom of page 12: baseline implementation of recommendations, follow-up implementation of recommendations, and change in services (new services). Only the median split of the follow-up score is discussed. Was this the main outcome used? If so, were there any controls for the baseline? Based on the range of the baseline (1-7), there were sites that were high in implementation before the intervention. How does this impact the results? There is a brief mention of this on page 16, but more information is needed on how this was examined.

• Finally, the data analyses section is completely missing: the section marked data analyses includes the primary question of interest only. The analytic strategy is never stated – effect sizes are mentioned in the discussion but statistical tests are never given. The missing section made evaluation of the results/discussion problematic.

3. The number of clinics is not consistent. On page 9, there are 11 clinics mentioned and 2 did not provide follow-up data. Then at the bottom of page 11, it is stated that “all clinics completed the one month assessment. Eight clinics completed the 3 month assessment and four clinics completed the 6 month assessment. The final follow-up available for each clinic was used for the outcome measurement. “ It is not clear – 1 or 3 clinics at 1 month, 4 at 3 months and 4 at 6 months? Also, how could the variation in end point (1,3 or 6 month) influence the results? Were the results similar at 1 month for all 11 sites?

4. Who filled out the survey? There are 17 participants listed on page 9 but later in the limitations, it is stated that only one person from each filled it out. How was the person(s) selected?

5. In the limitations on page 17, the authors mention that the dichotomy was not based on scientific evidence and that 5 clinical practices could be identified as high implementation. How does using a different cutpoint (i.e. 5 and up as high) change the results?

Minor essential revisions

Abstract: the results are not clear in the abstract – p2, line 18 “significant differences between high and low implementation teams in expected directions...” As the hypotheses were not given, “expected direction” is not known to the reader.

Discretionary revisions

The discussion of the PARIHS framework is substantial but not really discussed within the context of this project. There is a lot of information here about the framework, but not much about how it relates to the implementation of the Liver Health Initiative recommendations. Perhaps a table could be used to link the information from ORCA to the current project measures.
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have not competing interests