Reviewer’s report

Title: Explaining the effects of a multifaceted intervention to improve inpatient care in rural Kenyan hospitals - interpretation based on retrospective examination of data from participant observation, quantitative and qualitative studies.

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Reviewer: Guy Kegels

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Explaining the effects of a multifaceted intervention to improve inpatient care in rural Kenyan hospitals – interpretation based on retrospective examination of data from participant observation, quantitative and qualitative studies.

This is a careful, balanced account of a retrospective attempt to answer a very relevant question: ‘Why did performance assessed as uptake of, or adherence to recommended best practices vary, often dramatically, between practices (for which performance indicators were developed), between hospitals and between the full and partial intervention groups?’(p.5-6 in my manuscript).

The authors are very careful not to ‘overstate’ their case; if I had been in their place, I probably would have used a bolder tone. In my opinion, this kind of publications is very much needed, and I would endorse publication wholeheartedly.

I only have a few suggestions.

On p.7-8: Consistent with our analytic approach we find that the normative-reeducative approach and aspects of the intervention that were sustained throughout the eighteen months period, considered as operating at different organizational levels, are important in determining performance measured as correct care.

One or two examples would be enlightening.

On p.8: under the heading ‘External supportive supervision and local management’

I am not opposed to the content of this paragraph, but it would be possible to further ‘deconstruct’ the argument in the following sense: ‘supportive supervision’ actually results from supervisors willing to be supportive and actually managing to be so. One could say that this depends on 3 elements: (1) the supervisors’ purpose and attitude; (2) the supervisees’ purpose and attitude; (3) the process of supervision (the ‘how’). If the authors have more details about these elements, they might consider ‘deepening’ this section somewhat.

On the same page, box 3 is mentioned. Looking at box 3 (on p.21 in my manuscript), I think the last paragraph is somewhat out of place. Box 3 would be
more homogenous without it.

On p.11 there is a sentence that for me is ambiguous: ‘However, the design implications of mixing methods and approaches to integrating findings are challenging [33] with perhaps few groups in low-income settings, including ourselves, claiming real expertise.’

Do the authors include themselves among the ‘few groups claiming real expertise’ (which seems to be the literal meaning of the sentence) or do they want to position themselves (too?) humbly among the doubters?

A detail in Box 1 (p.19): ‘The package for partial intervention or control sites (H5 to H8) included 5 components: (1) 6-monthly surveys with written feedback only, (2) provision of clinical practice guidelines and job aides, and (3) a 1.5 day initial guideline seminar for approximately 40 hospital staff.’

I can count only 3 components, not 5

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable

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