Author's response to reviews

Title: What is the value and impact of quality and safety teams? A scoping review.

Authors:

Deborah E White (dwhit@ucalgary.ca)
Sharon E Straus (sharon.straus@utoronto.ca)
H Tom Stelfox (Tom.Stelfox@albertahealthservices.ca)
Jayna M Holroyd-Leduc (Jayna.Holroyd-Leduc@albertahealthservices.ca)
Chaim M Bell (Bellc@smh.toronto.on.ca)
Karen Jackson (karen.jackson@albertahealthservices.ca)
Jill M Norris (jmorris@ucalgary.ca)
W Ward Flemons (flemons@ucalgary.ca)
Michael E Moffatt (MMoffatt@wrha.mb.ca)
Alan J Forster (aforster@ohri.ca)

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Author's response to reviews: see over
Dr. Martin Eccles  
Editor-in-Chief  
Institute of Health and Society, Newcastle University  
21 Claremont Place  
Newcastle upon Tyne, UK  

June 28th, 2011  

Re: Revisions to Manuscript # 1586171821456166 “What is the value and impact of quality and safety teams? A scoping review”.  

To Dr. Eccles,  

Please find attached the revised manuscript based on the reviewers comment for submission to the journal Implementation Science. We would like to thank the reviewer for his/her comments.  

Specific replies to the reviewer comments are as follows:  

1) It was unclear how 6400 papers were excluded, this section could be expanded.  
We have expanded this explanation on page 7 of the manuscript. Sixty-four hundred papers were excluded due to not meeting one or more of the inclusion criterion (Figure 1). Generally, excluded abstracts did not describe teams in hospital settings, teams that did not undertake quality or safety work, or were not a quantitative or qualitative study were excluded.  

2) Also, do you have any data on the agreement of your raters (e.g. Kappa Score)?  
The Kappa coefficient was also calculated. On page 7 we have noted that the final inter-rater agreement reached 76.0% (Cohen’s k coefficient=0.50).  

3) While it is true that quality improvement is usually messy and not well controlled (this is really not new information), that is also what differentiates quality improvement from formal research. Usually these papers are a description of a clinical improvement effort rather than a formally funded research effort.  
We agree with the reviewer that quality improvement projects are not well controlled and occur in an increasing complex environment that is not always conducive to “traditional gold standard designs”. We believe the following modification on page 16 acknowledges this differentiation yet calls for a more rigorous design of projects and reporting to advance the field of the quality improvement initiatives and to enhance our understanding of the effectiveness of quality improvement strategies. The nature of quality improvement is pragmatic; an examination of the
“real world”. Health systems are living laboratories that are complex, frequently unpredictable, and change is often multifaceted. Unfortunately, RCTs are often not an option and control groups may not be possible to understand localized microsystem or mesosystem change. However, moving away from before and after designs to designing evaluation of change initiatives by utilizing an interrupted time series or step wedge design would enhance the science of quality improvement as well as strengthen the evidence about the actual effectiveness of methods used in initiatives.

4) I would like to hear more about what you did learn about quality and safety improvement even if it is not perfect science. For example, is there a way to count specific types of change or improvement techniques that lead to improved outcomes? In other words can you go beyond your disappointment in the design and quality of these studies and give us some new information?

We used the Cochrane Effective Practice and Organisation of Care (EPOC) taxonomy for quality interventions to document quality improvement efforts undertaken by teams, to explore which techniques lead to improved outcomes and to examine these techniques within and across different designs. As noted on page 13 our findings revealed that all the studies used two or more interventions in their initiatives, thus, it was difficult to make judgements regarding the unique or combined contribution of selected interventions on positive outcomes. Furthermore, within studies there was a mix of improved outcomes and no change in the identified outcome(s). A comparison of studies with similar designs also did not reveal a consistent pattern between the intervention and the outcomes. Beyond a narrative account of quality improvement efforts, additional inquiry regarding the weight of evidence for a particular technique was precluded by the heterogeneity in outcomes, design, and topics that quality and safety teams addressed in this scoping review. We would suggest that both rigorous design of quality improvement initiatives and focused questions about interventions through a systematic review would contribute to the understanding of whether specific improvement techniques lead to improved outcomes.

5) Minor Essential Revisions Page 5 (now page 6), last sentence in paragraph 1, “impacts” should be “impact”

This change has been made.

We feel that we have revised the manuscript as per the reviewer comments. We look forward to publishing in Implementation Science.

For the authors,
Sincerely,

Dr. Deborah E. White
Associate Dean of Research
Associate Professor
Faculty of Nursing, University of Calgary