Reviewer's report

Title: Effectiveness of inpatient and outpatient strategies in increasing referral and utilization of cardiac rehabilitation: a prospective, multi-site study

Version: 1 Date: 4 July 2012

Reviewer: Alexander Clark

Reviewer's report:

Major Compulsory Revisions

Definition of Cardiac Rehabilitation (CR)

For non-cardiac readers of Implementation Science, more definition and explanation of the nature of CR should be given. Readers will not know about these programs, their aims or variety.

Also, the paper appears to adopt narrow and even view of cardiac rehabilitation – for example to the exclusion of secondary prevention interventions- and risks assuming wrongly that these interventions must occur outside the home and must occur in hospitals. CR in Canada is more exercise-focused, centralized and out of step with current practices in Australia, Scandinavia and the UK.

Does the paper focus on more traditional hospital-based CR or does it reflect the far richer and more accessible models of CR evident in wealthy countries outside Canada? More information on the definition, nature and scope of CR should be provided and an explanation of whether this includes secondary prevention interventions should be presented. This has major implications for knowledge translation because settings outside metropolitan Eastern Canada are very different.

Self Citation

Self citation is an important ethical and scholarly issue. The citations throughout the manuscript are narrow and mostly focus on papers by the main author rather than those which are most recognized in the field of CR internationally. There are many areas in which other studies going back some years are relevant to the points made. While it is important to recognize the past track record of author, this does not most effectively integrate the paper in relation to what is known internationally and historically. Please include these citations to properly integrate the study into the international literature on CR.

Lack of up to date literature and policy on CR referral

The literature cited on referral is somewhat dated. More recent research that provides a useful context includes:

Neubeck L, Freedman SB, Clark AM, Briffa, Bauman A, Redfern J (2012)
Participating in cardiac rehabilitation: a systematic review and meta-synthesis of
qualitative data. European Journal of Preventive Cardiology June 2012 19:494-503,


Results
The results or discussion do not make reference to effect sizes. This is a significant weakness as it does not address the clinical significance of the results. This is a central element of knowledge translation because it has large implications for the usefulness of findings to knowledge users.

Minor Essential Revisions

Methods: Sites
Were all the CR programs in hospitals? If so, this risks being out of step with other countries where programs are increasingly based in homes, delivered over the web / telehealth or are in community settings.

Canada has over 750 CR programs – how similar are those in metropolitan Ontario to these? How similar are Canadian programs to international programs? These insights would help readers understand the transferability of their findings to other settings

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:
I have no conflicts.