Reviewer's report

Title: Measuring organisational and individual factors thought to influence the success of Quality Improvement in primary care: a systematic review of instruments

Version: 1 Date: 5 February 2012

Reviewer: Cameo Borntrager

Reviewer's report:

Thank you for the opportunity to review the manuscript entitled, “Measuring organisational and individual factors thought to influence the success of Quality Improvement in primary care: A systematic review of instruments.” In this manuscript, the authors reviewed their methodology for collecting and synthesizing self-report instruments on Continuous Quality Improvement (CQI). Measures were gathered via systematic literature searches; whereby, the authors searched for instruments to add to their taxonomy that assessed constructs relevant to primary care. The authors also assessed the development methods of the measures they found, as well as their general psychometric properties. This manuscript represents a complex and novel addition to the healthcare literature, and the authors clearly were both systematic and comprehensive in their methodology assessing the CQI measurement literature. The authors did an excellent job synthesizing their information, providing examples, and describing both theoretical and practical strengths and limitations in the CQI literature (as well as thoroughly described implications, strengths, and limitations of the manuscript) in the Discussion section; however, the introduction sections were somewhat lacking with respect to synthesis of the theoretical underpinnings and support for the structure and organization of their framework. With more attention paid to providing organizing, construct selection, and definitional support in the Background/Introduction and description of the Conceptual Review, this manuscript will provide an important contribution to the CQI literature and healthcare field.

Major Compulsory Revisions

1. In order to support the organization of the conceptual framework, more review of the theories, described in the first paragraph of the Scope of the Review section, is needed in the Background section or prior to the first paragraph in the Scope of the Review. For example, a brief review of some of the prominent models of practice change in primary care would be helpful for the reader. Further, more description and background on “(3) our preliminary findings from a review and synthesis of CQI theory as it applies to primary care” is needed prior to describing methodology of the review. This additional theoretical description would support why the authors chose the measurement properties that they did such as those listed in Additional File 2, Table 1, given the definitional
discrepancies in the implementation literature on certain domains listed (e.g., feasibility, interpretability).

Minor Essential Revisions

1. In the first paragraph of the Background, third sentence, it is unclear to what “the methods” are referring. Perhaps the sentence should read “these methods?”

2. In Stage 2, after the sentence, “Construct definitions and labels assigned to scales guided but did not dictate categorisation because labels were highly varied and often not a good indicator of instrument content” add an example of this discrepancy.

3. In Appraisal of Evidence Supporting Measurement Properties, first paragraph, the sentence, “The COSMIN criteria were intended for studies reporting instruments for the measurement of patient reported outcomes, however we were unable to identify equivalent appraisal criteria for organisational measures” should be “…outcomes; however, we…”

4. In Identification of Unique Instruments, it is unclear what the authors mean by an “index paper” and how it was used.

5. Define acronyms before solely listing them as acronyms (e.g., TQM); throughout manuscript.

6. First paragraph under Measurement of Organisational Context in the Discussion section, in the last sentence should be ‘used’ and ‘be’ should be removed.

Discretionary Revisions

1. In the third paragraph of the Background, “CQI methods” and “intervention” seem to be used interchangeably (i.e., “Complex interventions such as CQI are not easily replicable…”). If CQI is considered an intervention in an of itself, then this should be explicitly stated, otherwise it is confusing to the reader who might consider CQI its own field of study related to, but distinct from, specific interventions such as a new treatment technique among primary care physicians.

2. Because of the complexity of the review, phases, and development of the framework, consider using examples throughout the text to help the reader visualize the application of the methodology for a specific measure, particularly in the Taxonomy Development sections and Stage 2 sections.

3. Under Development of Taxonomy and Categorisation of Instrument Content, second paragraph, the authors reported excluding measures based on certain criteria, two of which were if the measure was “too long” or the “response format [was] unsuitable.” It is unclear why or how these judgments were made, or moreover, how it was determined that an instrument characteristic such as length may impact CQI assessments. For example, at what point is a measure ‘too long’ or ‘short enough.’ The authors should consider explaining/justifying their exclusions using the research available.
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.

Declaration of competing interests:

I declare that I have no competing interests