Author's response to reviews

Title: Toward systematic reviews to understand the determinants of wait time management success to help decision-makers and managers better manage wait times

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Author's response to reviews: see over
Dear Dr. Sevdalis:

Thank you for your message of March 18th. In revising our article, we have tried to respond to all the points raised by yourself and the two reviewers. We would like to express our appreciation for this feedback, which we believe has helped us to strengthen the article. Our responses to Reviewer 1 and Reviewer 2 are provided below. Looking to read you.

Best regards

Marie-Pascale Pomey

Reviewer 1

1. Abstract – The Background sounds parochial for an international journal. The Canadian context and applicability comes with the stakeholder consultation – it does not need to figure in the Background in abstract i.e.: “For the past two decades, access to healthcare services has been a critical issue in Canada and abroad”.

   We have removed the first sentence of the abstract.

2. Instead of the vagueness of “the main electronic databases” perhaps list the main three databases in order of yield and then add “plus X additional databases”

   In the Methods paragraph, we have introduced the three main databases that we used for this SR (see p. 2, abstract).

3. Very well written Background with clear research objectives.

   Thank you.

4. Perhaps requires a brief explanation of why the review was conducted in two phases given that the dates don’t seem to correspond with timing of the first workshop?

   We have added a sentence in the Methods section second paragraph to explain why we decided to conduct our review in two phases (see p. 4).
5. “The data from the systematic review are presented here in narrative form because of the heterogeneity of study methods”. This statement is ambiguous. Presumably you mean the methods (or perhaps designs?) of the Included Studies in the review not the study methods of the review itself!

   We have added some details about the heterogeneity of study designs (of all articles reviewed); see Methods, third paragraph (p.4).

6. A little more detail required on the selection and utility of the chosen framework other than the fact that you had used it before.

   We added a sentence on the value of using a framework to conduct reviews of qualitative studies; see third paragraph of Methods section (p.4).

7. Data Extraction: Any observations on the likely consistency/inconsistency of the data extraction given that you used five extractors? Could you also give brief details of the types of data extracted (apart from the quotations from descriptions of the WTM initiatives).

   We have added an explanation in the Data extraction section of how we tried to limit any inconsistency between reviewers. We have provided some details about the types of data extracted; see “Data extraction”, last paragraph of p.5.

8. The number of studies from the United States seems counterintuitive given the predominance of US publishing and research. Can the authors explain this? – maybe not in the review itself but in a Response to Referees to increase confidence that the selection (not necessarily the searching) was done without any additional implicit inclusion/exclusion criteria?

   We have added a sentence to offer our own hypothesis of why the US had just two articles; see the end of the paragraph, “Types of research designs and countries of provenance”, p. 6.

9. Very good narrative write up of retrieved studies. It has both overview of studies as a body of evidence together with the particulars of specific initiatives.

   Thank you.

10. “Reporting was also cited as a success factor [24,31].” – Reporting has many meanings and uses - could it be expanded here to a longer sentence to make it clear what is being referred to without having sight of the two
included papers themselves?

On page 8, in the paragraph on Governance, we have expanded the sentence to explain what we meant by reporting.

11. Obviously there is repetition in the factors across stages and across levels. While each section itself is self evident this section would benefit from a brief “signpost” from the authors at the beginning (and possibly a Figure) along the lines of “We will start be considering these factors associated with the implementation, at both the Contextual and Local Levels before proceeding to examine........”

We have added a ‘signpost’ to introduce our presentation of the factors related to WTMS with two sentences, as suggested by reviewer 1; see p. 7 just below “Empirical factors influencing WTMS”.

We also changed the subtitles to be more precise:
- during the implementation phase of WTMS
- during the sustainability phase of WTMS

12. “Thought-leaders” sounds a little Orwellian – I am more familiar with “Opinion leaders”. I am assuming the authors have warrant for this term as it is one with which I, and many readers, am unfamiliar.

In fact, thought leadership is a concept that has been around for several decades (a Google search for the term retrieves around 285 million results). The primary difference between thought and opinion leaders is that the former are people who have been successful in implementing new and innovative ideas, not just in influencing others’ opinions around them. In fact, the participants were a combination of both opinion and thought leaders, and we have therefore included both terms.

There are many definitions available for both terms. For opinion leaders, see for example: http://policyreadinessstool.com/wp-content/uploads/10-Strategies-for-Identifying-Opinion-Leaders.pdf; and for thought leaders, a starting place would be: http://en.wikipedia.org/wiki/Thought_leader.

13. “Workshop participants, broke into smaller groups” – broke is a verb – I think you mean broken (not impecunious!). Perhaps “allocated” or “divided themselves” would be less colloquial.

We have removed that phrase; see p. 12, first sentence of the 3rd paragraph of the section “Workshop on WTMS”.


14. “Third, they reported the same main factors for WTMS implementation that those identified in our systematic review” should this be “as those” not “that those”

We have made the correction; see p. 12 last paragraph of the section “Workshop on WTMS”.

15. “Given that the period covered by our systematic review ended in 2005” make it clear again here that this was the period covered by your initial systematic review which was subsequently updated.

We modified this sentence to be clearer about the period covered; see p. 13, first paragraph.

16. It is good that stakeholders identified additional factors/aspects beyond those in the framework. This is typically an acknowledged limitation of framework approaches – they encourage people to literally think inside the box or framework. See Dixon-Woods article Dixon-Woods M. Using framework-based synthesis for conducting reviews of qualitative studies. BMC Medicine, 2011; 9:39. This demonstrates the added value of stakeholder involvement. It may well be worth citing this as an additional strength of your methods – this would augment the existing two sentence paragraph on the strength of your approach.

At the end of the second paragraph of the Discussion, we have added a sentence on the value of our approach and introduced the reference; see bottom of p. 13.

17. I was confused to see that multiple references are given for a single review which does not seem to link the references i.e. “[63-67]”. Do the authors mean multiple reviews, or do they mean multiple studies in this review or did one author add revisions in additional references but without changing the parent sentence?

Actually two recent systematic reviews have been carried out on sustainability factors [64 and 65]; see first paragraph of the Discussion section, p.13.

18. “Since our systematic review did not explore evidence on the factors’ impacts on reducing wait times” this reads as shorthand. Suggest – “did not explore how these individual factors impacted upon reduction of wait times”

We also change the wording according to the reviewer suggestion in the
Overall an enjoyable read that will take forward our understanding of the field both practically and conceptually.

Reviewer 2

1. This manuscript seems to have a focus on Canada rather than relevance to an international audience.

   While our workshop was conducted in a Canadian context, the systematic review itself, which is the main body of the material, covered all studies coming from OECD countries. Thus, for example, the review included 15 studies done in the UK, the same number as were done in Canada.

2. The search is done systematically but I do not see any methods for data abstraction or synthesis used.

   We have added some details about data extraction, e.g., the types of data extracted for our systematic review; see “Data extraction” section, last paragraph of p. 5.

3. The findings are a narrative but offer no synthesis of findings nor any sense of the strength of associations found, size of study or soundness of methods used to obtain data. All studies seem to be given equal weight.

   The objective of our study was to identify the factors, not to assess the soundness of the designs used, nor, by extension, the soundness of the associations between factors and impacts on WTMS. Indeed, the heterogeneity of the studies was too great to allow such comparisons or any quantification of strength of associations between strategies and impact on reduction in wait times. This was, in fact, specified on p. 14 in the section “Limitations of the systematic review”.

4. There is no critique offered for the studies included. It seems some of the included articles are opinion pieces rather than original research.

   These kinds of article (opinion pieces, etc.) were not included in our review. We have added a sentence in the section “Exclusion criteria” to make this clearer; see p. 5.

5. Many statements are vague, for example "stakeholder involvement was a key factor", but how was this done in the studies, what methods and degree
of stakeholder involvement is needed and how has this been evaluated? What is the relative weight of the multiple factors listed?

We have added clarifications for a couple of statements as: Stakeholders’ involvement (p. 7, last paragraph, “Culture” section); Reporting (see p. 8, last paragraph, “Governance” section); and Training (see p. 10, last paragraph, “Tools” section).

6. The workshop was 4 years ago and health care has changed since then.

The first workshop was used to validate whether our findings were relevant. We subsequently presented, at the end of this research, our results in a workshop with a panel of experts at the Taming of Queue conference (in 2012). We have added this information on p. 12, at the end of the first paragraph in the section “Workshop on WTMS”.

7. What was the method used for the workshop that allowed the 5 main themes to emerge?

We have added some details about the questions addressed by participants that led to the emergence of the 5 themes; see p. 12, last paragraph of the section “Workshop on WTMS”.

8. In the discussion it states that the workshop helped to validate the results of the review when in fact some new factors emerged according to the text.

Indeed, the workshop helped both to validate results from the systematic review and to identify new factors not found in the literature; see explanation, p. 13 in the Discussion section, as well as our response to Reviewer 1)

9. It is not clear why the quality of design and the impact on wait times were not included.

As mentioned, that was not the objective of our synthesis.

10. 47 studies does not seem to be "limited availability" of studies.

The ‘limited availability’ referred specifically to studies on sustainability. To clarify this point, we have changed the wording in the Conclusion section, second paragraph, p.15.

11. The Prisma checklist could not be followed as this really did not follow recognised methods for extracting, handling and reporting data in a systematic review.
12. Practical implications for health care managers need to be presented for implementation.

We have presented a checklist that can be useful for healthcare managers and that has been tested in a setting; see Table 6.