Reviewer's report

Title: No more 'business as usual' with audit and feedback interventions: Towards an agenda for a reinvigorated intervention

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Reviewer: Kerstin Roback

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Discretionary Revisions

This article is well written and well organised and I agree that it is time for implementation researchers to identify specific research gaps and prioritize research agendas. The article summarizes the discussions held in a group of researchers and practitioners, inspired by the findings in a recent Cochrane review of A&F interventions in healthcare. This makes it difficult to suggest changes to the contents. The comments below should therefore be seen merely as suggested additions to the listed best practice recommendations and the identified high-priority research topics.

The article is written in a system perspective, which is good. This includes the interdependency between different organizational levels and that design of the A&F must be adapted to the level at which the feedback is directed. It is also highly interesting that co-interventions are suggested as a prioritised research subject. This gives the opportunity to investigate co-effects and synergies of using multiple implementation strategies. But it also brings to mind the issue of cost-effectiveness of strategies as multiple interventions, compared to single intervention, do not always yield so much better effect that it gives real value for money.

The findings are described as a “theory-informed intervention design”, which is fine. However, there is very little about the underlying mechanisms of change, i.e. the text describes what works but not HOW and WHY it works. It would, e.g. be interesting to know why senior colleagues are better conveyors of feedback messages than unknown investigators. The Theory of Planned Behavior (TPB) would suggest it is because the social pressure is stronger within the professional community. The RURU taxonomy of implementation strategies claims that the underlying mechanism of A&F is reinforcement.

Specific comments

* Page 3, 1st paragraph: “…can provide objective data regarding discrepancies between current practice and target performance.” I would like to add: “… as well as comparisons of the performance in relation to other caregivers.

* Page 4 and Table 2: The three types of characteristics mentioned to influence effectiveness of A&F, contextual and recipient characteristics and A&F
intervention characteristics, could also include characteristics of the implementation object, i.e. the targeted behaviour. These characteristics are important and could differ a lot, between e.g. restricted use of antibiotics, giving advice on smoke-stop or making use of a new type of medical equipment. Rogers’ Diffusion of innovations theory could be useful here. Adding this would also be more consistent with the statement on page 5 “the ‘ideal’ design for A&F interventions depends on the recipient, their context, and the targeted behaviour”. The effect of A&Fs directed to individuals may differ substantially for easy-to-use clinical interventions compared to the use of complex interventions such as programs for treatment of compulsory behaviours or sophisticated medical equipment, which require higher level decisions and specific training. This is also mentioned on page 10 but is not made clear in table 2. It would also be of interest to see this further developed in the context of recipients’ perception of control over their choices.

* Page 6: Here Rogers' Opinion leaders is mentioned briefly and I think this could be developed further with other actors in this theory, e.g. the use of Change agents and Change aides (who complement the change agent, by having more intensive contact with clients. They may have less competence credibility but are overall more trusted). (Rogers, 5th ed. 2003)

* Page 6: The subject of "motivation to change" could also be developed further, e.g. with type of motivation: inner/outer – performance or competence oriented (Grol & Grimshaw, 2003) and by relating it to theories of “readiness to change”.

* Page 7: An interesting notion: “... when A&F successfully directs attention toward specific tasks, it may influence prioritization of these goals”. This is something that ought to be discussed more in connection with financial incentives. You probably get a sort of crowding-out effect that means more of the rewarded behaviour and less of other care components, equally valuable. Did you find anything in the literature about this effect?

* Page 12, second point: "... how costly are they to implement and is there potential for sustainability and spread?” It is not clear to me if you talk about the A&F intervention or the clinical intervention/behaviour change that is being implemented. I guess it is the A&F intervention?

Finally, I found both the article and the underlying discussion initiative very refreshing. We need more of this for the advancement of implementation science.

/Kerstin Roback

**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.