Author's response to reviews

Title: Did a quality improvement collaborative make stroke care better? A cluster randomised trial

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We have been asked to provide a CONSORT checklist for this paper and I do apologise for our oversight in failing to upload this at the time of our initial submission which were caused by IT difficulties.

I should also explain the history of the registration of this study, which is contained in the email exchange below. As you will see, there is was some ambiguity about whether the study should have been registered at the time it was initiated. The study was eventually registered in November 2012 and the Implementation Science editors have indicated that they are happy with this.

The paper now submitted is substantially rewritten from the original version that I mention in my email below, in part because it is now intended that the qualitative paper I submitted at the same time as this one are companion pieces. We also sought to make the paper clearer in presentation that the original.

kind regards

Mary Dixon-Woods

EMAIL EXCHANGE
Thanks very much again, Mary! I've had some discussion with Michel and Robbie, and we're agreed that particularly as your group has done the retrospective registration (which we are encouraging), we would be very happy to see this submission.

Thank you again!

Anne

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Hi Anne

Hope you don’t mind me contacting you about this.

I am a minor author on a paper reporting a very rare thing: a trial of a quality improvement collaborative. It shows only modest effects on outcomes of stroke care when considered as “bundles”, but also shows that some components improved much more than others. It offers some important and interesting messages.

We did submit the paper to IS some time ago but it was bounced immediately because the trial was not registered. The reasons for this are complex, but basically at the time the study was put together the investigators had great difficulty even persuading a research ethics committee to look at it, as it was considered to be “not research” but instead service evaluation. They did get insist on getting ethical approval, but weren’t advised that trial registration was necessary as the trial was not randomising patients (only hospitals) and the intervention was a collaborative rather than a medicinal product etc. Basically – quality improvement is not a field used to trials, and the investigators simply didn’t know about the need for registration and weren’t made aware of it. The trial was eventually registered in November 2012 once it became obvious that it should have been registered from the start.
We do think the paper is a good one, and have substantially re-written it to make it clear and accessible. I wonder if IS would be prepared to consider it, given the explanation of the sad history of registration I've given above? I'll understand of course if you say no.

All the best

Mary

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