Author's response to reviews

Title: Strategies to implement evidence into practice to improve palliative care: recommendations of a nominal group approach with expert opinion leaders

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Author's response to reviews: see over
We would like to thank the reviewers for their thorough reviews and useful feedback. We appreciate the opportunity to resubmit this manuscript for publication in BMC Palliative Care. Please find a point-by-point response to the reviewers’ comments below.

Reviewer 1

1 Table 1: Recommend more descriptive label for “median”, ie age.

We agree, we have changed this label to ‘age’.

2 Table 2: under unique selling points, second bullet; change “impact of using it” to impact of using selling point/strategy/sales pitch

We have changed this according to the suggestion of the reviewer.

3 The qualitative approach of the study was mentioned but not well described. I’m not sure if the description is too complex but a brief explanation would be nice.

We have added a brief explanation of the qualitative approach used: ‘In order to merge the recommendations mentioned by participants in the two nominal group sessions, all items mentioned by the participants were independently coded and subsequently compared by two researchers (JRP and YE). They discussed the codes until consensus was reached. When no consensus could be reached, a third researcher was consulted. When all items were coded, categories and themes were derived from the codes. Subsequently, the group score for each item raised in each of the two groups was derived by summing the individual scores for each, which then provided a ranking of items from each of the two groups.’ (page 8, line159-167)

4 Line 284 is confusing; I’m not sure what “already during a project” means in the context of the sentence.
We have deleted the sentence in which 'already during a project' was mentioned. Also see our answer to comment 8 of reviewer 2.

5 The title could read Implementation Strategies to "Promote" the Organization of Palliative Care

We have changed the title, also see our answer to comments 1 of reviewer 2 and 3.

Reviewer 2

I applaud the authors on an reporting results on potential best practices of how best to implement quality improvement research in palliative care. This topic is important and of potential interest to readers, as well as timely given the emphasis on quality improvement in palliative care.

The main issue that I have with the study is that the results are not nearly specific enough to be helpful. While the 5 themes are important, none of them are particularly novel and all can be found elsewhere. Furthermore, the descriptions under those themes are discussed in such generalities that it loses any impact. As an example, the dissemination section under results states “Participants considered conferences, and in particular publications tailored to specific audiences, important.” Given that the authors told us earlier in the intro that we currently are doing a poor job in “implementing” knowledge from research, and that we have been presenting research at conferences for decades, are we not just doing the same thing that hasn’t worked? Publishing it in different sources is good, but actually having the participants discuss how to do this would be more helpful then a general statement. Do the authors have this level of detail? If so, it the manuscript would be made much stronger.

We agree that it would have been interesting to present how to present, publish, disseminate, etc. However, this was not possible in the present study, as this would basically mean additional focus groups/nominal group sessions for each theme that was identified in the present study.

Specific Comments

1 Title: “Implementation strategies to improve the organization of palliative care”. I find this title confusing as to what the authors mean by the “organization” of palliative care. Is this referring to models of palliative care, how health care systems incorporate palliative care, actual palliative care organizations (i.e. AAHPM). For the readership who may be unfamiliar with IMPACT, I would recommend different wording.

We have deleted 'the organisation of' from the title. Also see our answer to comment 5 of reviewer 1 and comment 1 of reviewer 3.

2 Page 3, abstract “The aim of this study therefore was to identify strategies to implement improvement activities into daily palliative care practice.” Based on the question given to participants in this study, the aim seems to be more specific then this: “strategies for implementing the results of the IMPACT project in daily practice”. Is this not the case or were other improvement activities included that were not part of the IMPACT study?

We agree that this was confusing. We have added ‘...identified in a research project...’ to the description of the aim in the abstract. (page 3, line 49)
3 Page 3, abstract: “Data was analyzed using a quantitative (by summing 53 the individual scores) and qualitative (by inductive coding) approach.” If the authors are discussing a quantitative analysis here in the abstract and in the methods, why no reporting of it in the results?

The themes we present in the results section were ranked during the nominal group session. Therefore, we are able to prioritize the most recommended strategy. However, we agree that this was not entirely clear. We have therefore revised the start of the results section into: ‘In one nominal group, 21 potential strategies were mentioned and in the second nominal group 31. These strategies could be ranked and combined into the following themes (table 2).’ (page 9, line 180-182)

4 Page 3, abstract: “Strategies to improve the organisation of palliative care were combined into five common themes.” Again, I am confused what the authors mean by organization of palliative care. Reading the paper it seems like the results are focused on implementing quality improvement activities from the IMPACT study (which may be generalizable to other QI studies). If this is true, can the authors just say that?

We have revised the sentence in the abstract according to the suggestion of the reviewer. (page 3, line 56-57)

5 Page 5, Introduction: “Palliative care is an approach that aims to improve the quality of life of patients and relatives with life-limiting illnesses.” I believe the authors are stating that patients have the life-limiting illness, not the relatives. The way it is written is reversed.

We have adapted the sentence to: ‘Palliative care is an approach that aims to improve the quality of life of patients facing problems associated with life-limiting illnesses, and their relatives’ (page 5, line 75-76)

6 Page 6: “The aim of this study was to identify strategies that can facilitate the implementation of scientific output to improve the organisation of palliative care after a large research project like IMPACT has finished.” The methods section of this article would argue that the aim was more specific - to identify “strategies for implementing the results of the IMPACT project in daily practice.” The way the aim is written would make readers believe that IMPACT is an example of the type of project that the participants consider in their discussions? Were the participants asked about IMPACT as an example of an implementation project (as the aim suggests) or specifically how to better implement the results of IMPACT (as the methods suggest).

We asked the participants to think about strategies to implement results of a research project, such as the IMPACT project. The results may therefore, like the reviewer suggests in comment 4, be generalizable to other studies. We have therefore added that the IMPACT project was just an example for the participants to the explanation in the methods section: ‘As a first step, the moderators invited group members to individually write down strategies for implementing the results of a research project (such as IMPACT) in daily practice, with no limit to the number of strategies’ (page 7, line 140-143)

7 Page 11, discussion: “For example, social media are increasingly being used to communicate with patients, but not yet to disseminate new evidence to healthcare professionals.” I would strongly disagree with this. There are many examples (including discussions published in medical literature) of the use of social media to disseminate new evidence to health care professionals, whether it be blogs (pallimed, geripal, or EAPC’s blog - https://eapcnet.wordpress.com) or platforms like twitter (through individual accounts or tweetchats), or wikis.
We agree that social media are increasingly being used. We have therefore reformulated this in the discussion: 'Participants also considered the social media as agents of change that could be used more often. However, various health care organisations, scientific journals, researchers and healthcare professionals use different kind of social media to communicate about palliative care and disseminate new evidence into daily clinical practice.[23, 24] Examples are the EAPC blog (https://eapcnet.wordpress.com/) and reviews of palliative care services (such as available for the Netherlands: https://palliatief.tevreden.nl/). Furthermore, palliative care knowledge networks (such as CareSearch in Australia: http://www.caresearch.com.au/) can contribute to the dissemination and implementation of new evidence in daily clinical practice.' (page 12-13, line 259-268)

8 Page 13: “Our findings emphasize the importance of using a stepwise implementation approach when introducing new evidence into daily practice.” This emphasis wasn’t clear to me reading through the results section. If this is true, may want to revise the wording in the results to make this clearer.

We agree that this sentence was not directly related to the results from this study, but more so to the results of the entire IMPACT project. As it was sufficiently covered in the discussion, we have removed this sentence from the conclusion.

9 Page 14: “The absence of these stakeholder groups has been addressed in the actions resulting from the nominal group technique, for example in the Palliative Care 2020 Conference in which patient representatives took a key role.” I don't understand. What are the actions that resulted from the nominal group technique? Also, how does a conference change the limitations of the paper? Was there another group there that discussed the results?

The Palliative Care 2020 conference was one of the results of the larger EU funded 7th Framework IMPACT project, and are not directly related to the limitations of the present study. We have therefore deleted this sentence from the 'Strengths and limitations' paragraph and added it to the discussion instead. (page 14, line 302-305)

Reviewer 3

Thank you for the opportunity to review this report on a nominal group process designed to identify implementation strategies to improve the quality of palliative care. In addition to the comments and/or suggestions I have made in the attached file, the following changes are recommended:

1 Title: it would be helpful if the title followed the 'Topic / question: design/type of paper' and identifies the population / care setting studied format. If the focus is on improvement strategies, then this needs to be woven into the title as does the method for securing consensus.

We have revised the title to: ‘Strategies to implement evidence into practice to improve palliative care: recommendations of a nominal group approach with expert opinion leaders’ Also see our answers to comment 5 of reviewer 1 and comment 1 of reviewer 2.

2 Key words: add in consensus and /or nominal group technique

Thank you for this suggestion. We have added the suggested terms to our key words.

3 Method: Additional details about the nominal group technique ought to be added into the methods section, The role and/or position of the nominal group process facilitators also needs to be
detailed and also whether the nominal group process was decided a priori. Additional details about how the integration of the qualitative and quantitative data is required.

We added additional information about the nominal group technique in the methods section: 'Both nominal groups were led by an experienced moderator (YE and MVD, coordinators of the IMPACT project), and an observer was present in each group to take notes. To ensure comparability of the two nominal groups, the moderators discussed the protocol of the nominal group approach prior to commencing the nominal group sessions. As a first step, the moderators invited group members to individually write down strategies for implementing the results of a research project (such as IMPACT) in daily practice, with no limit to the number of strategies. Secondly, the moderators asked each group member to list the strategies in order of importance. These strategies were documented on a flipchart (or laptop and projector) in full view of all participants. Subsequently, the moderators invited the other group members to react to these strategies in order to initiate a discussion. During these discussions, common themes were identified, which allowed the moderators to combine overlapping strategies. When all participants had mentioned their strategies and no further discussion was necessary, the moderators invited each participant to rank their five most important themes (1 being the most important and 5 the least important) and subsequently the feasibility of each theme (1 being most feasible and 5 least feasible). Feasibility was defined as the likelihood that the theme can be operationalised as concrete actions. The ratings provided by the participants were again documented in full view of all participants.' (page 7-8, line 136-155)

Regarding the details of the qualitative and quantitative study, please refer to our answer to the 3'rd remark of reviewer 1.

4 Discussion: From an implementation perspective there is scope to mention some of the other key translational and/or implementation science constructs that are missing, particularly related to the evidenced based - behavioural change interventions. In many respects what is describes largely focuses on the dissemination aspects of the IMPACT research projects. It would be worth looking further afield at the implementation strategies adopted by the palliative care community outside of Europe, such as CareSearch, the palliative care knowledge network created in Australia. Whilst the article touches on, it does not go as far as exploring the implementation strategies that are need to be taken to ensure that widely held clinical practices that are subsequently shown to inappropriate are addressed in a timely manner - but to be fair this may have been beyond the scope of the original nominal group process, which appears to be largely focused on one major project.

We have added a brief example about using stepwise implementation models. As proper usage of such models will result in dedicated actions towards specific determinants: 'Such models also may provide users with a detailed description of the current situation, preferred situation, reasons why the preferred situation has not been reached, factors that could be used to reach the preferred situation, etc. This information facilitates the development of specific actions necessary to initiate change. For example by following the steps described in the theory of planned behaviour or behaviour change wheel.' (page 14, line 294-300)

We have added a brief description about the use of social media (also see our answer to question 7 of reviewer 2), in which we have now also mentioned CareSearch as an example how information can be disseminated. (page 12-13, line 259-268)

Furthermore, we agree that it is important to address inappropriate actions in a timely manner. Unfortunately however, the nominal group was indeed focused at implementing new evidence resulting from research projects.
Additional comments made by reviewer 3

We have addressed all remarks of the reviewer that were mentioned in the additional file.

Editorial requests
1 Please clarify whether the ethics committees at all of the sites indicated that ethical approval was not required.

The pre-intervention-post test of the IMPACT project was conducted at multiple sites. During the nominal group session, which is described in this manuscript, results of the IMPACT project were used as an example. None of the sites participating in the pre-intervention-post test of the IMPACT project actually participated in the study described in this manuscript. As only two nominal group sessions were conducted and no patients were involved, our opinion is that approval from the medical ethics committee in Arnhem-Nijmegen is sufficient.

We sincerely hope that our changes are satisfactory.

If you need further details on the IMPACT project or the currently submitted paper, please do not hesitate to contact Jasper van Riet Paap.

Looking forward to hearing from you,
Also on behalf of the other authors,

Your sincerely,

Prof dr Myrra Vernooij-Dassen, Prof dr Kris Vissers, Dr Yvonne Engels and Jasper van Riet Paap MSc