Reviewer’s report

Title: One size does not fit all: A qualitative content analysis of the importance of existing quality improvement capacity in the implementation of Releasing Time to Care: The Productive Ward™ in Saskatchewan, Canada.

Version: 2 Date: 3 July 2014

Reviewer: Louise Parker

Reviewer’s report:

This study is not earth shaking but it makes a solid next-step addition to literature on quality improvement. The methods are appropriate, data are sound, and the data generally support the conclusions.

Discretionary Revisions

Suggest the authors provide a more extensive review of the literature on Organizational Readiness. For example see Christian Helfrich and colleague’s work.

Suggest that the authors use the active rather than passive voice whenever possible. Active voice is generally clearer and more natural than passive voice and makes it obvious who is the the actor. For example on Line 76: Who must give attention?

Some other examples (not an exhaustive list—the authors use passive voice throughout the paper where they could use active voice):

- Line 85
  - Suggest rewrite as: The United Kingdom National Health Services (NHS) Institute for Innovation and Improvement developed RCT and first implemented it in 2007.
- Line 137 (Who encourage the units?)
- Line 140 (Who considered the units to have implemented?)
- Line 155-156: Suggest change to: We utilized semi-structured interviews to describe the topics covered.
- Lines 162-163: Suggests change to: We conducted four to seven interviews at each site for a total of forty-eight interviews.
- Lines 176-178 suggest change to: We also asked participants to describe the unit environment prior to and during RTC implementation. We used semi-structured interviews because they permitted...
- Line 240 Change to: Prior to RTC, interviewees characterized Site B as....
- Line 270: Interviewees descriptions of their experiences indicated...

Minor Essential Revisions
Line 77: Why is QI in quotations? It seems to be making some sort of derisive statement about the sites that I am sure the authors do not intend to make.

Major Compulsory Revisions

Framing: The framing of the study could be clearer than it is currently:

Background section of abstract: Need to get make clear the purpose of the program from the onset and what organization is implementing it. Would rewrite:

Releasing Time to Care: The Productive WardTM (RTC) is a method for conducting continuous QI work. The Saskatchewan Ministry of Health implemented RTC in all hospitals between 2008 and 2012. We evaluated the impact of this program on the nursing unit environment and sought to explore the influence of the unit’s existing quality improvement (QI) capacity on their ability to engage with RTC.

Similarly the background section of the manuscript is not clear about what is the purpose of the study. The authors begin by writing about spread then move directly to writing about specific program without reference to spread. There seems to a missing logical link here. I suggest that the authors begin with a clear statement about broad issues, then a description of RTC, and then followed by what this study will address that is new.

Suggest a balanced analysis of the Lean construct rather than an uncritical acceptance of its value without substantial evidence:

Lines 81 to 82: Need to explain why Lean is potentially advantageous and how it is applied via this program to health care. Also as indicated below, need to consider literature that is critical of Lean and other managerial quality improvement and process techniques.

Lines 147-148 and in the Discussion/Conclusion: The authors indicate that units stopped using the program and were focused on a system wide Lean transformation. Do the authors consider this a failure? A success in that it spread to other areas? The implementation of a similar program that made RTC obsolete? I would suggest that the authors consider whether RTC and Lean are fundamental changes in the way that healthcare operates or just “flavor of the month” management fads. Management scholars have criticized TQM, CQI, Lean, Six Sigma, etc. for not having a substantial evidence base and delivering little sustainable change (e.g., see Strang, D., & Macy, M. W. (2001). In Search of Excellence: Fads, Success Stories, and Adaptive Emulation. American Journal of Sociology, 107(1), 147-182; Glasgow, J. M., Scott-Caziewell, J. R., & Kaboli, P. J. (2010). Guiding inpatient quality improvement: a systematic review of Lean and Six Sigma. Joint Commission Journal on Quality and Patient Safety, 36(12), 533-540.). A critical analysis of the value of Lean in health and other contexts, especially in light of the failure to sustain it here and in other contexts will add to the contribution this paper can make to the literature.
Prior context: You cannot address prior context with this design. I would just focus on context during implementation (e.g., line 628-630).

**Level of interest:** An article whose findings are important to those with closely related research interests

**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