Reviewer’s report

Title: Implementing a care pathway for elderly patients, a comparative qualitative process evaluation in primary care

Version: 2 Date: 10 November 2014

Reviewer: Jackie Robinson

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Major Compulsory Revisions

Study design - The way in which the research design is explained is rather confusing. I am left with some uncertainty as to the relevance of an RCT design. This study appears to be an exploratory study of the experiences of care staff in the implementation of a care pathway. While there has been some attempt at comparing experiences across different health care providers where the approach to implementation differed, there is no evidence of an RCT approach to this study. For example, were there care providers who did not have the care pathway implemented? What was the control group for example? More work is needed on clarifying the research design and why this approach was used.

Study aim - the aim of the study is clearly stated.

Methods - please state what was observed exactly. It seems from the data collection section that the methods used were focus group and individual interviews and meeting minutes and yet in lines 102-14 it is stated that observations were made also. It is not clear what was observed or how this data was collected and analysed as it is not referred to again in the results section.

Ethics - how were the participants informed of the study (line 110)? Include in the introduction of the methods section (lines 102-104) who the participants are.

Setting - this needs some rewriting to improve the grammar and readability. It is an important section to provide context for international readers who may not be familiar with the Norwegian healthcare system.

The intervention - please explain what you mean by a "bottom up process" (line 135). Whilst many readers may understand what you mean it is an important factor in implementing new practices and deserves a little more explanation particularly as you refer to it again in your discussion. Line 166 - how did you manage the potential conflict between being a researcher and potential participant/manager of one of the participating municipalities for LK. Her role in the service and as part of the research team needs some clarification/explanation I think.

Informants - you use the terms 'participants' and 'informants' interchangeably. Please choose one or the other and keep it consistent throughout the manuscript. A real strength of this study is the number of participants.
Data Collection - This is where reference to 'the RCT' becomes a bit confusing and I am left with uncertainty about whether that the current exploratory study came out of a bigger RCT project or whether in fact the RCT is part of this study. Please clarify.

Line 186 - were the first 2 interviews with individuals or focus groups? Were they managers, nurses or HCA's? or a combination?

Line 189-192 - This whole section needs rewording to improve the grammar and readability. I am not sure what you mean by 'observation period'? Reference to 'observation' suggests another type of data collection methods so it may be that it just needs rewording. It is important given the range of time over the period of data collection (6 months - 3 years) that the authors make this section very clear as the type of data collected may vary as a result of recall, experience with the pathway and of course the impact of staff turnover. For example, were those included in the focus groups 3 years on from implementation on staff during the implementation period?

Line 201 - mention is made of 'reflection notes' as a type of data collection. Where is this presented in the results section?

Analyses (call this section 'Data analyses')

Line 219 - not sure that 'condensate' is the right word in this context

Line 228 - the 'synthesis' of what exactly? Who reread the interviews, notes and minutes at this point in the process (line 229)

Line 232 - can you provide an example of where the transcripts were corrected after being reviewed by participants.

Results and discussion section

These sections need significant rewriting for grammar and readability in English. On the surface the themes that have been identified seem relevant and are well supported by the direct quotes however it is a very difficult section to read in its current form. Therefore I have been unable to comment more specifically as the changes needed are reasonably significant.

Table 2 - Not an easy table to follow in its current format when printed. Can this be redesigned and referred to more carefully in the results section?

I would be more than happy to review this manuscript again once it has been reviewed for its grammar and readability. In its current form it is difficult provide more specific feedback without making these corrections and risk changing the authors intention of meaning. The study has the potential to make a valuable contribution to the knowledge base associated with implementing care pathways in the health sector. It is therefore essential that readers from all countries are able to access the authors work in a useful way.

Thank you for giving me the opportunity to review this manuscript.

**Level of interest:** An article of importance in its field
Quality of written English: Needs some language corrections before being published

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.