Author's response to reviews

Title: Assessing feasibility and acceptability of study procedures: getting ready for implementation of national stroke guidelines in out-patient health care

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Version: 3
Date: 29 August 2015

Author's response to reviews: see over
Reviewer's report

Title: Exploring conditions for implementation of national stroke guidelines in out-patient health care - a mixed-methods pilot study

Version: 2  Date: 29 May 2015

Reviewer: Louise Craig

Reviewer's report:

1. Is the question posed by the authors well defined?
   The aim needs to feature earlier on in the manuscript and be clearer i.e. what does conditions mean – ‘context’ instead of condition and out-patient healthcare settings may be more fitting than “out-patient healthcare context”. I am not convinced that this is what the study solely focuses and reports on – to me it should be labeled more as a feasibility study.
   Implementation of guidelines is a key area and conducting preliminary work prior to implementation is important. However, for me the necessity and purpose of this work i.e. to develop the implementation intervention OR identify pre-implementation contextual factors OR test the feasibility of the study design is not justified. It appears to have parts of these areas which makes for a confusing read.

   Reply: Thank you for pointing out these obscurities. The manuscript has now been revised throughout to clarify that this is a feasibility study. The term “conditions” has been changed to context and “out-patient healthcare context” has been changed to “out-patient health care settings”.

   Major Compulsory Revisions

2. Are the methods appropriate and well described?
   Although, a mixed method approach is valuable there appears to be a number of different methods used. Would observation and interviews not have provided enough information to report on ‘conditions’. I am unclear why validated and used clinical tools needed to be tested for feasibility. For me there is a lack of justification as to why patient recruitment was been tested. Also, what type of observation was used – researcher observation?. This in itself yields very complex and rich data of which does not appear to be utilized to study the ‘conditions’.

   Reply: The manager’s and staff’s perception of context was surveyed with interviews, solely. The manuscript has been revised to clarify this. Line 181-185.

   As the quantitative and qualitative data are analyzed and presented separately we are not using the term “mixed methods” in the revised version of the manuscript.

   The testing of patient recruitment was needed to test the feasibility of 1) engaging out-patient health care staff in this process and 2) to gain knowledge of eligible patients, 3) to gain knowledge of their level of functioning and disability and 4) whether this level was captured by the standardized assessment tools. These aspects are further discussed in the “discussion section Line 397-425, Line 481-504

   Overt non participant observation was used (reference nr 29 “Spradley JP: Participant Observation, . USA: Wandsworth Thompson Learning. 1980”)). The
The purpose of using observation in this study was to test the feasibility of using observations to survey rehabilitation interventions provided. Line 206-210, Line 300-333, Line 449-458

Major Compulsory Revisions
3. Are the data sound?
Yes, I have no reason to suggest that the data is not reliable.

4. Do the figures appear to be genuine, i.e. without evidence of manipulation?
Yes, the data appears genuine without evidence of manipulation.

5. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Aim needs to reflect the study more appropriately. Text heavy tables make this hard to interpret. Analysis section is unclear and the how the actual theoretical framework was used i.e. to interpret the qualitative data is not well explained.

Reply: The aim has been changed as follows: “...the aim of this study was to explore the feasibility and acceptability of study procedures in data collection including a survey of the context of the healthcare setting.” Line 117-119

Analysis section has been revised. Please see Line 228-252

Major Compulsory Revisions
6. Are the discussion and conclusions well balanced and adequately supported by the data?
These sections need to be tightened up. For example, there are new findings presented in the discussion section.

Reply: These sections have now been tightened and sections identified as unclear have been revised. Please see revised discussion Line 379-.

7. Are limitations of the work clearly stated?
No, I can not locate these.

Reply: Limitations are provided in the discussion section, in the first paragraph, “Recruitment of managers, staff and patients” Line 392-395, and after the revision, in the paragraph titled “Surveying rehabilitation interventions provided at the units” Line 446-449.

Major Compulsory Revisions
8. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Yes, this is a precursor study of a main trial planned to investigate a leadership intervention. Little is given to understanding how this study may inform the development of this intervention though.

Reply: The manuscript has been revised to more clearly show its focus on the feasibility and acceptability of study procedures regarding data collection and analysis. Evaluation of the pilot intervention is presented in a separate publication (under review). Please see the aim on Line 117-119 and revisions throughout the manuscript.

Discretionary Revisions
9. Do the title and abstract accurately convey what has been found?
No, given the title I would expect to see issues around barriers and enablers and environment and social factors that need to be considered in these settings and how these may differ by setting.
Reply: The title has been changed to “Assessing feasibility and acceptability of study procedures: getting ready for implementation of national stroke guidelines in out-patient health care “and the abstract has been revised accordingly.

Minor Essential Revisions
10. Is the writing acceptable?
It is a lengthy manuscript and needs to be edited to not only focus but remove unnecessary text.
Reply: The manuscript has been edited with regard to focus and unnecessary text.

Minor Essential Revisions
Level of interest: An article of importance 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
Reviewer's report
Title: Exploring conditions for implementation of national stroke guidelines in out-patient health care - a mixed-methods pilot study
Version: 2
Date: 19 June 2015
Reviewer: Emma Power
Reviewer's report:
Thank you for the opportunity to review this interesting manuscript. The research paper describes a pilot study that attempts to understand the feasibility and acceptability (as well as barriers to) of stroke guideline implementation in the outpatient component of the continuum of care in Sweden. The research utilises a mixed methods design with simple descriptive statistics and semi-structured interviews and content analysis of the data obtained from interviews and observation. It also outlines the pilot nature of the work and the justification for this before conducting the larger study. The research is generally described well but requires further detail in some parts, especially justifying the design approach and providing qualitative data within. The manuscript addresses a specific area of stroke rehabilitation that has primarily, implications for implementation science.

Major Compulsory Revisions
#1 Although the mixed method approach is identified, there is little justification of its appropriateness to the research question/aims or embedding in a broader theoretical approach. This could be justified more clearly so that the authors maintain rigour in their use of this research design. Creswell does outline that it is important when using mixed methods to be explicit about the reasons for the use for each component, and elements within each component (ie., orientation of the qualitative theory for the study). I am concerned that by citing mixed methods that the researchers (in general) do not attend to the rigour required for each method as they would for a single method study.

Reply: Thank you for pointing out this obscurity. As the quantitative and qualitative data are analyzed and presented separately we are not using the term “mixed methods” in the revised version of the manuscript.

#2 The background of the abstract foregrounds geographical inequalities as the motivator for the study, and this is again mentioned in the introduction as a rationale for the study, but I do not understand the exact nature of how geographical inequalities ARE affecting implementation? Rural vs city? Or is it about stage of care, ie that people do not get home based rehabilitation and therefore it’s about the continuum of care? This needs clarification throughout. It may be a terminological issue. There appears to be no data related to location in the results nor any discussion of this main issue in the discussion?

Reply: The manuscript has been revised to clarify that this is a feasibility study where the aim was to test data collection procedures and measures in different contexts (a variety of units were identified and approached) and not to address the results of the study as such. The intervention is presented, evaluated and discussed in depth in a separate manuscript (under review). Please see the aim “...the aim of this study was to explore the feasibility and acceptability of study procedures in data collection including a survey of the context of the health care setting ”in Line 117-119.
In addition to above, the data on home-based rehabilitation comes from other countries? Not Sweden? Are unmet needs in the Swedish studies associated with in the home rehabilitation? This goes to the rationale for the intervention, ie why it is needed and to be explored as such in your local context.

Reply: The data on home-based rehabilitation are based on Swedish references. In the text we discuss differences between regions in Sweden. We have changed the word “counties” to “regions” to avoid misinterpretations.

Have you utilised reporting guidelines or other guidelines to assist in the development and reporting of your mixed methods study? While the reporting guidelines are somewhat general in parts for this area I think it would be useful to ensure your reporting reflects elements in these guidelines where appropriate.


Reply: Thank you again for pointing this out. As described in #1, the quantitative and qualitative data are analyzed and presented separately. Therefore we have decided not to use the term “mixed methods” in the revised version of the manuscript. In a full scale study we are planning to use mixed methods.


This has now been clarified in the manuscript in the paragraph “Piloting”. Line 113-127 and in the data collection section, paragraph “Surveying the health care context…. ” Line 181-185.

Great to outline a KT theoretical model for your work. The review would be more critically oriented if you explained why you chose that model over the many others.

Reply: This is now discussed in the paragraph “Surveying out-patient health care settings” in the discussion.”Line 435-443

We agree that this phrasing may cause confusion: The term “conditions” has been changed to “context”, and “out-patient health care context” has been changed to “out-patient health care settings” throughout the manuscript to increase clarity.
The testing of patient recruitment was needed to test the feasibility of 1) engaging out-patient health care staff in this process and 2) to gain knowledge of eligible patients, 3) to gain knowledge of their level of functioning and disability and 4) whether this level was captured by the standardized assessment tools. These aspects are further discussed in the “discussion section Line 397-425, Line 481-504

The following clarifications have been made:

The aim has been changed to: “the aim of this study was to explore the feasibility and acceptability of study procedures in data collection including a survey of the context of the health care setting.” Line 117-119

Information on patient recruitment are found in:

METHODS

Paragraph “Recruitment of units, managers, staff and patients”

“Within a given time period of 2 months (Figure 1), staff was instructed to initiate a consecutive recruitment of all patients who were referred to the units due to stroke-related needs for rehabilitation interventions within their first year after stroke onset.” Line 156-158

RESULTS

Paragraph: “Recruiting patients at the units and the assessment of the recruitment process “

“Eighteen patients in the urban area and 6 patients in the rural area were approached by staff at the units. In 1 unit in the rural area no eligible patients were identified by staff during the time of inclusion. In the 2 remaining units, 1 patient at each unit were identified and included after given consent. To increase the number of included patients, another 4 patients were approached in an adjacent geographical area. Nine patients in the urban area and 2 in the rural area declined participation leaving 13 patients to be included in the study. Reasons for declining were: other dominating disease, the patient’s social situation, limitation in communication due to aphasia, or language barriers.” Line 278-285.
“In total, 13 patients were included and assessed by the data collectors (mean age: 73 years, SD 8, range 61-86; sex: 9 men, 4 women; time since stroke onset: 2 months, SD 2, range 1-6 months). All but 1 of the patients gave consent to access their health care records.” Line 292-294

“The staff reported that 7 of these 13 patients were planned for rehabilitation interventions according to the 3 recommendations in the SNGSC and were thus eligible for interviews and participation in the observations.” Line 296-298

#8 Recruitment: Why these specific health professionals, are there others that deal in stroke e.g. speech language pathologists, social workers etc? Unless there were specific recommendations you were targeting? I see later there are, but they have not been highlighted as of yet in the article? The reader would benefit from foreshadowing of the specific care areas being targeted in the introduction – and again to increase the critical nature of the literature review, that it be addressed as to whether any other researchers have examined implementation of these areas of care before?

Reply: In the paragraph “Recruitment of units, managers, staff and patients” in the Methods section we have included the following clarification:

“Moreover, occupational therapists and physiotherapists providing rehabilitation interventions for patients with stroke (the 2 latter hereafter referred to as “staff”) were included as this feasibility study focused on 3 recommendations in the SNGSC involving interventions made by occupational therapists and/or physiotherapists (Table 1). Line 150-153

and in the introduction we have now included: “In England and Canada, with a health care organisation comparable to the Swedish, user involvement was used to support implementation of stroke guidelines. A Delphi process used to develop a consensus document for implementation and focus groups and interviews preceded the development of user-friendly information regarding interventions in clinical practice. Semi-structured interviews were used to assess the context where the guidelines, e.g. a complex pathway for stroke rehabilitation, were to be implemented [8].” Line 84-90.

#9 Assessment tools: I am unsure as to why the MMSE is described as a comprehensive measure of cognitive functioning when it has known issues for some populations including aphasia and is only a screening tool? If you mean that the MMSE formed part of the larger battery which was comprehensive, then that has a different meaning to me and should be clarified.

Reply: We meant to say that the MMSE formed part of the larger assessment battery. This has now been clarified as follows: “In addition, in order to provide a more full-bodied picture of the patient’s functioning and disability, cognitive function was assessed with the screening tool Mini Mental Test examination [30].” Line 222-226

#10 Good description of coding, however I think you still need to address how you maintained rigor? Did you use member checking? Independent verification of categories? What was the reliability around the file audits and observations. I believe because this WAS a pilot to establish methods for a larger trial then reliability of audit and observational data should be provided.
Reply: This is now described as follows in the section “Data analyses”: Trustworthiness was established by recurrent dialogues within the research team regarding the most valid understanding of the data and the rigor of the analysis [32]. (Graneheim UH, Lundman B: Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today* 2004, 24(2):105-112.) Line 244-245

#12 Results even though a simple content analysis has been used I would still expect to see data i.e. quotations from that analysis in the results section. It may help to elucidate points like line 279-80 finding the right words to describe study…
Reply: We agree that quotes can further illustrate findings, but given the feasibility focus of the study and the need to set at word count limit, we assume that inclusion of quotes may not be possible.

#13 Discussion: Burden is discussed in the results but then the authors state that this was an issue in one unit with others being patient related factors. It is not clear the extent to which this category was an issue for all but is discussed with great importance in the discussion.
Reply: Burden is one factor to be considered as well as the different interpretations of the inclusion criteria. We conclude that staff need to be relieved from the recruitment proces. This has been clarified in the Discussion section “Line 416-425.

Minor Essential Revisions
#1 line 77 The SNGSC “may” rather than IS?
Reply: “Is” has been changed to “may”
#2 line 143 this is confusing “All but one” Make it more clear here.
Reply: “All but one” has been changed to “Four units”
#3 the aim of “explore conditions for studying implementation” in the abstract and subsequent introduction is a bit vague? This could be made more specific.
Reply: The aim has been revised as follows: “...the aim of this study was to explore the feasibility and acceptability of study procedures in data collection including a survey of the context of the health care setting..” Line 117-119
#4 lines 92-94 Some of these references are somewhat dated and not stroke specific? I think it would enhance the currency of the article if more up to date evidence were cited for you arguments
Reply: The references have been updated with:
Kitson AL, Rycroft-Malone J, Harvey G, McCormack B, Seers K, Titchen A: Evaluating the successful implementation of evidence into practice

#4 line 182 Can you please be more specific about your inclusion criteria for patients? And were patients excluded if they had aphasia, or English as a second language? How was it decided they could participate in the interview? Please clarify if it was both population, and use specific language to describe them if so?

Reply: Please see clarification in the revised text:

“Within a given time period of 2 months (Figure 1), staff was instructed to initiate a consecutive recruitment of all patients who were referred to the units due to stroke-related needs for rehabilitation interventions within their first year after stroke onset. In close conjunction to their initial meeting with a patient, the staff was responsible for briefly presenting the study and for asking the patient if a data collector from the research team might contact him/her. Contact was made only by approval, and included verbal and written information. In case of limitations in communication due to aphasia a significant other was contacted and in case of language barriers registered interpreters were available. After consent, the patients were included in the study to be assessed with standardized measures.

Among the included patients the staff identified patients who were planned for interventions by an occupational therapist and/or a physiotherapist and who could communicate in Swedish, the official language in Sweden. These patients were asked to participate in interviews and observations of provided rehabilitation interventions. The study was approved by the Regional Ethical Review Board in Stockholm (Regionala Etikprövningsnämnden i Stockholm).”

Line 156-170.

#5 line 238 remove extra bracket

Reply: Bracket has been removed.

#6 Line 151. I was confused with the nature of the ethical approval provided. Later it does say patients consented, but did staff consent? This could be tied up more neatly earlier.

Reply: This information has now been added as follows: “All managers and staff received written and verbal information about the study and gave their informed consent.” Line 153-154

Discretionary Revisions

#1 The current title suggests a much broader scope, recommend being more specific and identifying the specific component investigated and treatment area

Reply: The title has been changed to: “Assessing feasibility and acceptability of study procedures: getting ready for implementation of national stroke guidelines in out-patient health care”

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
Reviewer: Frances Horgan
health care – a mixed methods pilot study.
Palmcrantz et al
1. Is the question posed by the authors well defined?
The aim of the study was to explore conditions for studying the implementation of Swedish National Guidelines for Stroke Care in out-patient health care contexts.
2. Are the methods appropriate and well described?
A mixed methods approach was adopted
Interview with health managers and clinicians
Access health records
Patient assessment / observation
3. Are the data sound?
The sample sizes are small. Five units are selected, a small number of manager/clinician participants and consenting stroke patients. The authors highlight that this is a pilot.
4. Do the figures appear to be genuine, i.e. without evidence of manipulation?
Yes
5. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes
6. Are the discussion and conclusions well balanced and adequately supported by the data?
There are 4 subheadings, recruitment of managers/staff/patients; conditions for implementation; rehabilitation interventions; use of standardized assessment tools.

There is a lack of detail in relation to the findings under the PARIHS framework for the interview component of the study.
Reply: The manuscript has now been revised to clarify that this is a feasibility study where the aim was to test the data collection procedures and measures in different contexts (a variety of units were identified and approached) but not to address the results of the pilot intervention as such. The intervention is presented, evaluated and discussed in a separate manuscript (under review). In the revised manuscript the results are presented in Table 3 and a discussion on the PARIHS framework has been added to the discussion section in the paragraph “Surveying out-patient health care settings” Line 435-443

It is not clear what the purpose of the small number of patient assessments was.
Reply: The purpose of testing patient recruitment was due to the need to test the feasibility of engaging out-patient health care staff in this process and to gain knowledge of eligible patients, their level of functioning and disability and whether this level was captured by the standardized assessment tools. All eligible patients were approached during the set time period (as shown in figure 1) and in Line 156-158 but very few were identified in some of the units as presented in the results Line 279-285 and commented on in the discussion Line 397-411.
7. Are limitations of the work clearly stated?
There is a limited discussion of the limitations; the authors allude to the small samples across the different components of the study.

Reply: Limitations are provided in the discussion section, in the first paragraph, “Recrutiment of managers, staff and patients” Line 392-395, and after the revision, in the paragraph titled “Surveying rehabilitation interventions provided at the units” Line 446-449.

8. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
There is limited discussion of the findings in the context of current research.

Reply: The manuscript has now been revised in terms of focus and stringency, including the discussion section. ........................................

9. Do the title and abstract accurately convey what has been found?
Yes

10. Is the writing acceptable?
Yes

Additional comments;
It is not clear how the five units were selected? Add a short description of outpatient health care.

Reply: In the revised manuscript this has been clarified as follows in the paragraph “Setting”: “Five out-patient units were identified to assess the feasibility of surveying diverse health care settings: 2 units were operating in a geographical area within a southern urban region (with a population of 225 000 inhabitants) and 3 units were operating in a geographical area within a mid-Sweden rural region (with a population of 10 000 inhabitants). The provision of out-patient stroke rehabilitation after discharge was organized differently in these settings. The included rehabilitation units were a) part of a hospital organization (2 units), b) part of a district health care unit, c) part of the municipality health and welfare and d) a self-sufficient rehabilitation unit. Four units provided home-based rehabilitation and 3 units provided both home- and clinic-based rehabilitation.” Line 137-145

A more thorough explanation is presented below but is not included in the manuscript because of space limitations.
The southern part of Sweden has the highest population density and here we find the largest cities. In the north, 20% of the Swedish population live in a vast geographical area that covers 80% of the total area of Sweden. Geographical differences are also seen on a County Council and Municipality level as different areas in Sweden can choose to allocate resources and to organize their health care differently. Given this background, health care units situated in a southern, urban and a northern, rural region of Sweden were identified for this pilot study. The urban area was identified in the capital region with 2 million inhabitants and the rural area, in a more sparsely populated region with a total of 270 000 inhabitants.

Approached in the study were two units (unit 1 and 2) operating in the same area within the urban region, with 225 000 inhabitants; and another 3 units (unit 3-5) operating in the same area within the rural region, with 10 000 inhabitants. The provision of rehabilitation
after stroke for patients in need of home based rehabilitation and/or other team interventions after discharge from inpatient care or day care rehabilitation was organized differently in the areas and between units. The units’ organizational structures are further presented in Figure 1A and 1B.

Figure 1A. Organizational structure of units providing stroke rehabilitation in the urban area. Marked with grey and numbered, are the 2 units (numbered 1-2) approached in the study.
Figure 1B. Organizational structure of units providing stroke rehabilitation in the rural area.
Marked with grey and numbered are the 3 units (numbered 3-5) approached in the study.

There is no comparison of the units in the results section in relation to the differing characteristics of the units as outlined under the section headed, setting; the rehab units were - Part of a hospital organisation; part of a district health unit; part of a municipality, self sufficient units etc.
Were there any particular findings that emerged in the interviews from the managers/front line staff working in the different units?
Reply: The manuscript has now been revised clarifying that this is a feasibility study where the aim was to test the data collection procedures and measures in different contexts (a variety of units were identified and approached) but not to address the results of the pilot intervention as such. The intervention is presented, evaluated and discussed in a separate manuscript (under review).
What career grade were the therapists, senior /junior, this detail could be added?
Reply: In Sweden, the therapists do not have defined career grades.
Who conducted the interviews? How was the data validated?
Reply: In the data collection section the following has been added: “.Data collection followed a standard procedure and was performed by 2 registered physiotherapists and researchers (1 in the rural and 1 in the urban area) who communicated throughout the data collection process to assure consistency.” Line 173-176

And in the data analysis section the following has been added with regard to the Qualitative content analysis: “Trustworthiness was established by recurrent dialogues within the research team regarding the most valid understanding of the data and the rigor of the analysis [32].”Line 244-245
How did the themes fit with the PARIHS framework? More detail should be provided in relation to the themes explored during the interviews. Were different themes explored with more senior manager staff? There is a lack of discussion of the themes that emerged during interviews with regard to the implementation of the SNGSF.
Reply: The manuscript has been revised to clarify that this is a feasibility study where the aim was to test data collection procedures and measures in different contexts and not to address the results of the study as such. Thus, in the present study focus of the analysis of interviews is feasibility and acceptability. The intervention and the results of the interviews is presented, evaluated and discussed in depth in a separate manuscript (under review).

It is unclear what the purpose of the observations during the rehabilitation sessions was and the value of a once off assessment?
Reply: The purpose was to triangulate the observations with the interviews with patients and the notes in the health care records as presented in the results. In the data analyses section we write the following: “The observations during rehabilitation sessions and interviews with patients were analyzed using another matrix, based on the 3 recommendations in the SNGSC (Table 1), also including the patient’s participation in the rehabilitation intervention [3]. The same matrix was also used to analyze the health care records where, in addition, documented use of standardized assessment tools was surveyed. The analyzed observations were compared to the notes in the health care records regarding the same rehabilitation session.” Line 247-252, Please see the results section for further information, in the paragraph titled: “Surveying rehabilitation interventions provided at the units”. Line 301-333

Staff were aware that they had been selected for the pilot? Reply: Yes, they gave their informed consent.” All managers and staff received written and verbal information about the study and gave their informed consent.” Line 153-154

The authors describe the collection of retrospective data, what was the period identified? How did this inform the study?
Reply: The data from the stroke unit at a hospital in the catchment area were collected retrospectively for the same time period as the patients were identified and approached at the units. The reason was “To assess the feasibility of the recruitment of patients, the proportion of patients referred to out-patient rehabilitation after stroke was surveyed by collecting data retrospectively. Please see Line 194-204 and how it informed the study is further discussed in Line 397-411

The data documented in health care records collected retrospectively covered the whole rehabilitation period as described in the data collection section: “The data included rehabilitation interventions performed, the number and type of visits and duration of rehabilitation periods (Numbered 2, in Figure 1).” Line 214-216 This data was retrieved to survey the rehabilitation interventions provided at the units. Line 213-214. How this informed the study is discussed in Line 452-458

What was the purpose of the survey described on page 7?
Reply: The purpose has been clarified in the data collection section: “To allow a comparison of the number of patients referred from the hospital to out-patient care after stroke with the number of patients identified at the units.” Line 199-204

It is unclear how the patient observation component, links to the aim of the study... to explore conditions for studying the implementation of Swedish National Guidelines for Stroke Care in outpatient health care contexts. This needs to be highlighted more clearly.
Reply: The manuscript has now been revised throughout with the aim to clarify that this is a feasibility study where the aim was to assess the feasibility and acceptability of study procedures in data collection. Line 117-119. The title has been changed to: “Assessing feasibility and acceptability of study procedures: getting ready for implementation of
national stroke guidelines in out-patient health care. The observations were compared to the notes in the health care records. Please see Line 301-333

Does the review of the health records on page 12 constitute more of an audit than an evaluation of the conditions for implementation of the SNGSF?

Reply: The review of the health care records was performed to assess the feasibility of surveying rehabilitation interventions through health care records at the rehabilitation units. This is now clarified in the manuscript in the data collection section. Line 213-215

Page 13, line 318-320.
‘The patients’ descriptions of the interventions were not comprehensive when compared to the healthcare records’? not sure what the relevance of this observation is in the context of the aim of the study?

Reply: This sentence has been revised as follows: “However, the health care records included information on additional interventions that were not described by the patients.” Line 331-333. The results indicate that information retrieved from the health care records was more comprehensive and sufficient.

There are some very clear messages outlined in the conclusion section.
I would like to see these points addressed to improve this paper.

Reply: As the manuscript has been revised to clarify that it is a feasibility study, the messages outlined in the conclusion have been addressed more clearly in the discussion section.

Major Compulsory Revisions
June 23rd 2015