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.

#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?

#3 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.

#4 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.


#5 line 94, 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.

#6 line 101 good to define ‘conditions’ a bit more here because its use is general in title and abstract. Is organisational structures a better term? It is important because it is the ‘conditions’ that are being investigated and commented on for your recommendations.

#7 Participants: Are you using purposive sampling? Again, it seems that this is related to the ‘geographical division’ but I am still unsure how that relates to the overall aims? I am not sure how many patients you included?

#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?

#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.

#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.
#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…

#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.

Minor Essential Revisions
#1 line 77 The SNGSC “may” rather than IS?
#2 line 143 this is confusing “All but one” Make it more clear here.
#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.
#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
#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 participant in the interview? Please clarify if it was both population, and use specific language to describe them if so?
#5 line 238 remove extra bracket
#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.

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

**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