Author’s response to reviews

Title: Implementing a best-practice model of gestational diabetes mellitus care in dietetics: a qualitative study

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Author’s response to reviews:

Many thanks for reviewing our manuscript. We have carefully considered the reviewers’ recommendations and outline the changes incorporated into our manuscript, below. We believe the manuscript is strengthened as a result.

Maree Johnson, PhD (Reviewer 1):

This is generally a well written manuscript that reports upon the implementation of nutritional therapy model of care introduced to two regional health services. This paper reflects on the evaluation of the implementation while the authors propose that outcomes are assessed elsewhere. An explicit statement about these should be provided for readers to access these findings elsewhere.

- Thank you for this feedback about our manuscript and also the requirement for an explicit statement about the outcomes. This has been incorporated into the text added to address reviewer 1’s following feedback about the extent of GDM/the model of care/ implementation of the model.

The introduction to the paper could be improved by a brief description of the extent of the problem of gestational diabetes and the key role that dietitians play in management. This could be followed by a description of MNT and then a statement about the implementation of the model.
- We agree that this will provide more context to the qualitative analysis and have added this to the paper’s introduction

The implementation model needs defining initially (theory and constructs with definitions), rather than allowing it to emerge throughout the paper implicitedly.

- We apologise for this oversight and, to add to the context provided above, we have added detail about the theoretical underpinnings of the implementation

The first paragraph could end with a statement about the focus of this paper and why.

- Thank you. This still reads: The aim of this paper is to describe the experience of stakeholders involved in implementation of best practice MNT and identify learnings to inform implementation at other sites.
- However, with the greater context to the initial project we feel this makes more sense.

Full stop on page 4 line 16 is recommended.

- Due to edits this is no longer required as the sentence has been removed.

A hub-spoke model is proposed but needs a specific direct application with the sites in this study.

- Due to edits this is no longer required as the sentence has been removed.

Line 21 remove This [facilitated] implementation approach...

-Thanks for this comment. This has been removed.
A full description of the Model of Care should be provided either within the introduction or within the methods section to inform the reader prior to reviewing the results. If published then a brief overview with the reference would be sufficient.

- Thanks for this feedback – we have provided this in the Introduction

Methods section needs further detail of the recording and transcription approaches taken, the approach to analysis, ?? thematic analysis (Reference) etc.

We have elaborated, as requested. This section now reads: The Principal Researcher (SW) conducted all interviews by telephone. Interviews explored project experiences from commencement to completion, barriers and enablers to implementation, strategies to overcome challenges and recommendations for implementation at other sites. Interviews were 9-37 minutes duration. With consent, interviews were recorded on a digital recorder and transcribed verbatim for thematic analysis (13). Two researchers (SW and DH) independently coded two interviews, agreed upon a coding framework and coded half the remaining transcripts each, noting illustrative text segments. SW and DH classified, sorted and synthesized codes in all transcripts to derive a smaller number of themes and sub-themes which were shared with other investigators and agreed by discussion and consensus. Finally, themes were examined with reference to the study aims and implementation science framework to identify learnings for other sites.

The relevance of ‘Core’ members was unclear to this reviewer.

- Apologies for this confusion. We hope this comes through more with the addition of the explanation of the “spoke” team members being local clinicians, managers and researchers. These were the ‘core’ team. The other staff interviewed were involved/present in the implementation but not in the site project team.

Results: Table describing Sites may breach anonymity given the small numbers suggest embed into the text.

- Thanks. Edited as recommended.
Please consider the order of the quotations within the various themes. Some improvement may be possible here.

- Thanks you for this comment – we are happy to edit if specific examples are suggested, however the 4 authors reviewed and felt the quotes were in a logical order.

Discussion: Much is made of the theory-driven approach to implementation but no theory was ever presented. Some detail of the description of the implementation theory and key constructs within the introduction, and then bringing your results together with the theory/constructs would greatly enhance the value of this study to the readers.

- We feel this is now addressed with the addition of the extra paragraphs in the introduction.

Within the Abstract and within the conclusions there is reference to a evidence-based decision making tool. I remained unclear as to what that was.

- Apologies for this oversight. We now outline the decision tree tool in the introduction – this flowchart combined effective strategies from the lead site’s project to allow future sites to assess their own barriers and select evidence-based interventions to overcome them, based on the previous work undertaken.

This is a very important study relating to implementation of change within regional service. Consider adding the design to the title.

- Thank you. Our updated title now reads: Achieving best practice in implementing a model of gestational diabetes mellitus care in dietetic: a qualitative study
Reviewer 2:

The study is limited by very small group of study participants. Aims/objectives are confusing. Led to believe that this paper would provide more insights on how a theoretical model was used to guide the interview process—which would have been interesting.

- Whilst only a small number of participants were included from each site, as outlined above, the majority of those interviewed were ‘core’ team members who were instrumental in the facilitated implementation process. We thus feel that the reflections provided by the participants were instructive and informative. This is reinforced by the inclusion of two extra participants from one of the sites, further enhancing the findings and recommendations. We did invite more of the staff from each site. However, they declined participation. We apologise for the oversight of not articulating clearly about the ‘core’ members and hope our edits address this issue.

- We have revisited our aims and objectives but feel with the greater context provided in the introduction that these remain appropriate as stated.

- Apologies for the confusion. The theoretical model was used in the implementation of the model of care and this paper examined the experiences of project staff and other clinicians who participated in care delivery within the model of care. We hope that the updated Introduction, as per Reviewer 1.

REQUESTED REVISIONS:

Study objective: The described aim of this paper is to describe the experience of stakeholders involved in the implementation of best practice MNT and identify learnings to inform implementation at other sites. Although this is stated as the aim---early on --the reader is led to understand that the manuscript will provide insights on how a theoretical driven model is used to gain insights into program facilitation.

- Apologies for the confusion – hopefully with the elaboration in the Introduction outlining how the theoretical model was positioned in the implementation (ie in the implementation of the model of care rather than used to identify program facilitation). However, we feel using a qualitative approach to reflect on staff’s participation within this process, we have been able to
elucidate important learnings and recommendations for future work in this area as well as in other areas who may adopt similar methodologies.

With only 8 people interviewed, many of them with nutrition backgrounds and most likely already supportive of MNT interventions, findings cannot be widely interpreted, and for this qualitative study---the findings are limited.

- Thank you for this feedback. As noted above, we acknowledge but explain the small sample size. However, we feel that, although the professionals were supportive of MNT we were investigating the process of change and implementing a model of care. The learnings from the project regarding the hub-spoke, communication and site engagement, as well as the balance between clinical and research requirements, challenges and process are transferable.