Author’s response to reviews

Title: Ready for the Triple Aim? Perspectives on Organizational Readiness for Implementing Change from a Danish Obstetrics and Gynecology Department

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Author’s response to reviews:

Dear Editor, thank you giving us the opportunity to review and hopefully improve our paper. We have been able to address all the reviewer’s comments as outlined in the response to the reviewers.

Kind regards,

Pamela Mazzocato, on behalf of all authors

Reviewer reports:

Ekaterina (Katia) Noyes (Reviewer 1):

This is a very comprehensive, innovative and timely study exploring drivers of organizational readiness for change in healthcare. The study provides important insights for healthcare administrators and clinician leaders facing a need for complex organizational change and reorganization. Below I provide several suggestions that could make the manuscript more impactful and understandable for a wide international audience.

Response: thank you for the encouraging and valuable feedback. We have addressed all your suggestions as outlined below.
1. In the Methods/Setting section as well as Tables 2 and 3, please describe who the managers were.

   • Response: We added a short text to describe the background and position of the managers in the first paragraph of the methods section/data collection and in the tables. All managers had a clinical background (physician, nurse, or midwife) and worked as first line managers and heads of department.

2. Since a lot of discussion is centered on the different roles or managers and non-managers, it is important to understand their background and relationship with the rest of the department personnel.

   • Response: We added a short text to describe the background and position of the managers in the first paragraph of the methods section/data collection and in the tables. All managers had a clinical background (physician, nurse, or midwife) and worked as first line managers and heads of department. We also clarified that all managers had direct responsibility for personnel.

3. Similarly, it would be useful to describe the pre- and post- organizational chart of the department and any activities that may reflect staff ability to implement change (daily unit rounds, multidisciplinary huddles, quality assessment and other department committees, etc).

   • In the second paragraph of the methods section/setting, we clarified that the change was not primarily an organizational restructure, but rather involved the systematic improvement of service delivery. This process led to fifty-three improvement projects corresponding to pathways for thirty-seven individual conditions, seven multiple conditions and nine at the departmental level. The latter addressed referrals, physical layouts, flow and capacity, discharge speed, and managerial support.

4. Last sentence in the Settling section - please confirm that 36% of beds were closed.

   • Response: Beds were reduced as planned, i.e. a 33% reduction. Two more beds were closed after 2016, but we excluded those in the text, since we only have secondary data about the effects of the downsizing up to 2016. We changed the text accordingly.
5. Was the redesign of 46 clinical pathways completed before the study questionnaire was emailed?
   • Response: no, the clinical pathways had only been analyzed when the survey was conducted, but no actual changes had yet been implemented. We have sought to clarify that in the data collection section.

6. How much was the staff informed about the upcoming changes at the time they were asked to respond to the survey?
   • Response: In the methods section/data collection, we have added that all staff was regularly informed throughout the change process through news-letters and blogs.

7. How was productivity measured (p.6)?
   • Response: Productivity was measured based on the number of outpatient visits, surgeries, and admissions which remained stable, while lengths of stay were reduced. We clarified this in the last sentence of the methods sections/data collection.

8. Because the survey was sent via email, was there any concern that the department staff would not be willing to answer questions honestly in fear of professional consequences for negative responses? Could this be also the reason for non-responding?
   • Response: We elaborated on this in a new paragraph at the end of the data collection section.

9. Is it possible to add another column to Table 2 to describe non-responders?
   • Response: We administrated the questionnaire electronically via SurveyXact (Aarhus/Denmark) and distributed it via email to all staff and managers in the OB/GYN department (n = 403). Only participants who gave their consent were able to answer the questionnaire. We cannot get the information from the 28% since they have not consented and responded. Nonresponse bias occurs when some respondents included in the sample do not respond.
10. Minor edits:

Comment 10: p. 4 - what is surpa-individual level of an organization?

- Response: Supra-individual means that organizational readiness for change is measured at the collective organizational level rather than at the individual level. We have sought to clarify that on page 4, line 5-6.

11. p.11 Discussion - temporarily employed were significantly more likely to REPORT higher efficacy. Could they be more concerned about professional consequences for negative responses?

- Response: Thank you for pointing out this possibility. We elaborated on this in the methodological considerations on page 15, line 2. We do not think this was the case. It there was concern for or fear of professional consequences because if so, we would expect a higher level of commitment scores, which was not the case.

Samira Abbasgholizadeh Rahimi (Reviewer 2):

Thank you for selecting this journal for publication. The project is interesting, however, major revision is needed for the manuscript. Please find my suggestions/comments below:

1) In the manuscript, you are referring to triple aim. Interesting subject, however, I was wondering why you didn't considering quadruple aim of care which includes health providers experience. How do you think this study would be different if you were considering quadruple aim instead? You can mention this in the limitation section.

- Response: Thank you for your relevant feedback. The change effort studied here was, as we described in the first paragraph in the setting, an explicit attempt to reduce costs, without compromising outcomes and experience. Therefore, it could be conceptualized as the Triple Aim as staff well-being was not explicitly mentioned nor addressed in the change process. However, based on your question, we have now in the discussion elaborated on the potential benefits of explicitly addressing the Quadruple Aim (page 14, line 9-12).
2) Please be more concise in the abstract. For example, the background part of abstract is unnecessarily long.

- Response: While we were below the recommended word count (< 350 words), we have reworked the abstract to make it concise.

3) In the manuscript, you mentioned "Change management". However, what you are referring here is change leadership. The concept of change management refers to managing the unexpected changes in an organization. In this project, you are leading change. This is different.

- Response: You pose an interesting question, which sparked discussion among the authors. While Kotter’s seminal work is entitled, Leading Change, the question is if a differentiation between management and leadership has practical implications. However, since the term is only used as a key word, we have added the phrase to the list of key words.

4) Please shorten the "statistical analysis" section and integrate it with the paragraph before "data collection" section—which refers to data analysis as well—and name it all as "data analysis". Response: Thank you for this feedback. We removed “data analysis” information that was included in the section “questionnaire”. The information reported there concerned the validation of a Danish version of the instrument, which we have thoroughly described in a previous validation article (Storkholm MH, Mazzocato P, Tessma MK, Savage C. Assessing the reliability and validity of the Danish version of Organizational Readiness for Implementing Change (ORIC). Implement Sci. 2018;13:1–7). We have renamed the “statistical analysis” section to “data analysis”.

5) More information is needed in the method section related to survey.

5a) In what timeframe were the data collected?

- Response: In the “data collection” section we provided additional information to clarify the timeline of the change and data collection. The survey was open between June and September 2014. At that point, no changes to the clinical pathways or the organization had been implemented. We have added this information to the data collection section.

5b) Did you test the survey before distributing it among participants?
Response: In the section “the questionnaire”, we sought to explain more clearly and concisely, that data included in this article is based on the 11-item validated instrument. The process to translate and validate the original 12 items article is thoroughly presented in our previous article: (Storkholm MH, Mazzocato P, Tessma MK, Savage C. Assessing the reliability and validity of the Danish version of Organizational Readiness for Implementing Change (ORIC). Implement Sci. 2018;13:1–7).

5c) Is it open survey or closed survey?
• Response: We clarified in the first sentence of the data collection that the survey was a closed survey.

5d) How/where was the survey announced or advertised?
• Response: All participants were informed about the survey when they received the invitation via e-mail. The survey was conducted as part of larger case study that investigated the downsizing initiative. All participants had been informed about the case study prior to the survey, via e-mail and staff meetings. We added this information to the second paragraph of the “data collection” section.

5e) What about data protection?
• Response: All data was pseudo-anonymized and stored in a password protected computer. Only the research group had access to the data. We sought to clarify this in the data collection.

6) Use Checklist for Reporting Results of Internet E-Surveys (CHERRIES) (Eysenbach, 2004) guideline to report your survey.
• We have used the checklist to improve the reporting, and when needed, added additional information in the article.

7) The result section is not clear. For example, you wrote "The overall ORIC score had with a median (IQR) of 39 (35, 45)", what does each of these numbers referring to?
• Response: We have shortened it to simplify the statement. We have described that, “The overall ORIC score had with a median (IQR, Interquartile range) of 39 (35, 45)”. As indicated in the statement it is the median with the interquartile range (IQR). The IQR, is
the midspread or middle 50% and is a measure of statistical dispersion. The values in the bracket refer to the upper (the 75% I3) and the lower (25% I2) quartiles.

8) In the results section you referred to models (i.e. "total ORIC score (Table 4, Model 1 and Model 3 respectively)"), while no explanations has been provided about these models. This may be confusing to the readers. Please add the needed explanations on ORIC and the models.

• Response: We have added a description in the footnote of Table 4 to clarify.

9) It would be interesting to add cultural aspects (from Danish culture) as well and discuss how different cultural aspects may/may not influence of readiness of health providers & managers to change. You can refer to 6D cultural model.

• Response: Thank you for this interesting comment. We discussed and pondered the suggestion and have arrived at the conclusion that it is a challenge to resonate on cultural aspects, since we hadn’t explicitly sought to compare with other cultures. It would therefore require speculations from our side, which we feel uncomfortable with. It is though an area for future considerations.

10) The discussion part in not clear. Separate the discussing points into 4-5 main points. This way it will be easy to read and understand.

• Response: Thank you for this feedback! We have now organized the discussion around five main paragraphs, and hope that this has added clarity. The five paragraphs are:

  o Summary of main findings
  o Discussion of main finding: high commitment and low efficacy
  o Further elaboration on main finding: high commitment and low efficacy
  o Discussion of main finding: higher commitment of managers and temporary staff
  o Discussion of main finding: lower score of change commitments items “want to” and “being motivated to”
11) Ethical consideration section has been written twice. Delete one of them (preferably the one in page 9).

- Response: We removed the ethical consideration on page 9, and moved some of the text related to consent to the data collection.

12) There are several grammatical errors in the manuscript, and the content is not easy to read. Manuscript needs to be more concise and clear.

- Response: The native English speaker of the authors has now re-read the manuscript and we hope that the grammar has improved.