Reviewer’s report

Title: Implementing a toolkit for the prevention, management and control of carbapenemase-producing Enterobacteriaceae in English acute hospitals trusts: a qualitative implementation evaluation

Version: 0 Date: 20 May 2019

Reviewer: Paul Brandon Bookstaver

Reviewer’s report:

Comment to the author

The authors describe the qualitative assessment of a carbapenemase-producing Enterobacteriaceae (CPE) toolkit among 12 acute hospital trusts in England. The paper is detailed with qualitative results and interpretations of those results, however, there are some things that can be done to re-organize the paper to improve readability. Additionally, there are some opportunities to support with quantitative results from the respondents. Thank you for the opportunity to review. Please find comments below.

Introduction

Background page 1, line 7-8: Including statistics regarding increasing incidence rates for colonizations and infections will make a more compelling statement about the utility and importance of the toolkit

Background page 1, line 24: Define who "frontline hospital staff" includes here

Background page 2, line 4: Ending the background after this sentence would give you an appropriate length for your introduction, and allow you to move lines 5-22 into methods since they are about forming the evaluation. I would recommend this to improve re-organization of the paper.

Methods

See above for moving evaluation tool section to methods

Setting page 1, line 12: Note briefly in the study limitations in discussion that trusts having to respond to the original survey request and consent to interviews may lend itself toward selection bias - those who consented may have been more engaged in the toolkit implementation to begin with.
Setting page 1, line 14-16: Describe how colonization rates and high infection rates were used specifically as sampling criteria.

Interview procedures page 1, line 4: A semi-structured interview is appropriate for these qualitative data, but may require a little more discussion on the nuances or limitations of the subjective nature of human conversation

Interview procedures page 1, line 20: What was the difference in time length of face-to-face interviews vs phone interviews (just make sure that these interviews were as comparable as possible)? How many interviews were completed over the phone?

Interview procedures page 1, line 22: Describe where the "44 members of hospital staff" came from, in respect to the participating trusts/hospitals

Interview procedures page 2, line 4-5: When were different staff members interviewed--same day, days/weeks/months apart? If asked on different days, this could impact staff members' answers regarding if/when he/she had heard about the CPE toolkit (if from same institution)

Results

General: We recommend removing the quotations throughout the result section(s) and including them in a supplemental table, similar to table 2. This would make the quotes easier to visualize and focus the information in the results section.

General: We also recommend quantifying results since you have 44 staff interviewed from comments where possible. See below for example.

Page 1, line 5: "...rarely the case amongst general frontline staff..." -- quantifying "rarely" as a percentage of the participants, readers would have a better interpretation of generalized terms that are used throughout the discussion portion; words such as 'rarely,' 'minority,' 'many,' 'several,' etc.

Discussion

General: Based on the fluid characterization and descriptions of results throughout, the authors are clearly passionate about this project and knowledgeable about the execution.

General: The implementation science side of these results could be emphasized more as an important future angle. It's clearly valued enough to be mentioned in the conclusions.

General: Also, as roles evolve, microbiologists as you mention and perhaps pharmacists can play a role on the interdisciplinary team, which may be worth noting.

Page 1, line 22: This is a run-on sentence please update.
Page 5, line 16: Table 3 should not be included in the middle of the discussion page although we appreciate the content.

The last statement on implementation ties back to prior comment above.

Conclusions

Lines 8-9: This last sentence implies that implementation guidance is what was being study; it would be great to flesh-out future areas of study like implementation science in the discussions, but if it were to stay in the Conclusions, adjusting it to read "Timely uptake of implementation guidance…" would be more appropriate.

References

Not all of the references include a doi number--just ensure formatting is the same for each reference as is required by the journal.

Tables

Capacity - include number of beds with "small, medium, large" designation

Time at Ward/Time at Trust - Note this is a range, Include median with IQR as opposed to mean

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.
Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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