Reviewer's report

Title: Mapping guide for adapting a multisite educational intervention: Mobilization of Vulnerable Elders in Ontario (MOVE ON)

Version: 1
Date: 30 August 2014
Reviewer: Newton Opiyo

Reviewer's report:

Summary

The authors addressed a topical (tailoring implementation intervention to local context) and clearly defined research question. The studied MOVE ON intervention was pilot tested and further refined. Study methods (focus groups, COM-B taxonomy, thematic analysis) appear appropriate for the question posed, and are adequately described. However, certain aspects as outlined below could be improved. The data generated are well described and clearly presented using tables. The discussion is well balanced and informed by relevant data; a number of weaknesses (e.g. absence of patient/family representation) are acknowledged. The authors' conclusions are are supported by the data and appear reliable.
Overall, this was a well conducted study with generalizable lessons on intervention tailoring (adaptation) across multiple sites.

Major Compulsory Revisions

None.

Minor Essential Revisions

1. Title: While the current title is short and catchy, it does not adequately reflect the topic of the study (i.e. tailoring the MOVE ON intervention to multiple hospital contexts). The current title seems to suggest that MOVE ON (a tailored multi-faceted quality improvement intervention) was entirely an educational intervention.

2. Background: "To promote fidelity to the implementation intervention, 3 evidence-based, actionable recommendations were considered the core components of the intervention across all sites. The 3 recommendations were: to complete a mobility assessment and mobility care plan within 24 hours of admission of any patient aged 65 years or older; to achieve mobilization at least 3 times per day; and to ensure that mobilization was scaled and progressive."

The rationale for the choice of the three recommendations is unclear and requires further clarification. In addition, it's unclear how these three recommendations were used to promote 'fidelity to the implementation intervention'. Appears the three were used as 'tracer recommendations' to 'standardize' the tailoring process across study hospitals?
3. Discussion. Prioritization of barriers and intervention activities is crucial for enhancing implementation of interventions. This aspect of tailoring is not mentioned in the paper and needs to be addressed.

Discretionary Revisions
None.

**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.