Reviewer's report

Title: Implementation of improvement strategies in palliative care: an integrative review

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Reviewer: Bettina Husebo

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Implementation of improvement strategies in palliative care: an integrative review
Jasper van Riet Paap, Myrra Vernooij-Dassen, Ragni Sommerbakk, Wendy Moyle, Marianne J Hjermstad, Wojciech Leppert, Kris Vissers, Yvonne Engels, on behalf of the IMPACT research team

Reviewer comments:
A) Major Compulsory Revisions
B) Minor Essential Revisions
C) Discretionary Revisions

This review manuscript summarizes relevant research articles with focus on implementation strategies that have been used to improve the organisation of palliative care into subgroups of hospitals, nursing homes, primary care, hospices, and others.

Authors conducted a search in Medline, CINAHL, British Nursing Index, PsycINFO, and literature that has not been formally published in peer-reviewed literature (grey literature). English literature about palliative care for adults, # 18 years, published between 2000 and 2011 was included. Medline search (MeSH /search string) is attached. Initially, 2379 publications were identified, with a final sample of 112 included publications.

Papers included in this review were related to 104 studies (single/multiple/mixed intervention studies) with different approaches such as use of education, video, role play, case studies, and others. Sixty-eight studies had an experimental or quasi-experimental design with improvements using educational strategies, process mapping, feedback, multidisciplinary meetings, and multi-faceted implementation strategies. Fifty-three studies reported positive outcomes, 11 studies reported mixed effects and four studies had a limited effect. The authors suggested that the reason for the low number of negative reported results may be caused by Hawthorne effect, publication bias and the lack of RCTs.

Comment: Implementation strategies related to different aspects of palliative care are an important topic with surprisingly considerable attention in the research
literature. The author team tried to illuminate this area collected a large dataset of different approaches. However, I am not sure that this manuscript really improves the knowledge of the readers of the Journal of implementation science.

I have at least 5 serious concerns:

1A) This is an integrative review which (compared to systematic reviews) is the widest type of review methods permitting the inclusion of all types of research designs (non-experimental and experimental designs) to bring light into the scope of the research topic. In addition, theoretical empirical papers are allowed. However, this approach requires a clear framework and restrictions by a systematic design. The manuscript includes a high number of articles (112), different settings/diseases and population/staff/multidisciplinary team, with different skills and education needs combined with different implementation procedures. This makes the comparison of implementation approaches, the presentation of results and outcome measures, and promotors and barriers quite impossible. Most of all, I feel that the interpretation of the studies is difficult and does not give the reader an answer to the aim of the manuscript which then could be an important piece in the puzzle of implementation research in palliative care.

2A) The reader get the impression that palliative care for cancer patients includes the same approach/content compared to palliative care in nursing home settings and in people with dementia. This is not the fact. Compared to palliative care for cancer patients there is almost no evidence based (PICO) research results regarding Advance Care Planning, assessment and treatment of pain and stressing symptoms. This is not highlighted.

3A) The term “to implement” means to fulfil or to carry out into effect. “Implementation research” is defined as the related scientific investigation concerning the implementation process and the act of carrying an intention into effect in a “real world” scenario. I think that several structural factors may influence the implementation process and the outcomes, such as the measurement of change, information to stakeholders, guidance of decision making, or feedback. In order to the scope of this review these aspects are not mentioned. I miss descriptions of outcome measures and a reflection/discussion about the key question: how was change/improvement assessed?

4A) A crucial aspect when assessing the efficacy of a complex intervention study is whether or not the intervention was implemented at all. Even when an intervention is superbly designed, real-world contextual factors may prevent the intervention to be realized in a complex adaptive system as intended. This should have been a part of the discussion.

5B) I am astonished that important contributions to the literature and related articles are not mentioned, for example the Cochrane collaboration project by Hall S et al. Interventions for improving palliative care for older people living in nursing homes (review).

6B) There is a lack of intervention studies. This, of course, is not the fail of the
author group. However, the reader will expect a detailed discussion of the studies content, comparison, quality description of the studies, detailed type of intervention, outcome measures, strength and weaknesses and future perspectives regarding research needs.

7B) Regarding the results: what’s about the remaining 36 studies (112 articles in total – 68 with positive/lack of effect = 36 articles remain)?

8B) Finally, I was surprised about the following conclusion: “Strength of the study is that the results of this review are implemented in the development of improvement projects in five European countries”. I feel that this may be a circular argumentation…

Conclusion: Taking together, I cannot recommend the resubmission/publication of this manuscript.

Level of interest: An article of limited interest

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I do not have competing interests rel. to this manuscript