Reviewer’s report

Title: Updated clinical guidelines experience major reporting limitations.

Version: 0 Date: 16 Jul 2017

Reviewer: Melissa Vandyke

Reviewer's report:

At the core of the science of implementation is the evidence that the existence of an effective intervention does not ensure the use of the effective intervention. Therefore, at a minimum, it would be important to acknowledge the findings related to the barriers to adherence to clinical guidelines and protocols in health. (I have included a few references below.)

To strengthen the relevance of this research to the field of implementation, does this process improvement address one of the identified barriers to adherence? For instance, how might this research complement or contrast the findings from Gagliardi and Brouwers?


'Providers and patients are most likely to use and benefit from guidelines accompanied by implementation support. Guidelines published in 2007 and earlier assessed with the Appraisal of Guidelines, Research and Evaluation (AGREE) instrument scored poorly for applicability, which reflects the inclusion of implementation instructions or tools. The purpose of this study was to examine the applicability of guidelines published in 2008 or later and identify factors associated with applicability.'

With the adherence challenges fully acknowledged, then perhaps, the authors can build a case for 1) the importance of CGs reflecting the most up-to-date evidence 2) the improved process of reporting updated CGs, and 3) how the reporting of updated CGs will promote more consistently high quality health care.

In addition, for the non-health professional, it would be helpful to provide a more detailed description of the current/typical approach to reporting updated guidelines. Most non-health professionals will not have the context to quickly engage with this research. (These readers will be curious about things like: Who manages the process of reporting of updated guidelines currently? To whom does one report updated guidelines?, etc.) Furthermore, it would be helpful to describe AGREE II at the beginning of the paper, since you reference it by name at the end of the article, however, no additional information is provided.

Finally, would it be possible to expect that future research, based on the use of CheckUp, could
… test the extent to which a high CheckUp score correlates with higher levels of adherence to the CG?

… demonstrate the correlation between CheckUp scores and the quality of clinical care?

If not one of these outcomes, how would the authors expect the consistent use of the CheckUp to impact health care practice and health care outcomes?

You are probably already very familiar with these references (and others) related to adherence, but I thought I would drop a few into this document, for easy reference:


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Not suitable for publication unless extensively edited
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