Reviewer’s report

Title: Hospital organizational context and delivery of evidence-based stroke care: a cross-sectional study

Version: 0 Date: 18 Jul 2018

Reviewer: Randa Attieh

Reviewer’s report:

Reviewer's report

Title: Hospital organizational context and delivery of evidence-based stroke care: a cross-sectional Study IMPS-ID-18-00291

Version: 1 Date: 18 July 2018

Major Essential Revisions

An article of importance in its field. The topic is likely to interest a wide audience. This is now read as an acceptable manuscript and so I am focusing on some major tweaks that will make it even better, clearer, and ready for publication.

Abstract:

Indicate the design of the study conducted which is a mixed cross-sectional study in the methods section and mention information on the qualitative part. This will give the reader some idea of how the study went.

A 'Positive organizational context, especially for…' was detected, what did the authors mean by positive organizational context? It's a bit confusing.

Background

Many definitions for the organizational context are given in the literature and the authors mentioned some of them in the introduction part. Also, as you stated, ACT was developed based on the PARIHS framework. So, I would like to know what definition of the organizational context was considered in your study?

A reference should be added for the definition provided: 'Organizational context, often defined,… into practice'.
Whilst the manuscript is contextualized around the organizational context in stroke care units and knowledge translation (synthesis, dissemination, and application of knowledge), this doesn't follow through in the conduct or reporting of the manuscript. I'm wondering whether authors emphasized in their study on the three steps of knowledge transfer process in the context of stroke care. This would be helpful to know more about in the introduction section, and then followed through discussion of findings. Please elaborate on knowledge translation and its relation with the healthcare organizational context and how this influences on the delivery of stroke care practices.

Methods

I think you need to do a few additional things.

The mixed cross sectional study was conducted between? Using between dates would be helpful for the reader.

After 'Design', a sub-heading named 'Description of the acute care Hospitals' has to be added describing the context in these hospitals and their delivery of one and/or more stroke care process. In the Design sub-heading, Authors mentioned that Survey data were obtained from staff (doctors, nurses, allied health, and managers) at 19 acute care hospitals in Queensland involving metropolitan (n=12) and regional (n=7) hospitals. It would be helpful if authors add more information and description of these two groups of hospitals in terms of organizational context and delivery of stroke care practices.

Between Study Design and Data collection, you need to add a sub-heading on Participants recruitment and selection. How many staff were originally recruited from each acute care hospital? Eligibility criteria (inclusion and exclusion criteria) must be clearly stated.

Data collection: How the survey was administered to be self-completed. Who was considered as allied health staff in your study? The first component of the survey consists of how many questions in total? How it was developed and adapted to your context, especially for the 20 questions related to stroke covering 4 dimensions and the 2 questions on the use of clinical performance data? Any pretest was done? Questions as you said were graded on a 5-point Likert scale, how the answers were ranged? You said the questions of the first component of the survey questions were graded on a 5-point Likert scale? In that case these are considered close-ended questions. What about the two questions related to the use of clinical performance data and previous experience with quality improvement activities? How they were graded? Some clarity is needed.

Also, you said open-ended questions related to potential barriers and facilitators in the delivery of stroke care were added, how many questions were added covering this aspect? Perhaps the authors could consider adding the survey as an additional file.

Statistical analysis: 'Inductive content analysis by an author (NA) and summarized in themes/subthemes': I'm wondering if authors have used a specific software for qualitative data analysis.
analysis and for themes and subthemes identification. Are the identified themes/subthemes related to barriers and facilitators in the delivery of stroke care only? It would be helpful if authors define what constitutes groups and what units are in groups.

At the end of the Statistical analysis sub-heading (p.7), 'Between-group differences in adherence … from cluster analysis', authors mentioned, for the first time, the terms of lox and high contexts (and comparisons between units grouped as according to higher or lower context from cluster analysis), I think we need to know more about this and how authors define low and high organizational contexts. This is an important part of the study that requires a more complete description in the body of the manuscript.

Results

Table 1 presents 20 participating Hospitals! However 19 are indicated in the main text (p.7, line 1 results section). How many participants in each of the 19 hospitals completed the survey?

Most respondents were nurses (50%), followed by allied health (37%) and medical doctors (10%). I'm wondering if any manager participated since authors stated in the methods that Survey data obtained from 4 group of actors: doctors, nurses, allied health, and managers at 19 acute care hospitals in Queensland. Not a single result was presented on managers and their perceptions. And for managers, were they high and/or intermediate managers?

P.8, 'Overall 76%' is indicated in the main text however the table highlights 71.8% of staff felt their unit had a stable workforce most of the time. Is it 76 or 71.8%?

The following results 'that executive staff provided adequate support and two-way communication ranged from 27% to 91%, and 0 to 80%, respectively' don't figure in the Table 1? Please consider reviewing the results.

Table 2 shows moderate and high contexts identified. However, authors, in the body of the manuscript, mentioned two organizational contexts: low and high. Please explain. A definition of each context should be added. Also, Table 2 shows the context grouping of the units in the 19 participating hospitals. I'm wondering why nothing in this regard was mentioned in the results.

In the obtained results, you said you categorized the units in the 10 hospitals in two context groups (High and low). I’m wondering if you tried to see any difference or similarities in terms of organizational context between metropolitan and regional hospitals in the delivery of the 4 processes of stroke care since you have among the 19 acute care hospitals 12 metropolitan and 7 regional.

In table 3, the title indicates the calculation of the Intraclass correlation, however the legend indicates Interclass correlation, please consider revising it. Also, p values should be added in the table.
Figure 2 doesn't clearly show the obtained values (34% to 100% for stroke unit care, 0 to 16% for thrombolysis, 37% to 86% for prescription of antihypertensive medication at discharge, and 0 to 93% for discharge care planning).

What about the results obtained from the qualitative data? How many themes/subthemes were identified and what are these themes/subthemes? I think there is need to a complete description of them in the results section.

Also, It would be helpful for readers if authors provide a table highlighting the main facilitators and barriers identified in the study.

Discussion

Authors said 'Aspects of organizational context measured using the ACT were positively associated with the proportion of patients that received stroke unit care, but had less impact on the delivery of the other quality parameters', It would be easier for readers if the word positively by significant association/relaion.

Also, authors mentioned "On average, the proportions of patients that received stroke unit care and prescribed antihypertensive medication at discharge was some 10% to 20% greater in sites clustered according to having a higher context compared to those in the lower context group", could it be possible to know if this % was more remarkable in metropolitan and/or regional hospitals? I think there is the potential to have a much critical discussion about it.

The discussion of the findings feels a bit 'flat about the relationship between knowledge translation at the level of synthesis, dissemination, and/or application of knowledge, and the organizational context in improving the delivery of the 4 evidenced-based processes of care for patients with acute stroke. I think there is the potential to have a much critical discussion about it.

Also, does the formulated hypothesis 'The hypothesis was that the level of aggregation at the unit level was not different between nursing and allied health/medical staff; tested by calculating the group-specific ICC' been accepted or rejected? This should be discussed.

Level of interest
Please indicate how interesting you found the manuscript:

An article of importance in its field

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

Acceptable

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests.

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal.