Reviewer’s report

Title: Implementation Capital: Merging Frameworks of Implementation Outcomes and Social Capital to Support the Use of Evidence-Based Practices

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Reviewer: Jennifer Leeman

Reviewer's report:

I think the paper would benefit from additional clarification of its focus on the terms being used. The first sentences of the paper states, "The implementation of evidence-based practices (EBPs) is a social process that requires social support and communication among multiple actors, including researchers, developers, support staff, information brokers, organizational leaders, and frontline providers." I agree with this statement. However, may be a little misleading as the opening for this paper, which is predominantly focused on frontline providers. I think it would be very helpful for the authors to make explicit upfront that they are focused on individual providers' adoption and implementation of EBPs. Furthermore, they need to define "providers" as referring to those who deliver an intervention. Virtually none of the interventions I study can be implemented by individual providers and so would be important for me, and others like me, to be oriented to the focus on individual providers at the start of the paper. Furthermore, I do not think the definition of provider can be relegated to a footnote, as they have done, because it is central to their conceptualization of social support (i.e., those who will deliver the intervention). The term provider typically does not include administrative staff, RNs, QI coordinators - all of who may be key sources of the information that providers need to bridge to in order to access information. This is important because the focus on "providers" predominates in their discussion of both bonding and within organization bridging, i.e. "Figure 2D illustrates a setting within which each individual provider has bridging social capital, and thus is located only one or two \degrees of separation" from every other provider. (same with 2E).

The response to item 12 did not fully address concerns again because providers are not defined and also because it presumes that providers belong to a single, unified social network. In healthcare, providers tend to bond with other providers in their professional group. Physicians bond with other physicians, etc., and as noted in the paper, this influences individual implementation outcomes (e.g., acceptability). Bonding also occurs at the team or unit level but likely is less strong than the bonding within a professional group. This results in two distinct and potentially conflicting bonded social networks exerting influence over the physician. Furthermore, physicians may interact with nurses and clinic clerks on their unit without developing substantial social bonding. In this case, bridging to nurses and clinic clerks is key to increasing the provider's implementation feasibility/fidelity through exchange of information. I do not think these points are conveyed in the way the paper is written. The term "department" is
not sufficient to capture this. The importance of bridging to non-providers does need to be addressed.

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