Reviewer's report

Title: Factors Influencing the Implementation and Uptake of a Discharge Care Bundle for Patients with Acute Exacerbation of Chronic Obstructive Pulmonary Disease: A Qualitative Focus Group Study

Version: 0 Date: 06 Nov 2019

Reviewer: Sarah Dennis

Reviewer's report:

Thank you for asking me to review this paper about COPD post discharge bundle of care. The paper is interesting and the findings have the potential to be of use to other groups planning a similar project. I think it would benefit from more detail especially in the results section to really add to the broader research discussion on this type of topic.

There needs to be a clearer discussion of the exact stage of the project. It was not clear to me if the focus groups occurred pre-implementation and were to be used to guide a strategy or whether they had followed a trial of implementation. At times it read to me as though it were the former and then the latter. This should be clarified because it is essential to the understanding of the results.

Abstract - I think the abstract could be improved with some more detail in the results. The results section doesn't really tell people a clear summary of what you found - it is quite vague. Perhaps describe the 4 themes rather than just say there were 4.

I appreciate that this is my own personal bias but I have a comment about the bundle which seems to me to be a checklist. A "bundle" implies that not only is there a checklist but the things that a recommended are actually available. The first 4 things are really checklists that pre-discharge things have been done, which is fine. 5 assumes that there is a PR program available locally that people can access and that the wait list is not very long. 6 - there is no information about what anyone does if they identify frailty and comorbid conditions - too often you see in clinical practice that people do the screen for this and then don't do anything about it or like PR it assumes there are services to refer to and often the problem is these services are inadequate. What happens if frailty is identified? A bundle seems as though it should not only be a checklist but system so that the services identified as needed are available locally and have capacity to take new referrals otherwise the bundle will have limited effect. Some of this is discussed in the results but it could be more detailed.

I assume people were recruited from sites where the bundle had been implemented. This is not clear in the methods or results section. It is not clear to me if this qualitative study is pre-implementation and will be used to guide implementation or if it is post implementation following a trial. This should be clarified because it provides important context for the paper. In the discussion they talk about early adopters so it is still not clear to me if this is a post-implementation qual study.
Results

The results seem to skim over the issues a bit. It would have been nice to have some evidence presented that showcased / highlighted practical examples of the implementation. The patient sample would have been better if it had included patients who had experienced the use of the template and how it impacted their care. The TDF was used to inform the guide and it would have been useful to use in the results more as it brings together many of the issues presented nicely - it might have provided a clearer framework for the analysis and presentation of the results.

The results section describing the participants does seem to repeat what is in the tables and could be reduced to provide more space for the detailed qual findings.

I think the process of care section in particular there could have been more detailed. It seems to skim over things a bit, I would have thought there would have been much more to present here. Likewise, capacity seems very brief - knowing the context where I work, this section would have been much richer. These comments focus mostly on who would complete the checklist and there is little presented as to who would follow-up on the things identified and capacity to provide the necessary care. The engagement section would benefit from more detail.

If the results section had more detail then it would enable you to make much tighter conclusions from your research.

Minor questions / comments

76-77 - for what conditions? Looks like one of the refs is for COPD the other pneumonia - might be good to quality this in this sentence.

101 - it this a 7-item check list?

The patient participants were PR graduates and care support group members - they might be more engaged then other people discharged with COPD.

Line 430 - Reference to London - confirm which London it is

Table 1 - what is a licensed practical nurse - is this a practice nurse?

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