Author’s response to reviews

Title: Barriers and Facilitators to Implementing Priority Inpatient Initiatives in the Safety Net Setting

Authors:
Erika Crable (ecrable@bu.edu)
Dea Biancarelli (dealb@bu.edu)
Allan Walkey (alwalkey@bu.edu)
Mari-Lynn Drainoni (drainoni@bu.edu)

Version: 2 Date: 21 Feb 2020

Author’s response to reviews:

Reviewer 1:
1. Thank you for your thoughtful response to our comments. In particular, the restructuring of the results section helps to strengthen the manuscript. One note re study design. I appreciate the use of the Standards for Qualitative Research checklist. However, semi-structured interviews are data collection methods and not a research design. Suggest removing this description from the manuscript. I encourage authors to use a distinct qualitative design in future work, such as qualitative descriptive, or Interpretive Description. This will help to strengthen the trustworthiness of the findings.

Author Response: Thank you for your helpful feedback throughout the revision process. Your suggestions have strengthened our results section, as well as the cohesiveness of the overall manuscript. We will keep your comments regarding qualitative study design in mind as we pursue future qualitative research.

Reviewer 2:
The authors have clearly done a significant amount of work to respond to the reviewer comments and the article is greatly improved as a result. I am satisfied that my comments have been addressed although have a few final follow up suggestions below:

1. The data analysis section is greatly improved but I think some further detail is required to explain which components of the analysis were deductive (i.e. theory driven) and which were inductive (i.e. data driven). I am unclear what is meant by "reviewed and wrote descriptive summaries of data coded to each CFIR construct". Was this inductive thematic analysis within each of the deductively applied CFIR categories? If so, how exactly did the construct and domain summaries inform this process and in which order were the steps completed in? Some further clarification would be helpful here.
Author Response: Thank you for your comments throughout the revision process. Your feedback has helped us improve the methods section as well as the manuscript’s overall cohesiveness. We had further edited the methods section to address our deductive analytic approach, and clarify that we did not use inductive thematic analysis.

Manuscript Edits: (Methods lines 172-175) “Two coders (ELC, DB) reviewed data coded to each construct and identified preliminary themes related to each CFIR construct, and the larger CFIR domains. The larger research team (ELC, DB, AJW, MD) discussed preliminary themes to reach consensus on final deductive themes. All coding and analysis were conducted in NVivo (29).”

2. The presentation of material in the discussion section could also be further improved. I would suggest starting the discussion with a clear summary of the CFIR domains that were found to be relevant and the barriers and facilitators identified within them (similar to what you have included at the start of the results). The information that follows on the feasibility of CFIR application in this context would be better presented later in the discussion as opposed to where you are summarising the key findings. At the start of the sub-section on barriers, I would suggest that you provide a brief summary of themes and CFIR domains in the way that you have done for the sub-section on facilitators.

Author Response: Thank you for your suggestions. We have revised the Discussion section to include a summary of which CIFR domains were relevant to our identification of barriers and facilitators (lines 390-393). Summaries of the relationships between barriers, facilitators are then woven into the Discussion sub-sections entitled Barriers and Facilitators. We have also moved our discussion of the feasibility of applying CFIR across multiple initiatives to the strengths section of our manuscript (lines 517-523). Additionally, we have included a brief summary of themes at the start of the sub-section on barriers (lines 395-397).

Manuscript Edits:
Lines 390-393: “Although key informants described diverse interventions to improve healthcare delivery, their experiences converged on seven themes including three barriers and four facilitators related to four CFIR domains: inner setting, outer setting, characteristics of individuals and implementation process.”

Lines 517-523: “Our study demonstrates the feasibility of using CFIR to identify common barriers and facilitators across multiple initiatives and inner setting dynamics, while harnessing familiar implementation science terminology to promote greater transferability of findings. A prior systematic review of CFIR applications in implementation science research suggested that CFIR’s standardized language might be helpful for comparing varied initiatives, however this hypothesis lacked evidence (24). Our study provides the necessary evidence for a macro application of CFIR.”

Lines 395-397: “The three barriers identified in our analysis negatively impacted initiatives throughout all stages of implementation by delaying initial uptake, requiring unplanned implementation strategy adaptations, and hindering sustainability.”