

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Current practice of venous thromboembolism prevention in Acute Trusts: A qualitative study
AUTHORS	McFarland, Lorraine; Murray, Ellen; Harrison, Sian; Heneghan, Carl; Ward, Alison; Fitzmaurice, DA; Greenfield, Sheila

VERSION 1 - REVIEW

REVIEWER	Charles E. "Kurt" Mahan, PharmD University of New Mexico, College of Pharmacy Presbyterian Healthcare Services Albuquerque, NM USA
REVIEW RETURNED	09-Apr-2014

GENERAL COMMENTS	Minor revisions suggested 1. Would suggest defining "Trust" for the non-UK readers 2. Page 11, first sentence in discussion, "of particular confusion" or "particularly confusing"? 3. Would Expand discussion further referencing differences in risk assessment rates versus prophylaxis rates. 4. Would expand discussion further discussing issues that may occur with prophylaxing patients that are at low risk of developing VTE
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REVIEWER	Antonella Tufano Department of Clinical Medicine and Surgery "Federico II" University of Naples, Italy
REVIEW RETURNED	28-Apr-2014

GENERAL COMMENTS	The paper is original and the results are adequately discussed.
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REVIEWER	Serena Granziera King's College Hospital, UK University of Padua, Italy I have recently co-authored a paper on the limits of NICE VTE risk assessment tool. However, the aim of the two papers are different.
REVIEW RETURNED	14-May-2014

GENERAL COMMENTS	The main concern related to this paper is the use of a qualitative study to "explore the current practice of VTE prevention in acute trusts". Qualitative research aims to gather understanding of human
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	<p>behavior, the why and how of decision making, whereas in this case it would be more important to focus on what actually happens in the acute trusts through an observational clinical trial.</p> <p>Moreover, the conclusion that: "Our study highlights the importance of continuous training to prevent VTE risk assessment being considered a tick box exercise" is not substantiated in the results. Conclusions should be expressed as opinions of the participants other than facts.</p> <p>Finally, the sample size is too small to reach any conclusion.</p> <p>In the Methods and analysis section it is not clearly specified how key informants were identified. The rationale for informants' identification is extremely relevant for the objectiveness of this qualitative research study. The snowball sampling is also a not satisfactory criterion.</p>
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VERSION 1 – AUTHOR RESPONSE

Minor revisions suggested

1. Would suggest defining "Trust" for the non-UK readers

Acute trusts are responsible for the management of hospitals in England. We have explained and referenced this in the text.

2. Page 11, first sentence in discussion, "of particular confusion" or "particularly confusing"?

Thank you for pointing out this error. We have missed a word from the sentence that should have read: This study has highlighted a number of issues, particularly the confusion over responsibility for VTE risk assessment and treatment. We have amended this error in the text.

3. Would Expand discussion further referencing differences in risk assessment rates versus prophylaxis rates.

We have made reference to Cohen and Bergmann (The Endorse study) to highlight this point.

4. Would expand discussion further discussing issues that may occur with prophylaxing patients that are at low risk of developing VTE

We have added a section on page 12 to cover this issue.

Reviewer: 2

The paper is original and the results are adequately discussed.

Reviewer: 3

The main concern related to this paper is the use of a qualitative study to "explore the current practice of VTE prevention in acute trusts". Qualitative research aims to gather understanding of human behavior, the why and how of decision making, whereas in this case it would be more important to focus on what actually happens in the acute trusts through an observational clinical trial.

Qualitative research is the method of choice when an understanding of processes and events is required and produces factual descriptions based on face-to-face knowledge of individuals and groups in their environment. It provides in-depth descriptions of procedures, beliefs and knowledge and is commonly used in health related issues and for exploring the opinions of participants.

We acknowledge reviewer 3's concerns regarding the aims of qualitative research and have suggested in the text that an observational study of what actually happens in day to day clinical practice might highlight other issues.

The conclusion that: "Our study highlights the importance of continuous training to prevent VTE risk assessment being considered a tick box exercise" is not substantiated in the results. Conclusions should be expressed as opinions of the participants other than facts.

Rather than "our study" the conclusion reads 'Several participants highlight the importance of continuous training to prevent risk assessment becoming 'a tick box exercise'. On page 6 a nurse tutor discusses the importance of training with regard to risk assessment becoming a tick box exercise. We acknowledge the reviewers concerns and have re-written the section to offer this as an opinion of participants rather than the give the impression that it is claimed as a fact.

Finally, the sample size is too small to reach any conclusion.

The sample size is consistent with requirements in the qualitative research literature. We have entered a reference to support this.

In the Methods and analysis section it is not clearly specified how key informants were identified. The rationale for informants' identification is extremely relevant for the objectiveness of this qualitative research study.

We now recognise that greater detail was required regarding the identification of key informants and we are grateful to the reviewer for pointing out this shortfall. We have amended this section. We stated that 'key informants were identified to best represent the research focus'. We have added to this statement to show that these recommendations were made by one of our authors (DF) and added references, along with snowball sampling as detailed below.

Literature searches for DF show that he provides expert advice for NICE and the Department of Health; was on the Chief Medical Officer's expert working group for VTE thromboprophylaxis; is co-chair of the UK Thromboprophylaxis Forum and medical advisor to Anticoagulation Europe.

The snowball sampling is also a not satisfactory criterion.

Snowball sampling has its disadvantages as identified in the limitations but it is useful to identify the type of participants accessed in the study. We have added a reference to show that this method is supported in the literature.