

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Protocol for a Scoping Review Study to Identify How Communities in the United States, Australia, New Zealand, and Canada Use Quality Improvement (QI) Approaches to Address Community Health and Well-Being
AUTHORS	Carr, Tara; Turner, Mallory Wolfe; Ramaswamy, Rohit

VERSION 1 – REVIEW

REVIEWER	Jodie Avery Adelaide Medical School The University of Adelaide Australia
REVIEW RETURNED	06-Oct-2019

GENERAL COMMENTS	<p>Introduction.</p> <p>You use the acronym QI throughout, but only define this in the title and abstract. I think this needs to be more adequately defined- you have described what it is but not how it does what its meant to do - you give examples but don't actually describe what each o these are. I think this needs to be expanded upon.</p> <p>I wonder why the scope of this review is limited to just the United States? Surely there are learnings form other countries? I think you need to justify why you have chosen only to concentrate on the US.</p> <p>Methodology</p> <p>This is entirely suitable and thorough for a scoping review. However I wonder why you are not assessing the quality of studies? This need to be further justified. Often studies that exist are actually not of suitable quality to actually any research questions.</p>
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REVIEWER	Lamis Abuhaloob School of Dentistry, University of Dundee, Scotland, United Kingdom
REVIEW RETURNED	09-Oct-2019

GENERAL COMMENTS	<p>Manuscript ID bmjopen-2019-034302 Review</p> <p>Thank you for giving me the chance to review the Manuscript bmjopen-2019-034302 entitled "Protocol for a Scoping Review Study to Identify How US Communities Use Quality Improvement (QI) Approaches to Address Community Health and Well-being" for BMJ Open. In general, the manuscript is well written. The introduction and methodology in the manuscript is clear.</p> <p>I hope to consider the following comments:</p>
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	<p>Title:</p> <ul style="list-style-type: none"> • It is reflective for the aim and the intended review. <p>Abstract:</p> <ul style="list-style-type: none"> • Abstract is clear and provides good summary of the protocol. <p>Keywords:</p> <ul style="list-style-type: none"> • The keywords represent the protocol content. <p>Introduction:</p> <ul style="list-style-type: none"> • The background is succinct and well structured. • It provides clear explanation and justification for the review question and the importance for developing the review. • The aims of the review were clearly defined. • The citations used were relevant to authors' work, up to date and provided supportive background for the protocol. <p>Methods:</p> <ul style="list-style-type: none"> • Methods were suitable for the aim of the review. • Process for review literature were clearly described and detailed. • In parallel of selecting literature, it is advised to conduct study quality assessments for included studies. In fact, the quality assessment of included studies and reviews is not formally required in scoping reviews, but the quality assessment is conducted to give insight to the policy makers on the quality of results and strength of evidence when considered for policy and practice contexts. <p>References:</p> <ul style="list-style-type: none"> • All citations in the manuscript appeared in the reference list.
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1: Jodie Avery

Introduction.

You use the acronym QI throughout, but only define this in the title and abstract. I think this needs to be more adequately defined- you have described what it is but not how it does what it's meant to do - you give examples but don't actually describe what each of these are. I think this needs to be expanded upon.

We elaborated what QI is meant to do and how with the following addition to the "Study rationale and conceptual framework" section:

There are several popular QI methods such as the Institute for Healthcare Improvement's Model for Improvement, Lean and Six Sigma, but in essence, each method focuses on mapping care delivery processes and systems, measuring the quality problem using data, identifying root causes for the problem, developing and implementing change strategies to address the problem, and measuring the impact of the change.⁸

I wonder why the scope of this review is limited to just the United States? Surely there are learnings from other countries? I think you need to justify why you have chosen only to concentrate on the US. We have considered your point and decided to expand our inclusion criteria to capture studies from

Australia, New Zealand, and Canada, in addition to the United States. Our rationale for this decision is that the expansion of our criteria will increase the thoroughness of the review but keep it bounded so that we can make useful recommendations about how coalitions in these countries should engage in QI efforts due to the similar issues they face. We added the following text to the Study rationale and conceptual framework section:

While health systems are inherently similar because of the nature of health care delivery, we contend that the notion of community and by extension community coalition structures is heavily dependent on the culture, economic markets, and sociopolitical sphere of the countries in which they are found. Australia, New Zealand, Canada, and the United States have relatively similar national contexts. These four nations are high income countries that are part of the Anglosphere, have liberal market economies (which can be contrasted to continental Europe's more coordinated market economies), and experience health disparities between their White/Caucasian racial majority and their minority including indigenous populations.

Methodology

This is entirely suitable and thorough for a scoping review. However I wonder why you are not assessing the quality of studies? This need to be further justified. Often studies that exist are actually not of suitable quality to actually any research questions.

We recognise that not only the studies that exist may not be of suitable quality, but that the lack of a consistent definition of the term “community health improvement” and “quality improvement” might result in studies not even being comparable for the assessment of quality because they might be answering completely different research questions. Our goal therefore is first to understand the kinds of research questions that are being tackled by various studies, and therefore our own research question is broad and descriptive, in line with the typical objectives of a scoping review. To reinforce this point, we have added the following paragraph to the discussion on Stage 5:

Assessing study quality is optional in scoping reviews because one of the objectives of conducting such a review is to improve the precision of research questions based on the literature rather than to assess the quality of the published evidence to answer a specific research question. As stated by Munn et al., some of the objectives of scoping reviews are to identify the types of evidence available in a field, to clarify definitions and concepts and to identify knowledge gaps. This is the context in which our review is performed. There is no clear definition of what community health improvement means or how QI methods have been applied to these settings, and it is possible that our review will uncover a number of heterogeneous approaches that are difficult to compare. Our emphasis in this review will therefore be on describing the kinds of studies that present the use of QI methods in communities with the goal of providing guidance on identifying the kinds of studies that might be need to be conducted before a systematic review is appropriate.

Reviewer 2: Lamis Abuhaloob

Methods:

In parallel of selecting literature, it is advised to conduct study quality assessments for included studies. In fact, the quality assessment of included studies and reviews is not formally require in scoping reviews, but the quality assessment is conducted to give insight to the policy makers on the quality of results and strength of evidence when considered for policy and practice contexts.

We appreciate these comments and agree that the quality of results and strength of evidence is important for policy makers and practitioners. But at this time, we are not even sure whether any studies exist, what the research questions are, and whether there is a consistent set of results that

can be used by policy makers and practitioners. Our study objectives therefore, consistent with a scoping review is primarily to identify what is available in the literature and describe any heterogeneity so that a research agenda can be developed that could ultimately result in studies whose quality can be assessed. We have clarified this in the following paragraph in the discussion on Stage 5:

Assessing study quality is optional in scoping reviews because one of the objectives of conducting such a review is to improve the precision of research questions based on the literature rather than to assess the quality of the published evidence to answer a specific research question. As stated by Munn et al., some of the objectives of scoping reviews are to identify the types of evidence available in a field, to clarify definitions and concepts and to identify knowledge gaps. This is the context in which our review is performed. There is no clear definition of what community health improvement means or how QI methods have been applied to these settings, and it is possible that our review will uncover a number of heterogeneous approaches that are difficult to compare. Our emphasis in this review will therefore be on describing the kinds of studies that present the use of QI methods in communities with the goal of providing guidance on identifying the kinds of studies that might be need to be conducted before a systematic review is appropriate.

VERSION 2 – REVIEW

REVIEWER	Jodie Avery The University of Adelaide, Australia
REVIEW RETURNED	13-Nov-2019
GENERAL COMMENTS	All my previous concerns have been addressed by the authors.