

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Barriers and Bridges to Infection Prevention and Control: Results of a Qualitative Case Study of a Netherlands' Surgical Unit
<b>AUTHORS</b>	Chantal Backman, Patricia Marck, Naomi Krogman, Geoff Taylor, Anne Sales, Marc Bonten and Ada Gigengack-Baars

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Mark Cole Lecturer University of Nottingham England
<b>REVIEW RETURNED</b>	30/01/2012

<b>GENERAL COMMENTS</b>	A detailed and interesting piece of work. It does have an overtly positive tone to human nature. It is possible to suggest that a lack of core elements like citizen science, place ethic, engaged practice and learning and growth is the reason why it is so difficult to deliver high standards of infection control. That is intellectualising something that is very "basic". However, it raises some important points and is rather innovative, well worthy of publication in my opinion.
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<b>REVIEWER</b>	D Ward, Lecturer, University of Manchester, UK  No competing interests
<b>REVIEW RETURNED</b>	01/02/2012

<b>THE STUDY</b>	Objectives such as to analyze do not appear to be adequately covered by the research approach  Data analysis is not clear - much more information about how this was undertaken could be included to improve rigour
<b>RESULTS &amp; CONCLUSIONS</b>	Some of the issues mentioned in the discussion do not appear to clearly relate to the findings - they appear to be new findings introduced in the discussion  It is difficult to assess credibility due to a lack of information about analysis
<b>REPORTING &amp; ETHICS</b>	Ethics and consent are not clearly identified - consideration also needs to be included of observations of staff interacting with or near patients
<b>GENERAL COMMENTS</b>	There is inconsistency in the use of the terms infection control, infection prevention and IP&C throughout which needs addressing.  I am unclear what this research adds that is not already known as we are already aware of many barriers and facilitators to

	compliance, the use of surveillance and antibiotic policies - this could be made clearer
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### VERSION 1 – AUTHOR RESPONSE

Comment 1:

Objectives such as to analyze do not appear to be adequately covered by the research approach

Response:

The word analyze was replaced with critically review in the following sentence:

‘To critically review the policies and procedures aimed at the prevention and minimization of MDRO in the hospital and unit environments’

Comment 2:

Data analysis is not clear - much more information about how this was undertaken could be included to improve rigour

It is difficult to assess credibility due to a lack of information about analysis

Response:

The following sentences were added to explain a little more about the data analysis:

‘The qualitative data was coded into thematic categories. These categories were compared and contrasted in relation to the patterns identified that relate to IP&C. As coding, comparing, and contrasting within the qualitative data progressed in iterative cycles of data collection and data analysis, potential links between various groupings of coded visual and textual data, related emerging theory and research literature were identified and discussed within the research team. Our analysis was sensitive to the policies and procedures, prevalence rates, and other hospital documents that helped contextualize these specific findings.’

Comment 3:

Some of the issues mentioned in the discussion do not appear to clearly relate to the findings - they appear to be new findings introduced in the discussion

Response:

The following words were removed as they were not discussed in the results section: hand operated taps, multi-bed rooms with shared toilets, and lack of storage space.

Comment 4:

Ethics and consent are not clearly identified – Consideration also needs to be included of observations of staff interacting with or near patients

Response:

The following sentence was added: ‘Ethical approval was obtained through the University of Alberta Health Ethics Review Board and the study hospital’s Medical Ethics Review Committee.’

The following sentence was added: ‘Nursing, medical, housekeeping and other hospital personnel on the unit were informed that the study was taking place and that the observations collected would be shared with them, and with the hospital in aggregate form only. The first author made it clear that the specific findings would not be linked to any individuals.’

Comment 5:

There is inconsistency in the use of the terms infection control, infection prevention and IP&C throughout which needs addressing.

Response:

Infection control and infection prevention was replaced with IP&C throughout the document for consistency.

Comment 6:

I am unclear what this research adds that is not already known as we are already aware of many barriers and facilitators to compliance, the use of surveillance and antibiotic policies - this could be made clearer

Response:

The following sentences was added:

'Furthermore, findings from this research can inform current and future efforts to provide infection prevention and control programs and strategies that are socio-ecologically sound. The findings also support that current initiatives underway to promote system-wide improvements in infection prevention and control should engage local practitioners in designing and implementing interventions that can be adapted to their specific clinical environment. Finally, this research suggests that qualitative research can reveal embedded and taken-for-granted daily and ritualized social practices that contribute to infection prevention and control.'

**VERSION 2 – REVIEW**

<b>REVIEWER</b>	The authors have addressed the queries previously made to enhance the rigour and transferability of the study  Deborah Ward Lecturer University of Manchester, UK  No competing interests
<b>REVIEW RETURNED</b>	09/02/2012

The reviewer completed the checklist but made no further comments.