PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Qualitative perspectives on the sustainability of sexual health continuous quality improvement in clinics serving remote Aboriginal communities in Australia
AUTHORS	Gunaratnam, Praveena; Schierhout, Gill H.; Brands, Jenny; Maher, Lisa; Bailie, Ross; Ward, James; Guy, Rebecca; Rumbold, Alice; Ryder, Nathan; Fairley, Christopher; Donovan, Basil; Moore, Liz; Kaldor, John; Bell, Stephen

VERSION 1 – REVIEW

REVIEWER	Megan A. Cahn, PhD, MPH Legacy Research Institute, Legacy Health, Portland, OR, USA
REVIEW RETURNED	06-Nov-2018

GENERAL COMMENTS	The manuscript seems well grounded in previous and on-going CQI work in remote Aboriginal communities in Australia. The manuscript is well-written and organized. I have left some minor comments for suggestions on ways to improve the manuscript. Abstract: page 2, lines 31-37. After reading the discussion, I would have expected some discussion here of your main points from p.11 lines 28-52. I was surprised not to see an explicit mention of 1) decreasing the burden of multiple CQI programs and 2) access and use of high quality information systems Page 11, line 56: Unclear what you're saying here. You don't mention in your methods section that you used the SRQR reporting guidelines nor do you cite them as advised on the reporting checklist. You could strengthen your methods by adding a discussion of the researchers characteristics that may influence the research, including your qualifications and relationship with participants. Supplementary reporting: Are you missing a report on your funding source? I don't see one and it appears from the checklist this should be included.

REVIEWER	Anthony Ajayi University of Fort Hare, South Africa
REVIEW RETURNED	07-Dec-2018

GENERAL COMMENTS	Authors should declare under the conflict of interest segment that they have ongoing involvement in Aboriginal health, sexual health

	and CQI in Australia, as researchers, service providers, manager and policymakers. I have been privileged to review one of the authors' manuscript in another journal on the same topic but the study examined the perspective of primary health care workers on CQI. The paper was cited in this manuscript. (see reference number 16). I would have loved to see how this work built on the existing studies. Notwithstanding the manuscript contributes to the extant literature on the topic. Reading this manuscript, I am of the opinion that the story was not well communicated. In other words, authors appear to be concerned about the sustainability of sexual health continuous quality improvement, but reading the results and the discussion, the issue of sustainability did not clearly come out. At least authors could use the discussion section to bring the story together in a way that paints the sustainability of sexual health quality improvement programme. Authors should highlight the steps used to ensure validity and reliability of their findings. Being stakeholders themselves, authors should describe steps taken to ensure their biases did not reflect in the interpretation of the findings. Reference 16 appears to be repeated in 19. Authors should review the entire reference list for accuracy.

VERSION 1 – AUTHOR RESPONSE

RESPONSE TO REVIEWERS

Reviewer 1

We would like to thank reviewer 1 for their kind words and careful feedback on the manuscript. We have responded to feedback as follows:

1. Abstract: page 2, lines 31-37. After reading the discussion, I would have expected some discussion here of your main points from p.11 lines 28-52. I was surprised not to see an explicit mention of 1) decreasing the burden of multiple CQI programs and 2) access and use of high quality information systems

The abstract has how been revised to include these important points. The following text has been added to the results section of the abstract (see page 2, lines 33-38):

Considerations affecting the future sustainability of sexual health CQI included the need to reduce the burden on clinics from multiple CQI programs, the contribution of regional sexual health coordinators and support structures, and access to and use of high quality information systems.

2. Page 11, line 56: Unclear what you're saying here.

This sentence has now been deleted. We have revised the limitations section to enhance clarity and respond to other reviewer feedback (see Rev 2, Point 4). These paragraphs now reads as follows (see page 12, lines 33-57):

Study limitations

There are several limitations to this study. First, this is a qualitative study with a small, non-random sample size, and as such findings should not be viewed as generalisable to all remote settings. Despite the small sample size, 'external validity' (33) – the degree to which findings can be generalized across diverse settings within the Northern Territory – was enhanced by interviewing the majority (7 of 11) of employees responsible for supporting sexual health CQI within government-led primary health care services in this region. It was also enhanced through data interpretation processes that involved researchers and clinicians with ongoing involvement and interest in CQI, who were able to reflect critically on the findings in the context of current and historical sexual health CQI practice and policy in the Northern Territory and other settings in Australia.

Second, the data collection strategies – involving three interviewers, and conducting interviews both in person and by telephone – may have increased the variation among individual responses. *However, 'internal reliability' (33) was enhanced by interviewers working together to ensure rigour and consistency in data analysis and agreement about the presentation of research findings. Third, given the focus on government-run services, findings may not be generalisable to ACCHS. As part of STRIVEplus, further qualitative research focused on Territory-level key informants and health service staff, across both the government and the community-controlled sectors, will address these gaps.*

3. You don't mention in your methods section that you used the SRQR reporting guidelines nor do you cite them as advised on the reporting checklist.

We have added the following text at the start of the methods section to clarify this issue (see page 4, lines 52-56):

This was a qualitative study using semi-structured, in-depth interviews. The design, data collection, analysis and reporting of this study were conducted in accordance with the Standards for Reporting Qualitative Research (SRQR) (17).

4. You could strengthen your methods by adding a discussion of the researchers characteristics that may influence the research, including your qualifications and relationship with participants.

We have now added the following sub-section into the methods section of the paper to explore issues relating to the research team (see page 5, line 49 – page 6, line 5).

Research team and reflexivity

Interviews were conducted by PG, JB and SB, who had no prior relationship with interviewees in this study. With extensive qualitative research experience, these researchers were able to build rapport and conduct semi-structured interviews with health professionals to elicit deep insight from research participants. The make-up of the research and authorship team also enhanced the credibility of the findings. For instance, all interviewers (PG, JB, SB) conducted rigorous qualitative analysis to ensure that agreement was sought on the main findings from the analysis. All other authors have career experience in research and clinical practice focussing on sexual health CQI in diverse Australians settings, which ensured interpretation of data informed by current and historical sexual health CQI practice and policy in the Northern Territory.

5. Supplementary reporting: Are you missing a report on your funding source? I don't see one and it appears from the checklist this should be included.

The funding source and grant number is detailed on page 3, lines 19-24.

Reviewer 2

We would like to thank reviewer 2 for their useful feedback to help us improve this manuscript. We have responded to their feedback as follows:

1. Authors should declare under the conflict of interest segment that they have ongoing involvement in Aboriginal health, sexual health and CQI in Australia, as researchers, service providers, manager and policymakers.

As advised, the following ‘competing interest statement’ has been added (page 3, lines 25-29):

The authors have ongoing involvement in Aboriginal health, sexual health and CQI in Australia, as researchers, clinicians and policymakers.

2. I have been privileged to review one of the authors' manuscript in another journal on the same topic but the study examined the perspective of primary health care workers on CQI. The paper was cited in this manuscript. (see reference number 16). I would have loved to see how this work built on the existing studies. Notwithstanding the manuscript contributes to the extant literature on the topic.

There was a an error in the referencing in the draft of this paper that was submitted for review: the paper by Hengel et al was referenced twice in the previous draft – as number 16 in the introduction, and as number 19 in the discussion section. This has now been corrected – it is reference 16 in the current version. We hope that these changes resolve the reviewer's concerns about how we build on findings from the Hengel paper, as, along with other papers, we note where we contribute to and build on findings of all literature throughout the discussion section. In summary, the Hengel paper focused only on the perspectives of primary care workers in relation to the delivery of CQI in one clinic setting. Our paper examines perspectives of regional workers reflecting on the conduct of CQI in multiple clinic settings across the Northern Territory. Whilst our findings support some of those identified in the Hengel paper, we discuss a range of jurisdictional level issues that primary care workers would be unable to comment on due to the focus of their work in one setting.

3. Reading this manuscript, I am of the opinion that the story was not well communicated. In other words, authors appear to be concerned about the sustainability of sexual health continuous quality improvement, but reading the results and the discussion, the issue of sustainability did not clearly come out. At least authors could use the discussion section to bring the story together in a way that paints the sustainability of sexual health quality improvement programme.

In response we have revised the text on the issue of sustainability in accordance with reviewer feedback. The focus of this section is structured to highlight the clinic and Territory level factors that enhance and inhibit the sustainability of sexual health CQI: paragraphs 2 and 3 outline factors that enhance the sustainability of sexual health CQI; paragraphs 4 and 5 discuss the factors that inhibit the sustainability of sexual health CQI in this setting; in paragraphs 6-8 we outline three issues that require consideration by current policy makers as these issues will either enhance or inhibit sexual health CQI practice in the future. We hope the added signposts throughout the text clarify the story of sexual health CQI practice in the Northern Territory. Please see highlighted edits on pages 10-12.

4. Authors should highlight the steps used to ensure validity and reliability of their findings.

As requested, information about the validity and reliability of the findings is provided in the revised study limitations section of the paper (see page 12, lines 33-57) as described in point 2 of the response to the first reviewer above.

5. Being stakeholders themselves, authors should describe steps taken to ensure their biases did not reflect in the interpretation of the findings.

We have added the sub-section into the methods section of the paper to explore issues relating to the research team (see page 5, line 49 – page 6, line 5). Please see the following responses: Reviewer 1, point 4; Reviewer 1, point 2).

6. Reference 16 appears to be repeated in 19. Authors should review the entire reference list for accuracy.

This has now been resolved as described above, and the entire reference list has been reviewed for accuracy.

7. Patient and Public Involvement: We have implemented an additional requirement to all articles to include 'Patient and Public Involvement' statement within the main text of your main document. Please refer below for more information regarding this new instruction: Authors must include a statement in the methods section of the manuscript under the sub-heading 'Patient and Public Involvement'. This should provide a brief response to the following questions: How was the development of the research question and outcome measures informed by patients' priorities, experience, and preferences? How did you involve patients in the design of this study? Were patients involved in the recruitment to and conduct of the study? How will the results be disseminated to study participants? For randomised controlled trials, was the burden of the intervention assessed by patients themselves? Patient advisers should also be thanked in the contributorship statement /acknowledgements. If patients and or public were not involved please state this.

Patients and or the public were not involved in the data collected for this manuscript. A sentence has now been added to the methods section to clarify this as follows (see page 5, lines 44-47):

Patients and the public were not involved in this study.

VERSION 2 – REVIEW

REVIEWER	Anthony Ajayi University of Fort Hare, South Africa
REVIEW RETURNED	08-Mar-2019

GENERAL COMMENTS	Authors have addressed my comments.