Dear Dr. Ogrinc,

Thank you for sending us this paper and giving us the chance to consider your work again. I must apologise for the delay in getting this paper back to you - it has coincided with an exceptionally busy time at the journal and I am very grateful for your patience.

Thank you for your comprehensive response to editors' and reviewers' comments and for reworking it as an Analysis paper. It requires another round of minor revisions before it is suitable for publication as an Analysis paper and if you are able to amend it in the light of my comments, I would be happy to consider it again. I don't think that this paper is far off where it needs to be - it does, however, require some of the concepts and discussions to be expanded upon and their implications made explicit. You have plenty of word count to play with - I'd be happy to accept a revision up to 2000 words.

My comments are listed below and I attach a marked up version with my edits: 

- Analysis pieces are typically strongly argued - I think you could develop your argument more in this piece. Revising your "what you need to know" into Key messages will help outline the "golden thread" of the argument.
- I think the argument is essentially that the existing tension between QI and IS limits the ability to create successful change and meaningfully improve outcomes for patients. You do a good job of describing this tension but you need to lay out the significance of this tension for readers, healthcare staff and systems and ultimately patients. How does it impede making, learning and reporting on tests of change?
- It would benefit from a concluding para which makes some suggestions as to how we can resolve this tension - not just theoretically, but practically. It is currently quite abstract.
- On that note, I would love to see an example - even a theoretical one - which illustrates and contextualises these points. E.g. how a team respond to a perceived "failed" PDSA cycle, how an IS piece of work adapts an intervention. This would make a good box and help to anchor the discussion in the real-world.
- In your authors' response, you respond to reviewer 2's comments by saying that "QI and IS are also two common fields in which people create an identity and is often split by "improvers" and "researchers." These two fields are also closely related to how each is funded. QI is often unfunded or from health systems operations work. IS is funded through research dollars and avenues. These are reasons why we believe these two fields need some attention and may benefit from this manuscript." These are exactly the kind of points which need to go into the main manuscript!
- Generally, I find myself asking "so what?" as I read. Don't be afraid of spelling out the implications and consequences of the tensions and approaches you describe. This will make the article more punchy and relevant to readers. Don't worry about appearing to patronise - readers are likely to be relatively unfamiliar with the field and clearly followed persuasive arguments grounded in real world clinical practice will engage readers.
- We hope that you will be willing to revise your manuscript and submit it within 4 weeks. We also ask that you keep the revised manuscript within the word count of 1800-2000 words. I'm happy for you to respond to my comments within the tracked changes document and you do not need to prepare a comprehensive response to comments, simply resubmit a tracked changes and clean copy of the document.

Please note that resubmitting your manuscript does not guarantee eventual acceptance, and that your revision may be sent again for review although this is highly unlikely unless there are substantial changes. I anticipate that we are working towards an acceptance decision and my comments are intended to strengthen the manuscript.
Once you have revised your manuscript, go to https://mc.manuscriptcentral.com/bmj and login to your Author Center. Click on "Manuscripts with Decisions," and then click on "Create a Resubmission" located next to the manuscript number. Then, follow the steps for resubmitting your manuscript.

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If accepted, your article will be published online at bmj.com, the canonical form of the journal. Please note that only a proportion of accepted analysis articles will also be published in print.

I hope you will find the comments useful. Please don't hesitate to contact me if you wish to discuss this further or to arrange a call.

Best wishes,

Cat Chatfield
QI & Analysis Editor, The BMJ
cchatfield@bmj.com

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