

## REPLY

# Reply to Comment on: Identification of barriers to the implementation of evidence-based practice for pre-hospital thrombolysis

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## Dear Editor

I thank Dr Muula for his comment<sup>1</sup> in response to our article<sup>2</sup>. The authors are pleased that he appreciated the importance of this topic and the potential impact on patient care.

The article had several components, both qualitative and quantitative. The statistical testing of these data with an unpaired *t*-test gave the *p*-values stated in the article. The decision to use parametric tests (unpaired *t*-test) with these data was based on the relatively large population size.

However, we do accept that the differences were small between the groups. Nevertheless, the themes brought out in

the qualitative parts of our study support the findings of the quantitative data.

There are differences between urban and rural GPs in attitude to pre-hospital thrombolysis. Further investigation of these differences are needed, as well as finding effective strategies to improve the use of pre-hospital thrombolysis in patients too remote from a cardiac catheterisation laboratory to benefit from primary percutaneous coronary intervention.

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## Reference

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2. Bloe C, Mair C, Call A, Fuller A, Menzies S, Leslie SJ. Identification of barriers to the implementation of evidence-based practice for pre-hospital thrombolysis. *Rural and Remote Health* **9**: 1100. (Online) 2009. Available: <http://www.rrh.org.au> (accessed 24 May 2009).

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