Author’s response to reviews

Title: Supporting Teams to Optimize Function and Independence in Veterans: A Multi-Study Program and Mixed Methods Protocol

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Author’s response to reviews:

February 8, 2018

Paul M. Wilson
Deputy Editor-In-Chief
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Dear Mr. Wilson,

Thank you for the opportunity to clarify your concerns regarding our manuscript entitled “Supporting Teams to Optimize Function and Independence in Veterans: A Multi-Study Program and Mixed Methods Protocol” (IMPS-D-17-00778). We appreciate your willingness to consider a revision of this manuscript for further consideration and publication in Implementation Science.

As you may recall, our VA-funded Quality Enhancement Research Initiative (QUERI) program will implement and evaluate the launch of three clinical programs for patients at risk for impairment of function and independence. Here and in the revised manuscript, we provide additional clarification of the evidence base for STRIDE and iHI-FIVES.

- STRIDE was modeled after a hospital mobility program that was tested in a randomized controlled trial and shown to reduce hospital length of stay. We provide references for this study and others examining similar hospital mobility programs (pages 8-9). We added specific text and references describing the impact of STRIDE and other similar hospital mobility programs on multiple outcomes including hospital length of stay, discharge to nursing home or skilled rehabilitation, and physical function (page 9).

- For HI-FIVES, the null effect in the primary outcome (i.e., patient days at home) may be explained by the trial being underpowered to detect statistically significant differences due to a larger than anticipated variance. A larger sample size may be needed to definitively detect true differences. Secondary outcomes from the HI-FIVES trial found statistically significant improvements in satisfaction scores among patients and caregivers (page 10). Results from the HI-FIVES trial are not yet published but based on the results to date (NCT01777490), the VA National Program Office on Caregiver Support is keen to promote HI-FIVES for wide-scale dissemination. Function QUERI’s implementation of HI-FIVES (iHI-FIVES) will increase enrollment in order to retest the primary outcome on a larger sample (n>=400) in this hybrid type III effectiveness-implementation design (page 10).

We hope these clarifications address your concerns for further review of this protocol for publication. Thank you in advance for your consideration. We look forward to your reply.
Sincerely,

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