Author's response to reviews

Title: Medication supply to residential aged care facilities using a centralized medication chart to replace prescriptions

Authors:

Kreshnik Hoti (Kreshnik.Hoti@curtin.edu.au)
Jeffery Hughes (J.D.Hughes@curtin.edu.au)
Bruce Sunderland (B.Sunderland@curtin.edu.au)

Version: 2 Date: 3 May 2012

Author's response to reviews: see over
Dear Editorial team,

Many thanks for your feedback. Please find below a description of how concerns and suggestions by Associate Editor and reviewers were raised:

**Associate Editor’s Comment:**

"A few minor edits are required prior to publication:
1. The title needs to indicate it is a geographically specific study with limited generalization to other countries.
   Addressed. Title changed to: Medication supply to residential aged care facilities in Western Australia using a centralized medication chart to replace prescriptions

2. Please add a little more information on the process of qualitative analyses: Did you use a specific analytic approach? (e.g., grounded theory? Other?) Was the analysis conducted by a single person? If multiple persons how did you assure that consistent coding between coders? Etc.

   To address the above the following in red was added in the methods section: Transcribed data was imported into NVivo® v8 where it was thematically analyzed by a single independent consultant who discussed and confirmed extracted themes with one of the researchers for consistency. A grounded theory approach was utilized during the process of qualitative analyses.

3. The headings for the results appear to be incorrectly labelled (e.g., two are labeled a)XXX)
   Addressed. Corrected. Thank you.

4. In the discussion he authors should comment about the relevance of findings to long term care in other English speaking countries eg USA and UK."

Findings from this study could also apply to other countries where medication supply to nursing home residents is dependent upon the supply pharmacy receiving a prescription or medication order in order to continue supplying medicines and hence maintain residents’ therapy. For example, a prescription-less model of supplying medicines would be advantageous in the United Kingdom where currently continuation of supply is dependent on Registered Managers of nursing homes, in many cases, having to give GP surgeries 48 hour notice to produce repeat prescriptions which are then sent to the supply pharmacies. A centralized medication supply system, especially an electronic one where stakeholders have direct access, would make this process unnecessary.
Likewise, this system would overcome the potential administrative burden of having to pass written medication orders to the pharmacy by nursing homes’ medical staff (currently the case in the United States of America) therefore enabling more time to be focused on patient care.  

Reviewer 1 comments:

The authors provide a clear definition of their study. The methods are clear and well described. The study provides a snapshot of a small group of stakeholders in a particular location (Western Australia). The authors explain the limitations of this small study and provide a balanced analysis and discussion of their results. The manuscript is well written and all elements have been included. The results are worthy of publication as they indicate a move from paper-based prescribing to central medication charts can lead to improved medication supply, and warrants further investigation.

In response, Western Australia was added to the title of the paper

Reviewer 2 comments:

1. It is likely that the readership will be international. The title does not indicate the study pertains to Australia or Western Australia.

Addressed. Western Australia was added to the title of the paper

2. There is no mention of what prescription systems are in place in other English speaking countries like UK or USA?

Addressed in the discussion section as per Editors recommendation for inclusion in the discussion and the relevance to patients’ long term care (please see above)

3. What about other medical practitioners such as geriatricians and psychogeriatricians who practice in RACFs? If they were not invited to attend the focus group a reason may need to be given.

Addressed. The following was added in the relevant discussion section: General practitioners working in RACFs refer residents to a wide range of specialists including geriatricians and psychogeriatricians. These specialists were not invited to attend focus groups, as in Australia GPs carry the main burden of care for RACF residents.

4. The study does not differentiate between low or high level care in RACFs or long term care. Is there a difference in the prescribing habits and support required? If not then this may need to be stated.

Addressed. The following was added in the relevant discussion section: In this study no distinction was made between low-care and high-care RACFs as the medication supply system as the need for a prescription to facilitate continued supply is the same between the two categories.
Discretionary Revisions

1. Table 1 to 4 - Replace 'doctor' with General Practitioner or Primary care Physician if in USA.

Addressed. Term general practitioner i.e. GP used throughout the manuscript including tables. For consistency nurses were changed to registered nurses i.e. RNs throughout the manuscript.

2. In describing the Perth suburbs it might also be useful for overseas readers if a geographical context and demographic was provided. For example Fremantle is a the port on the West coast of Perth or Osborne Park is a northern suburb of Perth.

Addressed. The following in red was added in the methods section : Focus groups with GPs were conducted in two metropolitan locations in Perth, namely Fremantle (main port south of Perth) and Osborne Park (northern suburb of Perth), Western Australia.

Additional Editorial Requirements:

Please make the following formatting changes during revision of your manuscript. Ensuring that the manuscript meets the journal’s manuscript structure will help to speed the production process if your manuscript is accepted for publication.

1. Requesting consent statement:
Please state in the Methods section whether written informed consent for participation in the study was obtained from participants or, where participants are children, a parent or guardian.

Addressed. The following in red added: All focus group participants received an information letter and invitation to attend the focus group and signed a consent form to participate.

2. Tables: Please ensure that the order in which your tables are cited is the same as the order in which they are provided. Every table must be cited in the text, using Arabic numerals. Please do not use ranges when listing tables. Tables must not be subdivided, or contain tables within tables. Please note that we are unable to display vertical lines or text within tables, no display merged cells: please re-layout your table without these elements. Tables should be formatted using the Table tool in your word processor. Please ensure the table title is above the table and the legend is below the table. For more information, see the instructions for authors on the journal website.

We would be grateful if you could address the comments in a revised manuscript and provide a cover letter giving a point-by-point response to the concerns.

Addressed
Please also ensure that your revised manuscript conforms to the journal style ([http://www.biomedcentral.com/info/ifora/medicine_journals](http://www.biomedcentral.com/info/ifora/medicine_journals)). It is important that your files are correctly formatted.

**Addressed**

We look forward to receiving your revised manuscript by 5 May 2012. If you imagine that it will take longer to prepare please give us some estimate of when we can expect it.

You should upload your cover letter and revised manuscript through [http://www.biomedcentral.com/manuscript/login/man.asp?txt_nav=man&txt_man_id=2836629716833070](http://www.biomedcentral.com/manuscript/login/man.asp?txt_nav=man&txt_man_id=2836629716833070). You will find more detailed instructions at the base of this email.

Please don’t hesitate to contact me if you have any problems or questions regarding your manuscript.

With best wishes,

Arlene

Arlene Pura
Journal Editorial Office
BioMed Central

---

Thank you,

Kind regards,

Kreshnik Hoti