Author’s response to reviews

Title: How effective are programs at managing transition from hospital to home? A case study of the Australian Transition Care Program

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Author’s response to reviews: see over
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Dear Editor

RE: Revision of MS: 4433795624852352 submitted to BMC Geriatrics

Title: How effective are programs at managing transition from hospital to home? A case study of the Australian Transition Care Program

Authors: Leonard C. Gray, Nancye M. Peel, Maria Crotty, Susan E. Kurrle, Lynne C. Giles, Ian D. Cameron

The manuscript has been revised to address the reviewers’ comments. As requested a point-by-point response to their concerns has been included as an attachment to this letter. Changes made to the manuscript have been highlighted in yellow.

Since the manuscript was first submitted, the Australian Government has updated the guidelines for the Transition Care Program and the Productivity Commission has released a report on government services, including aged care. References to these new reports [20], [23] have been included in the manuscript.

Yours faithfully

Dr Nancye Peel  
Research Fellow,  
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Addressing Reviewers’ Comments

Reviewer 1

Comment 1
Some seminal literature appears to be left out of the background section. In particular work by Dr. Mary Naylor’s team is not cited in the introduction.

Response 1
The publications on transitional care by author Naylor has been given more prominence in the Background Section by including a definition of ‘Transitional Care’ attributed to both Naylor and Coleman (page 3, paragraph 1, references [1,2]), and references to her model of transition care (page 3, paragraph 2, references [5]).

Comment 2
There needs to be more information on what or who makes up the parts of this TCP intervention in Australia. Some detail on the types of staff that provide this program across Australia would be useful. It is unclear if there are some components of this program that might work better for some “subgroups” of older adults.

Response 2
Types of services provided in TCP are outlined on page 7, first paragraph. While there is evidence that post-acute home-based rehabilitation can benefit certain population subgroups such as those with stroke-related disability (Anderson, Ni Mhurchu et al. 2002) and hip fracture (Crotty, Whitehead et al. 2002), the national evaluation of TCP (Flinders Consulting 2008) on which this manuscript is based, did not examine outcomes by diagnostic group. Multiple logistic regression models assessed the effects of service delivery characteristics (such as size, location, staff hours per place per week) and individual characteristics (such as age, gender, physical function at admission and presence of a co-resident carer) on the of residential aged care admissions in the six months post TCP approval among 2,443 recipients of transition care. The results of this analysis have been further expanded in Table 1 (page 8).

Comment 3
Table 1 could benefit from additional detail on the sizes (i.e., N’s along with the percents) and detail on the “hazard of admission” as well as when the suggested instruments under “To Optimize Functional Capacity” are/should be completed.

Response 3
N’s and percents have been added to Table 1 (page 8), together with measures of risk (Odds Ratios and 95% Confidence Intervals). The Modified Barthel Index (MBI) (Shah et al, 1989) administered at TCP admission and discharge, measures the client level of functioning, and is the only clinical outcome measure collected on a national basis (Table 1, page 9).

Comment 4
There are a number of terms used for the same thing – institutional care, permanent residential aged care, long-term residential aged care, nursing home type setting. The language must be streamlined before moving forward.

Response 4
The manuscript has been altered to use consistent terms. Residential aged care is the term used to refer to residential aged care facilities that offer long-term care to residents of the institution. The confusion arises due to the fact that places on the program can be offered in either a residential aged care facility or community (home) setting, or a combination of both (page 6, paragraph 1). On discharge from the program, Table 1 (page 8) indicates that those TC recipients who received the program in a residential care setting only, were more likely to be discharged to residential aged care for their long-term care (ie permanently).
References


Reviewer 2

Comment 1
The review portion of the paper lacked clarity, mostly in terms of the models chosen under the rubric chosen. It is often difficult to draw clear lines between these different types of programs; however, with the lack of clearly defined terms, the background discussion felt muddled.

Response 1
A definition of Transition Care has been added to the Background (page 3, paragraph 1) so as to explain the models of care chosen under the rubric of ‘transition care’ (page 3, paragraph 2).

Comment 2
Page 4, first paragraph – the authors note that economic incentives often drive decisions to involve older people in certain settings. This is true to a certain extent. I also believe that there are those who would argue that the incentives also to provide higher quality care and less intensive care settings in order to meet the needs and priorities of older adults with multiple chronic conditions.

Response 2
The authors acknowledge the reviewer’s comment and have amended the first sentence, first paragraph page 4.

Comment 3
Page 4, Line 7 – Authors note issues related to staffing. It may also relate to culture of various care venues.

Response 3
The authors agree and have added “and different cultures at various locations” to page 4, paragraph 1 when discussing issues related to staffing patterns.

Comment 4
Page 6, Paragraph 2 – The authors note that a majority of operational places are community based. Could the authors inform us what the minority are.

Response 4
The manuscript has been altered (page 6, paragraph 1) to indicate that TC may be offered in either a residential aged care facility or community (home) setting, or a combination of both. In Table 1 (page 8), figures are given for the distribution of places among the 2443 TC recipients included in the national evaluation.
Comment 5
Page 6, Paragraph 2, Sentence 1 – A definition of eligibility for the age care assessment team is provided. It is still unclear to me what services the patients actually receive. I was confused as to whether this is simply all home rehabilitation service.

Response 5
Types of services provided in TCP are outlined on page 7, first paragraph.

Comment 6
Page 7, Table 1, Evaluation Findings – I don’t quite understand the second sentence where people discharge to home or to residential care to get the program.

Response 6
Refer to response to Reviewer 1, Comment 4. The confusion arises due to the fact that places on the program can be offered in either a residential aged care facility or community (home) setting, or a combination of both (page 6, paragraph 1). Regardless of the setting where the recipient receives the program, they may be discharged from TC either to residential aged care for their long-term care (ie permanently) or to the community. Table 1 (page 8) has been amended for clarification.

Comment 7
Page 8, top of table – Can the authors provide a quantitative estimate for the item.

Response 7
Quantitative measures of risk (Odds Ratios and 95% Confidence Intervals) have been added to Table 1.

Comment 8
Page 8, last row of table – These feel more like system problems and not just transitional care program systems.

Response 8
The authors have referred to system wide issues in the Discussion, page 11, paragraphs 1 and 2.

Comment 9
Page 9 – Again, the definition issue arises and it feels a bit fuzzy.

Response 9
A definition of transition care has been added to the Background and paragraphs 1 and 2 (page 3) rewritten for clarification.