Author’s response to reviews

Title: Can volunteer companions prevent falls among inpatients? A feasibility study using a pre-post comparative design.

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Author’s response to reviews:

BioMed Central Editorial team
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Dear Editor,

Re: MS 4048845199340635

Thank you for the correspondence regarding Manuscript ID 4048845199340635, which we have retitled 'Can volunteer companions prevent falls among inpatients? A feasibility study using a pre-post comparative design.' Further to your email of 21 April, we are happy for the manuscript to be considered for publication in BMC Geriatrics. We thank the reviewers for their thoughtful comments, and have incorporated their suggested changes. We provide a response to the reviewers’ points in the pages that follow.

We have fielded a number of international enquiries about our use of volunteer companions as a falls prevention strategy, resulting from a presentation to the Australian Resource Centre for Healthcare Innovation, reflecting that this feasibility study and its findings are of interest to the wider scientific community. We thank you for the opportunity to revise the manuscript, and look forward to hearing your decision regarding its suitability for publication.

Yours sincerely

Maria Crotty

Reviewer David Oliver.

1) Is the question posed by the authors new and well defined?
No points were raised by the reviewer in this section.

2) Are the methods appropriate and well described and sufficient details provided to replicate the work?
   i) The reviewer noted: [T]here should be a clear acknowledgement that a randomised controlled trial would have been a better method.'
   We have expanded on this in the fourth paragraph of the introduction and the limitations section in the Discussion, and modified the title and running title to make it more explicit that this is a feasibility study.
   ii) The routine recording of falls may be altered by the very process of performing a research study.
   The reporting of falls in hospital has been mandated by the South Australian Department of Health for some time, prior to the baseline or implementation periods. It is unlikely that this had an effect on the
ascertainment of falls in the study, but we cannot rule this out and have noted this in the limitations section of the Discussion.

iii) There is no evidence of a power calculation
A rationale for the four months pre and post introduction of volunteers has been added to the Methods section.

iv) No details of the cost methodology employed.
These details were outlined in the original manuscript (paragraph 9 of Methods and under the original heading of costs savings which we have modified to Value of volunteers’ time in recognition of Dr Warburton’s comments). We have also moved some of the text from the Results section to the Methods section.

v) Query re analysis of qualitative data and economic evaluation component
The collection and analyses of the qualitative data have been expanded upon in the Methods section.

3) Are the data sound and well controlled?
Some attempt to examine various confounders and ensure compatibility should be made.
We have acknowledged that an RCT would have been optimal and clarified that the purpose of the study was to assess the feasibility of having volunteers act as patient companions. There was no significant difference in the age, gender or length of stay profiles of fallers between the baseline and implementation periods, and this point is now made in the Results and the statistical analyses described in the Methods.

4) Does the manuscript adhere to relevant standards for reporting and data deposition?
Whether patients are comparable before and during the interventions, STRATIFY or clinical judgment more or less useful in predicting falls.
As described above, the profiles of patients in the two years were comparable. The two hospitals had different protocols for the identification of high risk patients, and the study had to be pragmatic. We introduced volunteer companions but within the existing services at the two hospitals. We have modified the Methods to incorporate this.

The prediction of falls using STRATIFY or clinical judgement was not the point of the study, nor the article. We have separately considered the validity of STRATIFY in the acute hospital setting (Whitehead C: Falls prevention in the acute care setting: a practical approach. In ARCHI "A Better Third Age: Health Care for Older People - Innovative, Integrated, Effective": August 6-8 2003; Brisbane; 2003) and a manuscript is in preparation concerning this work.

5) Are the discussion and conclusions well balanced and adequately supported by the data?
The Safety Bay was part of the implementation of the intervention, so indeed the effect of it cannot be separated from the introduction of volunteers.

6) Do the title and abstract adequately convey what's been found?
No points were raised by the reviewer in this section.

7) Is the writing acceptable?
No points were raised by the reviewer in this section.

Reviewer Judith Donoghue.

Major compulsory revisions
High falls rates in two months.
The falls rates in these two months were high, but the falls rates in February 2003 were quite low. Overall the falls rates were quite comparable to the Eastern Australian averages (15 falls/1000 OBDS across the two periods). Looking at falls rates over a short term period in small wards is quite likely to show some fluctuation from month to month. For this reason we compared falls rates across the entire four month baseline and implementation periods so that more stable rates were compared statistically.

Minor essential revisions
No points were made by this reviewer.

Discretionary revisions
Time of day comparisons
The times of day comparison were reported in the Results section, viz "In addition, there was no significant difference in the distribution of falls over time between the two periods (2=9.1, 5 df; P=0.11)."
The hospitals were two of the three public hospitals in the southern region of Adelaide involved in the National Demonstration Hospital Program, Phase 4. The wards in this study were the major geriatric wards in the two hospitals. We have clarified this in Methods and thank the reviewer for pointing out this omission.

We have addressed the pragmatics of the screening for risk at the two hospitals and the profiles of patients in the two years for Reviewer Oliver.

In the first paragraph of the Results, the reasons that volunteers gave for leaving are summarised.

Reviewer Jeni Warburton

1) Suggested restructure of the paper
We have not rewritten the paper in the way that Dr Warburton suggests but most of the points she raises have been addressed in response to the other two reviewers. The title has been adjusted and the methodology elaborated. We have compared our study to Donoghue's in the second paragraph of the Discussion. We have added her helpful suggestions re timing of volunteers to the limitations section of the Discussion.

2) Please remove all mention of cost savings
We have changed this section title to Value of volunteers' time. We thank the reviewer for pointing out that we had overstated the finding re cost the original submission, and did not intentionally imply we had carried out any formal economic evaluation.