Author's response to reviews

Title: The Queensland experience of participation in a national drug use evaluation project, Community-acquired pneumonia - towards improving outcomes nationally (CAPTION)

Authors:

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Version: 2 Date: 18 June 2009

Author's response to reviews: see over
June 2009

Dear Sir,

Thank you for reviewing the manuscript titled The Queensland experience of participation in a national drug use evaluation project, Community-acquired pneumonia – towards improving outcomes nationally (CAPTION). The manuscript describes the evaluation of the Queensland arm of a multicenter drug use evaluation program on the management of Community-Acquired Pneumonia in Emergency Departments.

I have attached the revised manuscript, addressing changes as requested.

- The ED dept physician's diagnosis of pneumonia was accepted. Did the physician read the chest radiograph or was it required that a radiologist read the radiograph before this diagnosis was accepted. If the ED physician read the radiographs then it likely that up to 40% of the patients would not have met the conventional definition of pneumonia.

The comment from reviewer 1 has been addressed. In the context of CAPTION, we were not confirming the diagnosis of pneumonia by the ED physicians. Although this diagnosis may have been incorrect, it was this initial documented provisional diagnosis that then influenced the choice of empirical antibiotics. An additional sentence has been added in the first paragraph on page 6.

- In my mind these data are very specific for Australia and are mainly influenced by the structure of the health care system in Australia. The experience may be different in different health care systems. This are only data from Queensland, it is at least not clear, whether the experience is comparable in between Australia.

Implementation of guidelines has to be evaluated in regard to improvement of outcome parameters in CAP patients (mortality, length of hospital stay, number of patients with treatment failure, number of patients with inappropriate treatment, cost effectiveness). In this direction, nothing has been mentioned in the manuscript. The acceptance of implementation processes is linked to the improvement of outcome, physicians and staff is willing to invest time and money in expectation of advantages for the patient. In conclusion, a subgroup analysis in only eight emergency departments focusing on the acceptance of the implementation process is not of interest for chest physicians worldwide. Only the whole data set, including outcome measures may be exiting also outside of Europe.
The comment above from reviewer 2 has been acknowledged. This manuscript describes one state’s experience, as part of a national multi-site quality improvement initiative. The project was conducted concurrently in 4 other states in Australia (a total of 62 hospitals). It describes the experience in terms of what the hospitals gained supplementary to any improvements of outcome parameters in CAP patients.

- Please also be sure to discuss the relevance of this program to other Australian and international settings. Revise the text to provide some further details on whether this is going to be applied in other states in Australia and how, and discuss whether this could be extrapolated to other national health systems and any challenges to do so.

This program was conducted in 4 other Australia states (62 hospitals) and was relevant to all states. It was conducted at the same time in the other states, with the program coordinated by a national team consisting of project lead from NPS and state coordinators. The process used in this program could be extrapolated to any national health system, with the major challenge being obtaining consensus from a group of treating physicians in how to manage these patients, and which antibiotics to use. Other challenges of time, additional workload and training remain whatever the health system. Additional paragraphs have been added on page 14.

It has been prepared with a view to publication within Debate category. No conflict of interest has been identified in this study or the publication thereof and the corresponding author will be Ms Lisa Pulver.

The work that constitutes this manuscript for review is original. The work has not been, and will not be published, in whole, or in part, in any other journal. All the authors have agreed to the contents of the manuscript in its submitted form.

The authorship and respective contribution is as follows:

- Lisa K Pulver, BPharm DipHospPharm, Senior Research Officer – project design, data collection, analysis and reporting
- Susan E Tett, PhD BPharm(Hons), Professor –, project design, assistance with analysis and reporting
- Judith Coombes, BPharm, MSc, Lecturer/Senior Pharmacist - project design, assistance with analysis and reporting

We hope the attached will be of interest to your readership. I look forward to hearing from you.

Yours Sincerely,

Ms Lisa Pulver