Author's response to reviews

Title: Effectiveness of accelerated perioperative care and rehabilitation intervention compared to current intervention after hip and knee arthroplasty A before-after trial of 247 patients with a 3-month follow-up

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Author's response to reviews: see over
Response to reviewers’ comments to our revised manuscript

Reviewer Henrik Husted

Page 6 and 10: in the power calculation a minimal difference of 1.5 days was chosen - but patients were only assessed for discharge once daily?

When we calculated sample size back in 2004 we expected LOS to be 8.0 days in the preimplementation period, and LOS to be no longer than 6.5 days in the postimplementation period. This could be reached if 25% of patients had a LOS of 5 days, 25% a LOS of 6 days, 25% a LOS of 7 days, and 25% a LOS of 8 days. To clarify this we have changed the description of sample size to: “Sample size was calculated from an alpha set at 0.05, a beta set at 0.95, average LOS estimated to be 8.0 days (SD 3.0) in the preimplementation period, and 6.5 days (SD 3.0) in the postimplementation period.”

discharge was intended on the 4th day (patients were informed) if fulfilling the discharge criteria - what about patients fulfilling the discharge criteria earlier? Were they indeed discharged before the 4th day? If not, the ultimate potential of this accelerated track had not been reached.

The patients were discharged when they fulfilled the discharge criteria. We have included this information under the description of the multi-modal intervention in the postimplementation period.
Reviewer Liz A Lingard

_Could they also confirm that there was no change in the post-discharge management? I know that they have not specifically collected this information on all of these patients but the readers need to know if there was an increase use of in-patient or home rehabilitation that may have contributed to the reduction in LOS during the implementation period._

There were no changes in post-discharge management. We have included this information under the description of interventions concerning both period.

_Page 7. Discussion of surgeon numbers is very wordy and unnecessary. Just add this information to Table 1 and include surgeon A, B, C etc numbers of THA / TKA for each phase of the study._

We have omitted this text, and included the information under Table 1.

_Page 9. In preimplementation, patients for Monday operations were admitted on Friday – can authors please quote number of Friday admissions in the results section so that readers can assess how much this alone contributed to the LOS?_

A total of 15 patients were admitted on a Friday. We have included this information in the result section.