Author's response to reviews

Title: Follow-up after surgery with ventilation tube in the tympanic membrane: Implementing guidelines in primary care and hospital. A retrospective study

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Author's response to reviews:

Trondheim, Sep 26th 2012
Dear Editor-in-Chief
BMC Ear, Nose and Throat Disorders

I hope this manuscript may be considered for publication in the BMC Ear, Nose and Throat Disorders. It was recommended transferred to your journal from BMC Family Practice. I was happy for, and agree to this advice. The manuscript is relevant for both ENT and general practice. It has been prepared according to the latest instructions for authors.

The study was initiated by the ENT department at St Olavs University Hospital in Norway. They had long waiting lists at the outpatient clinic and wanted to shorten this by delegating some patient controls to primary care. Previously all children who underwent surgery with ventilation tube in the tympanic membrane were followed up by Ear-Nose-Throat specialists. Now the healthiest of the children should be followed up by their general practitioner. This was (and is) controversial amongst Ear-Nose-Throat specialists in Norway.

It was important for the hospital that the children were followed-up adequately, and it was feared that some children who were discharged from the hospital would forget controls due to lack of summoning in general practice. The doctors at the ENT department revised the guidelines concerning follow-up after surgery. Then they discussed this guideline with the general practitioners in the region who agreed to do the follow-ups.

Children with ventilation tubes are a large group of patients and if the GP follow-up would be successful, this could have implications for the follow-up elsewhere; both national and international.

Not all guidelines are set into practice. When they are not used, they will not give
their desired effect. Implementation of recommended procedures is regarded to be fundamental in order to improve quality of healthcare. It is therefore important to understand how the implementation process works and identify barriers against implementation.

Our study examines the implementation process of this new guideline by exploring whether the hospital discharged the patients they were supposed to and whether the children consulted a GP for follow-up care.

This is not an RCT, but the evaluation done in our study is however more compatible with how things actually take place in clinical practice and in the collaboration between the different levels in the health care system; i.e. the study contributes with information about effectiveness related to guideline implementation which is important to publish.

The manuscript has not been published elsewhere or is considered for publication in another journal.

Sincerely, Bjarne Austad, MD
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