Author's response to reviews

Title: What is the extent of potentially avoidable admissions amongst hospital inpatients with palliative care needs?

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Author's response to reviews: see over
Re: What is the extent of potentially avoidable admissions amongst hospital inpatients with palliative care needs?

Thank you for reviewing our paper. We have found the comments very helpful and feel they have improved the paper significantly. We have addressed them below as detailed:

Editor’s comments

The authors suggest that the most important novel elements of the study concern the study population (alive instead of deceased patients), taking the perspective of currently available services instead of an 'idealized' context, and taking the perspective of the admitting clinician. The meaning of the latter claim is unclear to me, because the assessment of whether an admission was potentially avoidable is done by a palliative care specialist and not by the admitting clinician. Further, the admitting clinician seems to take a different stance in 4 out of 10 cases (table 6). Please clarify.

Response: We have changed the wording of the methods to acknowledge that palliative care specialists took the standpoint of admitting clinicians, rather than admitting clinicians making the decisions. We have also acknowledged this as a limitation in the limitations section.

The study's methodology has been more extensively described in a paper that has not been published yet, which makes it a little bit difficult to assess its appropriateness. I feel that it is important to more clearly describe how the assessment of whether or not an admission was avoidable was made. Was it based on specific/objective criteria, and if so, which were these? Or was this assessment the expert judgment of the palliative care specialist based on complete information about the case? If the latter was true, I feel that 'meeting criteria for a potentially avoidable admission' is not correct wording.

Response: The methodology paper is now published in full, and the full reference has been added (Gardiner et al.Extent of palliative care needs in the acute hospital setting: a survey of two UK hospitals. Pall Med 2013, 27(1): 76-83.). The assessment of whether an admission was avoidable or not was made by the palliative care specialists based on complete information about the case and using expert judgement. Therefore we acknowledge that the statement ‘meeting criteria’ may be misleading and have changed the wording throughout to ‘according to expert assessment’.

A minor detail: table 2 and 4 both include information about ‘reasons for admission to hospital’, but they seem to refer to different variables. The data in table 2 actually seem to refer to the underlying diagnosis.

Response: These tables refer to the same variables but for different populations, but we acknowledge the wording is unclear. The wording in both tables has been amended to clarify.

Reviewer's report

Reviewer: Diane Allan

Reviewer's report:
1. Is the question posed by the authors new and well defined?
Minor essential revisions:
• Delete the first part of the first sentence of the background section. As it reads, discussing the other countries raises more questions for me (and the answers are not provided). For example, how does the UK compare with the countries listed? Don’t think it is necessary.
Response: This has been deleted.

• Provide a reference for the last statement of the first paragraph in the background section.
Response: the following reference has been added: National End of Life Care Programme (NEOLCP). The Route to Success in end of life care – achieving quality in acute hospitals. London: NEOLCP, 2010

• Third paragraph of background section, first sentence. My guess is that you are referring to the UK here. Please clarify.
Response: This has been clarified to confirm we are referring to the UK.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
Discretionary revisions:
• Provide a percent for non-English speaking patients (in brackets) just to give a sense of the size of this group.
Response: The number of English speaking patients is provided in figure 1.

3. Are the data sound and well controlled?
Minor essential revisions:
• First paragraph of results. What did you do with the patients that had incomplete case data? How might the deletion of these influence the findings?
Response: Patients with incomplete data were excluded (n=74). We have provided some further statistics to demonstrate that there were no significant differences in age and gender between patients who were included and the 74 who were excluded due to incomplete data.

• I cannot comment on Figure 1 as it is too small to read.
Response: On our version of the PDF the figure is readable, however we have also embedded Figure 1 in the text so that it is clearly legible.

• First sentence of ‘appropriateness of admissions’ section. Please reword to reflect that these are palliative care need patients (not all patients admitted to the hospital).
Response: The sentence has been re-worded to clarify this point.

• Second paragraph of ‘appropriateness of admissions’ section. Please provide a footnote for Accident & Emergency. Not being from the UK, I am not sure what this means. Is it the same as what might be called an Emergency Department?
Response: We have re-worded to ‘Accident & Emergency/Emergency Department’ to clarify this.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Minor essential revisions:
• Table 1. Percents do not add to 100. Please make note of why or add another category (e.g., other).
Response: Data have been added so the numbers are now correct

• The figures are numbered incorrectly in the text so this needs to be fixed.
Response: This has been corrected.

• There is a bracket missing in Table 6.
Response: This has been amended

5. Are the discussion and conclusions well balanced and adequately supported by the data?

Minor essential revisions:
• Please revise the first paragraph of the discussion section. I find the writing very choppy. In addition, it is hard to determine whether the figures that are provided refer to the 208 inpatients for the 6.7% who had potentially avoidable admissions. 
Response: This paragraph has been re-worded.

• Do not understand the second half of the last sentence in the fourth paragraph (discussion section). In other words, how does the community supports relate to the statement about the percent of cancer diagnoses?
Response: We agree this paragraph is unclear and we have removed this section as much of the discussion is repeated elsewhere.

• Need to discuss the findings from the King’s Fund Report (last paragraph of discussion) in relation to palliative care. Would the interventions also work for those with palliative needs? At the very least you could say that you have no reason to believe that this (decrease in inpatient admissions) wouldn’t be true for those with palliative needs as well.
Response: We have amended this paragraph to acknowledge that the Kings Fund report was not related to palliative care, but have noted that similar interventions may have a comparable impact in a palliative care population.

• Last sentence of the paper. Please revise to read ‘preferences of patients themselves and their families.’
Response: This has been amended.

• The one thing that I would like to see either discussed more fully or at least noted as something for further study is the differences between those who were identified as having an avoidable admission versus those whose admissions were deemed appropriate. Statistical comparisons of these 2 groups could certainly shed light on the reasons for inappropriate admissions and future interventions/policies to decrease inappropriate admissions.
Response: Statistical comparisons between these two groups were not possible due to the small numbers of potentially avoidable admissions. However we have highlighted that this would be a useful avenue for future research.

6. Are limitations of the work clearly stated?

Major essential revisions:
• The limitations of the paper have not been discussed at all. Certainly there are some that should be highlighted. Two limitations that stand out for me are: (1) the patients deleted from the analysis due to incomplete case data and how this may or may not influence the findings; and (2) the lack of information on patient/family member preference for admission. The latter could have a major influence on one’s reason for admission.
Response: A limitations section has been added and the above point (1) has been addressed in addition to a reflection on the methods for the assessment of potentially avoidable admissions. Regarding the above point 2, we recognise the importance of patient/family preference but as the focus of this study was on the clinical and contextual appropriateness of the admission, we do not feel patient preference data is within the scope of this paper. However this data was collected and is reported elsewhere: Gardiner C et al., Palliative care

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Minor essential revisions:
• Ouslander et al have done a fair amount of work (USA) on avoidable hospitalizations and nursing home residents. Similarly, Menec et al have looked at the issue in Canada. Given that 50% of those identified with an unavoidable hospitalization in this study lived in a nursing home, this research is likely pertinent and should be incorporated.
Response: These references have been added.

8. Do the title and abstract accurately convey what has been found?
Minor essential revisions:
• Background section of abstract. They suggest that no studies have attempted to identify the proportion of unavoidable hospital admissions. This should be re-worded to say palliative hospital admissions. I am aware of a number of studies that have examined avoidable hospital admissions.
Response: This has been re-worded.

9. Is the writing acceptable?
Minor essential revisions:
• The word ‘data’ is plural. Please make sure that this is reflected throughout the paper.
Response: This has been changed throughout

Minor issues not for publication
• Last sentence of results section in abstract. Make into 2 sentences with last sentence being something like, ‘Furthermore, the Palliative Medicine Consultants suggested that these individuals could have received care in this setting.’
Response: This change has been made

• First paragraph of methods section. Typo in the 6th sentence. Spend should be spent.
Response: Spend is correct and this change has not been made

• Second last sentence of methods section has a typo. Agreements should not be plural.
Response: This change has been made

• Third paragraph of results. The acronym for GSF has been presented earlier so acronym can be used here. Also, the last sentence should read ‘a median age’ not ‘the median age.’
Response: These changes have been made

• Last sentence of the results section is a bit awkward. Perhaps the end could be worded to something like, ‘however, when applying a standard definition [1], only around half were identified as having palliative care needs.’
Response: This sentence has been re-worded.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests: I declare that I have no competing interests.