Author's response to reviews

Title: Exploring types of focused factories in hospital care: a multiple case study

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Author's response to reviews: see over
- Rebuttal -

Exploring types of focused factories in hospital care: a multiple case study

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Editor,

Enclosed, our response to the comments of the referees considering our manuscript (MS: 3756368852780198, revised version submitted 21-10-2009).

We adjusted the paper upon the remarks of the referee. A detailed point-by-point response is given below.

Yours Sincerely,

Eelco Bredenhoff
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Journal: BMC Health Services Research

Reviewer: Thomas Plochg

We thank the referee for the clear comments he provided.

You wrote:  
"In my opinion, the objective of your study is still fuzzy. You state that you want to explore the application of focused factories in hospital care to refine the definition of the concept. Your design could be appropriate for that purpose. However, you used the method in another way, i.e., an inventory of the application of focus in hospital care. As such, the objective is slightly different, i.e., to give a descriptive overview of how the businesslike concept of focused factories is currently applied, and to give some indications for its performance. In my view, you must explicitly choose for one of these objectives. However, each choice has repercussions for the structure of the paper. I think that the second objective better suits the study as it has been performed. This is best illustrated by the conclusions where you state that focus could lead to better operational performance. Moreover, the refinement of the concept is quite superficial which does not support the idea of refining the concept of focused factories..."

Our response:  
We agree that the term ‘refinement’ might suggest a slightly different study than the study into the characteristics of focused factories in hospital care we performed. On the other hand, our study is more than just a descriptive overview of how the focused factory concept is applied in hospital care including an indication of its performance. We particularly aim to offer a contribution to the understanding of the diversity of examples of focused factories in hospital care based on the current application(s) of the concept and give an indication for its performance. In our opinion the resulting framework can be helpful in designing further studies into (the effects of) focused factories in hospital care and the further refinement of their definitions.

We rephrased the last paragraph of the background section to reflect this:  
“This paper aims to explore the application of the focused factory concept in hospital care, including indications of its performance, resulting in a conceptual framework that can be helpful in further identifying different types of focused factories. We performed multiple case studies in four specialty fields, investigating the degrees of focus, the organizational context, and the operational performance. We used the two dimensions of focus from business literature to group cases with similar degrees of focus. Thus we hope to contribute to the understanding of the characteristics of the care delivery system and operations strategy for different types of focus.”

We adjusted the abstract accordingly:  
“... Our aim was to explore the application of the focused factory concept in hospital care, including an indication of its performance, resulting in a conceptual framework that can be helpful in further identifying different types of focused factories. Thus contributing to the understanding of the diversity of examples found in the literature.”
You wrote:
“...you face problems in the study design, as your sampling is not representative. So, how valid is your descriptive overview then?”

Our response:
We tried to select cases reflecting the (diversity of) examples presented in the literature. In order to cover a broad array of focus, we used the characteristics differentiating between types of focus in the (business) literature (see Table 1) as a selection aid. Furthermore, we selected specialty fields that correspond to the (main) examples in the literature, such as cancer clinics, centers for orthopedics, cataract clinics, and ambulatory surgery centers. We agree that we sampled ‘conveniently’ and that we cannot exclude the possibility that not all types of focused factories in hospital are covered, as we also mentioned in the discussion. We have adapted the text to further clarify this issue.

We adjusted the 2nd and 3rd paragraph of the ‘study design and selection’ part of the Methods section to reflect this:
“The fields for the case studies were selected to correspond with- and reflect the variety of focus examples in the literature [2, 3, 14, 17]. In order to cover a broad array of focus in hospital care, we used the characteristics differentiating between different foci in the literature (see Table 1) as guidelines. There were obvious differences in the volumes, variety in case-mix, and procedures offered between the studied fields of: medical oncology, orthopedics and total knee implants, cataract care, and low-complex elective surgery.”

“Using the characteristics and identified fields, we sampled conveniently, primarily selecting hospitals in the Netherlands, but included international good practice cases on medical oncology and cataract care due to the limited number of cases in the Netherlands. We aimed for at least two hospitals and three units of analysis per specialty field. An overview of the cases and units of analysis included is presented in Table 2.”

You wrote:
“The argument in the background sketches the relevance of exploring the concept of focus factory in hospital care. In my view the argument could be more concise and to the point. It is now quite long. The argument should be that the hospital sector is experimenting with the business concept of focused factories. This is initially positive, but is also problematic in two ways. First, hospital management does not exactly know what the concept means, and does not know under what conditions it could be implemented. Second, it is difficult to evaluate the effectiveness of the concept when there is so much diversity.”

Our response:
We shortened the text as requested.
You wrote:
“I support the idea of using tables to present information. However, table one is now somewhat empty. You only provide the concept with a reference. Please provide a short description of each concept.”

Our response:
Corrected.

You wrote:
“In the methods section, page 8, you write that you sampled primarily Dutch hospitals. Please add that you sampled “conveniently”. I think that your sampling strategy was quite pragmatic guided by some general problems.”

Our response:
We added that we sampled ‘conveniently’ (see our previous response)

You wrote:
“Page 5. “This is in stark contrast“ seems very Dutch to me. Please revise.”

Our response:
Corrected. We changed the text into “This is in contrast...”

You wrote:
“Table 2. It is confusing to present different variables (i.e., treatment places, inpatient beds, no. of annual cataract surgeries etc.) in one column. The table is difficult to read.”

Our response:
Corrected. We added two extra columns to increase readability.

You wrote:
“The title could be more catchy and precise referring to the key message of the paper. At least, it might be better to change ‘a case study approach’ into ‘a multiple case study’.”

Our response:
The title was adjusted as suggested.