Author's response to reviews

Title: A 10 year (2000-2010) systematic review of interventions to improve quality of care in hospitals

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Author's response to reviews: see over
May 2012

Dear Editor

We are writing to you in relation to our draft manuscript, ‘A 10 year (2000-2010) systematic review of interventions to improve quality of care in hospitals’. In this letter, we are responding to your email on the 29/02/11 inviting us respond to reviewer’s comments. In the table below, we have responded to each of the of the reviewer’s comments in turn. These changes are also reflected in the re-worked version of the manuscript which we now submit.

We would like to take this opportunity to thank the reviewers for their detailed comments which have enabled us to improve the manuscript. We have acknowledged the reviewers in the paper. Should you have any queries please don’t hesitate to contact Mary Conry at maryconry@rcsi.ie

Yours sincerely

Mary Conry (on behalf of the authors)
REVIEWER 1: Adrian GK Edwards

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<td>One concerns the inclusion criteria, and the ability of the search process to identify potentially relevant studies. I am concerned that there could be numerous interventions / studies out there that have the essential features of quality improvement(s), but which would not have been found by the search because the titles didn’t mention Quality etc; if the essence of the improvement attempts is that of quality, then I think it is still relevant to the review, even if it is not set out as a (labelled) QI project. As before, the interpersonal care studies could easily overlap with numerous communication skills and attitudinal development studies, and experience from these would be relevant understanding how to improve quality in hospital care.</td>
<td>Thank you for this comment. It was not the case that papers were only included if they had the word 'quality' in the title or abstract. For inclusion in the review ‘quality’ had to be indentified as a keyword or major topic of the study and this search strategy allowed other relevant papers to be included which did not have the ‘quality’ in the title. Of the n=20 included studies in this review, n=10 studies do not have the word ‘quality’ in the title although they did have quality as a major focus of the study. In this review there are studies which look at communication e.g. Kalisch BJ, Curley M, Stefanov S: An intervention to enhance nursing staff teamwork and engagement. <em>Journal of Nursing Administration</em> 2007, 37:77-84 . There are also studies which look at attitudinal changes e.g. Brown H, Hofmeyr GJ, Nikodem VC, Smith H, Garner P: Promoting childbirth companions in South Africa: a randomised pilot study. <em>BMC Medicine</em> 2007, 5:7. While there may be numerous examples of communication and attitudinal/development of services in the literature, there is a dearth of studies in which stated that these interventions were implemented to improve quality of care.</td>
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<td>I also still feel that we need to know how valid / credible these studies are, and how much weight of evidence there is from the designated studies. I’m sorry I don’t accept the authors’ explanation about why it was not possible to undertake methodological appraisal. The authors note differences about GRADE criteria, and the heterogeneity of studies, but we can still undertake an assessment of methodological rigour</td>
<td>As suggested, we adapted the GRADE assessment of methodological rigour and applied it to the studies. Studies were assessed using the five criteria (1) Limitations of detailed design and execution, (2) Inconsistency of heterogeneity, (3) Indirectness (PICO and applicability, (4) Imprecision of results, (5) Publication bias. A table has been included documenting the results of the GRADE analysis (see figure 2). An explanation of the GRADE analysis has...</td>
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without committing to meta-analytic synthesis of data / effects. | been added to the methods of the review (see p.6/7). A more detailed table of the GRADE analysis of studies is available if requested.

REVIEWER 2: Jeroen J van Wijngaarden

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<td>I still think that by only using broad keywords you may have mist important publications relevant for your research questions.</td>
<td>For inclusion in the review ‘quality’ had to be indentified as a keyword or major topic of the study and this search strategy allowed other relevant papers to be included which did not have the ‘quality’ in the title. This is the first systematic review undertaken to collate the existing evidence on interventions. For this reason, a broad brush approach of overarching terms was necessary. Adoption of this approach prevented the omission of studies which were not indexed correctly. Our use of broad keywords and systematic implementation of eligibility criteria has succeeded in highlighted the shortcomings in the literature. Of the n=20 included studies in this review, n=10 studies do not have the word ‘quality’ in the title although they do have a quality of care focus.</td>
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<td>I also think that using a system to grade the level of evidence, even without being able to do a meta analysis, would have been helpful</td>
<td>As suggested, we adapted the GRADE assessment of methodological rigour and applied it to the studies. Studies were assessed using the five criteria (1) Limitations of detailed design and execution, (2) Inconsistency of heterogeneity, (3) Indirectness (PICO and applicability, (4) Imprecision of results, (5) Publication bias. A table has been included documenting the results of the GRADE analysis (see figure 2). An explanation of the GRADE analysis has been added to the methods of the</td>
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review (see p.6/7). A more detailed table of the GRADE analysis of studies is available if requested.