Author's response to reviews

Title: Is patient-grouping on basis of condition on admission indicative for discharge destination in geriatric stroke patients after rehabilitation in skilled nursing facilities? The results of a cluster analysis

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Author's response to reviews: see over
Dear editor,

We enclosed the revised version of the original research article Is patient-grouping on basis of condition on admission indicative for discharge destination in geriatric stroke patients after rehabilitation in skilled nursing facilities? The results of a cluster analysis by Bianca I. Buijck, Sytse U. Zuidema, M. Spruit-van Eijk, Hans Bor, Debby L. Gerritsen and Raymond T.C.M. Koopmans for consideration of publication in ‘BMC Health Services Research’.

We are thankful for the useful suggestions of the reviewers. We changed the manuscript accordingly.

We hope that the revised version will be accepted for publication. We are looking forward to your reply and will be happy to answer any questions that might arise about this article.

Yours sincerely,

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“Is patient-grouping on basis of condition on admission indicative for discharge destination in geriatric stroke patients after rehabilitation in skilled nursing facilities? The results of a cluster analysis”

Authors: Bianca I. Buijck, Sytse U. Zuidema, M. Spruit- van Eijk, Hans Bor, Debby L. Gerritsen and Raymond T.C.M. Koopmans

Dear editor,

We are pleased to hear that your experts have reviewed our manuscript again. In the following, we provide a point by point response to the remarks and suggestions of the reviewers.

Reviewer: Abdel Douiri

Reviewer's report:

The authors have responded adequately to comments of the reviewers. The statistical inputs have changed the paper dramatically, so, I would suggest including the statistician as a co-author for this contribution.

As the reviewer suggested, we included statistician Hans Bor as a co-author and removed the acknowledgement from the paper.
Reviewer: Tinne Dilles

Reviewer's report:

The manuscript has improved a lot. Statistical errors have been corrected and several parts of the text have been clarified. Therefore the article can be accepted. I do still advise some minor changes to correct the remaining, minor mistakes.

minor essential revisions

Introduction:

1) 'The overall amount of multidisciplinary treatment in SNFs is ...'
for how many patients or beds?

We added “per patient” in that sentence.

2) Research showed that patients receiving a program ...

others patients SHOULD BE other patients

We changed this as the reviewer suggested.

Methods

1) measurements: From the medical records...

I think it should be patients' IN STEAD OF patient's.

We changed this as the reviewer suggested.

Discretionary revisions

A major part of the discussion is on topics related to your research, yet, not on your topic. Als on the conclusions you go beyond the conclusions which can be
drawn from your results. That way it seems that the implications of your part of the GRAMPS study do not have enough power to be published separately. It would be good if you could convince the readers more by really clearly stating the implications for practice and for research.

- We edited the discussion section: each paragraph starts with the results we have found, following with what other researchers found, and then the implications for practice/research. We did not significantly changed text, but added a few sentences, replaced a sentence and removed two sentences.

- We changed the last sentence of the first paragraph of the discussion. We think that will give a better reflection on our results compared to what others found. “Interestingly, in our sample, neuropsychiatric symptoms and depressive complaints were significant factors to separate patients into the poor and good cluster, and age was not a significant factor.”

- We replaced the following sentence to the end of 3rd paragraph: “We hypothesize that a more protocolized, comprehensive and intensive multidisciplinary rehabilitation for patients in poor condition on admission may have a positive effect on rehabilitation outcomes and, as a result, the percentage of patients who can be discharged to an independent/assisted-living situation may increase.”

- We added a sentence in the 4th paragraph “Neuropsychiatric symptoms and depressive complaints were significant factors to separate patients into the poor and the good cluster. Rehabilitation programs should, next to balance and functional status…”
- We added a sentence in paragraph 4 of the discussion, to make the implications for practice more clear. “This may lead to an increase of discharge-rates specifically for patients in the poor cluster”

- We added a sentence in paragraph 5 of the discussion, to make clearer that there is a lack of research on this topic: “Research in geriatric rehabilitation is scarce, specifically in those patients who are in poor condition. Therefore …”

- We removed the last two sentences from the conclusion section and added one of the sentences from the abstract: “which implied that also in patients in poor condition on admission, discharge to an independent or assisted living situation was an attainable goal. It is important to put substantial effort into the rehabilitation of patients in poor condition at admission.”

In table 1 it would be helpful for readers who are not familiar with the scales, to add the range of the scales as you did in the methods section.

*We added the range of the instruments in table 1 and 2.*

In table 2 it would be helpful for readers to have the terms 'poor' and 'good' added to the cluster numbers, since you use the terms throughout the manuscript.

*We added the terms poor and good in table 1 and 2.*