Author's response to reviews

Title: Providing community-based health practitioners with timely and accurate discharge medicines information.

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Author's response to reviews: see over
29 October 2012

Dear Mr. Danrolf de Jesus

Thank you for providing us with the opportunity to revise and resubmit our article “FW: 1171852877537849 - Providing community-based health practitioners with timely and accurate discharge medicines information.” We are grateful for the considered comments from the three reviewers. We have made the required changes and added suggested information to the manuscript. We have rewritten the abstract following the suggestion that it needed to be reviewed for the quality of written English.

Given the nature of the changes to the paper we have provided the manuscript with the edits accepted for easy reading. We have left comment boxes on the manuscript for your information and a summary of our responses to the reviewers' comments is provided below.

Thank you once again for considering our paper and we look forward to your response.

Kind regards

Alice Gilbert
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Reviewer’s reports

Responses to reviewers’ comments are made in red with a line number relevant to the alteration made in the paper.

Andrew McLachlan (AMcL)

1. The specific aim of this study should be stated in the last paragraph of the Introduction. For examples, “This study investigates the…..” Agreed: Completed in section starting line 56

2. Provide a justification for the use of a convenience sample and a sample size of only 80 discharge summaries. How does this relate to the patient load and timeframe? Agreed: Completed lines 61- 72

3. HDS for “patients at high risk of medication misadventure” were selected for investigation in this study - how was this defined? Wording changed to clarify this in lines 73-75

4. Was this study approved by the local human research ethics committee? If so, this should be documented in the manuscript. No ethics approval required; viewed as continuing quality and safety audit of existing services and only need approval from Head of Pharmacy Services. See Abstract

5. Clarify why the data were analysed for ATSI and non-ASTI categories in Table 1 – this was not identified as a specific aim of this study. Did the authors have a specific hypothesis about the HDS for ATSI people? Agreed: See section starting line 23

6. Figure 1 refers to the “validated” MITF and pharmacy discharge fax. The validation process should be specifically described in the Methods section (I assume this relates to cross checking with the discharge summary?) Yes: reworded in lines 85-90

7. It is unclear in the data analysis if all information on the discharge summaries was rated by the review panel of only those matters that represented an “error or omission”. This could be clarified? Yes: see line 95

8. Did the authors consider using a multidisciplinary panel to review the study outcomes for clinical significance, rather than just pharmacists? We agree that this was a limitation with the study. See comment lines 182-184

9. Did the review panel assess the clinical significance of each issue and case in a blinded manner to allow for an objective assessment? Yes… please see lines 92-93

Minor Essential Revisions

10. Has the data in reference 11 been published or peer reviewed? No – we have removed it

11. Reference (37) (first paragraph on the last page of the manuscript) is not presented in the reference list of this manuscript. Sorry: All references have been reviewed. New
references have been added to provide a global perspective and numbering rectified. Lines 228-286.

Chris Doecke (CD)

Minor Essential Revisions

1. It appears to me that some of the referencing (particularly in the Discussion) is not appropriate for the text it supports. Sorry: All references have been reviewed. New references have been added to provide a more global perspective and numbering rectified. Lines 228-286.

Discretionary Revisions

1. One concern to me is the 3 year period of time that has elapsed since the data collection period. I feel it would be quite appropriate in the discussion to provide a simple comment on whether or not the new fax system has been able to be sustained and is still successfully operating. Thank you for the suggestion; new paragraph added 213-221

2. I would recommend that examples are given for the clinical significance classifications of “moderate to major” and “major to catastrophic”. Examples are given for “insignificant to minor” and “minor to moderate.” Originally removed for reasons of space; Table 2 added. It is wordy but otherwise it is hard to see our rational for the categorisation.

Patrik Midlöv (PM)

1. This is an Australian study. Almost all references are Australian and parts of it are difficult to understand for someone outside Australia. Since this journal is read by scientists around the world, the manuscript would benefit from some clarifications. The literature has been reviewed and the reference is now made to research in this area in Europe, Canada, USA and New Zealand.

- Why is it interesting how many patients are Aboriginals or Torres Strait Islanders? Is health literacy lower among these groups? I have never heard of Torres Strait Islanders but I suppose that they are an ethnic group (minority). I suppose all people in Australia know this and also why this is interesting but to the rest of us it is not that obvious. Please describe and explain.- Surely it must be possible to compare and refer to more studies outside Australia? See new reference list and line 2 and 3

Specific comments

Introduction

2. The first sentence has reference (1). Has this been showed in a study (1), otherwise is better to refer to the original study. Changed; see rewritten paragraphs 1 and 2.

Method
3. What is meant by medical conditions? Current diagnoses, last year or what? How was information obtained about medical conditions (from hospital medical records, GPs, other clinics, all of them or perhaps from patients)? Line 73 and see comment

4. It is not clear who did what. Who wrote MITF? Who audited MITF against DP? Who audited HDS against MITF? Was it one or several of the authors? Was it blinded in any way? Line 85-104

5. Why did not physicians participate in the review of errors? We agree that this was a limitation with the study. See comment lines 182-184

Discussion

6. The sentence with reference 20 is already written in Introduction. Duplicate removed

7. Reference 37 does not exist. Apologies; references reviewed and corrected.

8. I miss some discussion about limitations, e.g. why did you not do a randomized trial, MITF or “as usual”? See paragraph on limitations line 175 193

References

9. All references have to be reviewed. Above all add references from other countries. Agree and completed

10. Pages are written in at least 3 different ways (ref 4, 5, 7 and 15). Corrected

11. Date accessed are written in different ways (ref 24, 18 etc). Corrected.

Table 1.done

12. Also here it would be good with a definition of Medical Conditions. See comment line 73

13. The numbers are written with or without decimals (8.6 medications but 4 changes, 7.4 medical conditions in Aboriginals, 7.3 in non-Aboriginals but 7 for all patients and so on. Updated; see table 1

Figure 1

Prescriptions should be prescriptions Flow chart has been updated. Corrected