Author's response to reviews

Title: Implementation evaluation of the Dutch 'national heat plan' among long-term care institutions in Amsterdam: a cross-sectional study

Authors:

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

We hereby resubmit the paper “Implementation evaluation of the Dutch ‘national heat plan’ among long-term care institutions in Amsterdam: a cross-sectional study”. Parts of the manuscripts that have substantially changed, are marked in yellow.

We thank the reviewers for their attentive comments, which we found most helpful in improving the manuscript. Nearly all comments resulted in changes in the manuscript. Our detailed replies to these comments are attached.

Your sincerely,

Anton Kunst
Replies to comments on “Implementation evaluation of the Dutch ‘national heat plan’ among long-term care institutions in Amsterdam: a cross-sectional study”

Replies to reviewer 1

Comment:
The abstract contains several unclear or inaccurate formulated passages and sentences: “implementation of measures”, “surveys sent”, “in the last three years”, “cooling largely depended on outdoor sunscreens” (sunscreens are not cooling, but protecting to the sun), “reporting of medication use”, “the experience in Amsterdam is”, “training of staff training”.

Reply 1: We thank the reviewer for alerting us to these inaccuracies. We have corrected all relevant passages and sentences both in the Abstract and in the main text.

Comment:
Is there any scientific evidence or indication of global warming and an increase of frequency and intensity of heat waves? The authors are suggesting this in the first paragraph, but the references provided (3-7) are only reporting assumptions.

Reply 2: We now only cite publications from the IPCC (the leading authority at world level) and the Dutch Royal Meteorological Office (same, for the Netherlands). In additional sentences, we now have made clear that expectations on the future global warming are not based on ‘evidence’, but on scenarios.

Comment:
References 1, 3, 4, 8, 15, and 18 are not accessible for the majority of the readers.

Reply 3: We have replaced references 1, 4 and 8 by more accessible ones. We have retained reference 3 (now 2) and 18, as both reports were of key importance to our study. We also retained reference 15, as this paper was published in the most important medical journal of the Netherlands.

Comment:
“susceptible ages”: susceptible for what at which ages?

Reply 4: We have now clarified that we refer to elderly people.

Comment:
The literature overview on mortality rates during heat waves should mention the years concerned.
Reply 5: To the study results that we reported on in detail, we now added information on the years concerned.

Comment:
Methods. Not usual terms, such as “care manager”, “homes for the elderly”, “combined facilities”, community living arrangements”, “assisted living facilities”, and “offices of home care providers” should be specified or defined.

Reply 6: We have now specified most of these terms, while avoiding the use of one term.

Comment:
Why did the authors send their questionnaire only to care institutions in Amsterdam and not to all care institutions in the Netherlands or to an aselect sample of all care institutions in the Netherlands?

Reply 7: We explained in the Methods section that we restricted the study to Amsterdam because it was carried out in collaboration with the local municipal health service. Furthermore, in the discussion section, we now briefly discuss the representativeness of the results for the Netherlands at large.

Comment:
Several times the term “survey” is used, whereas “questionnaire” is meant.

Reply 8: This is now corrected.

Comment:
The authors should make clear how and why they selected 23 measures, only 60 per cent of all recommendations of the heat protocol.

Reply 9: We recognise that quantification in terms of “60 percent” may create confusion rather than to clarify our approach. We have now reformulated this sentence and explained that the 23 measures were part of a larger number of measures that were included in the heat plan. The measures that we selected were representative of this larger set in terms of both content and degree of required effort.

Comment:
Reference 19 is not accessible for the majority of the readers.

Reply 10: We retained this document because of its key importance to the project. More generally, we included English references where possible, but in some cases key publications or statistics were only available in Dutch.
Comment:
“Respondents” should read “care managers”? Or are the authors not sure that the questionnaires were completed by the care managers?

Reply 11: The reviewer is right to notice this ambiguity. We are sure that respondents were care managers. We now replaced ‘respondents’ by ‘care managers’ throughout the document.

Comment:
It seems not correct to present the research data of the 24 care institutions with a heat protocol present together with the research data of the 3 care institutions with a heat protocol in development. How could the latter group answer questions regarding measurements present?

Reply 12: We are not sure why the reviewer feels that this is not correct. A possible problem might be that, for the care institutions with a protocol yet in development, the measures taken cannot yet be considered as ‘implementation’ of a protocol. However, the fact is that, whether an institution has a protocol or not, they may have taken a series of measures aimed to protect elderly against heat, and care managers have experiences in implementing these measures. Our paper is basically interested in the measures that were taken, and the experiences with these, in all institutions. Moreover, the relationship of having a protocol or not is evaluated in the final paragraph of the Results section.

Comment:
What is meant by “extra drinks rounds” and “advising physicians when residents take medication”?

Reply 13: We thank the reviewer for alerting us to these linguistic errors. We have substituted these terms by “extra round of drinks” and “consulting physicians ...” throughout the text.

Comment
References 20 and 21 are not accessible for the majority of the readers.

Reply 14: We deleted reference 21, as this old newspaper article is indeed not accessible to most readers. Reference 20 is accessible to readers, though they may not be able to read it because of the Dutch language. We retained this reference because, unfortunately, the statistics we had to refer to are not given in English.

Comment
Conclusions. The first sentence is not correct since 50% responded and only 67% of the responders had a protocol (in development).

Reply 15: We changed this sentence to make it consistent with the results.
Comment:
Table 1
“different parts” = “various accommodations”?
“rooms/apartment residents” = “residents’ rooms”?
“total institutions” = “total number of institutions”?

Reply 16: We have made the changes as suggested. The word ‘parts’ has been replaced by ‘sites’.

Comment:
Table 2. Due to rounding off errors, one addition sum of percentages amounts 99 and another one 101.
Table 3
Due to rounding off errors, several addition sums of percentages are amounting 99 or 101.

Reply 17: We thank the reviewer for noting this. We have added a note explaining these rounding off errors.

Comment:
f) “adjusting” should read “reducing”?
g) “adjusting” should read “reducing”?
i) What is meant by “washing ill residents at will, possibly by washing with care”?

Reply 18: We have corrected item g) but not item f).
We have re-translated item i) of the Dutch questionnaire.
Replies to reviewer 2

Comment:
There are several examples where some simple edits would improve the text - though there are no points where it can't be understood. For example, in line 1 of background, 'strongly' should be 'large' or 'significant'.

Reply 1: We have re-read the text and made a series of simple edits to improve the text.

Comment:
The response rate was a disappointing 50%. The authors do comment on this, but it would help if there was more explanation to allow a better understanding of what biases might result from this. How did responders differ from non-responders?

Reply 2: We have extended the discussion on non-response and the bias that may result from this.

Comment:
I was surprised that there were only 54 eligible institutions in Amsterdam, though this may simply reflect my lack of understanding of the health and social care system in Holland. More importantly, it would help if the authors could say more about the institutions and their residents. How many? What levels of dependancy? This would help provide insights into the generalisability of the findings beyond Amsterdam. One particular issue is that in systems that invest in domiciliary care for the elderly, those in institutions will be more dependant than in systems where such investment is lacking.

Reply 3: In the discussion section, we briefly discussed this issue in an additional paragraph on the generalisability of the results. We mentioned that most residents have high levels of dependency, as domiciliary care is highly developed in the Netherlands.

Comment:
There is some evidence from English hospitals, that while awareness of the national heatwave plan is high, particularly amongst senior staff, it is lower in frontline staff, and that frontline interventions probably don't actually happen. In this paper, respondents were managers, so it would be helpful if the authors could comment on whether the responses really describe what happens in all of the institution.

Reply 4: We have added a paragraph on this issue in the Discussion section, in which we discuss whether the managers’ response reflects what happens among frontline staff.

Comment:
I wondered if the authors were too optimistic about what has happened in the last 3 years since the Dutch heat plan was published. I note that they say 'only a modest increase' but those cooling facilities that had the largest increases in the past 3 years (Table 1) were those with low prevalences.
Reply 5: We acknowledge that we may have been a bit too optimistic. We therefore revised this first statement under “Interpretation and implications”