Author's response to reviews

Title: The availability, spatial accessibility, service utilisation and retrieval cost of paediatric intensive care services for children in rural, regional and remote Queensland: study protocol.

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Author's response to reviews: see over
Response to reviewer comments (G Colville)

1. “Will the authors look at all at mortality rates? Surely this is the most important consideration? If one option is a bit more expensive but doubles survival, then it is important to report this.”

Authors’ response:

This is an important point. The present study is focussed on describing how well the existing model serves the population, using measures of availability, accessibility, utilisation and cost. Measuring outcomes is outside of the scope of the study. It’s a first-pass descriptive study which will provide new descriptive data. We do however intend to use it as a foundation for subsequent studies that will examine measures of outcome. The manuscript has been adjusted to make our intention clearer.

2. “It should be acknowledged that the time a retrieval takes will not just be a matter of distance but will include a variable amount of time taken to stabilise the child at the local hospital”

Authors’ response:

We very much agree and this will be discussed in detail in the discussion section when the results are published.

Response to reviewer comments (Warwick Butt)

1. “Consideration of patient outcome (both survival and long term quality) should be carefully documented”

Authors’ response:

Please see response to reviewer G Colville’s comment 1.

2. “The balance between the urgent care for a few patients and the recruitment of sufficient volume for maintenance of ‘centers of excellence’ should be carefully considered”

Authors’ response:

As mentioned, it’s a descriptive study. It does not aim to make any comparisons. It could however provide data for future comparisons and benchmarking, within the state or with other jurisdictions.

Response to reviewer comments (Hans Flaatten)

1. “Try to find other references that the one from 1991, which is definitively outdated”

Authors’ response:

Unfortunately we are unaware of more recent but comparable work. The paper is appears to be frequently cited by other authors when discussing the effects of regionalising intensive care for children.
2. “With the rapid evolution of telemedical assistance, with a lot of interesting data coming from other parts of Australia, such evidence could be more difficult to establish today.”

Authors’ response:

At the moment there are no routine telemedicine services for critically ill children in Australia. Our PICU is however about to embark on an RCT in this area.

3. “The another with a decentralised model, bringing the critically ill child to the nearest adult ICU…”

Authors’ response:

This is our model – though our service is in effect centralised to two PICUs, children are sometimes managed locally in adult ICUs, either while awaiting retrieval to a PICU or for the duration. We do not at this stage intend to do comparisons between the two approaches (and numbers for local management would be extremely small in any event) but rather our intention within this study is to describe the service as it currently exists.