Author's response to reviews

Title: Migrant-friendly Hospitals: a Paediatric Perspective - Improving Hospital Care for Migrant Children

Authors:

Fabienne N Jaeger (fabienne.jaeger@unibas.ch)
Ligia Kiss (ligia.kiss@lshtm.ac.uk)
Mazeda Hossain (mazeda.hossain@lshtm.ac.uk)
Cathy Zimmerman (cathy.zimmerman@lshtm.ac.uk)

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

Thank you very much for having had our manuscript reviewed. We are very grateful for the valuable inputs, have reworked the manuscript thoroughly, and have worked hard to implement all the suggestions we had received. Please, find the explanations for how we addressed the different comments below. A professional editor has also reviewed the manuscript. We hope you share our view that these changes have really improved the manuscript for your readers. In case of questions, do not hesitate to get back to us. Thank you once more for the valuable feedback. We hope this manuscript will be interesting to your readers and raise awareness for the special needs of hospitalised migrant children.

Best regards

Fabienne Jaeger

REVIEWER 1 Karl Krajic

Minor essential revisions:

1) Background/ Section Hospital care for paediatric migrants – a topic of relevance; paragraph 3: I do not understand the first sentence – “as will concepts attributed to the migrant background of adult patients.” Check the meaning!

*We rephrased as follows*

Providing health care for paediatric migrants may be substantially different than for adult migrants, and tools and concepts developed to improve care for migrant adults may need adaptation to the paediatric setting.

2) Same section, paragraph 4, first sentence: It would be useful to clarify what is understood by “non-medical service delivery aspects that are specific to the care of paediatric migrants.” A simple method would be to add in brackets what non-medical service delivery aspects (i.e. admission procedures,... etc.)

*We followed the reviewer’s valuable suggestions and added:*

(Services provided excluding the bio-medical aspects, including admission processes, accommodation, staff-care seeker interaction etc.)
We also added a better explanation of what we consider non-medical service delivery including a very simple figure. We hope this will help clarify the focus of this research.

Optimal paediatric hospital care matches clinical excellence with child-friendly setting enabling care and recovery, taking into consideration the needs of the young patient and its family. This enabling setting is created through the paraclinical service delivery (e.g., adapted infrastructure, toys) component. Figure 1 illustrates that P-MFH-care may additionally require clinical competences in managing conditions linked to migration and disease patterns less common in non-migrant children, and that additional non-medical service delivery needs may have to be met (migrant component).

We included Figure 1 to visualise this better.

3) Section Methods, paragraph 4, 2nd line: I would suggest to use quotations marks for the “framework approach” mentioned – there might be different forms of “framework approaches”.

We did add the “ ” as suggested. To our knowledge the framework approach is actually defined, but we felt it would be better to be careful.

4) Section Results, 2nd paragraph, line 4 – is St.Gall correct – should it not read St.Gallen?

We changed it to St Gallen

5) Section Results, part “Approaches chosen by hospitals”, “General approach” – 2nd paragraph, 2nd line: unclear who is meant by “.that are important to her:” who is her? The mothers? Nurses?

We specified: … her [mother]:…

6) Section Results, part “The Seisss MFH – project and MFH-Criteria, 1st line: “Several participations..” – not rather “Several participants”?

Thank you for the careful read: it was chanced accordingly

3rd line: …expressed high satisfaction and however opinions varied… “; not quite clear sentence.

5th line: “While one participant explained this with… “ – explained what? Not quite easy to understand.

We rephrased the paragraph:

In terms of satisfaction with project implementation in regards to collaboration among partners, high satisfaction was expressed among participants of purely paediatric projects. Levels of satisfaction varied greatly among paediatric partners in adult-health-care driven projects where reduced access to decision making and funding was expressed as a concern. One participant considered reduced decision power and funding to be a logical consequence of paediatric departments being smaller than adult care while another one questioned the MFH-project’s potential to impact paediatric care due to this lack of involvement and funding.
7) Section Discussion, Part “Paediatric non-medical service delivery-needs” 3rd line: “Results indicate that key actors (see Figure) have individual needs and face common...” Several remarks: Actors seem to have position-specific, but not primarily individual needs; it might be useful to connect with a “but face common...”.

We changed it as suggested

In addition, I would strongly suggest to add a bit more comments on figure 1 – it is complex, but hardly explained. If this proves too long, to complicated – I would rather leave out the figure and shortly summarise the main lines.

We removed figure 1

8) Section Discussion, Part Defining P-MFH, 7th paragraph “Considering the differences in PM-populations..”: The paragraph summarises some short comments on the complex figure 2. Although the text provides clearer comments than the text on 1, I recommend to the authors to check if they can provide some further comments, making use of the complexity opened up by the figure – or make a decision to do with just a text, summarizing the main messages.

We explained:

Figure 2 illustrates the main key actors whose different needs translate in to challenges that need to be met in order to provide migrant-friendly hospital care. It further demonstrates the various domains where a MFH-approach may be beneficial.

9) Conclusion: This part is extremely short and summarizes much less content than the “Conclusion” section in the abstract – I suggest to check if the “Conclusions” in the text should not be a bit more explicit – like the abstract text!

We followed the reviewer’s advice and added:

International research on hospital care for migrant children is scarce. The needs of paediatric migrants and their families may differ from guidance for adults. Paediatric needs should be systematically identified and used to inform paediatric hospital care approaches. Hospital processes from admission to discharge should be revised to ensure implementation of migrant-sensitive approaches suitable for children. Staff should receive adequate support, such as training, easily available interpreters and sufficient consultation time, to be able to provide migrant-friendly paediatric services. Involvement of migrant groups may be helpful. Improving quality of care for PMs at both policy and service levels are an investment in the future that will benefit native and migrant families.

10) References: NEED TO BE THOROUGHLY CHECKED! Just some problems

I stumbled across (I did not systematically check all references!!): Ref. 3: about prinicals of good practice – rather principles -; Ref 6: In 2006.Sfm;2006 – what does that mean?; Ref 15: und Mitgration – rather: und Migration; Ref. 35 – Strasharpmyr should read “Straßmayr” –if this German “ß” causes major difficulties, it would also be acceptable to spell “Strassmayr”. It would also be good to be consistent in the use of capitals for the names of the journals – uses mostly, but not in Ref. 35

We changed the references (as we changed it in endnote, the changes do not appear as track changes)

Ref 3 Principles
Ref 6 we specified: Swiss Forum for Migration and Population Studies (Sfm)

Ref 15 Migration

Ref 35 Strassmayr, Diversity in Health and Social Care

*(through including a subsection in the results part, the numbering has changed)*

**Discretionary Revisions**

11) Background/Migrant Friendly Hospitals: 1st line: Just a tiny remark on the content, which is not essential to the rest of the text: It were not the partner hospitals that conducted the needs assessment and reviewed literature for effective interventions, but rather the scientific co-ordinating institution of the project (Ludwig Boltzmann Institute for the Sociology of Health and Medicine, Vienna) in collaboration with international experts and the hospitals.

*We feel it is very important to give credit to whom did this work, so we changed the text accordingly*

At the start of the European MFH initiative, the scientific co-ordinating institution of the project (Ludwig Boltzmann Institute for the Sociology of Health and Medicine, Vienna) in collaboration with international experts and the partner hospitals conducted a needs assessment...

12) Background/Migrant Friendly Hospitals, last line: As in many countries, paediatric medicine is mainly provided by paediatric departments of general hospitals, the fact that there are not paediatric hospitals present in the task force at a certain date does not imply there is no expertise in this direction involved. If the authors want to imply that this area is still underdeveloped in the MFH task force, they should be more precise or rather argue with the lack of specific recommendations for paediatric care; this would be more convincing to me.

*We chanced accordingly after again searching for evidence on new paediatric specific recommendations.*

To our knowledge, the development of child care specific recommendations still needs to be further developed, as we could not find child health care specific recommendations.

13) Results – first paragraph, 4th line: Were the interviews with staff and parents conducted prior to the expert interviews – to improve knowledge base of co-ordinators? Or were they carried out in the framework of another project/process before?

*We specified:*

..as a first step within their MFH-project.

Level of interest: An article of importance in its field

Reviewer: Karen Edmond

**Background**

2. Page 6 paragraph 2 and 3. The definition of migrant is very unclear. Do the authors mean that a child is defined as a migrant if they were born in Switzerland but their parents were not born in
Switzerland? Also how do these definitions apply to EU and non EU citizens. Also how does this relate
to having Swiss nationality? If a child is born in Switzerland does this automatically mean they are a
Swiss citizen.

Children born in Switzerland do not automatically have Swiss nationality as nationality is defined
through “origin” in Switzerland. Using the IOM definitions, this point is not relevant as it also defines
children as migrant children if their parents were migrants. We follow the international terminology
and definitions of the International Organisation of Migration: they define a migrant person as “a
person who is outside the territory or state of which they are nationals or citizens… “and a migrant
child as a child with a migrant background, thus having migrant parents.

In the US and also Australia, the term “immigrant” is more often used, whereas in the European
setting the term migrant is more prominent, focusing more on the migration (chance of setting)
experience than the arrival in a specific setting. Based in Europe we therefore spoke of migrants, thus
people originating from another setting who have moved following the IOM definition.

We specified:

For this research, we adopted a definition of migrants similar to that proposed by the
International Organisation of Migration (IOM) in their background paper “Ensuring the right of
migrant children to health care”[13]. This definition considers as a migrant person everybody
outside of the territory of the state they are nationals of. It additionally considers all minors
with a migrant background (second generation) as ‘migrant children’ independent of the
child’s current nationality, thus taking into account that parental migrant experience and
differences in language and culture will likely influence care approaches for children who
were born in the host country and their parents.

Methods

3. General comment. It is fine that the full details of the interview questions are not explained.
However, it is important to understand the domains of non-medical care that were included in the
questioning.

To the existing:

The interviews explored the service delivery needs of PM and PMF at their facility,
challenges for staff, existing and anticipated approaches to meet needs, and their
perspectives on the current MFH-strategies.

We added:

Questions concerned the needs assessments conducted for the migrant-friendly hospital
project and existing, planned or desired efforts to become more migrant-friendly. The
questionnaire allowed for participants to freely identify needs, challenges, opportunities and
interventions but also discussed more specific areas such as accommodation, food, family
visits and sibling care, religious needs, interpretation services, sign posts and information
material, relevant traditional health beliefs and acculturation, hospital processes, trainings,
reference groups, migrant community involvement and a discussion on the feasibility of MFH
interventions depending on the department size, from a paediatric perspective.
4. Page 8 paragraph 2. The authors need to describe the study setting in more detail. Eg number of hospital beds, level of care provided including hospital care, approximate population served. This should be provided here or in the first paragraph of the results.

*We added as suggested:*

Four out of five clinics are affiliated to the local universities. All provide a wide range of paediatric and new-born, including intensive care, and have busy outpatient and emergency departments. The smallest and only non-university clinic participating, a secondary referral hospital, is the largest paediatric care provider in north-eastern Switzerland, still counting 3813 hospitalisations and more than 30000 ambulatory contacts. Geneva and Basel both account for more than 6000, Zurch >7000 and Lausanne >8000 hospitalisations per year.

5. Page 9 paragraph 2. It is not at all clear that a systematic literature review was conducted. The authors should provide the detailed methods that they used if they wish to include it in a scientific methods section. Otherwise this section should be deleted and the relevant articles should be discussed in the background section and discussion. For a formal systematic review it is important to include the actual search terms. Looking at the reference list at the end of the paper it is surprising that more non-European articles were not located, especially from the Medline, Global Health and Embase searches. Perhaps if the authors included the words ‘refugee’ or ‘immigrant’ they may have found more articles. The non EU literature is especially important as many lessons can be learned from migrant care in the US, Canada and Australia which also have large migrant populations.

*The literature search we have conducted was very broad and also included grey literature and expert opinions. We did not feel that the standard systematic literature approach was entirely adapted to this still new, ill-defined, and broad topic. It was important to us to uncover as many relevant non-medical service delivery aspects to be considered for migrant-friendly hospital care. This resulted in us initially including many articles that did not directly discuss service delivery needs but could potentially be informative, such as health perceptions or articles from the adult literature. Extensive reference chasing was done. In a second step we narrowed the search down to service delivery.*

*The main search of the peer reviewed literature was conducted with these key words (see appendix 1):*

(Medline, Embase and Global med were searched).

1. Keywords: child or children or minor* or adolescent* or boy* or girl* or teens or teenage* or youth* or underage* or juvenile* or paediatric* or pediatric* or young person* or young people or toddler
2. Subject headings: (adolescent/ or child/ or child, preschool/ or infant/)
3. 1 or 2
4. Keywords: (migrant* or immigrant* or migrant*OR refugee* or asylum-seeker or
asylum seeking)

5. Subject heading: (Transients and Migrants/)

6. 4 or 5

7. Subject heading: (Delivery of Health Care/) or Keyword: health care.

8. Keywords: (Service* adj3 delivery) or polic* or guideline* or transcultural or translation

9. 7 or 8

10. 9 and 6 and 3

11. 10 limited: 1986 to current (July 2011) and paediatric age.

And a second one: Embase Keywords: migrant-friendly hospitals OR migrant friendly hospitals: 1 non-paediatric hit

It is absolutely true that there is a lot of literature on refugees and immigrant children in the US, UK and Australia – this literature pre-dominantly discusses disease differences, access barriers (cost in the US) and also holds some very valuable guidelines especially on how to care medically for concerned children (in another publication of ours, we have stated, that Switzerland should inspire itself by such guidelines!). Non-medical service delivery aspects are not that often found in that literature – except concerning interpretation services. As the conclusions and recommendations we give are also influenced and strengthened by our extensive search, after longer internal discussion, we feel that it would be inappropriate to delete this section from the methods parts. We believe the search extend exceeded the usual literature reviews and that it was relevant for readers to know which sources we have used and based our conclusions on. Still, we rephrased certain parts (see manuscript) and added a section in the results part as suggested by the reviewer (see highlighted yellow in the manuscript version with track changes).

In the limitations we added:

As the subject is very broad with many subcomponents (e.g. training, needs of mother, interpreters etc.), and a standard terminology still missing, a broad approach had been chosen to cover as much relevant information as possible. Although a large number of articles were screened, and many references chased, it is not possible to be certain that all relevant articles were identified.
We have opted to put the key words and flow chart into an appendix. See appendix 1

Results
6. Page 10 paragraph 2. It was not clear from the methods that parents were interviewed as well, also there are no results presented from parent interviews. So were parents interviewed or is this the mention of ‘parents’ here a typo or a grammatical error?

*We assume that the reviewer refers to this section where we explain that some participants were able to draw on information from previously conducted interviews:*

Participants were able to draw on their own experience and migrant care assessments conducted at their facilities. The three German speaking paediatric clinics (together they form the “AllKids” cooperating group), for example, conducted interviews with different categories of staff and parents in their hospital.

*We rephrased to clarify*

Participants were able to draw on their own experience and migrant care assessments conducted at their facilities. The three German speaking paediatric clinics (together they form the “AllKids” cooperating group), for example, *had previously* conducted interviews with different categories of staff and parents in their hospital *as a first step within their MFH-project.*

7. Page 10 paragraph 3. The authors need to restate here how many staff members were interviewed and what was the professional level e.g. nurse, consultant, etc.

*We specified as requested:*

Three social workers and two senior doctors participated as the representatives of migrant-friendly hospital activities of their hospital. All of them held senior positions.

8. Page 11 paragraph 2. The authors need to explain what the information in brackets means e.g. (SW3)

*The abbreviation SW had been introduced previously in the text.*

However, their professional backgrounds varied: three were social workers (SW), and two were senior physicians.
As the abbreviation seems to cause problems and as it is not a standard abbreviation, we decided to no longer use this abbreviation. SW was thus always changed to social worker.

For the social workers we have left the numbers trying to show that the answers came from various social workers. As we only have to clinicians we got a bit worried about the numbers identifying them too easily, so we removed them.

9. General comment. The fact that no information from the literature review was provided in the results sections indicates that a formal systematic review was not performed. The authors should provide the detailed results of the systematic review in the results section. Otherwise the information about the literature review should be deleted from the methods and the relevant articles should be discussed in the background section and discussion.

See above

Discussion

10. General comments. In general the discussion is clear and to the point and discusses the important elements of the project.

11. Further discussion is needed in the limitations sections especially around the small sample size of the project.

To the existing text:

While the number of interviews conducted was relatively small, by selecting participants because of their central role in investigation migrant child health issues for the MFH-project, these individuals are able to offer a unique overview about a range of issues concerning migrant child healthcare. The priorities mentioned across this small cohort remained consistent strengthening their validity.

We added:

While the small number of interviews translates the small number of paediatric clinics involved in the migrant-friendly hospital project, the fact that five out of six where ready to participate, allowed best possible coverage of migrant-friendly project hospitals.
Furthermore we would like to point out that in the section on the Swiss MFH-project (discussion) we explained. Small paediatric units do not have the resources, numbers of PM-families and structural possibilities to implement all ideal P-MFH approaches, but may benefit from an exchange of resources, such as paediatric specific MFH-care training, consent forms or brochures with other paediatric departments.

12. Also as the characteristics of the hospitals were not described it is not clear which level of hospital the results can be generalised to. E.g. large tertiary hospitals or smaller district hospitals? This is also important when considering the recommendations. Also there should be some discussion about the non-participating hospitals and how different they were from the participating hospitals. Also there should be recommendations for further research.

Concerning different hospitals we had already stated in the limitation section:

Hospitals serving smaller migrant communities and small paediatric units were not interviewed. In addition to organisational challenges linked to size (e.g. special services for small numbers are less affordable), the main challenges are likely to be similar

And we add

and recommendations only helpful within the means of the departments

Concerning recommendations for further research, the recommendation section already stated:

Further research should evaluate needs of PMs their families and paediatricians and not just nurses, and evaluate P-MFH approaches. It should recognise different migrant groups to ensure comparability and avoiding masking potential health service needs.

Conclusions

13. The authors should also restate the need for further research in this conclusions section.

Was included

International research on hospital care for migrant children is scarce and should be intensified

Tables and Figures

14. Too much information is provided. All tables and figures need simplification with key messages provided only.

We suppressed former figure 1 and worked on figure 2. Tables were reviewed.

Figure 2 was substantially simplified. In order to not withhold information provided to readers, we included the different needs identified for different key players in appendix 2
References

15. There are a number of typos in the reference section. Also a number of the references look odd including reference 9 which refers to an email. The authors should refer to standard referencing guidelines.

As the information we backed up with reference 9 was removed, we were also able to remove this email reference.

For the editing of the reference section please kindly refers to the changes made directly in the text and the chances cited for reviewer 1. As we did the changes in Endnote, they are not highlighted but by going through the references you will notice the difference.

Level of interest: An article whose findings are important to those with closely related research interests

EDITORS NOTES

1. Copyediting

   The first manuscript has been edited by two native English speakers. We now had it additionally edited by an experienced professional editor to ensure linguistic satisfaction after we had finished including the reviewers suggestions (see manuscript with track changes).

2. Tables

   Please ensure that the order in which your tables are cited is the same as the order in which they are provided. Every table must be cited in the text, using Arabic numerals. Please do not use ranges when listing tables. Tables must not be subdivided, or contain tables within tables. Please note that we are unable to display vertical lines or text within tables, no display merged cells: please re-layout your table without these elements. Tables should be formatted using the Table tool in your word processor. Please ensure the table title is above the table and the legend is below the table. For more information, see the instructions for authors on the journal website.

   We went through this again, cited the Table

3. Box

   Unfortunately, we cannot incorporate boxes. Please either change the box to a table and update any references to within the text, or include the information within the manuscript text. You can use indentation to highlight the text

   We removed the Boxes

4. Figure cropping

   It is important for the final layout of the manuscript that the figures are cropped as closely as possible to minimise white space around the image. For more information, see the instructions for authors: http://www.biomedcentral.com/info/ifora/figures

   We tried our best to follow the instructions and have not cropped the figures in PPT according to instructions

   We hope the changes meet your expectations and look forward to hearing from you again.

Best regards
Fabienne Jaeger