Author's response to reviews

Title: Reducing Hospital Admissions from Nursing Homes: a Systematic Review

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Author's response to reviews: see over
COVER LETTER

We thank you for the possibility to resubmit our manuscript Reducing hospital admissions from nursing homes: a systematic review.

In the following we will address the comments provided by the editorial office and the two reviewers, giving a point-by-point response to the concerns in this sequence.

From the editorial office

1. Abstract:
The abstract is now rephrased for clarity and conformity to the formal requirements.

2. Keywords
The keywords are now removed from the title page and placed after the Abstract section of the manuscript.

3. Copyediting
The manuscript has been assessed by a fluent English speaking colleague and improved. Particular attention has been paid to the abstract, but the entire manuscript has been assessed and improved.

Furthermore, we have revised the manuscript so that it conforms to the journal style.

Reply to reviewers’ reports

First of all: Thank you to both of you for the time and efforts you have invested in reviewing our article. We believe that the comments are of value and that our response to them has improved the manuscript. Mostly, we agree in the comments and have revised the manuscript accordingly. In this document, we will address the comments chronologically as they appear in the reviewers’ reports number 1 and 2.

Reviewer number 1: yayoi takezako

Major Compulsory Revisions:

1. You ask us to include the search terms in the manuscript.

Response:
We have clarified that the literature search is based on the P and the O in the PICOS. Further, we have added some of the search terms to the paragraph **Literature search** (page 4). The complete search strategy is listed in the Supplementary File.

2. You ask us to clarify how the categories of interventions came about.

**Response:**

We categorised the interventions after we had undertaken the selection and inclusion of studies. As there were eleven different interventions we believe that there was a clear need to categorise them. Our categories are made on the basis of type of interventions that we found. We agree that other taxonomies/categories could have been used. Still, we believe that it makes sense to categorise as we did, and that our categories are useful as headings to types of interventions. We have now included a sentence where we state our rationale for the categories (page 5).

3. You ask us to integrate tables S4-12 and 1-3. Further, if we understand you correctly, you ask us whether our final results are in found in S4-12 (and not 1-3). Then you say that you cannot access the original papers for S4-12, because they are poorly referenced.

**Response:**

We could have been clearer about the presentation of our results and how tables 1-3 are different from S4-S12. Tables 1-3 are **tables of included studies**, according to the three categories. Tables 1-3 have now been revised for clarity and have been given new names (tables of included studies). We have now clarified in the manuscript that **all** summary of findings tables are in the Supplementary File (Tables S4-S12).

We have made a deliberate choice to **not** add the references of the primary studies in the reviews in the reference list of our article. This was decided based on a common methodological argument: We have used the included systematic reviews as data sources (for risk-of-bias assessments, data collection) and these are all in the reference list. We have included four systematic reviews, which are all referenced in Tables 1-3 (tables of included studies) and in the reference list. These reviews have been our sources of data.
(and not the primary studies included in them). The five primary studies included are referenced in the same way.

4. You recommend that we reconsider the meaning of our results. And that although the GRADE of evidence is low, the results show some important aspects of nursing home care.

Response:

Thank you for pointing at this. We believe that it is important to make it very clear that the quality of the evidence is low and very low and that this influences our confidence in the estimates. But on the other hand, we believe that you make an important point that we have now embedded in the manuscript, in the Discussion and the Conclusion.

Minor

1. Table 1: You want us to write “the setting and nationality”.

Response:

Our heading “Setting, nationality” has now been replaced with your suggestion in tables 1-3.

Then further, we are uncertain about what exactly you ask us to do. Our interpretation is that you would like us to provide the references for the primary studies in the included systematic reviews. This coincides with issue # 3 under Major Compulsory Revisions above, so please refer to our response there as we believe our answer is the same.

2. Table S2: You point to a study that is included in Table of excluded studies, which is lacking reason for exclusion.

Response:

The reason for exclusion of this study has now been added to the table.

Reviewer number 2: Felipe Sandoval

Major Compulsory Revisions
• Page 4: You ask us to add citation for rhetoric claims. As an alternative you advise us to consider avoiding the term “rhetoric claim”.

Response:

We chose to avoid the term.

• Page 5: You ask us for citation on the checklist.

Response:

The checklist we have used is in the Norwegian Knowledge Centre for the Health Services’ handbook for systematic reviews. (This checklist is based on the EPOC Checklist for Refereeing Protocols for Reviews. EPOC, Effective Practice and Organization of Care group, Guide for review authors. www.epoc.cochrane, ). We have added a reference to the Handbook in the manuscript.

Minor Essential Revisions:

• Page 2: You ask us to add “but” as a conjunction in our conclusion.

Response:

We have rephrased the abstract, including the conclusion, for clarity.

• Page: You ask us to add a reference on how the authors faced the proficiency needed to analyse Díaz-Gegúndez (2011) and Schippinger (2012).

Response:

We imposed no restriction on language in the search. We decided to deal with languages as they emerged, as there was a high language proficiency level in the review group and among colleagues. The two studies in Spanish and Austrian was managed in the review team and none were excluded due to language. This information has now been added to the manuscript.

Discretionary Revisions:

• Page 2: You suggest replacing “high age” with “advanced age”.

Response:
We like your suggestion and have added it to the manuscript.

- Page 2: You suggest we may explain how the word “politically” is either related to policy or politics:

  Response:

  Thank you for this remark. We have rewritten the abstract and have removed the term “politically”.

- Page 4: You suggest we add a comma after iatrogenic illnesses.

  Response:

  This is attended to, according to your suggestion.

- Page 11: You point to the double punctuation.

  Response:

  Thank you – this is attended to.

On behalf of the authors,

Birgitte Graverholt