Author’s response to reviews

Title: Organising health care services for people with an acquired brain injury: An overview of systematic reviews and randomised controlled trials

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Author’s response to reviews: see over
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Reviewer 1

Major revisions

1. Your objective of the study is to identify the most up-to-date, high quality sources of evidence to answer specific questions (RH underlining) of interest regarding organising health services for people with an acquired injury, inclusive of stroke. In de section Methods (box 1) we learn more about those specifics questions, but without any explaining text. Why did you work this way, in stead of the more traditional open review approach to find any significant evidence on any subject? Why these seven questions and no others? Why pre-specify for instance 'integrated care pathway', as there are many other substitute terms for this. Why question 7? Please elaborate on this. Your Results only cover 4 questions, why not skip of the three other questions? They deliver no results either, it feel it will make your article more concise. The discussion on these essentials is also rather poor.

We have revised the start of the methods section to better explain this. It now reads: “This systematic review was undertaken to inform the development of a new brain injury rehabilitation unit. The research team were therefore interested in organisational interventions, that is, interventions that relate to the structure or delivery of health services. The research team identified seventeen relevant systematic review questions from the Cochrane Effective Practice and Organisation of Care (EPOC) Group taxonomy of interventions. The questions were presented to key stakeholders in the brain injury rehabilitation unit and the key stakeholders voted for the questions that were perceived to be of highest priority. Key stakeholders included ABI clinicians, healthcare administrators and researchers. Six research questions related to the organisation of health care services were addressed within this systematic review (see Box 1)”

We have provided more detail within the methods section regarding the definitions that we used for the interventions of integrated care, integrated care pathways and continuity of care.

We appreciate why the reviewer has recommended omission of the questions for which there were no results. However, we feel that there is merit in leaving these questions in as it is useful to know that there is no current high quality evidence available that addresses these questions. We have omitted question 7 though as this question was selected by one of the stakeholders and was not from the EPOC taxonomy.

2. Be more precise on your inclusion criteria and the controls/checks you have used to be sure that there are now falsely in- or excluded articles. Although you included your MEDLINE search strategy, the text is now too broad to fully understand who complete and appropriate the material is. Besides reviews, you also included individual articles. It is a bit unclear when and how you desided to do so, and what the results and impacts are of this two-step approach. Perhaps you could to a check on a paper of my own group (BMC uses open peer review, so you know my name). Not to get citated (ethics!), but to test whether it is
We have provided more information regarding the definitions of interventions that we used. We have revised the methods section and have guided the reader to refer to the PRISMA flow diagram which visually conveys the process of including the most recent high quality SR and subsequently published studies. This section now reads:

“The first step in the search was to identify high quality published systematic reviews for each question. Systematic reviews were not excluded on the basis of the types of primary studies included. Where there were more than one systematic review we included the most recent high quality review (as assessed using the AMSTAR checklist). We also included primary studies that were published subsequently to systematic reviews to ensure that we included the most recent evidence (see PRISMA flow diagram). Studies were considered if they were randomised controlled trials (RCTs), non-randomised controlled trials (NRCTs), controlled before after studies (CBAs) or interrupted time series studies (ITSs). Where we were unable to identify any systematic reviews to address a research question we summarised studies of the aforementioned designs. Studies published prior to 1980 were not included; the cut-off date was chosen in order to ensure consistency with the ABIEBR. Conference proceedings were not included.”

We have checked our records for regarding the study mentioned (Exel et al). This study was sought in full text however, the two people reviewing the paper against the inclusion criteria felt that it did not meet our definition of integrated care (now provided in more detail in the paper).

3. The Results section is structured by your seven questions, within each of these paragraphs you follow the same structure of description/quality /effects (and within that patients and secondary outcomes). This structure is already complex, but get even more complex when you build in another level, i.e. subjects within question 4 (case management, early supported discharge., short term programs). You lose me as your reader even more, because these topics are slightly different than worded in the question (‘organised follow-up’).

Categorising ‘continuity of care’ interventions enabled us to interpret and present the evidence however we can see that this adds confusion to an already complex structure. We have slightly modified this to make it clearer that these are types of continuity of care by presenting the categories as “continuity of care – case management”, “continuity of care – Early supported discharge” and “continuity of care – short term programs”.

4. The discussion might be structured slightly better, by including headings and more compact writing. So issues you only touch upon, without much elaboration (ABIEBR, pre-selection of organisational interventions, future research).

Not really sure how to address this feedback! Don’t want to make the paper any longer!

5. In the paragraph Data collection and analysis be more precise on which author performed which task, adding initials wherever possible (you only did this once, on page 9, second line). Also in the Discussion on page 25 below.
We have added initials in the Data Collection and Analysis paragraph and in the discussion

6. Editorial check is necessary, for typing errors (example: last sentence on page 4: ‘lead’ in stead of ‘leads’; full stop after [16] no page 11 and in the line directly below this reference include ‘the’ in ‘…. in each of [the] study arms…’) and for consistent use of space before a reference number

We have proof read the paper and made minor changes including addressing the issues noted above.

Reviewer 2

1. To the reader, it is unclear why the seven questions were “thought to be the most important to inform the organization of a new brain injury rehabilitation unit in Victoria, Australia” (p. 7) and by what method or methods these questions were ascertained. Given the importance of these questions in focusing the review, more details should be provided. Discretionary review

We have provided more detail regarding. Amended text is provided above (reviewer 1 point 1).

2. Clarify this notation (p. 9): “Reasons for exclusion were recorded at the full text stage.” What is the meaning of “full text stage”? Discretionary review

We have revised this: “Reasons for the exclusion of studies obtained in full text were recorded.”

3. There appears to be a comma missing in the definition of ICPs described on p. 13 (i.e., “assessment, investigation diagnosis, or treatment” or “assessment investigation, diagnosis, or treatment”. Minor essential review

Comma inserted


We have included the definition used within the SR: “Early supported discharge was defined in the review as “any intervention that aimed to accelerate discharge from hospital with the provision of support (with or without a ‘therapeutic’ rehabilitation intervention) in a community setting”.

5. No summary or integration is provided for the sub-section entitled short-term programs of continuity of care. Minimally, the authors should address the variability between and within studies and what, if any, integrative conclusions can be extracted. Minor essential review

We have provided a short summary: In summary, we identified a number of studies evaluating short term programs however, low study quality and clinical heterogeneity means that it is difficult to draw conclusions about these studies.

6. Studies conducted in varied geographical areas present natural biases or limitations given the political and socioeconomic complexities of healthcare. This is particularly salient when dealing with policy issues in the public versus private sectors of healthcare. In the text or in the tables, I recommend noting the locus of study, such as the state or country and healthcare system within which the
research was conducted. Interpretations or conclusions should follow. Major essential review

_Good point – we have listed the country in which the study took place in the tables._