Reviewer's report

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

Version: 2 Date: 11 June 2014

Reviewer: Cara Meixner

Reviewer's report:

The authors conducted a methodical, carefully bounded analysis of systematic reviews (SRs) and experimental studies (i.e., RCTs, NRCTs, CBAs, or ITSs) in order to address 7 research questions pertaining to healthcare services for persons with ABI. Inclusion criteria were well defined, bracketed by types of studies, participants, interventions, and outcome measures. Respectively, multiple authors vetted the studies to ensure relevance, accuracy, and congruence with identified scales (e.g., Downs and Blacks, AMSTAR, etc.). Five systematic reviews and 21 trials adhered, mapping to and addressing all but three of the 7 questions.

For each of the four core questions, results are organized along the following lines: description of reviews and studies, quality of reviews and studies, effects of interventions, and summary. Levels of evidence “were described using the classification system used within the ABIEBR” (p. 9). For more complicated questions, such as continuity of care, intervention approaches were sub-divided.

Overall, the authors’ astute organization renders the review fluid, readable, and enlightening. Issues of discretionary or minor essential review are denoted in the table below.

The discussion is balanced, supported by the data. Noted by the authors is a major limitation: most of the trials identified persons with (1) stroke and (2) mild to moderate disabilities. Other limitations (e.g., mixed quality of studies) are dually noted. Too, the inherent complexity of the studies analyzed rendered it difficult to draw sweeping conclusions. Still, the authors provide a deft discussion of several points, such as their “finding regarding the lack of evidence for integrated care pathways” (p. 24).

Recommendation Level of Recommendation

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

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

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


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

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

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.