Author's response to reviews

Title: Exploring the impact of common assessment instrumentation on communication and collaboration in inpatient and community-based mental health settings: a focus group study

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Author's response to reviews: see over
Dr. Roberto Forero,

I wanted to thank you for the opportunity to revise our paper, entitled “Exploring the impact of common assessment instrumentation on communication and collaboration in inpatient and community-based mental health settings: a focus group study” (MS: 1360303666125829). We believe that the paper is stronger with the revisions suggested by the reviewers. Please find below responses to each of the reviewer comments, as well as where to find relevant changes in the text; all changes to the manuscript have been highlighted (in yellow). If you have any further questions, please do not hesitate to contact me.

Regards,

Lynn Martin
REVIEWER 1

1. The study would be enhanced by a brief description of usual practices pre-intervention in the community setting, so that the reader has a sense of how much novelty was introduced by the common assessment instrument. This information should be used to inform the discussion about whether common instrumentation is a necessary but not sufficient condition for improving communication.

- Information was added to the Method section highlighting that staff in the inpatient and community-based settings were frequently in contact with one another - i.e., inpatient staff referred to the community program, and most clients had a history of multiple admissions to hospital (p5 - lines 102-105).
- Information was added to the Results section on the way in which inpatient and community staff interacted pre-implementation to further highlight both existing patterns and the differences in opinion of those patterns (p 7-8 - lines 148-164 for inpatient, and lines 167-177 for community).

2. The limitations of the study design, in particular, that the study included only one focus group from each setting, in one city, with limited disciplinary representation, should be mentioned.

- While limited disciplines are represented in the sample, these are reflective of the persons in both the inpatient and community-based samples who were responsible for assessment and arranging/participating in transfers of care. This information has been added to the Methods section (p5-6 - lines 108-111).

3. The focus group participants in both settings agreed that information uptake – as opposed to availability – was a major barrier to more integrated communication. It is proposed that a mechanism whereby the raw assessment data is transformed into user-friendly clinical summaries might bridge the gap. It should be noted that this too is an assumption, and needs to be tested for veracity. It is possible that provision of this enhanced resource might also be found to be necessary but not sufficient to actually enhance communication during transitions.

- Though this point is made in the conclusion, a statement on the need to further study this issue has been added to the Discussion (p14, lines 300-303).
REVIEWER 2
1. The study has two interesting and important goals. Firstly, how clinical staff collaborated and communicated with one another over the course of transfers of care. Secondly, whether use of compatible assessment instrumentation (i.e. the RAI-MH and inter RAI CMH) had any positive affect in terms of collaboration/communication. The dilemma within health care, with differentiation and specialization going on at the same time are well known, and solutions are needed. Hence, this is a highly relevant study.
   • No changes were necessary based on this comment.

2. The study uses focus groups for collection of data; two groups with personnel from inpatient and community care, 10 from each of these settings participated. The methods used are clearly described. However, the authors do not explain why this design and method is used. Also, it would be interesting to know why none from other professions except nurses participated from the inpatient-staff (for instance psychologists or psychiatrists). Not at least because it is explained in the conclusions that both instruments in the study included several hundred items on key life areas that are relevant to the various disciplines involved in care (Psychology, psychiatry, nursing, medicine etc.)
   • In the introduction (p5, lines 90-93), it is clearly stated that the goal of the study is to understand how communication happened during transfers of care, and to examine whether that changed after implementation of the compatible assessment instrument. To reinforce this, information on the rationale for a pre-post design has also been added to the Methods section (p6, lines 122-124).
   • Information has been added on the representativeness of the sample (i.e., limited involvement of specific disciplines) for the purposes of the study (see response to Reviewer comment #2 above; changes p5 - lines 108-111)

3. The main impression is that the data presented are somewhat sketchy. Furthermore, the focus is more on the pre-implementation-phase, with the participants' description of challenges and their expectations related to the use of compatible instruments rather than actual effects – positive or negative – or none. Instead, the focus (suddenly), in the end of the result-chapter, is on the problem related to lack of use of the instruments despite mandated since 2005. Therefore, in the end, the question raised in the article is related to the lack of implementation within the services rather than effects of it. At this point, as a reader you feel a bit disappointed because one would expect, based on the questions raised, that the instruments had actually been tried out. On the other hand (and as a consequence of lack of use of instruments), important results concerning challenges related to implementation are presented.
   • We are unclear as to what the reviewer means when saying that the data are “sketchy”; both the RAI-MH and interRAI CMH have well-established psychometric properties and have been extensively pilot-tested in multiple jurisdictions (in Canada and elsewhere). In spite of use of the RAI-MH to assess persons since 2005, participants suggested that staff view the form as an administrative tool, rather than a clinical one. In spite of being comprised of 300+ items that inform clinical decision-making (i.e., presence of specific symptoms, cognitive functioning, etc.), staff expressed that they were not provided with
an easy way of understanding/interpreting the ‘results’ of the assessment. For example, though there are scales embedded in the assessment (e.g., Depression Rating Scale, Cognitive Performance Scale), these were not necessarily available to them upon completion of the instrument. The reviewer is quite right in saying that the discussion focuses on issues/challenges related to implementation, as, from the perspective of participants, this emerged as an important reason for the lack of impact of compatible assessment instrumentation on communication patterns. No changes were made to the text based on this comment.

4. The structure of the article seems to be according to relevant standards.
   • No changes were needed based on this comment.

5. It is concluded that the impact of implementing compatible instruments is not immediate because of slow implementation. The authors still think that there is a great potential to promote interdisciplinary care. They point at the need for clinicians to see that the instrument is useful and that it is meaningful to use it. This is probably right, but it is not clearly reflected in the results. While the discussion mainly focuses on the participants' views of the potential of such instruments, despite no effects so far, the actual difficulties related to implementation is not discussed in any significant degree.
   • The participants themselves continued to express a belief in the potential for the use of compatible assessment instrumentation to positively impact communication and collaboration between staff in inpatient and community-based settings. For this reason, we focused on the need for future work to make it easier for staff to ‘digest’ the vast information available in the assessments. This issue was also raised by Reviewer 1 (see comment #3 and changes made on p14, lines 300-303).

6. is a pre-post-design, and the goal is to explore impact. This is rather ambitious, and the choice of methods should be discussed. The study focus on impact of the instrumentation on communication and collaboration. However, it is concluded that it may be some time before the impact of an integrated mental health info system on communication is realized. It might be then that this conclusion beats the whole basis for the study?
   • The rationale for selection of a pre-post design was added to the Methods section as a result of this reviewer’s previous comment (#2, see changes on p6, lines 122-124); it is the appropriate method, given the goal of the study. We learned about the difficulty in the uptake of information from the inpatient staff through the focus groups - this information led us to explore the relevant literature on the impact (or time to impact) of innovations in practice. This literature is introduced in the Discussion section, where we believe it is appropriately situated - it is used to help us understand that our finding (i.e., no immediate impact), is not as it turns out, altogether surprising. No further changes (beyond those already made as a result of previous comments) were made to the text based on this comment.

7. The authors should refer to other studies showing respectively the advantages/possibilities, the challenges of integrated services and also problems related to implementing such
instruments. Both authors state that they do not have any conflicting interest related to this work. However they have been involved in the development of the inter RAI CMH assessment system and JPH is the lead author on the RAI-Mental Health assessment system. The participants among staff were also recruited by the RAI-Mental Health coordinator for the organization. The question that arises is whether the authors are evaluating such instruments in general or these particular instruments. This is not clear everywhere in the article. At first it seems like it is instruments in general as they refer to these two instruments as examples. If this is the case, the question raises if it is possible to conclude in general based on these two examples of instruments. If they conclude about these instruments in particular, which probably is the correct thing to do based on the study's design, there is a problem of conflict of interests seems more obvious. In the presentation of results it is referred to these specific instruments when the staff's impression of challenges is presented (from line 188). Also in the conclusion it is referred to the specific characteristics of the instruments (from line 280), and their great potential. My main impression from this is that the article is about these specific instruments, and not instruments in general. This should be clearly stated, and a more concrete description of the instruments should be given in the introduction (and not in the conclusions). The authors should then also explain why there are no conflicting interests.

• The authors do not perceive any conflict of interest. Yes, both authors were involved in the development/testing of instruments, but they have no affiliation with the RAI-MH coordinator at the individual hospital (this is a member of the hospital staff) who recruited participants. The RAI-MH coordinator assisted with the recruitment, as this person is (1) known in the hospital, (2) the resource person for training and questions related to the RAI-MH, and (3) the person designated by the participating hospital as the trainer for the interRAI CMH. It is important to note that authors of assessment instruments usually participate in the testing of their instruments. This study presented the authors with an opportunity to learn more about how the instrument and its output are used by clinicians. It was very informative to hear that in spite of offering a wealth of clinical information, this information is not communicated as well as it could be with staff. While the authors developed the content of instruments, they have not been involved in the development of the reports produced by hospitals based on the assessment. Further investigation into the way in which clinicians prefer to have assessment results communicated (e.g., text, graphs, figures) is warranted to help make the most out of the information collected. No changes have been made to the text based on this comment.

8. The title ambitiously focus on impact of the instrumentation on communication and collaboration. However, when no positive impact is found, it is concluded that it may be some time before the impact of an integrated mental health info system on communication is realized.

• Our study is titled: “Exploring the impact of common assessment instrumentation on communication and collaboration in inpatient and community-based mental health settings: a focus group study” - we explored whether compatible instrumentation had an impact on communication and collaboration among staff in inpatient and community-based mental health settings. We found that staff did not think it had an
impact by the end of a year, and heard their perspectives as to why that was. We also
looked into the relevant literature, and introduced that literature in the discussion to
help situate our findings (i.e., on other types of innovations/changes in mental health
care that did not result in immediate changes/improvements).

Other:

Line 62: A definition of integrated services is needed in the introduction
  • “integrated” has been clarified - see p 3, line 60.

Line 126: "of use" is written twice
  • This has been corrected - see p7, line 131

Line 201: "a ways to go"
  • This phrase is part of participant quote; no change has been made to the text.