Author's response to reviews

Title: Hospitalisations during the last year of life of nursing home residents: A retrospective cohort study from Germany

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Author's response to reviews:

Dear Sirs,

in the following I will refer to the comments of Reviewer1.

1. Major Compulsatory Revisions:
   a) "This is a funny cohort, in fact not a cohort at all...."
   Sorry, perhaps this didn't become very clear, how the cohort was defined:
   In our paper "Ramroth H, Specht-Leible N, Brenner H. Hospitalisations before and after nursing home
   admission: a retrospective cohort study from Germany. Age Ageing 2005;34:291-4."
   There it has been seen perhaps more clearly, how the cohort was defined and where it started. Thus, we
   added this reference to refer to the comparison before and after nursing home admission.
   The cohort started in the year 2000, with the characteristic, that in this year was the first nursing home
   admission (NHA).
   People have been followed up over time, up to end of the year 2001 or their death, to follow their
   admissions into acute hospital!
   So it is indeed a "longitudinal study regarding hospitalisation rates in a population-based sample of NH
   residents".
   In contrast to our first paper mentioned above, we referred here only to those people who died, and not to
   the cohort of all participants, to underline findings for this subgroup.

   Why didn't we refer previously to this other article?
   Indeed, once we started with a cohort of 1926 participants, but only for 1361 participants we had data also
   for the time before NHA.
   So, in the subcohort of 1361 participants there were 559 deceased persons, in the whole cohort of 1926
   participants, a total of 792 deceased persons, including the 559 from the subcohort.
   In general we think it does not make any difference or to refer to the subcohort or to the total cohort. For
   statistical aspects we choose the total cohort.
   It would not be good to refer to the whole last year of life of a subsample of 559 deceased persons
   (participants of 2 large health insurance plans), for which information before NHA was possible.
   As it came out in our paper Ramroth et al. 2005, in the time before NHA, especially the last months before
   NHA, could be described by very intensive hospital care. So, there wouldn't be a clearer picture of the
   situation for NH residents before death.

   b) "The difference in design...."
   In contrast to the reviewer we think that under the above illuminated circumstances we can compare NHA
   rates with those in the US.

   c) "Furthermore, the authors...."
   I suppose, the above mentioned points (a) cleared this point.

   d) "For example...."
   This is right, this is not a rate for the whole year, because not every participant survived the whole time.
   On the other hand, dramatic increase of rates is illuminated by figure 2, where the rates for the last week of
   life, the second last, the third last,.. and so on, are described!
Thus we kept our approach to illustrate the increasing rates not during the last year, but during the last months of life.

e) "There is no way to determine ...":
We concretized this information for these participants, who survived more than 1 year in NH.

Minor Essential Revisions:
a) "In the Methods..."
we think this information is now clarified.
The 8 largest health insurance plans cover about 80% of the population. The characteristics of the study participants yielded to a sample of 1926 participants. From these 792 died during the study end.

b) "I am concerned ..."
This is a usual procedure, in case-control studies and in cohort studies:
If a new case is given, there will be a questionnaire or an examination, usually not all at one time point. Important here is, that this has been done under a standardized procedure!

Sincerely yours
Heribert Ramroth