Author's response to reviews

Title: The professional collaboration is dependent of the quality of communication between hospital and general practitioners: a panel study of the content and quality of referral and discharge letters.

Authors:
   Helge Garasen (helge.garasen@ntnu.no)
   Roar Johnsen (roar.johnsen@ntnu.no)

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Author's response to reviews: see over
Dear Madame

MS: 1876717731268270
New title:
The quality of communication about older patients between hospital physicians and general practitioners: a panel study assessment

We highly appreciate the thoroughness of the reviews and the comments from both reviewers, and agree that their comments will contribute to a more precise presentation of the results of the study.

The revised manuscript has incorporated the reviewers significant concerns for information on the referring doctors in the Results section and in the tables as well as a description of the quality criteria in the Methods section.

We agree that the data might be considered to be relatively old. The main reasons, however, for not publishing the results earlier are:

a. This study was a pilot study to a major randomised controlled study on intermediate care at a community hospital (BMC Public Health, 7:68) and also the evidence locally for the establishment of a system of consent based electronic core health records (ECHR) in the municipality of Trondheim

b. When presenting the results from the randomised controlled trial and when presenting the ECHR, we experienced that there were little published data from studies using Delphi techniques with professionals both from primary and secondary health care levels assessing both the quality of physicians referral and discharge letters about older patients as well as the benefit of general hospital care.

E.g. the latest paper published April 19. 2007 (reference nr 20 in our paper) in Norway is only focusing on the poor quality of the discharge letters.

Further revisions of the manuscript are accounted for according to comments to each of the reviewers on the following pages.

Both authors have read and accepted the changes.

Yours sincerely

Helge Garåsen
Comments and revision according to the reviewer’s report by Moyez Jiwa

Major Compulsory Revisions:

1. We agree that a description of the Norwegian health care system is necessary for an international audience. This is now presented in the Background chapter.

2. The literature review is updated with more recent North European and Nordic papers.

3. We agree that the data might be considered to be relatively old. The main reasons, however, for not publishing the results earlier are:
   a. This study is a pilot study to a major randomised controlled study on intermediate care at a community hospital and also the evidence locally for the establishment of a system of consent based electronic core health records (ECHR) in the municipality of Trondheim
   b. When presenting the results from the randomised controlled trial and when presenting the ECHR, we experienced that there were little published data from studies using Delphi techniques with professionals both from primary and secondary health care levels assessing both the quality of physicians referral and discharge letters as well as the benefit of general hospital care. E.g. the latest paper published April 19. 2007 (reference nr 20 in our paper) in Norway is only focusing on the poor quality of the discharge letters. The answer on the question whether anything has changed in Norway since 2002, is rather disappointing as the results from some papers on discharge letters published in The Journal of the Norwegian Medical Association lately [20] do not show any better results now than our study in 2002 regarding discharge letters.

4. We agree that our references to the instrument (VAS scale) used by the expert panels were somewhat misleading and the reference is deleted.

5. As the general hospital normally does not seek additional information from the referring doctors we intended to evaluate the only information the hospital got in each hospitalisation. Supplementary information is collected from the patient, possible relatives and from medical journals from previous stays, if any. So the panels did evaluate the quality of the description of the actual circumstances. The results are now described in the Results chapter and in Table 2. We agree that information from the patient themselves afterwards would provide more accurate results and assessments. However, the intention of this study was to get the professionals assessments of the quality of physicians’ letters and the
benefit of general hospital care. This is elaborated on in some more details in the Background section, page 4, para 2.

6. We are very sorry that we have been using the word consent instead of the word consensus several times in the paper. We hope we got it right this time!

7. We have removed the word “policlinics”. General practitioners on duty provide the emergency care services in Trondheim; some physicians are staying at the emergency rooms, some are following the ambulances when necessary. Referral letters, in the Results section in the chapter on Referral letters, from general practitioners on duty are now presented together (“44 by general practitioners on emergency care duty”).

8. We agree that reference 15 (now reference 20) were wrongly cited in the Discussion chapter as it is not a research study, and this reference is now only cited in the Methods section under the chapter on Study design where we are describing the Delphi technique.

9. We agree that the conclusions are somewhat overselling the results. We have modified the conclusions hopefully to the better.

Comments and revision according to the reviewer’s report by Henk GA Mokkink.

General:
As mentioned above (item 5) the communication between primary and secondary health care levels is mainly written. So the exchange of medical information on each patient constitutes the main content of the collaboration on this patient. To avoid any misunderstanding of this point we had followed the advice and deleted the term professional collaboration from the title and in the paper.

Major Compulsory Revisions:

1. The title is revised according to the comments from the reviewer.
2. We agree that the quality criteria/quality indicators in the standardised evaluation protocol are not described properly. This is now rewritten the Methods chapter.
3. The number of patients was chosen from a practical capacity consideration. The main objective was to perform a pilot study to get sufficient knowledge to perform a major randomised controlled study on intermediate care at a community hospital compared to traditional prolonged care at a general hospital. The panelists set the limits of assessments they felt they were able to perform.
4. In the Methods section we have now rewritten the chapter describing all the items that the panels evaluated. There should now be correspondence between what is presented in methods and Results and Tables.
5. We agree that it is confusing when we are using ‘level of care’ in the Methods section and ‘need of care’ in the Results section. We are meaning ‘need of care’ and have corrected the term in the Methods section.
6. The panels were blinded for the names of both the referring and the general hospital physicians. There were 100 different referring physicians and 94 different hospital physicians. This is now described in the Results section.
7. Seemingly there might be a gap between the objectives and what was analysed. The analyses on agreement were to qualify the evaluation results. If the consistency between the panels and within and between the professions was high we might argue
that the assessment was valid. It was also of interest to evaluate whether there were differences between the departments regarding the quality of the written communication. We might extend the objectives to include also the agreement analyses as secondary objectives. The p-values presented in the Result section under the heading Discharge letters, where we are presenting a comparison between the quality of the referral letters from the 3 general hospital departments, are now removed, as these p-values give no meaning as they are presented.

8. The result presented in the Discussion section on the associations between the quality of referral and discharge letters is moved to the Results section.

9. We agree that the generality of findings from one hospital has limitations. Our conclusions are now somewhat modified both in the Discussion and Conclusion sections.

Minor Essential Revisions:

1. The labels on the figures and tables are revised
2. The word consent is exchanged with consensus and/or agreement.
3. The p-values in Table 3 are removed, as they give no meaning as they were presented in the table.