Author’s response to reviews

Title: Interventions aimed at reducing problems in adult patients discharged from hospital to home: a systematic meta-review.

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Author’s response to reviews: see over
Author's covering letter for revised manuscript
Interventions aimed at reducing problems in adult patients discharged from hospital to home: a systematic meta-review.

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Comments:
We thank the reviewers of our manuscript for their efforts and useful comments. Below we give a point-by-point response:

A. Comments raised by Diane E. Holland:

Major compulsory revisions
1. The reviewer is right in stating that the manuscript involves more than only ‘problems’, since it also discusses discharge status and health care use post discharge. Therefore we added text on page 5 and 8 of the Background, where we state this extension beyond ‘problems’. Also she points to the lack of description when outcomes are regarded as positive or negative. Hereto we added text about the nature of the outcomes on page 15 of the Methods section.

2. The reviewer proposes to remove the review of Johnson et al. (2004) from our meta-review. During the inclusion phase we also had a discussion whether this review fulfilled the inclusion criteria, since these review authors could only include two trials concerning parents of hospitalized children. Rethinking our decision, we agree with Ms. Holland that this review should be excluded. So we made all necessary changes throughout the text and the tables.

Minor essential revisions
1. The inconsistency in the reference ‘Shepperd 2003’ was resolved and changed into ‘Shepperd 2004’.

Discretionary revisions
1. A question was posed on how we handled manuscripts in foreign languages we did not master. We added a sentence on page 11 concerning this point: ‘In case articles were published in a language in which the reviewers were not fluent, assistance was sought from some other colleague who mastered that language’.

B. Comments raised by Suzanne Richards:

General
We made the necessary changes in the text concerning ‘viz’, ‘..’, ‘,’ and ‘inclusion criteria’.

Major compulsory revisions
1-4: The reviewer questions if the scope of the review is clearly enough defined and if the reviews are comparable enough to combine.

We do agree that the field of discharge planning is heterogeneous and complex to synthesize it. However, the included reviews have in common that they all deal in some way with the discharge process. Moreover, people in practice who are interested in discharge planning, are confronted with an enormous amount of literature (opinion articles, primary trials and reviews with conflicting results). We supposed that there is a need to have an umbrella review on this problematic matter of hospital discharge. Therefore we undertook this project with many challenges. We realize that this meta-review has several limitations. Nevertheless, we think that the project in the way we did and described it in the manuscript is worth to publish. It
gives an overview and insight in this complex area, as well as it raises many points for future research on discharge planning and about undertaking meta-reviews. We added text and further explanation in the Background, Methods and Discussion section of the paper that relates to the comments made: see additions on page 5-8, where we introduced in an earlier phase definitions and the classifications of interventions, on page 15 about the classification of outcomes and on page 39 concerning the appropriateness of doing a meta-review. The suggestion of Ms. Richards to restructure the Discussion section using the framework of Parker is an interesting one, but we think this would be to much of a reiteration of the Results section.

**Minor essential revisions**

1. On page 13 we added the text ‘… such as construct validity, inter-observer reliability and coverage of the items in the QUORUM statement for reporting systematic reviews’ to explain why we choose for the instrument of Oxman.
2. On page 14 we added text about what we did in case reviewers differed largely in their quality assessment.
3. On page 17 we changed the term ‘concordance’ into ‘crude agreement’.
4. We changed on page 18 in the title ‘studies’ into ‘reviews’.
5. We agree with the suggestion to drop the figures about the number of patients involved in the reviews.
6. We rephrased the last sentence of the former page 17 (now the first sentence of page 21), following the suggestion of the reviewer.

**C. Comments raised by Jane McCusker:**

**General**

The suggestion to shorten the article by adding more tables instead of text was thought over, but in our view this would only shorten it a little bit and give an extra problem of tables that are difficult to understand without explanatory text. We agree that the finding of very little overlap in included trials between reviews, can be seen as a disquieting one. However, it can (partly) be explained by the differences in main focus of each review, by differences in search strategies and in inclusion criteria concerning patients, interventions, comparisons and outcomes that reviewers used, or by the applied limitations concerning languages or publication years. We added some text in the Discussion on page 38 concerning this point. The suggestion to repeat the search strategy and inclusion process of each review is a very interesting one, but this is a method we did not intend a priori when we developed the review protocol nor does this fit within our current resources.

**Minor essential revisions**

‘inclusion criteria’ has been replaced with ‘inclusion criteria’ as well as other necessary changes concerning spelling.

We hope we have made satisfactory responses to the comments of the reviewers and changes to the text itself. Thanks again for the useful comments.

Yours sincerely, also on behalf of the co-authors Anneke Francke and Else Poot,

Patriek Mistiaen