Author's response to reviews

Title: Effect of changed organisation of nutritional care of Danish medical in-patients

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Author's response to reviews: see over
Dear Editorial Team,

Thank you for the peer reviews of our manuscript “Effect of changed organisation of nutritional care of Danish medical inpatients”. We hope that the following additions and changes made according to the issues and questions raised satisfy the comments. The revised manuscript conforms to all the points mentioned from referee 1 and 2 and the editorial team. Below the response is given point-by-point.

Referee 1:

1. The articles in the field are updated.

2. Methods:
   a. The training program has now been described in greater detail.
   b. The education in Denmark of the social- and healthcare assistants is now briefly described. In addition, it is described that the social and healthcare assistants are chosen because they take great interest in and derive much experience from previous job functions with regard to nursing care of nibblers, elderly and patients with senile dementia and lung function.

The background for hiring and training the three social and healthcare assistants has now been described in the Background section: “Normally in Danish hospitals the nursing team is jointly responsible for the nutritional care of the patients. Nevertheless, several studies suggest that the nutritional care in daily practise is given low priority in the nursing care. Some of the identified factors that inhibit optimal nutritional care in the wards is lack of time and interest with regard to the nutrition care among the nursing staff, and that the responsibility for the practical implementation of nutritional care is collective, but that only few are actively engaged. So the question is…”

   c. As described in the section “Patient screening”, a registered nurse conducted the Nutritional Risk Screening. If she assessed that the patient was at nutritional risk, the next step in the program (ref 21) was to initiate nutritional therapy. In the intervention the registered nurse has the possibility to delegate the responsibility for the nutritional therapy to the nutritional and healthcare assistant. The following is included in the text: the assistant is professionally trained to work actively with nutritional care and has the necessary time to do it in practice.

   d. Job function: A sparring partner is a collaborator - a person with whom you regularly have friendly arguments or discussions. The word “sparring partner” is excluded from the manuscript.

   e. The effect of the intervention: One of the investigators is responsible for assessing the effect of the intervention and is doing all the interviews. It is now explained in the text.

   f. The questionnaire: The questionnaire is based on a questionnaire developed and used in (18). The questions were designed to focus on issues believed to be related to the patients’ nutritional intake and to reflect their experience with the nutritional care they have received. The questionnaire has been validated through interviews
with five medical patients to ensure that the questions were unambiguous, that the patients understood the questions and that the order of the questions was correct (26). This is now explained in the text.

g. The questionnaire was used to the structured interviews of the patients. The patients had the possibility of giving open comments to all the closed-ended questions, and the comments were written down word-by-word. The interviewer was always the same person. This is now explained in the text.

h. Evaluation by the staff: The participants in the eight focus groups, what kind of questions and how they are developed have now been described.

i. In the text it is now explained who did the assessment.

j. The patients’ dialogue with the staff. In the text it is emphasized that these results stem from the structured interview with the patients.

k. In the discussion it is emphasized that the results from this study show that the nutritional care only works when a specific staff is there to do the tasks. In the conclusion it is pointed out that a program describing a specific staff to do the tasks in the day, evening and weekend duty is recommended to eliminate under nutrition of patients during hospitalisation.

Referee 2:

1) To improve the style of written English, a copyeditor has corrected and prepared the manuscript for publication.

2) In this manuscript reference 11 and 14 are included in relation to the clinical consequences due to under nourishment.

3) In the tables, it is added when the study took place.

4) In the text it is added, that the patients from group B and C are from one of the participating wards.

5) In the text it is clarified how the patients entering the study were selected, and it is clarified that the patients included were typically from the wards.

6) The education is now described.

7) The hospital food was transported from the production kitchen to the wards in food containers and the staff served the food to the patients. Before the intervention two investigators did the visual assessment of the percentages of the food left in these containers. During the intervention it is a part of the nutritional and healthcare assistants’ job to order the food from the production kitchen and adjusting all of the orders on a daily basis according to the patients’ requirements and wishes and to reduce the percentage of food left. This is now described in the text.

8) It is added to the text that the management had approved the study.

9) It is now specified that it is an average weight loss for the patients who were able to remember they recent weight loss for a number of weeks/months (see table 2). It is described that this figure should be judged with caution, but it does give an indication of the level of weight loss in this group of patients.

10) The “%” in the text is omitted.

11) The number of patients each nutritional and healthcare assistant can deal with depend on the patients’ need of nutritional care. Her job function is in detail described in the section “The job function of the nutritional and healthcare assistant”.

12) The participants in the eight focus groups have now been described.

13) Table 6 is included because this result is related to figure 1.
14) Figure 1: In the left column there is no surplus in relation to food budget. In the tables there is an increase in food ordered resulting in a higher percentage of food wastage as shown in the left column. The figure is now explained in detail.

15) The investigators tried to collect these data from the medical records. But unfortunately the data were often missing or insufficient. The evaluation from the nutritional and healthcare assistants is now included in the results.

Editorial team:
1. To improve the style of written English, a copyeditor has corrected and prepared the manuscript for publication.

2. The Local Scientific Ethics Committee has been contacted to evaluate the ethical aspects of the study. As in the previous study (Reference 26 in the manuscript: Lassen KO, Olsen J, Grinderslev E, Kruse F, Bjerrum M. Nutritional care of medical inpatients: a health technology assessment. BMC Health Services Research 2006:6:7) the committee concluded, that the study fell outside the framework of the approval of the Committee. The authors have decided to remove the sentence “The study fulfils the Declaration of Helsinki II”, so this manuscript is equal to reference 26, in relation to this point. It is included that the management had approved the study.

3. The authors have pointed out that verbal consent were given to the interviewer by the study participants. (See section “Methods”, “Evaluation by the patients”.)

4. The revised manuscript conforms to the journal style.

We all agree about the changes in the reviewed manuscript. We are looking forward to your reply.

Yours sincerely
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