Reviewer's report

Title: Shelter-based intermediate care for homeless adults in Amsterdam: characteristics and dynamics in the user profile between 2001-2008

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Reviewer: Tiina Podymow

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Shelter-based intermediate care for homeless adults in Amsterdam: characteristics and dynamics in the user profile between 2001-2008

General comments: this work is a descriptive piece about an intermediate care program for homeless persons in Amsterdam and how and for whom it served and functioned for 6 years. It is of interest to program and policy development agencies, and to those looking to start such a program. It is a retrospective, descriptive analysis. Would accept this piece after major changes.

It is incredibly long ~5000 words – a lot of narrative- would shorten significantly.

Major questions:
What physical space is the Gastenburg/intermediate care? How many beds?
How is it staffed? What do you do in emergencies? Are patients able to consume drugs alcohol on premises?
Were all of the diagnoses as shown in the table made by a single doctor?
What did you do when the patients were too sick to stay- were they transferred to hospital?

Revisions:

Would shorten title, Perhaps remove ‘characteristics and dynamics in the user profile between 2001-2008’ to be
Shelter-based intermediate care for homeless adults in Amsterdam- a descriptive study

Would add to keywords: convalescence. NB convalescence is a MeSH subject heading while ‘Intermediate care’ is not a defined term- might consider replacing convalescent care or convalescence throughout paper.

Page 2

Abstract line 2: would put bracketed (convalescent) after intermediate, as many will not know what you mean by intermediate care- see above comment

Would state that this is a descriptive analysis.

Methods: replace ‘data on the characteristics' with the word ‘Demographics’
Results section would replace ‘went through homeless themselves’ with ‘were self-referred’

What do you mean by: were referred by ‘medical services’? Hospitals? Clinics?

Remove ‘(average length of stay 47 dfays 41% stayed up to two weeks)’ it is confusing and not necessary in the abstract

SMR- what does this stand for?

Page 3

Conclusion: grammar-change ‘of whom many’ to ‘many of whom’

Background: This is very long, and while it is useful to put the paper into proper context, would shorten it significantly.

e.g. while humorous, would remove this sentence, as it doesn’t really belong in a scientific publication: “After a few questions John was invited to limp around the corner to the Salvation Army shelter named the Gastenburgh” (in Dutch: gaste=guests and burgh=fortress)"

replace with “After assessment John was admitted to the Gastenburgh, a shelter-based intermediate care (convalescent care) facility .. etc

remove the bracketed word: (anymore)
un-bracket words: nursing and outreach

Re: abbreviation- by convention abbreviation for Municipal Public Health Service should be MPHS (and not GGD which has no meaning for the readership)

Page 4

Line 2 replace ‘who’ with ‘then’

Help for the Homeless – is not used enough in the paper to abbreviate at all… if so abbreviation should be HH (not HVO)

Page 5

Would delete/shorten the lengthy narrative about John and his admission- say that John was identified by an outreach worker, assessed for admission by a MD, and briefly state that he had been living outdoors, using heroin and cocaine, and his primary problems were poor dentition, acute pneumonia and immersion foot. He was admitted to the Gastenburgh for treatment where he received wound care, antibiotics and was started on methadone therapy. He was also assessed and treated for psychiatric illness by an outreach psychiatrist and mental health nurse.

In general would leave out phone calls and bike travels- fine for narrative in an
oral presentation but very tedious to read.

Line 7 add (outdoors) to clarify i.e. sleeping rough (outdoors) and change ‘skinny’ to ‘underweight’

Need to define admission- was he given a bed? How many beds are in the Gastenburgh?

Line 14 may want to clarify that antibiotics were dispensed within the program, if they were. Otherwise, how did he comply with the treatment?

Line 18 would clarify if the social worker was affiliated with the Intermediate care program.

Page 6

Objectives: Would word more succinctly and scientifically e.g. A seven-year period of the intermediate care program was reviewed to determine the demographics, medical diagnoses, referral patterns, length of stay, discharge location, mortality rate and use patterns of homeless persons in Amsterdam.

Methods- Delete first few sentences (of narrative interest, but it’s not relevant to the methods). Write what you actually did e.g. “At admission, the patient was assessed by the treating physician, and demographic data, medical conditions, mental health, addictions, medication and treatment plan were recorded. Data was collected for and during all admissions from January 2001 and October 2007 inclusive. Patient consent was obtained at admission.”

Delete “only 2 persons refused to give consent…” etc, it is a result, that should go in the results section.

Paragraph “From experience in daily practice and previous studies…” should be deleted or moved, it should not be in the methods section. (The paper is very long and this para doesn’t add much to content- would favor deleting entirely.)

Collected Data section – restates the methods and can be deleted in its entirety; the reader will see exactly what was collected in the results section and by looking at the tables.

Page 8

Referring partners: would shorten to read

‘Referring partners in the Amsterdam care network: included several outreach centers in locations throughout Amsterdam, and patients were self-referred and admitted for intermediate care. Referrals also occurred through social networks such as social workers at day centers and general residence shelters, police, and after release from prison. Medical referrals included those from general practitioners, hospitals, social service safety team and drug clinics, as well as addiction health clinics and mental health services.’
Delete: (underlying)
Delete ‘up’ in ‘time up of admission’

Results

Would include that for inclusion, written consent to access information was obtained, this was granted in 99% of those asked.

Don’t need to put everything that is in the table in writing-- just highlight a few points. It starts out well, just highlights but then as results go on, everything seems to be re-stated.
Could shorten significantly.
Also if in writing, don’t need to point out what is not in the tables- delete “not in table” throughout

Page 10

Diagnoses most encountered should be ‘most frequently encountered’

This does not make sense: Upon 889 admissions, most diagnoses were scored in the ICP ‘psychological’ chapter (P) this was due to high prevalence of poor hygiene and personality disorder.
Delete not shown in table 2
Change ‘scored’ to the word ‘noted’
For underlying medical problems, do you mean ‘chronic’?
Delete ‘not in table three’
Change ‘co-occurring’ to coexisting

Page 11

Change three to thirteen to 3-13
Change ‘took place during the cold months of’ to ‘were’
Change ‘found a GGD outreach doctor on their own in order to be admitted for intermediate care’ to ‘were self referred,’
Delete ‘among the referring medical partners in the care network’
Delete ‘not in table 4’
Delete: ‘significantly more often’
Delete ‘the person who was admitted for 811 days was an illegal male immigrant with severe respiratory problems who was in and out … to reduce the number of …free of charge.” It doesn’t add to the paper.
Change ‘escape homelessness’ to ‘obtain housing’
Change 4% ‘after’ all admissions to ‘of’ all admissions
Delete ‘of whom only a few had a known rent agreement’

Page 12
What is HVO and is the abbreviation needed- can you delete
Re: GBA- Abbreviate Amsterdam Population Register by APR or ‘population register’
Not by GBA
In mortality instead of 82 ‘users’ do you mean ‘deaths’?
What is a standardized mortality rate

Page 13
Personal characteristics: don’t restate the data a second time.
don’t need to put percentages of Caucasian, can just say race mostly Caucasian in Australian, Canadian and Dutch studies while in the US most were African American.

Page 14
Medical problems-
What is ICPC
I would disagree, the medical conditions stated in your study seemed comparable to other studies of intermediate/convalescent care in homeless persons

Would delete “regarding homelessness and health, we support using the term trimorbidity as the term dual diagnosis might neglect the physical condition which in our experience is almost always present” – this statement is irrelevant to your discussion of medical problems

Regarding referral source, the data is again restated- just say that referral patterns are comparable to other studies, as was length of stay
Location at discharge- summarize, don’t restate

Page 16- would delete the 2 sentences starting with “For example…”… “Lack of shelter…” they are lengthy

Mortality
Delete US
Conclusion paragraph is excellent—it is succinct. Would substantially shorten paper, and make this the first para of the discussion, focus on what the intermediate care program can offer the community, and possibly discuss future direction for the program e.g. screening, immunization, trying to include more women in your program etc.

Table 5

Underlying medical problems- this column mostly contains addictions, then mental health problems, then HIV. Would better organize.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'