Author's response to reviews

Title: Do hospitalist physicians improve the quality of inpatient care delivery? A systematic review of process, efficiency and outcome measures

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Manuscript Title: Do hospitalist physicians improve the quality of inpatient care delivery? A systematic review of process, efficiency and outcome measures

Mick Aukakh
Assistant Editor, BMC Medicine
BMC-series, BioMed Central

We would like to thank yourself, Dr. Peterson and Dr. Centor for taking the time to review and consider our manuscript for publication in BMC Medicine. We are pleased to have the opportunity to address the recommended improvements to our manuscript.

Provided below is our response to the reviewers and a detailed description of all changes made. In addressing these recommendations, yellow highlight has been used to indicate where changes have been made within the manuscript. We hope that we have successfully addressed all the concerns and we hope these changes meet with your approval. Please do not hesitate to contact me if you require additional clarification of any of the items and I look forward to hearing from you with regards to a decision.

Sincerely,

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Reviewer #1

1. A great deal of effort has gone into preparation of consensus guidelines for completing and reporting of systematic reviews – the most recent incarnation being the PRISMA Statement (Liberati A, et al. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. PLOS Medicine 2009;6:e10000100). The PRISMA statement assures that reviews are completed in a standardized and reliable manner. I believe the authors need to state the framework they used for completing and reporting their review (if a formal guideline was used) and at least mention the PRISMA Statement. If the PRISMA Statement hasn’t been used as the guideline, there should be some justification of this as far as is possible and I believe mention of it in the limitations section of the paper.

Response:

We thank Dr. Peterson for highlighting this concern and for recognizing the value of the PRISMA guidelines in directing and reporting in systematic reviewers. We'd like to reassure Dr. Peterson that the PRISMA guidelines were used as the framework for conducting and completing this manuscript and we apologize for not making this clearer in our first submission. In light of this oversight, we have added a sentence to our methods section (See pg. 12) stating that the PRISMA guidelines were used. In addition, we have uploaded an additional datafile (Additional File #3) with a copy of the PRISMA checklist which contains relevant page numbers where each item is discussed within the manuscript.

2. Could the authors state whether a systematic review protocol was used as recommended by the PRISMA Statement? If this was done, it should be mentioned and if not, it should be stated and justified under limitations.

Response:

We again thank Dr. Peterson for highlighting this methodological concern. The systematic review was not formally registered with Cochrane Reviews, however both the PRISMA guidelines and PICO methods were used to help ensure that our review would be as free from bias as possible. We do however agree with your suggestion and have added a sentence on this to
our strengths & limitations sections (See. pg. 29). This addition has also been reflected on the PRISMA checklist (Item #5, Additional Datafile #3).

3. Pages 10, 11 state that “at least one author” selected articles and a single author extracted data. While this was an accepted practice in the past it may no longer be adequate -- most current reviews use duplicate reviewers for data extraction as a means to reduce errors. If the data extraction is by a single person, the authors should justify this practice or at least mention it as a limitation.

Response:

Thank-you. We have now added and acknowledged this as a limitation (Pg. 31).

4. In the 1st new paragraph on page 13, the description of the “two randomized controlled designs” given in the paper doesn’t meet a definition of randomization wherein the assignment of the next subject can’t be predicted. I believe this description might be fairly called “quasi-random.” In support of this, see The Cochrane Handbook of Systematic Reviews of Interventions, 2008. P. 213 under the heading of “Inadequate methods of sequence generation.” I believe the paper by Huddleston is randomized but to my knowledge the Kearns paper is not a truly randomized study.

Response:

Thank-you for bringing this to our attention. After reading your concern, we have both reviewed the Kearns paper and the Cochrane Guidelines on methods of sequence generation and we agree that the Kearns paper is NOT a true RCT and as such, should be re-classified as quasi-experimental. We have updated the descriptive measures (See pg. 13), Tables (see pg. 44) and Additional Datafile #1 (see pgs. 1, 5 & 10) to reflect this change. Please note, this adjustment does not change the quality score for the Kearns paper as the non-random, alternate allocation of subjects was noted in their original quality assessment.

5. The text in parentheses “See 6, 109 for overview” was not immediately clear to me on page 24.

Response:

We apologize for this and agree that our wording was not clear. This statement refers readers to the references of two high-quality systematic reviews published on volume-outcome relationships in health care settings and has been revised accordingly (see pg. 27).

Reviewer #2

There are no concerns to address from Dr. Centor.

Comments from the Editor
1. Please revise your manuscript to include discussion about how the hospitalist care model compares to other healthcare models around the world. We would particularly encourage you to consider the comparison between the hospitalist care model and the care model currently used within the United Kingdom. We believe that addition of this discussion to your manuscript will further broaden the scope of your manuscript and increase the appeal of your engaging submission to the wide readership of the journal.

Response:

Thank-you for this suggestion. A discussion of how hospitalist programs compare with inpatient physicians practices in several other countries has been added (see pgs. 27-28).

2. Please also ensure to acknowledge anyone who contributed towards the study by making substantial contributions to conception, design, acquisition of data, or analysis and interpretation of data, or who was involved in drafting the manuscript or revising it critically for important intellectual content, but who does not meet the criteria for authorship. Please also include their source(s) of funding.

Response:

Thank-you for this reminder. Our "Acknowledgements" section has been re-written accordingly (see pg. 32). Please not that permission was obtained to acknowledge this individual. In addition, the role of our funding bodies were updated (see pg. 32) to state that they had no role in the study design, analysis, interpretation or decision to submit for publication.