Author's response to reviews

Title: Impact of Quality Improvement Strategies on the Quality of Life and Well-being of Individuals with Spinal Cord Injury: A Systematic Review Protocol

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Author's response to reviews: see over
Thank you for the opportunity to revise and re-submit our manuscript, “Impact of Quality Improvement Strategies on the Quality of Life and Well-being of Individuals with Spinal Cord Injury: A Systematic Review Protocol” for your consideration for publication in Systematic Reviews. We appreciate your review and the considered comments of the reviewer. We have addressed each of these comments in this response letter, and indicated these changes using “track changes” in the manuscript itself. We have also noted the manuscript page number of these changes in this response letter.

Editorial Requests

1. As requested, we have since added the PROSPERO number to the end of the abstract (see page 2).

Reviewer’s Report:

Minor Essential Revisions:

1. In response to the request to add one or more keywords referring to the nature of the interventions that are included in the review, we have included the term “quality improvement” to the key words (page 2).

2. In response to the suggestion that “…it would be good to mention that a bias towards published studies and English-language materials will nevertheless be likely”, we have added the sentence, “However, a bias towards published studies and English-language materials may still be likely”. (page 6).

Discretionary Revisions:

1. We appreciate the point that quality improvement strategies and self-management strategies may be perceived as separate topics. However, we have employed a taxonomy of quality improvement strategies that has been used previously (i.e., Shojania et al., 2006; Tricco et al., 2012) and are regarded as important to consider. The list of quality improvement strategies includes (promotion of) self-management (see page 5 – no changes).
2. We appreciate the point regarding the inclusion of secondary complications and health care utilization as outcomes for this systematic review. Therefore, we have made the following addition: “To capture physical well-being, studies reporting on the occurrence or severity of secondary complications, including autonomic dysreflexia, pressure ulcers, urinary tract infections, pneumonia, hypotension, bowel problems, deep vein thrombosis (in the legs or lungs), fractures, and chronic pain [5] will be included. Since health care utilization, including physician and specialist utilization, emergency department visits, and hospital readmissions, is often associated with these secondary complications [14,15], we will also include studies that report on these outcomes. Finally, studies will be included if they report on psychological well-being as measured by validated and specific standardized impairment, distress, or psychological scales (e.g., Center for Epidemiologic Studies Depression Scale (CESD) [28]; Hospital Anxiety and Depression Scale (HADS) [29])” (page 6).

3. We very much appreciate the suggestion regarding hand searching some of the journals in the field of health care management. We have added this to section 2.2 (Information Sources and Literature Search) and have suggested the “Journal of Healthcare Management” (page 7) as an example of a journal in the field of health care management that we might hand search.

Other
Please note that we have modified reference 36 (i.e., Munce et al., 2013) to reflect the updated information (page 13).

Again, we thank you and the reviewer for your review and suggestions for this manuscript and hope that these revisions are satisfactory.

Sincerely,
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