Author’s response to reviews

Title: ROSC rates and live discharge rates after cardiopulmonary resuscitation by different CPR teams - a retrospective cohort study

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Author’s response to reviews:

I would be glad to accept your manuscript, but one significant issue raised by reviewer #1 remains to be addressed properly. The night versus day assignment of the RR team versus the resident team as well as the emergency department only location of the EM team (vs other hospital locations for the other teams) represents an unaccounted confounder in your study. Simply stating that CPR activation is the same for all codes and that the nursing ratios are the same at day and night does not address this issue sufficiently. The statement "Considering the similar nurse-to-patient ratios during the daytime and nighttime in SNUBH, it is unlikely that the occurrence of sudden cardiopulmonary arrests in patients was detected late during the nighttime." should be removed. Indeed, it is well known that e.g. surgical outcomes do depend on the time of service (e.g. PMID: 27111750) and this is not only explained by nursing staffing ratios or CPR activation modes. Multiple other unaccounted covariates depend on timing, including circadian regulation of physiological response to disease, or simply the obvious fact that a patient who is expected to be awake but appears unconscious during the day would more likely raise attention than a sleeping patient at night.

I suggest you:

- change the title of the manuscript to something like: "ROSC rates and live discharge rates after cardiopulmonary resuscitation by different CPR teams - a retrospective cohort study"
- the conclusion in the abstract needs to be toned down regarding the effects of RR teams on 10-day survival and the limitation described above needs to be acknowledged in the conclusion of the abstract as well as the discussion of the paper.

Answer) Thank you for your great comment. We revised our manuscript according to your comments. We highted our changes with red font in abstract and discussions. Thank you very much again