Author’s response to reviews

Title: Non-specific complaints in the ambulance; predisposing structural factors.

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Author’s response to reviews: see over
Dear Editor-in-Chief

We are pleased that you will consider our manuscript 1175912146147840 entitled "Non-specific complaints in the ambulance; predisposing structural factors." for publication after further revisions as an original article in the BMC.

We have attached a revised manuscript according to the comments given by the reviewers and highlighted the changes in bold as well as provided point-by-point answers to reviewers' comments below.

Reviewers' comments:

**Reviewer 2's report**

**Version:**3 **Date:**31 March 2015 **Reviewer:**Jeff Clawson

The authors have done a great job to adequately respond to the queries. They only disagreed with the very first of the reviewer’s suggestion on structural factors but proceeded to make clarifications in the manuscript which I think clarifies the initial query:

1) The aim was to identify factors, such as urgency according to the dispatch priority of the Emergency Medical Communication Centre (EMCC) and the workload in the Emergency Medical Services (EMS) study. Both these factors are of interest and relevant to study, but are they both so-called structural factors? I agree that the workload is a structural factor. But the level of urgency assessed by EMCC is factor concerning the severity of the condition of the patient based on the available information. It is a patient related factor, not a structural factor.

**Our reply:** We understand the referees point about urgency being a patient-related factor rather than a structural factor, but again, as stated in our last reply; “the priority is
based on a model/triage system not considering individual co-factors such as for example age and co-morbidity we still prefer to classify it as a structural factor. Patient-related factors would in our opinion be age, co-morbidities or for example drugs such as betablockers in relation to vital signs. We agree that this might not be a clear cut definition but still hope that the reviewer can accept our explanation and classification." we believe that systems for patient safety, i.e. triage models, priority settings etc, should be considered as structural factors since they are based on our current understanding of the true findings and standardized, i.e. the same limits are valid for all patients in all age categories etc, compared to directly measured variables such as blood pressure. Also, the amount of patients with NSC seems to be fairly constant over the years. A report from the Swedish Council of Health Technology Assessment about triage in Emergency Departments in Sweden concludes that none of the triage models used are validated and the scientific support for such as variables conforming the priority is lacking. However, that report is in Swedish and therefore maybe not the best to cite within the manuscript but we hope that the referee better understand out point of view.


Changes within manuscript: We have added a sentence to the discussion: “Further, it is also a structural factor in the sentence that the amount of NSC seems to be comparable over time and it is set based on variables selected due to our current knowledge and believing. “

There is just this 1 typo under Response to Question 4 which needs to be fixed:
- Page 10, line 232: There is a typo in this sentence..."Further, the studies design itself". Replace "studies" with "study's"

Our reply: We apologize and have corrected it.
Reviewer 3's report

Title: Non-specific complaints in the ambulance; predisposing structural factors.

Version: 3 Date: 24 February 2015 Reviewer: Christian Backer Mogensen

the majority of reviewer comments have been taken into consideration.

Minor Essential Revisions:
line 170-172 and table 1: a difference of change in priority from high to low reaching 33% to 31% is not statistical significant, but has a p value of around 0.30.

table 1:
change in priority from low to high among cases of 3/182 = 1.6%, not 3%

Our reply: We apologize and have corrected the errors.

table 2: table has improved much. suggest to arrange the columns:
number of Pre.H NCS; number of Pre-h. controls; univar; multivari. and omitting the last OR of 1.00.

Our reply: We are thankful for the suggestion and have revised the table accordingly.

Additional Editorial Comments:
- aus email contact missing from title page
- include details in line 10-14 in contact details for corresponding author, wo repetition

Our reply: The corresponding authors e-mail is stated on the title page, line 14. We have erased the repetitive part.

- financial support should be deleted from first page and included in Acknowledgment
- Competing interest, authors' contribution and Acknowledgment should be moved at the end of the manuscript
- Authors' contribution should be expressed in words and not with a table
- abstract should be formatted according to our Instructions for authors
http://www.biomedcentral.com/bmcemergmed/authors/instructions/researcharticle
- Figure 1 should be uploaded separately in the system and the Figure legend included in the main text of the manuscript
- Page 10, line 232: There is a typo in this sentence..."Further, the studies design itself". Replace "studies" with "study's"

Our reply: We agree and have revised.
All authors of this manuscript have directly participated in the planning, execution, and analyses of the study as well as revision of the manuscript. All authors have read and approved the final version of the manuscript submitted. There are no directly related manuscripts or abstracts, published or unpublished, by any of the authors of this paper. There are no conflicts of interest.

We kindly ask the *BMC* to consider this manuscript for publication. We believe that the results are of interest for the readership in that the patients presenting with NSC are common in emergency medicines different links of care and appear to at least partly be related to structural factors that might be changeable in the future to further improve the early care given.

Yours sincerely,

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