Author’s response to reviews

Title: Sensitivity of urinary pathogens for patients discharged from the emergency department compared with the hospital antibiogram

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Author’s response to reviews:

Dear Editor:

Re: EMMD-D-19-00028

We would like to thank the reviewers for their thoughtful review of our manuscript “Sensitivity of urinary pathogens for patients discharged from the emergency department compared with the hospital antibiogram”. Please see below the closing of this letter as we have addressed each comment in detail. We believe the edits have markedly improved the manuscript and hope that you will now find it suitable for publication in your journal.

Warmest regards,

Pete

Peter B Richman MD MBA
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Editor Comments:

In the background section, please elaborate on what is already known on this topic and what does this study adds.

Please describe your aim and objectives in the background section.

We have added a paragraph at the end of the Background section to make our focus clear that the question of antibiogram utility has not been adequately studied in an ED population with a high prevalence of diabetes.

Reviewer reports:

Mark Yaffe (Reviewer 1): This paper reports on a study to evaluate whether the sensitivity for urinary pathogens of patients discharged from an emergency department differs from the hospital antibiogram. Overall this is a concisely written paper that does a good job of describing what it set out to do.

However, the absence of page numbers in the version submitted makes observations confusing to make. For this review I have arbitrarily assigned the abstract page in the manuscript itself as page 1.

1. Page 1: in the abstract and later in the background it would be interesting to know who identified the particular research question and why: i.e. was it ? emergentologists; ? family physicians working in EDs; ? infectious disease consultants.

We have added clarity to the abstract and background regarding our population that has a large proportion of diabetics as well as our focus on the emergency department.

2. Page 4: line 21: The term Antibiogram should be defined, as well as a statement of who puts them together, and how they are usually used by hospitals. As well, do some urine culture and sensitivity analyses from the ED ultimately appear in the Antibiogram? Answers to these questions should give the reader unfamiliar with Antibiograms a better understanding of their role.

We have clarified the construction of the antibiogram in the last paragraph of the background.

3. Page 4, line 47: states diabetics have increased resistance rates in urinary pathogens. Should that read"for urinary pathogens"? Also, since this relationship to diabetics appears later in the discussion, the question might come to a reader about why this
resistance appears with diabetics—therefore consider a short explanation of this in the background or discussion sections.

Edit to above sentence made “for”

We now briefly address the immunity issues with diabetics in paragraph 2 of the background

4. Page 8, line 37: …Insufficiency in our……may….. A word is missing

We added the word “setting”

5. Page 8, line 37: refers to the role that diabetes might play………this offers an opportunity for the suggestion about diabetes in #3 above to be elaborated on.

We mentioned reduced immune capabilities of diabetics previously as noted above

6. Page 8, Line 45: Define what a "reflex culture" is.

Clarified

7. Page 8, Line 45:……..ED patients during……. There are missing words.

Word “during” was removed

8. Page 12: In conclusions we learn of the bottom line for your hospital and ED; but what should readers take away that might be relevant for their working sites? Is the type of analysis done by you worthwhile for others to replicate? Will it influence patterns of practice in your center?

We added a line to the conclusion giving a point of focus for physicians at other facilities.

9. Page 12: Line 27:……."and was was approved…." Remove a "was".

Removed
Ardavan Khoshnood, MD, PhD, MSc, MA, BSc (Reviewer 2): Dear authors,

This is indeed a good and clear study. I have only some few comments:

1. I would recommend that you use the STROBE statement since this is an observational study.

   We reviewed the STROBE criteria and feel that our study fulfills the criteria for such including but not limited to methodology, predefined entry/outcome criteria, discussions of relevance/generalizability.

2. You write that K. Pneumoniae accounted for over 10%. It would be best if you could write the exact figure.

   Exact figure added.

3. Discussion, page 8, road 12-14, please delete "A retrospective chart review performed by..." since this is extra.

   Removed

   As stated, this paper is good. It is easy to follow and understand. Very good indeed. BUT, I do not quite understand what it contributes to what we already know on this matter. For me, there is a huge lack of originality.

   We believe we have clarified this concern. We mention the lack of research within patients with a high prevalence of diabetes, and we already stated that our study focus on K Pneumoniae is novel.