Author’s response to reviews

Title: Early inter-hospital transfer of patients with myocardial infarction without a doctor, paramedic or nurse on board: results from a French regional emergency care network

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Marc Sabbe (Reviewer 1): None

Fernando Rosell-Ortiz, Ph.D, MD (Reviewer 2): Early inter-hospital transfer of patients with myocardial infarction without a doctor, paramedic or nurse on board: results from a French regional emergency care network.

Thank you for your work. The paper has improved so much. Let me highlight some suggestion before
accepting for publishing.

Comments
14 “The PCI centre has two rooms in which catheterization” (please use cath-lab better) and if possible, a last review by a native English )

Response: We have used the term “cath-lab” and a native English speaker has edited the manuscript.

Descriptions of levels of risk are a continuum all over the manuscript. I lack a table with SCA-Alp inclusion criteria, I mean, diagnosis, time intervals and risk profile of patients. It is important because is your key message.

Response: We have added a new table detailing how various classifications of patients would be transferred (Table 1).

Table 1: Large STEMI: It is clear anterior STEMI but I don’t understand the term applied for large inferior STEMI (aST-segment elevation involving >5 leads for an anterior myocardial infarction or if the ST-segment 3 decrease was present in >3 precordial leads for an inferior myocardial infarction)

Response: This unnecessary definition has been removed.

Please clarify the professional qualifications of drivers (Advance life support??)

Response: The drivers have basic life support training, and this has been added on pages 4 and 5.

You must remove the affirmation regarding GRACE score (our physicians felt that this would be more complicated). Grace is really more complicated than a subjective clinical evaluation but for a protocol, there is no doubt, it is more accurate and, as you know, you can use it by an app on line. Implementation of a protocol could benefit from a standardized risk score (remember that there are no nurses or physician on board).

Response: We have removed the requested text.

Please the last paragraph is not really a conclusion. I agree with it but you must place such a reflexion in Discussion. Conclusions are the specific answers to your hypothesis. “This approach would free-up beds in PCI centres to respond to increasing demand. Performing these transfers without doctors or nurses on board would allow a more streamlined use of medical facilities, but requires a well-organized system with well targeted patients, shared protocols and trained staff as followed in our SCA-Alp protocol.”

Response: The text has been moved to the discussion.