Author’s response to reviews

Title: Towards a patient journey perspective on causes of unplanned readmissions using a classification framework. Results of a systematic review with a narrative synthesis.

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Author’s response to reviews:

Elizabeth Debney

BMC Medical Research Methodology

August 12, 2019

Re: Your submission to BMC Medical Research Methodology - BMRM-D-18-00587R1

Dear Mrs. Debney,

Thank you for your e-mail dated July 30, 2019, allowing us to submit a revised version of our manuscript entitled “Towards a patient journey perspective on causes of unplanned readmissions using a classification framework. Results of a systematic review.” (BMRM-D-18-00587R1) to the BMC Medical Research Methodology.

We have commented on the reviewers’ reports point by point, as indicated below.

Following this revision, we hope that the manuscript now meets the high standards of your journal. We look forward to learning of your decision concerning our manuscript.
Yours sincerely, also on behalf of the co-authors,

Martine de Bruijne

Technical Comments:

Comment #1:

1. Editor comments

- Please address the editor comment below.

2. Funding

- In the “Funding” section of your declarations, please clarify the role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript.

Answer #1:

We would like to thank the (associate) editor for these comments and for the effort to seek re-review by the original peer reviewers. We reported the role of the funding body in the manuscript as follows:

“Funding

This study is funded by the Dutch Ministry of Health, Welfare and Sports. This study is part of the Dutch Adverse Event Study which is carried out by VU medical center and NIVEL (Netherlands institute for Health Services research. For this review we collaborated with one researcher (FK) of Onze Lieve Vrouwe Gasthuis (OLVG). The funding body had no role in the design of the study, or the collection, analysis, interpretation of data and in writing the manuscript.”

Comment #2:

3. Author contributions
- Please provide more information on individual author contributions and ensure author contributions listed in the authors contribution section are reflective of ICMJE guidelines (below), and that all listed authors have performed all four points specified below.

An 'author' is generally considered to be someone who has made substantive intellectual contributions to a published study. According to the ICMJE guidelines, to qualify as an author one should have performed all 4 of the following points:

A. Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;

B. Been involved in drafting the manuscript or revising it critically for important intellectual content;

C. Given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content; and

D. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

- Please represent authors' names using their full initials, not their full name, in the Authors’ Contributions section. If there are any duplicated initials, please differentiate them to make it clear that the initials refer to separate authors.

Answer #2:

Thank you for this comment. We have amended the Author contribution section of the manuscript accordingly;

“Authors’ contributions:

Two researchers (RS and CB) independently screened the set of articles included in the primary selection for eligibility for this review (according to the inclusion and exclusion criteria (see: additional files 1A and 1B)). RS and CB contributed to the collection of the data. RS, MdB, CB, FK contributed to the analysis. RS, MdB, CB, FK and CW contributed to the interpretation of the data. RS, MdB, CB, FK and CW drafted the manuscript and approved the final version for publication.”
Comment #3:

-Please clarify the role of Eva-Linda Kneepkens within the primary selection of studies and creation of this manuscript.

Eva-Linda Kneepkens is the shared first author of the review ""How do studies assess the preventability of readmissions? A systematic review with narrative synthesis." BMC Medical Research Methodology (2019): 128."

Answer #3:

E.L. Kneepkens contributed to the primary selection of studies for the previous review. The studies selected for the previous review were also the starting point for this manuscript, however Eva-Linda Kneepkens did not contribute to the final selection of studies for the current systematic review, the data collection, analysis, interpretation of the data and drafting of the current manuscript. Hence, she did not qualify as an author on this second manuscript according to the four points stated above. However, Eva-Linda Kneepkens is added to the acknowledgements.

Comment #4:

4. Corresponding author

-The corresponding author is listed as Martine C. de Bruijne in the manuscript and Richelle Glory Singotani in the editorial manager system. Please confirm which author is the corresponding author and amend the manuscript or editorial manager data accordingly.

Answer #4:

We hereby confirm that Martine C. de Bruijne is the corresponding author. We changed this in the editorial manager accordingly.

Comment #5

5. Overlap

- It has come to our attention that within the methods of your manuscript there is significant text overlap with other publications, particularly:

While we understand that you may wish to express some of the same ideas contained in these publications, please be aware that we cannot condone the use of text from previously published work. Please re-phrase this section in your own words to avoid direct overlap (please note, we cannot accept direct textual overlap with any previously published works even if the authors of the work are yourselves). Please be informed that we cannot proceed with handling your manuscript before this issue is resolved, and the sections of text in question have been reformulated.

Answer #5:

We understand this comment and we apologize for the direct overlap with the previous review. We re-phrased the section of Critical appraisal of individual studies particularly (see page 5) as follows:

“Critical appraisal of individual studies

We applied a validated approach to evaluate and compare the studies. This approach was developed by the Cochrane Consumers and Communication Review Group with the aim to perform a structured and transparent analysis for systematic reviews that rely primarily on the use of words and text to summarize and explain the findings of the synthesis. The approach can be described as ‘narrative’ analysis or synthesis (1). We used this approach because of the large heterogeneity in study designs, and because other quality appraisal approaches and tools were less appropriate to apply. Prior to the narrative analysis a data-charting form was jointly developed by the authors to determine which variables to extract (including defining these variables). Subsequently, the authors independently charted the data, discussed the results and continuously updated the data-charting form in an iterative process. The data-charting form included variables such as: study design characteristics, sources of information to assess preventability, definition of preventability and percentage of preventable readmissions. After extracting the data the authors critically evaluated the applicability of the data and tabulated the results in order to identify patterns across the included studies.”

We hope that the direct overlap in the Method section is hereby resolved and that BMC medical research methodology can proceed with handling our manuscript.

Comment #6:

6. Additional files

-All additional files should be referenced in an additional files list, which is located after the declarations and before the references.

Answer #6:
We have added an additional files list.

Comment #7:
-The title page advises that there is one additional file, however there are two. Please amend this.
Answer #7:
We apologize for this mistake and have amended this in the manuscript.

Comment #8:
-Additional file 1 has not been referenced in the text of the manuscript. As all figures, tables and additional files must be referenced within the body of the manuscript, please amend this.
Answer #8:
We found a mistake on page 4. We accidently reported Additional file 2 instead of 1 in the Literature search section. We apologize for this mistake and have amended this in the revised manuscript.

Comment #9:
7. Formatting
- Please place the figure captions and titles as text within the manuscript file (usually after the references) under the heading ‘Figure legends’. These figures should still be submitted as separate figure file and should contain the image graphic (and any associated keys) only.
Answer #9:
We refer to two figures, however, one of these is displayed in the Appendix. We reported this in the Figure legends.

Comment #10:
-Please change the title of the Introduction section to Background.
Answer #10:
We have changed the title of the Introduction into Background.

Comment #11

- Please change the subsection titles in the Methods, Results and Discussion sections so that they do not display the same as section titles.

Answer #11:

We changed the display (heading style) to make the distinction between the headings and the standard text more clear.

Comment #12

- The manuscript PDF contains two manuscripts, please amend this so that only one manuscript is readable.

Answer #12:

We have amended this.

Comment #13

8. Clean manuscript

- At this stage, please upload your manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files.

Answer #13:

We only included the clean manuscript.

Comment #14

Editor Comments:
Thank you for your patience. Please see below for a few minor residual comments. If you are unable to edit your manuscript in the affirmative for the below comments from the editor and the reviewer then let me know.

1. Abstract - qualify your statement about no studies on causes of readmission with "To our knowledge..."

Answer #14:

We would like to thank the editor for reviewing our revised manuscript. We have added this statement to the abstract as follows:

“To our knowledge, none focused on the different causes which have been used to evaluate the preventability of readmissions”.

Comment #15

Reviewer reports:

Jenni Murray (Reviewer 2):

I can see that the authors have worked extensively to improve the manuscript and it is much more readable and focused. I am happy that they have address the reviewers' comments adequately. Just a note that they still need to be consistent in their use of non-adherence (rather than non-compliance) - see tables.

Answer #15:

We are pleased to hear that the manuscript has improved substantially and would like to thank the reviewer for this comment and for reviewing our revised manuscript. We decided to use the term non-adherence throughout the whole text, however, other studies originally used the term non-compliance. Since we wanted to show an overview on what other studies originally reported, we decided to include the causes in the way they were reported in the study.

Additional amendments:

Amendment #1:
We decided to change the title of this manuscript as follows: “Towards a patient journey perspective on causes of unplanned readmissions using a classification framework. Results of a systematic review with narrative synthesis”.

During the submission process of the previous review, the (Associate) Editor commented the following: “While the data collection processes undertaken in this review appear to be comprehensive, the lack of quality assessment of included studies is a limitation of this review. As noted by one of the reviewers, quality assessment is an inherent feature of systematic reviews. The authors state that they conducted an "alternative quality appraisal". This process should be described in the methods and the results of the quality appraisal presented in the findings. Alternatively, if no quality appraisal was conducted, please consider whether this manuscript should more properly be categorized and structured as a scoping review. The PRISMA Extension for Scoping Reviews statement may be helpful in this regard: http://annals.org/aim/fullarticle/2700389/prisma-extension-scoping-reviews-prisma-scr-checklist-explanation”

Our answer to that comment was as follows: “We would like to thank the (associate) editor for his/her comment. Multiple efforts were attempted to see whether it was possible to combine different existing quality appraisal tool (such as the AMSTAR and STROBE and COCHRANE quality appraisal tool). However, these attempts did not provide a satisfactory result as the outcome of this review was the method of preventability assessment and the current quality appraisal tools evaluate the outcome of interventions. Hence, we decided to use the Cochrane method for narrative analyses. Cochrane developed this method in cases where there are many different study designs which cannot be lumped together, which is also the case in our “methodology review”. The key to any rigorous synthesis of data, whether narrative or by means of a different tool, should be that the processes employed avoid bias. The process of narrative data synthesis is very structured and transparent, in which the process (steps like data charting, data items and data syntheses) is specified in advance. These process steps were followed systematically. Therefore, the goal is the same as with other quality appraisal tools. In addition, using narrative synthesis makes it easier to identify similarities, differences and patterns between studies when there is a lot of variation in the methods and outcomes.

Hence, in our opinion, the data-selection and extraction process that we performed was as rigorous as one would expect for a systematic review. The issue is that the objective of our review makes it more difficult to follow the PRISMA guidelines. We decided to add the term “narrative synthesis” to the title of the manuscript to increase the transparency of our method. This strategy was also used by other studies which are published in BMC journals such as;
Caroline A. Kristunas et al. The current use of feasibility studies in the assessment of feasibility for stepped-wedge cluster randomised trials: a systematic review. BMC Medical Research Methodology. 2019

Sarah Toner et al. Characteristics, motivations and experiences of volunteer befrienders for people with mental illness: a systematic review and narrative synthesis. BMC Psychiatry. 2018

Taken the before mentioned comment and answer into account, we decided to change the title accordingly. We have also amended the section of critical appraisal (see comment #5).

Amendment #2:

We added a second affiliations of professor Cordula Wagner (Netherlands institute for Health Services research, Otterstraat 118-124, 3513 CR Utrecht) on page 1.

Amendment #3:

We clarified opinions on preventability of the factors mentioned by Feigenbaum et al. on page 9 by adding contributing to potentially preventable readmission after factors: “Feigenbaum et al. (2012) reported factors contributing to potentially preventable readmissions such as “suboptimal coordination of care during index stay” and “inadequate arrangement of supplies during discharge process” (1).”

Amendment #4:

We added the following sentence to page 12: ‘The causes were mainly evaluated from a hospital perspective’ to the section Purpose of study and significant conclusions. We added this sentence to be consistent with the section in the abstract.

Amendment #5:

In line 297 we inserted the word ‘proposed’ before classification to clarify that we refer to the classification scheme proposed by us.
Amendment #6:

We added sentence to the abstract (line 51): “causes due to integrated care issues were reported in 18 studies”.

Amendment #7:

We have amended the aim of the review to the aim in the abstract for consistency (line 35-37 and 80-82): “(1) evaluate the range of causes of unplanned readmissions in a patient journey, and (2) present a cause classification framework that can support future readmission studies.” In addition, we added hospital perspective to the discussion after line 263: “The causes were mainly evaluated from a hospital perspective.”

Amendment #8:

We changed the first sentence of Study Selection on page 5 to clarify that the set of articles of the previous review was the starting point for the current review.

Amendment #9:

We have re-arranged the section of Root cause starting with the PRISMA classification scheme of Schaaf & Habraken and our adjustments to it.