Author's response to reviews

Title: Feasibility of implementing routine nutritional screening (MNA-SF) for older adults in Australian General Practices: A mixed-methods study

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Author's response to reviews:

Thankyou to the reviewers for their helpful comments on this paper. All comments have been addressed as outlined below:

Reviewer: 1

Major compulsory revisions

1. METHODS

Paragraph 5 – the methodological detail for the qualitative analysis is limited/poor. There is insufficient detail to enable these methods to be replicated.

Further details for qualitative methods in the study were added in paragraph 5.

2. Who was chosen for the interviews and the questionnaires? I assume that some staff were included in both evaluation methods?

Participants’ information has been added on page 8, line 10: “After three months, all participants (GPs and nurses) who attended the training session were invited to complete an open response questionnaire and in-depth individual interviews at each general practice.”
3. Regarding the interviews – what was the line of inquiry? What did the interviews explore?

The lines of inquiry have been added on page 9, table 1.

The interview explored feasibility of administering the MNA-SF and the usefulness of the resource kit as described on page 8, line 12:

“Participants’ perceptions about feasibility of administering the MNA-SF and the usefulness of the resource kit were assessed.”

4. Regarding questionnaires – what methods were used to develop the questionnaires? On how many staff were these trialled?

The questionnaires were developed and adapted based on a published study which investigated practice staff perception on feasibility of another validated nutrition screening.

Sentence on page 8, line 14 was reworded

“The open-response questionnaire was developed and adapted by research dietitians (AHH, KC and KW) based on an Irish study in a community setting [30] which investigated the feasibility of implementing use of a validated nutrition screening tool, together with nutrition resources.”

A sentence has been added on page 7, line 7:

“The MCQ was developed by the three nutrition content-matter experts in this study (AHH, KC and KW) based on key knowledge domains for assessing malnutrition in an older age group.”

The questionnaires were not trialled. This is further discussed in limitation section.

5. How were the results from the two evaluation aspects synthesized?

Results from the two evaluation aspects were synthesized as described on page 8, line 18: “The open ended questionnaire served as triangulation for the in-depth interviews to further validate the results.”

RESULTS
6. This section is generally poorly written – and I suggest a major rewrite. Authors should further explore the thematic analysis, not provide a content analysis with such low frequencies (n=1 for many of the themes described in the tables). The thematic analysis is limited at present for high quality qualitative research. I suggest that Tables 1 and 2 are removed as in their present form the analysis is presented by quote, which is not good practice (refer authors to http://onlinelibrary.wiley.com/doi/10.1111/j.1753-6405.2009.00419.x/pdf).

Further descriptions of the qualitative analyses have been added in track changes, whilst Tables 1 and 2 have been removed as suggested.

The emerged themes were determined from initial discussion among AHH, KC and KW and the results were circulated to all team members for further discussion and consensus as described on page 8, line 22.

“AHH undertook the initial topic coding, and AHH, KC and KW the thematic analysis before circulation to all team members for further discussion and consensus.”

7. Furthermore, the presentation of raw data for before and after knowledge scores is unnecessary (table 3). The range and mean (±SD) should be presented for pre- and post-training scores, with all raw data removed. Also the footnote should be added to this table as to the questionnaire used. These results need to be integrated/triangulated in the discussion to demonstrate the relationship between these data and the thematic analysis.

The table has been removed and the scores are now presented in text, on page 18, line 4: “Mean score (standard deviation) improved from 5.7 (1.5) to 7.3 (1.1), whilst total score percentage increased from 51.8 % to 66.4 %.” Hence, no footnote was added.

The training scores result has been included in the discussion on page 22, line 8

“The intervention was associated with an improvement in practice capacity to identify malnutrition, indicated by an increase in knowledge scores after training and the three month trial.”

DISCUSSION

8. Many limitations of the present study exist that need to be acknowledged – this section is insufficient in its present form.

Eg. development of the knowledge questionnaire

Did the need for written rather than verbal consent effect response rate?
This section has been revised using track changes on page 26, line 7-13:

“The questionnaire that was used to assess change in knowledge of practice staff following upskilling and training was not trialled before use, which may limit its content validity, however overall score improved and it was the relative change that was important to demonstrate. The requirement by ethics to obtain written consent from patients for nutrition screening may have reduced their participation rate rather than if screening had been offered as a usual part of the model of care, however this cannot be confirmed.”

9. Rigour of the qualitative methods used?

The qualitative methodology that was used has been revised in the methods section on page 8 using track changes.

Minor essential revisions

Background

10. Paragraph 4, sentence 4 – The 6-item MNA-SF needs to be referenced – only the 18 item full MNA presently is referenced and the sentence wording implies that you may have abbreviated the full form.

A reference has been added for the 6-item MNA-SF on paragraph 4 (page 5, line 10).

METHODS

11. Paragraph 1: It is not clear that your sample was a convenience sample as you outline in the abstract. Please include more detail.

The sentence on page 6, line 13 was reworded to further describe the sample:

“Practices from the Illawarra and Southern Practice Research network were invited by email to participate in the study. Three practices responded, located in regional, rural and metropolitan areas respectively within the Illawarra and Shoalhaven Medicare Local catchment area of New South Wales, Australia.”

12. What was the method of random allocation?

The allocation was based on practices’ preference during feedback sessions held in each practice. Sentence on page 6, line 18 was restructured:

“Each general practice was allocated to use a different format of the MNA-SF to
conduct nutritional screening based on feedback sessions in an original scoping study that identified preferences for formats that would best fit within the individual practice setting”

13. Paragraph 2 – what was the program used for statistical analysis – to apply the paired t-test?

Details of the program used for statistical analysis was added on page 7, line 10: “The IBM SPSS statistics software version 21 was used for statistical analysis.”

14. “copies of patient resources that could be handed out” is not particularly scientific
– suggest rewording to “copies of resources for distribution to participants”.

Thank you for your suggestion. Reworded has been done on page 7, line 17: “copies of resources for distribution to patients.”

15. Paragraph 4 – Is “through their practice manager” necessary if the training was
provided directly to the participating GPs?

The words “through their practice manager” are now omitted in paragraph 4.

16. MBS funded 75 + health assessment (75+HA) was abbreviated in the background and does not need to be spelt out again.

Only the abbreviation (75+ HA) was included in the sentence, whilst the words “MBS funded 75 + health assessment” were deleted (page 8, line 3).

RESULTS.
17. Theme 1 – “the MNA-SF scoring system was viewed…. “ By whom?

The words “by participants” were added on page 10, line 8.

18. Theme 4 – were any broader perceptions of the MNA identified? Eg. why it was
being used?

Further descriptions about theme 4 have been added using track changes on page 12 and 13.
19. How many patients declined to participate? Ie. Is your sample representative of the eligible sample across these GP practices?

The number of patients who declined to participate was not documented in the busy general practice settings. Less than 10% of patients were successfully recruited from the eligible sample across each participating general practice as described on page 24, line 19. The small number was due to short time allocated for nutrition screening, which was within 3 months.

20. Discussion. Paragraph 6 – sentence starting “our small” does not make sense.

The sentence was deleted and substituted with another sentence on page 24, line 19:

“In our study, less than 10% patients from the same age group in each general practice participated in the screening and 27% of them were identified as at risk.”

21. Final paragraph – suggest moving from “this study represents…” to the introduction as it places the overall project in a defined context. “Translation (of what?) into practice”?

Thank you for the suggestion. The sentence has been reworded to “This study represents the second of a three-phase participatory, action-based research project that has been designed to improve malnutrition identification in older adults through nutrition screening and appropriate nutrition intervention in the Australian general practice setting.”

Reviewer: 2

1. Minor Essential Revisions

page 3, line 13: a full stop is missing
page 3, line 18: a comma is missing after “digitally recorded”
page 5, line 2: a full stop is missing
page 5, line 18: “that” is repeated
page 6, line 10: “in the patient group”: use “the” instead of “this”
All of these errors have been corrected.

2. page 8, line 14-15: “;which were triangulated with findings from the open ended questionnaire.” Please check and explain better.

A sentence has been added on page 10, line 1 for clarification:

“These themes were triangulated against the findings from the open-response questionnaire to search for disconfirming cases and refine the themes where appropriate”

Further description was added in method section on page 8, line 18:

“The open ended questionnaire served as triangulation for the in-depth interviews to further validate the results.”

Major Compulsory Revisions

The authors investigate the "Feasibility of Implementing routine nutritional screening (MNA-SF) for older adults in Australian General Practices: A mixed-methods study."

The 6-item Mini Nutrition Assessment Short Form (MNA-SF) is a validated screening tool that can be used to screen for malnutrition in older adults, a condition that affects a large percentage of the elderly population and that leads to adverse health outcomes and high costs of social care.

On the basis of a study that is mainly qualitative, using in-depth individual interviews and open ended questionnaire in 3 different general practice, the authors conclude that to include the MNA-SF within routine general practice is feasible.

3. From a methodological point of view, however, this feasibility analysis lacks a basic quantitative information that should be analyzed by the authors. In particular authors should give the percentage of general practitioners, general practice registrars and practice nurses that accepted to participate in the study among those who were asked to. The same data should be given for the patients: which percentage of patients accepted to participate among those who were asked to? This data would give more strength to the conclusion of the study.

The percentages of general practitioners, general practice registrars and practice nurses who participated in the study have been added on page 9, line 5: “Twenty-two general practice staff (n=9 (47.4%) GPs, n=2 (100%) general
practice registrars and n=11 (91.6%) practice nurses) from three practices participated in this study.”

Data on number of patients refused to participate was not documented as this study aimed to identify feasibility of nutrition screening tool and nutrition resource kit in general practice setting. However, total number of patients participated in screening was described on page 24, line 19:

“In our study, less than 10% patients from the same age group in each general practice participated in the screening”

4. Authors should also specify the criteria they used for the selection of the different numbers of the component of the Practice Staff. In fact Authors recruited 9 general practitioners, 11 practice nurses and 2 general practice registrars from three general practices that were located in a regional, rural and metropolitan area of New South Wales, Australia.

The recruitment process is better described now, on page 6, line 13-18:

“Practices from the Illawarra and Southern Practice Research network were invited by email to participate in the study. Three practices responded, located in regional, rural and metropolitan areas respectively within the Illawarra and Shoalhaven Medicare Local catchment area of New South Wales, Australia. All general practitioners (GPs) (n= 19), general practice registrars (GPRs) (n=2) and practice nurses (PNs) (n=12) from the general practices were invited to participate in the study.”

Participation rates have been described on page 9, line 5:

“Twenty-two general practice staff (n=9 (47.4%) GPs, n=2 (100%) general practice registrars and n=11 (91.6%) practice nurses) from three practices participated in this study.”

5. In conclusion, although it would have been preferable to associate a quantitative outcome to the qualitative analysis, the article can be accepted with a major revision.

In the discussion section, a sentence has been added on page 23, line 11 for further description:

“Higher participation rates from practice nurses than GPs likely reflect their commitment and/or capacity to undertake preventive care.”