Author’s response to reviews

Title: Telephone counselling by nurses in Norwegian primary care out-of-hours services: A cross-sectional study

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Dear Editor

Thank you for the reviewer’s comments and suggestions for improvement of our article “Telephone counselling by nurses in Norwegian primary care out-of-hours services: A cross-sectional study”. We have attempted to address the issues raised, as described below, and indicated in the revised document.

Reviewer 3:
The study fails to explore an important element of quality of care, which is the attributes of the care provider.

It would have been useful to be able to factor in the characteristics of the nurse providers as this may be an important determinant of what cases are looked after solely by the nurse vs what is triaged.

Answer: We are not able to retrieve data that match each specific nurse to each case. We agree that this would be an interesting factor to add in, but we still think the study provides an important picture of the nurses’ contributions in the LEMCs and the type of contacts handled by nurse telephone counseling. However, we have tried to give a more nuanced picture of the nurses contributing in the study, by elaborating on the qualifications that these nurses usually have, and specify on what their work-tasks includes. The personnel operating the LEMCs are most often
registered nurses. All nurses in the study were involved in both telephone nursing and clinical patient management in the OOH-services were they work. This means that they, in addition to operate the telephone in the LEMC, also have duties when it comes to taking care of patients in the casualty clinic, such as triage, doing clinical observations, assisting the GP and laboratory work (such as blood samples and measuring C reactive protein). The nurses rotate between operating the telephone and doing clinical work in the casualty clinic.

The changes are indicated in the revised document in section 2.1 and in the “strengths and limitations” section on page 15.

In order to explore factors associated with nurse-care, a further logistic regression would be more robust than a simple t-test to identify significant factors. I would recommend that the investigators seek some statistical assistance to help make the research more scientifically rigorous.

Answer: We have now done a logistic regression analysis, as shown in table 6 (new table). We hope this will contribute positively to the scientific strength of our study. The regression analysis further supports our findings that the odds of handling telephone contacts by nurse telephone advice are higher during the afternoon/night compared to day, and additionally higher during the night. Considering the age groups, the regression analysis further supports our finding that the odds of handling telephone contacts by nurse telephone advice are reduced as the age increases.

Changes are indicated in the revised document, section 2.4, section 3.4 and Table 6.

The paper is easy to read and understand, but there are numerous grammatical errors, and would benefit from some copy-editing or proof reading by a native English writer.

Answer: The manuscript has now been through language editing.

What were the exclusion and inclusion criteria?

Answer: Because the study is focusing on contacts handled by nurse telephone counselling; only contacts by telephone were included in the study. Contacts of direct attendance, and with unknown mode of contact, were excluded from the study. Changes are indicated in the revised document in section 2.2.
We think that the manuscript has further improved on background of the points raised by the reviewer. We hope that the manuscript will be acceptable for publication in BMC Family Practice.

On behalf of the authors

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