**Author’s response to reviews**

**Title:** Assigned nurses and a professional relationship: a qualitative study of COPD patients' perspective on a new palliative outpatient structure named CAPTAIN.

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**Author’s response to reviews:**

Dear editor

We thank you for your reply and for the opportunity to revise our manuscript.

Please find our point-by-point responses to the editor and the reviewers’ comments below. In the revised manuscript changes are highlighted using “track changes”.

We have addressed all the editor and reviewer’s comments and are convinced that the manuscript has improved based on the helpful suggestions received.

We hope these changes fulfil the requirements to make the manuscript acceptable for publication in BMC Palliative Care.

We look forward to hearing from you.

Yours sincerely,

Dorthe Gaby Bove

Corresponding author on behalf of the authors
Comments from editor

- to describe in materials and methods if this is a pivotal project, yes/no paid by a research grant or health Insurance.

We are not familiar with the pivotal project term, but to our knowledge this is not a pivotal project. CAPTAIN was not paid by any research grant. The following sentence is added to the background section, page 3. “CAPTAIN was developed and implemented within the department’s existing budget and not funded by any research grant”.

- to comment in the results on the time spent by nurses per patient and per year and how many patients can be followed by a nurse.

We have no data on how much time each nurse spent per patient per year why it is not included. However, we have added the following sentences to the background section (page 3) “A c-nurse had an average of 85-100 patients. The frequency and type of contacts depended on individual needs of patients and varied over time”.

- to comment in the discussion about conflicting role of GP and nurses, (nurses during working hours, GP out of hours and weekends??).

We agree with the editor and have added the following paragraph in the discussion section (page 17). "One could argue that the perspective of the c-nurse and GP can be different and some options of treatment could be delayed if patients contact c-nurses instead of the their GP. The choice of whom to call are the patients and when patients call the c-nurse with a COPD related problem, the c-nurses role is to help and support within her level of competences. Often the alternative is not calling health care professionals at all with the risk of the condition deteriorating and resulting in an emergency call. The patients described how they felt safe consulting their c-nurse for advice in case they suspected an exacerbation, or they needed emotional support, and how they perceived this possibility to react early as something that potentially would prevent hospital admissions”.

- to comment in the discussion on the principle of tele-medicine , but now done by specialised nurses

This project and the related initiatives are not based on telemedicine. Telemedicine for patients with COPD has not yet been implemented in Denmark and this project is not based on the principles of telemedicine. With this in mind, we consider it less relevant to introduce the principle of telemedicine in the discussion, at this point.
Comments from Reviewer#1 and the authors’ reply

Introduction

The part on the needs of the COPD patients is very well developed, however the motivation and the details of this new organization is missing. Furthermore the specificity of palliative care is not described. What is the difference with a coordination nurse with no skills in palliative care?

Since we submitted this paper, a paper describing the “first year experiences with a palliative outpatient structure for patients with COPD: a qualitative study of health professionals’ expectations and experiences, has been accepted and published in BMC palliative care (reference 24). This paper elaborates and discuss the skills of the health professionals and their way of collaboration. We have added a sentence and the reference to the background section, page 4. “The organization of CAPTAIN is described in a previous paper (23), and the health professionals’ expectation and experiences with the new structure in another paper (24)”.

Ten patients of 600 are interviewed. We don't know how these patients have been selected and how there are representative from the other patients.

We have added the following sentences, page 4 “The sampling strategy was targeted purpose-oriented and based on the participants being representative for the target population. We sought variation in gender, age, FEV1, oxygen supply, and social status.”

Discussion:

As stated in the introduction, the specificity of palliative care is not enough highlighted.

We have added the following sentences to the background section, page 2. “In this project palliative care is defined as an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (WHO)”.

In addition, the specificity of palliative care is discussed in the two previous papers about CAPTAIN, reference 23 and 24.

Ccl:
The anxiety hasn't really been assessed the patient

We agree with the reviewer and have deleted the word anxiety from the conclusion, page 18.

Comments from Reviewer#2 and the authors’ reply

Questions:

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- Telemedicine by a dedicated nurse: risk of misinterpretation the info from the patient? Did it happen? can you comment on that

The question about telemedicine is addressed earlier in our reply. We have no data or experiences of misinterpretation of information from patient to nurse or vice versa, and had it occurred it would have been documented as an adverse event. In Denmark, all adverse events are systematically documented and subsequently analyzed to prevent recurrence with the aim to learn from mistakes.

- who will pay for the nurses, a research grant or implemented by the health insurance system?

This question is addressed as part of the response to Reviewer#2’s last question.

- which basic and maintenance education need these nurses?

As the acquired skills and competences of the health care professionals are described and discussed in great detail in a previous paper of the CAPTAIN-structure, we do not consider it relevant to repeat it in this paper. The reference is number 24: Bove et al. First Year experiences with a palliative outpatient structure for patients with COPD: a qualitative study of health professionals’ expectations and experiences. BMC Palliative Care (2018) 17:113.

- How many COPD patient per year can be followed by 1 full time equivalent nurse?

Please see previous answer.

- Do these nurses make reports in the electronic patient files and were these reports send to the general practioner?
We have added the following sentence to the discussion section, page 17. “Each contact between c-nurse and patient was documented in the electronic patient report. These reports or summaries were sent to the GP when changes in the condition or treatment of the patients occurred.”

-Is there still a role for the GP?

The role of the GP is discussed in the discussion section (page 17). We do not have much data about the GP’s role why we are reluctant to unfold this part of the discussion further, however a suggestion for future research could be to interview GPs and explore their experiences with the CAPTAIN structure.

- what about questions from patients during weekends and out of hours problems?

None of the patients expressed needs for contact during weekends or out of hours problems but stated that they were well prepared by the c-nurse and c-physician about what to do in case of any deterioration. The following sentence is added to the discussion section, page 16. “The majority of the patients were educated in self-management strategies by their c-nurse and c-physician and knew what action to take both on weekdays, in weekends, or out of hours”.

- How many nurse contacts per year and what is the duration of the contacts (phone / physically)? What is the percentage of nurse contacts that will end in physician contacts to solve medical problems?

Please see our earlier response. We do not have data about the duration of the contact or the percentages of nurse contacts that resulted in physician contacts. However, the new organization and the new way the physicians and nurses collaborated is discussed in two previous papers (reference 23 and 24).

- What this a pilot study paid by a research grant? Is it feasible to continue the project with(out) structural reimbursement? Will you continue the project?

This was not a pilot study and not financed by a research grant. Questions about funding is addressed under the heading Funding, page 20, and this study has as stated not received any grants or other kinds of funding. The CAPTAIN structure was possible within the department budget.
The following sentences is added and rewritten in the last part of the discussion section, page 17. “CAPTAIN was developed and implemented within an existing economic budget with the aim of improving treatment and care of patients with COPD. The CAPTAIN structure was found to be feasible and today CAPTAIN constitute standard care for all patients affiliated to the pulmonary outpatient clinic”.