Author's response to reviews

Title: Development and feasibility of an automated call monitoring intervention for older wheelchair users: the MOvIT project

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Author's response to reviews: see over
### Comments reviewer 2

1. This is an interesting topic, of relevance to BMC Health Services Research.

2. The paper is generally well written, but there’s more jargon than necessary. I would prefer more plain language.

3. The overall concept is sound, namely that putting in place a plan to follow-up with someone who has newly received a wheelchair nicely complements any client-initiated follow-up communications. The notion that this follow-up contact be done by telephone also makes sense. However, going the next step, namely to automate the calls and responses is based on the assumption that this will result in a cost-saving by reducing the time spent by health-care personnel. The issue of cost is not, however, dealt with in this paper although it would have seemed to be an obvious consideration when looking at feasibility.

**Specific comments**


### Responses REVISION 1

- **Comment 1**: We included the acronym in the title because it is the name of the monitoring intervention. The acronym is defined in the abstract.

- **Comment 2**: We did not respond to Comment #1 because it does not require any change.

- **Comment 3**: Reviewer 1 did not make any comment on jargon (« The paper is extremely well written. »). We tried to simplify the language whenever we made changes to the paper.

- **Comment 4**: We are planning to address cost in the next study. Measuring cost requires a lot of resources and the budget we had for the present study did not allow to explore that aspect. Since reviewer 2 states that this comment is not « crucial », we did not make any change to the paper.

### Comments REVIEWER 2 REVISION2

- **Comment 1**: We did not respond to Comment #1 because it does not require any change. Reviewer 1 did not make any comment on jargon (« The paper is extremely well written. »). We tried to simplify the language whenever we made changes to the paper.

- **Comment 2**: We are planning to address cost in the next study. Measuring cost requires a lot of resources and the budget we had for the present study did not allow to explore that aspect. Since reviewer 2 states that this comment is not « crucial », we did not make any change to the paper.

- **Comment 3**: We included the acronym in the title because it is the name of the monitoring intervention. The acronym is defined in the abstract.

### Responses REVISION2

- **Comment 6**: It is quite common that an acronym referring to the name of an intervention appears in the title of a paper. Since Reviewer 2 mentions that this comment is not « crucial », we did not make any change to the paper.
The overall goal of the monitoring intervention is to improve mobility outcomes. Potential problems are screened by the MOvIT questionnaire to identify wheelchair users who may need some advice, and the goal of the follow-up made by the professionals is to make timely suggestions that will improve mobility outcomes.

Comments 6, 7 and 16: the responses do not satisfy me.

In our last response to reviewer 2, we tried to explain that MOVIT is an « intervention » that includes a screening questionnaire that triggers a follow-up by a clinical coordinator. Through this chain of screening/follow-up, the ultimate goal of the MOVIT intervention is to improve mobility outcomes. This paper describes how the screening questionnaire was developed. Future studies will show what outcomes are achieved and the impact on costs. Since Reviewer 2 mentions that this comment is not « crucial », we did not make any change to the paper.

Comments 9: the change makes the section less clear than the original.

Since reviewer 2 considers that the change to the abstract makes it less clear, we cancelled that modification. We believe that the full version of the article will clarify this section of the abstract.

MODIFICATION (line 43)
The MOvIT monitoring questionnaire developed in phase I tracks nine potential wheelchair-related adverse outcomes considered important for end-users: 1) non-use of wheelchair, 2) pain, 3) skin condition, 4) positioning problems, 5) wheelchair incidents, 6) psychosocial issues, 7) restricted wheelchair participation, 8) limited wheelchair skills and knowledge, and 9) technical problems.
16. Line 86: Although this is a “feasibility” study, testable hypotheses might help the reader where possible. We appreciate this suggestion, but in the next stage of our work, we will use testable hypotheses when we will make group comparisons on costs and mobility outcomes.

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<th>Comments Editor</th>
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<tr>
<td>Comments Editor REVISION2</td>
<td>Comments 6, 7 and 16: the responses do not satisfy me.</td>
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<td>Responses Editor REVISION2</td>
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<tr>
<td>1- Could you clarify whether the consent obtained was written or verbal please?</td>
<td>MODIFICATION (line 100) The project was approved by the institutional review board of the Center for Interdisciplinary Research in Rehabilitation of Greater Montreal (CRIR-559-1110) and written informed consent was obtained from each participant.</td>
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<td>2- In addition, if there are no Competing Interests, please rephrase the statement to read &quot;The author(s) declare that they have no competing interests&quot;.</td>
<td>MODIFICATION (line 480) The authors declare that they have no competing interests.</td>
</tr>
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<td>3- Please remove the words 'no legend' from the figure captions, unless you would like to include any explanatory information to the figures.</td>
<td>MODIFICATION (line 681-682) The words « no legend » were deleted on lines 681 and 682.</td>
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