Author’s response to reviews

Title: Using technology to engage hospitalised patients in their care: a realist review

Authors:

Shelley Roberts (s.roberts@griffith.edu.au)
Wendy Chaboyer (w.chaboyer@griffith.edu.au)
Ruben Gonzalez (r.gonzalez@griffith.edu.au)
Andrea Marshall (a.marshall@griffith.edu.au)

Version: 1 Date: 13 Oct 2016

Author’s response to reviews:

14 October 2016

Re: BHSR-D-16-01039

‘Using technology to engage hospitalised patients in their care: a realist review’

To the editor,

On behalf of myself and my co-authors, I would like to thank yourself, the associate editor, and the reviewers for considering this manuscript. We have been given some useful feedback, which we believe has strengthened the paper. I have outlined below our responses to the reviewers’ comments and the revisions we have made to the manuscript.

Reviewer 1

Reviewer #1 overall comment: Thank you for the opportunity to review this interesting paper. I really enjoyed reading this manuscript and am pleased that the views of patients are increasingly being considered in service provision. This paper was informative and addresses two extremely important aspects of hospital care – i.e. patients playing an increased role in their own care, and the use of technology. Your rationale for the realist review approach was clear but methodology needs more explanation to ensure rigor. This review raised some questions for me regarding patients using HIT regarding equity of care. I understand that this issue is beyond the scope of your review however I believe it is an important consideration as these technologies roll out. Therefore it would be relevant to know how the studies reported patients being unable to access HITs.
Response: Thank you for your constructive review. We believe we have addressed your main concerns regarding clearer explanations of methodology in Comment 1 below. We have also added a paragraph to the Discussion (page 21, lines 432-443) regarding patients’ ability to access HITs and equity of care.

Comment 1: Methods - need to be more explicit as to how your methodology relates to the realist review framework – e.g. a flow chart or table perhaps to illustrate Pawson's Step 1 process? There is a need for clarity around critical appraisal methods as the items in Pawson's Step 3 are not explained in a transparent manner.

Response 1: Thank you for this comment. We have made the methodology more explicit by including a table outlining Step 1: Clarify scope (including each sub-step) according to Pawson’s model and how this was applied in the current review (see Table 1, page 7 in revised manuscript). We have also clarified Step 3 by re-organising and re-wording content under this step to closely follow the sub-steps outlined by Pawson et al. (page 9, lines 155-163).

Comment 2: Findings section needs some overview to contextualise the results. How many papers were in the final analysis? A general description of types of settings, programs, patients, etc would assist in orientating the reader.

Response 2: To contextualize results, we have added the following sentence to the start of the Results section (page 10, line 175): ‘Fourteen studies were included in this review, outlined in Table 2.’ We have added columns to this table to make explicit the context (setting and participants), the intervention, and the mode of delivery (i.e. to address comment 6 below).

Comment 3: Line 198: This is the only bold italicised heading and seems out of place. Consider reworking headings.

Response 3: We have de-italicised this heading and left it in bold (page 10, line 184) – this is the heading for the overarching theme that emerged from studies. Each proposition is now numbered and in bold for continuity.

Comment 4: Line 266 Self assessment and feedback are two quite different things, please clarify how they are related or consider reporting separately. If the authors mean the patients are feeding back their self-assessment then perhaps omit the "feedback" part? It would be interesting to see a separate "feedback" section where patients use the HIT to report their evaluations of HCPs/institution but the review may not have identified such papers. It is noted that patient evaluations of HIT programs is threaded throughout the results.

Response 4: Thanks for this comment. We have outlined what ‘self-assessment and feedback’ involves in the first paragraph of this section (pages 12-13, lines 240-244).

Comment 5: Line 286 Final sentence seems out of place.

Response 5: This sentence has been deleted.
Comment 6: An overview of how patients access the HIT would be useful. Were they using their own or hospital devices?

Response 6: This information has been included in Table 2.

Comment 7: I am not sure if there is a need for both the sub-headings and the propositions - can you use the proposition as a heading instead? Alternately lines 486-488 might sit better at the beginning of the results section to prepare readers for your style of reporting.

Response 7: Thank you for this helpful suggestion. We have removed the sub-headings and used the propositions as headings instead.

Comment 8: Limitations of studies are reported in a general manner but need to report the limitations of the review.

Response 8: Thank you for this suggestion. To address this we have added a paragraph on limitations of the review at the end of the discussion (page 21, lines 445-454).

Reviewer #2

Reviewer #2 overall comment: The paper "Using technology to engage hospitalised patients in their care: a realist review" is of interest. The paper is clearly and well written. The methodology well described, but a more detailed chart of papers being included and reasons for exclusion should be included. The authors do not state whether the search for literature was done systematically, which it should be. A realist review like this will need to be long, in order to describe the intervention, the context etc, but nevertheless the paper needs to be shortened, as it is far too long now.

Response: Thank you for your helpful feedback. To address your concerns:

• We have included additional details of studies that were included in the review in Table 2, and added the following sentence to the beginning of the results section: ‘Fourteen studies were included in this review, outline in Table 2.’ (page 10, line 175)

• As outlined in the methods section, studies were excluded if they were not published as full-text articles, did not report any outcomes (i.e. only reported the design of a technology), or were commentaries or discussion papers.

• We conducted a purposive, not a systematic, literature search; which is in line with Pawson’s methodology for realist review. The search occurred in several stages as described by Pawson et al. (2005). To clarify these stages, we have amended the text under ‘Search for evidence’ in the Methods section, to read: ‘After initial exploratory searches were conducted to ‘get a feel of the literature’ and identify theories (or propositions) behind HIT interventions, a more focused and purposive literature search was conducted to find evidence to support or refute
propositions [3]. A final search was conducted once synthesis was almost complete to seek out additional studies that might further refine the explanatory model [3].’ (page 8, lines 130-134).

- We have shortened the paper by around 1500 words by making the results and discussion sections more concise (total paper is now ~5000 words).

Associate Editor

Overall comment: In addition to Reviewers #1 and #2, The manuscript needs to be much more concise and the whole manuscript, including results and discussion need to be substantially shortened.

Response: Thank you for your review. We have substantially shortened the manuscript (by around 1500 words) by making the results and discussion sections more concise (total paper is now ~5000 words).

Based on these revisions, we now believe the manuscript is acceptable for publication in BMC Health Services Research.

Please do not hesitate to contact me if you require any further information. We look forward to hearing from you.

Kind regards,

Shelley Roberts