Author's response to reviews

Title: Enabling Public, Patient and Practitioner Involvement in Co-Designing Frailty Pathways in the Acute Care Setting

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We thank the reviewers for their feedback and detailed consideration of this manuscript. It is very much appreciated by the authors. Please find below a point by point response to each of the reviewers' comments:

Reviewer 1

Comment 1: It is unclear as to what are the consideration relating to cognitive. Does this come out at any time, perhaps in communication for example. As it is written, it appears that the focus was on signage rather than verbal communication. There is a mention relating to dementia only in the last line of the corresponding paragraph.

Response: Written plans were identified in the co-designed sessions—we have reinforced the link to cognition in the results section—‘improved patient information and signage’ lines 372 and 387-90

Comment 2: The next query is if the above findings are relevant only to the frail older person or is universal across all patient groups. This would be something that might be important to discuss.

Response: Thank you for this we have considered this this in our revised strengths and limitations section (lines 495). While the co-designed pathway interventions that emerged from this process were specific to frail older people—many of these initiatives are in line with concepts of universal design and as they are scaled out across the hospital site can benefit other patient groups.

Comment 3: Is it likely that the same findings from the co-design process would be found if the same research was conducted in other Irish acute care setting? Are these findings translatable?

Response: The co-design process was not hospital specific. Our public and patient representatives came from all over the country. We have noted that the co-design approach is transferable in the discussion in the revised strengths and limitations section (lines 495).

Reviewer 2

Comment 1: In your abstract you mention this paper "discusses the co-design process". I would suggest making a clear division between outcome of the co-design process and the process of co-designing itself. The result section is filled with outcomes of the co-design process, whereas remarks and finding of the process of co-designing are placed everywhere. We would suggest stating the process of co-designing in the result section as well, because it is a result.

Response: Co-design by its nature is fluid and non-linear particularly where it relates to method, design and outcome. Therefore, to distinguish the outcomes from the process itself would miss the core focus of co-design which is participatory and action based. We have added to the strengths and limitations (lines 495) to why this process is valuable and also
noted some of its limitations. We have also provided a new sub-title ‘Methodological approach for meaningful co-design’ (line 157) in order to better delineate and explain the fluidity of co-design in relation to method and outcome.

Comment 2: It is not clear to us how the findings about the process of co-designing were collected. It would be helpful to state the methods used for this in the method section, e.g. use of transcribed data or observations from the researchers present at the co-design meetings. (i.e. for how the data collection on co-design process for scientific purposes was designed)

Response: Explanation of the methods for collecting information regarding the process of co-designing has been added to the methods section of the paper. Also see appendix 2 (supplementary files) for qualitative extracts from the co-design meetings which were recorded and transcribed during the process.

Comment 3: Methodological approach is frequently mentioned. What is meant by it is still unclear to us (e.g. l. 150 p.7).

Response: A new sub-title ‘Methodological approach for meaningful co-design’ has been added. This will allow for more clarity and explanation of what this approach entailed.

Comment 4: The first paragraph of the results section could also be methods (l.228 - 236 p.10). Were the six meetings scheduled on forehand? If so, I would say that it should be part of the method section.

Response: We agree and this first paragraph has now been relocated under the methods section.

Comment 5: In my opinion statements about recording and transcription should be part of the method section of the paper.

Response: Agreed – see above

Comment 6: The paper has a qualitative approach, why is this not stated in the method section? Though the qualitative approach is not systematically developed following state-of-the-art methodology for qualitative research designs.

Response: The paper has a co-design approach – this approach adopts some of the methodological repertoire of tools from qualitative approaches but is a distinct methodology more in line with participatory action research.

Comment 7: The structure of the discussion is not clear to us and would benefit from implementing the usual structure of summary, comparison to literature, reflection on the findings, strength/limitations, impact on research and clinical practice. We miss a summary at the beginning of what - according to the authors - are the main findings. This is a very rich set
of results, but the authors can help the readers to prioritize findings. It would be nice if you could link your results to previous studies looking at a similar approach or outcome. Also, rather than a discussion, you present new results in the discussion. I would suggest moving this to the result section.

Response: We have revised the discussion section in line with the reviewer’s recommendations.

Comment 8: I miss strengths and weaknesses of your innovative methodological approach. I think this is essential to educate others interested in implementing a similar co-design process.

Response: A strengths and limitations section has now been added

Comment 9: You present new information in your conclusion e.g. about participant views on their participation in the co-design team (l.489 - 493 p.21). I would suggest concluding what the main findings of this study were and recommendations for future similar co-design processes.

Response: The conclusion section has now been revised in line with the reviewer’s recommendations.

Comment 10: One family carer is insufficient in my opinion. I think family carers are very valuable for such a co-design approach. Family carers experience the healthcare for frail older persons from close by, but from another perspective than patients. Furthermore, how family members are treated and involved in the care arrangements for the frail loved one is in my view important as well for the quality of care.

Response: Yes we agree but we wanted to ensure we had a diversity of voices involved and were guided by nominations from our community partners

Comment 11: You mention that practitioners were involved on a rotating basis ensuring a critical mass of public/patient participants. I am curious what the average number of co-design participants was during the meetings? I think it is useful to mention, also for implementing this method.

Response: There was an average of five healthcare practitioners contributing to each co-design meeting – this ranged from a max of 8 to a minimum of 3. This has been added to the relevant section

Comment 12: The academic participants in the SAFE co-design meetings acted as facilitators focussing on enhancing PPR input into the process” (l.160 p.7). I would expect that academic experts know a lot from literature about feasibility and effectiveness of interventions suggested by the PPR. Why did you choose to give them a facilitating role instead of active
participation when necessary? Also, how can they be co-design team member and external facilitator at once?

Response: This section (lines 175-180) have been modified.

Comment 13: L. 179 - 181 p. 8, PPR participants are nominated by NGO organizations. It is possible that this way of recruiting resulted in a selected PPR group of similar, over critical, active and verbal people? For implementation on a large scale we would suggest inviting all interested to write an application.

Response: Yes we agree. This has been added to the limitations of the study