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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The authors would like to thank the reviewers for this draft manuscript and to acknowledge their valuable contribution to the redrafting of the paper.

Specifically, my main comment that the research question is unclear (Reviewer 2 July 19)

Response: Thank you for your comments. With regards to the research question we have rewritten the background section of the paper to state more clearly what the purpose of the paper is taking into account your valued input regarding the lack of clarity as to the RQ of the paper. The purpose of the paper now reads as to describe quality improvement initiatives which resulted from a co-design process aiming to improve service delivery for frail older people in an acute care setting.

The paper presents a combination of experiences/lessons learned regarding the co-design process itself and the outcomes of the co-design process is not addressed. The response of the authors that in co-design process and outcomes are intricately related I agree with, but that does not mean that the authors cannot and should not be more clear about the rationale for this paper and whether their research question is about whether they wanted to learn about co-design as a methodology or about the outcomes of a co-design process. These are completely different RQs with completely rationales. (Reviewer 2 July 19)

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. (Reviewer 2 July 19)

Response: Thank you for your comments which have resulted in a considerable restructuring of the paper to provide a clearer delineation between the methodological process of co-designing (presented in the methods and research design sections) and the outcomes in relation to the responding quality improvement initiatives (presented in the results section).

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) (Reviewer 2 June 19)

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.

Methodological approach is frequently mentioned. What is meant by it is still unclear to us (e.g. l. 150 p.7). (Reviewer 2 June 19)
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. 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. (Reviewer 2 June 19)

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

In my opinion statements about recording and transcription should be part of the method section of the paper. (Reviewer 2 June 19)

Response: Agreed – see above

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. (Reviewer 2 June 19)

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. We have restructured and rewritten the methods section of the paper in the hope that it provides more clarity as to the methodological approach.

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. (Reviewer 2 June 19)

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

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. (Reviewer 2 June 19)

Response: A strengths and limitations section has now been added

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. (Reviewer 2 June 19)

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

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. (Reviewer 2 June 19)

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

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. (Reviewer 2 June 19)

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

The academic participants in the SAFE co-design meetings acted as facilitators focusing 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? (Reviewer 2 June 19)

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

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. (Reviewer 2 June 19)

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