Author’s response to reviews

Title: A type II implementation-effectiveness hybrid quasi-experimental pilot study of a clinical intervention to re-engage people living with HIV into care, ‘Lost & Found’: an implementation science protocol

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Author’s response to reviews:

Thank you for your additional review and related comments/questions. I am re-submitting the paper taking into consideration additional feedback. The protocol has also been updated.

Reviewer #1: Thank you for taking the time to review our revised protocol.

Reviewer #2: In addition to changes made (with track changes) in the resubmitted protocol, please find responses to each comment below.

1. a) the nurse validation step includes information that should be in the chart and not solely based on the nurses knowledge for example, chronic illness or mental illness. How would you implement this if the nurses didn't know the patients? So is the nurse reading their chart after they are flagged for high risk?

RESPONSE: Yes, nurses make use of patient charts after a patient is flagged as lost to follow up (by risk category). The chart review step has been added to the protocol.
1. b) An aside, that can't be addressed here, but in the future you should consider - there are no nurses on your team as indicated by your title page. Nurses are very involved in this project and the they are the ones that are doing the intervention, so there should be a nurse on your team.

RESPONSE: This is a very good point. The nurses from our clinic were very implicated in developing the intervention. However, given their status as participants, they were not formally included as members of the study team. This said, we plan to include them as part of the study team for all future publications that do not involve nursing data.

2. pg 8 line 43. What do you mean by motivational communication and how were the nurses trained?

RESPONSE: We have defined motivational communication and provided details on how nurses were trained.

3. pg 8 line 54 I'm not clear about the visits. Do you mean advanced practice nurse for the first visit? Why do they need two visits? How does the nurse visit and the physician visit different. It seems getting them to two visits would be very hard if they were truly OOC to begin with.

RESPONSE: Because of delays in receiving results for lab tests, patients are invited to come into the clinic prior to the physician visit to do the necessary phlebotomy. This delay gives some time for the tests to be completed, usually a few days, and allows for the physician to have all necessary information at the time of the visit. These details have been added to the resubmitted protocol.

4. Where is your evidence that calling every week for six months is an effective method for re-engagement? I think you said this was evidence based, no articles are cited here. It seems excessive and that there would be a point you would not be getting any more people re-engaged in care.
RESPONSE: There is little evidence regarding the effectiveness of multiple contact attempts and how frequently patients should be contacted; this limitation in the evidence base is presented in the introduction. The specific time frames/frequencies we used were intended as recommendations for the nurses, which they could modify as needed. This ability to modify the frequency of contact has been clarified in the resubmitted protocol.

5. Pg 13 line58. What do you mean by HIV specialist nurse? Do you mean nurses with board certification or advanced practice?

RESPONSE: This was in reference to the extensive experience of our nurses in working with PLHIV. This terminology has been removed given the lack of formal specialised training.

Again, thank you to the reviewers for these additional questions. I hope the revised manuscript is acceptable for publication in Pilot and Feasibility Studies.