Author’s response to reviews

Title: Acute Hospital Dementia Care: Results from a National Audit

Authors:

Suzanne Timmons (s.timmons@ucc.ie)

Emma O’Shea (emma.oshea@ucc.ie)

Desmond O’Neill (desmond.oneill@amnch.ie)

Paul Gallagher (paul.gallagher1@hse.ie)

Anna de Siun (anna.desiun@hospicefoundation.ie)

Denise McArdle (denise.mcardle@hse.ie)

Patricia Gibbons (patricia.gibbons1@hse.ie)

Sean Kennelly (Sean.Kennelly@amnch.ie)

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Reviewer #1:

Major points

1. In the abstract, at the bottom, the authors concluded that lack of dementia care might increase the risk of adverse outcomes and the cost. Is it true from your results?

EoS: No, we do not have outcome or cost data pertaining. However, previous research has indicated that poor quality dementia care leads to an increased risk of adverse outcomes. We have now included references to support this statement in the discussion of the manuscript (highlighted using tracked changes). We have also reworked the conclusion, which may have been previously misleading.
2. According to the results, we could see that there are several cares or assessments which most patients did not receive, or some programs which most medical staff didn't participate. We can understand that the best and appropriate care should be provided to all patients with dementia; however, we do not know whether the rates shown in the present study are better or worse compared to other places or other periods, even though this is an audit. Is it possible to compare the data with other studies? Or, can you compare the outcomes of the patients with certain interventions and those without?

EoS: We have now compared these findings to international research. These additions have been highlighted in the discussion in yellow.

Minor points

In Table 1, Mon, Fri, and Sun: Please show what words they stand for.

EoS: We have now addressed this - this table is now table 4 as we have created other tables at the request of reviewer 2.

Reviewer #2: The objective of this study was to assess the quality of dementia care in acute hospitals in the Republic of Ireland.

Specific comments:

1. The demographics of the hospitals audited should be provided, such as size of the hospital, how many beds or % of specialists in geriatrics in each hospital, as these could be important determinants of quality of dementia care.

EoS: The hospitals have now been described by size in terms of bed capacity and number (range) of geriatricians (see table 1)
2. P.8 Demographic: The information of 660 charts (patients) reviewed should be provided in an individual Table for better readability.

EoS: A table of patient demographics has now been included to improve readability, replacing the text in the previously submitted manuscript (see table 2)

3. It would be very interesting to see the variations of quality of dementia care between different hospitals. In particular, as patients are "clustered" in each hospital they received care, investigating quality of dementia in each hospital will provide more information regarding which hospital could be the "current best" model to provide acute hospital dementia care.

4. Comment 3 is applied to hospital organisation and ward organisation relating to dementia care. It is informative to see differences between hospitals.

EoS: Comment 3 & 4:

For each hospital, there would only be 20 charts reviewed (at a maximum), making it difficult to meaningfully compare care across the 35 individual hospitals. However, we have addressed this by illustrating the multidisciplinary assessment completed (table 3), by hospital size (bed capacity) groupings, to indicate trends in assessments completed/not completed according to hospital size.

The range of assessments completed has also been included in brackets, which indicates large variations even between the hospitals within each hospital size group. We have discussed the implications of this in the discussion.