

July 26, 2005

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Editor
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RE: Manuscript #2004/212

Dear Dr. Dougherty:

We are resubmitting the revised manuscript 2004/212. Please note that the title of the paper was modified to more accurately reflect the study. We responded to the reviewers' concerns and questions in the following ways:

Comments from Reviewer 1

Theoretical framework (key words): A discussion of search terms used to review the literature (page 5) and how the list of likely predictor variables was generated is included (page 9).

Were there items found in the literature that were not in the existing data and therefore not included in the model? We did not have some variables that others have suggested as predictive. This was addressed under limitations on page 17.

Definition of specialized hospital discharge planning services needs to be moved up: The definition was moved forward in the manuscript to page 4.

The authors need to make it more clear where this data came from: Steps have been taken in the Setting and Participants section to clarify that two independent samples were included in the study and that the sample, not the data in step one, was from a separate study (See page 8). The use of the term 'records' was confusing. We attempted to clarify in the Methods section that one data source was the participant's hospital medical record.

Who did the interviews using what? Additional information regarding data collection was included on page 10.

For the data extracted from existing records was there much missing? The fact that there were few missing data was also addressed on page 10.

What is the Rankin Disability score? Further information about the Rankin including scoring was provided on page 9.

Was the Hosmer and Lemeshow test examined for goodness of fit? The analysis was added. See page 14.

More detail needed to describe how or why 4 was chosen as the constant multiplier: We are confident that the explanation of why 4 was chosen (provided on page 11) is now clear.

Discussion of results – numbers in text do not match numbers in figure: This has been corrected (The numbers in the text on pages 13 and 14 now match with Figure 1).

Comments from Reviewer 2

Problem statement could be more specific to relevance of the study to nursing: We identified the relevance to the discipline of nursing (page 7).

Nursing not mentioned in literature review: Specific references to nursing are now made in the Background section (See pages 4 and 6).

No justification for a lack of theoretical framework: The absence of studies with the outcome ‘use of specialized hospital discharge planning services’ contributes to the lack of a research-based theoretical foundation for this aspect of practice. This statement was provided in the Background section. See page 6.

No power analysis information provided to justify the size of samples: Power analysis information for both steps in the design was added. See pages 8 and 9.

Sampling method not clearly explained: Sampling methodology was expanded See page 8.

Lack of information related to ethnicity and rural/urban residence of the sample: This lack of information was addressed as a study limitation on page 17.

Concern regarding the low sensitivity and specificity of the screen cutpoint score: While there are no hard-and-fast rules for determining acceptable measures of sensitivity and specificity, additional information to consider was added to the Discussion section (See page 15). Justification for the chosen levels was provided in the data analysis section (page 13).

Positive and negative predictive value data were not provided: We chose to add likelihood ratios for both positive and negative test results along with the sensitivity and specificity data (provided on page 13) to clarify the accuracy of the screen in distinguishing between those patients who do and do not use specialized hospital discharge planning services.

Summary of findings was somewhat repetitive: Effort was taken to not repeat findings in the Discussion section.

Limitations of the study itself were not acknowledged: This was corrected with the addition of limitations of the study itself to the Discussion section (page 17).

Nursing is never mentioned in the discussion of the results: Nursing is now mentioned in the conclusion.

Writing style: Efforts were made to conform to expected scholarly style. Attempts were made to replace the use of the pronoun 'we.' All checked items on the Checklist for Style were addressed.

Please note that Reviewer 2 took issue with the amount of data in Table 1. We feel the information is necessary to inform the readers. Because of the number of variables tested in step one of the study, we feel that incorporating some of the information found in Table 1 into the text would be cumbersome for the readers. We chose to leave Table 1 as it was originally presented.

We appreciate the excellent comments and suggestions from the reviewers and hope that our revisions satisfactorily address their review.

Sincerely,

Diane E. Holland