PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Northern Territory Heart Failure Initiative – Clinical Audit (NTHFI – CA) A Prospective Database on the Quality of Care and Outcomes for Acute Decompensated Heart Failure Admission in the Northern Territory - Study Design and Rationale
AUTHORS	Yngkaran, Pupalan; Tinsley, Jeffrey; Smith, David; Haste, Mark; Nadarajan, Kangaharan; Ilton, Marcus; Battersby, Malcolm; STEWART, SIMON; Brown, Alex

VERSION 1 - REVIEW

REVIEWER	Ansari, Zahid Monash University, Department of Human Services
REVIEW RETURNED	07-Nov-2013

GENERAL COMMENTS	The paper describes the purpose, design, and conduct of NTHFI-CA study, including potential outcomes of the study. At this stage there are no data to be presented. As the paper is very thorough, I don't have any detailed comments. I just want to elaborate on one issue, on which I have published, and also relates to Congestive Cardiac Failure (CCF). CCF is an ambulatory care sensitive condition (ACSC) - condition (disease) that is best managed in the community setting. If an area or a population group has higher rates of admissions for CCF, it reflects primary care access barriers as well as issues with quality (effectiveness) of primary care in the community. This is further amplified rural and remote areas, especially in disadvantaged population such as the Aboriginal community. In this paper, this is reflected in dotpoint 4 of the introduction on page 3. I want this point to be further elaborated later in the paper in the context of discussing key access barriers that are faced by the Aboriginal people in the community. This brings us to the concept of "access" which is multidimensional and would pose significant challenges in measurement in the Aboriginal population. It will be nice if this project develops KPI around this dimension. I am attaching couple of papers to illustrate

	this point and the concept of ACSC and factors that are associated with it. This project and its outcomes would be potentially useful for applying to other chronic ACSC conditions such as asthma, COPD, Diabetes, Angina.

REVIEWER	John Cleland Imperial College, London. UK
REVIEW RETURNED	

GENERAL COMMENTS	Nothing particularly wrong with this document which I suspect has been generated for internal consumption and is now being shared. Knowledge of heart failure in minority communities is welcome (although prevalence may be lower than anticipated if few people survive to great age). Some typographic issues - needs careful proof reading. Style is rather bureaucratic and therefore not an easy read for a nursing/medical audience. Plainer more direct language would be appreciated. Several pages of rather generic tables.

VERSION 1 – AUTHOR RESPONSE

Reviewer #1: Ansari, Zahid
Monash University, Department of Human Services

1) Thank you for the opportunity to review the above paper. It is an excellent paper nicely summarising all aspects of the study. It is certainly worthy of publication in this journal.
The paper describes the purpose, design, and conduct of NTHFI-CA study, including potential outcomes of the study. At this stage there are no data to be presented. As the paper is very thorough, I don't have any detailed comments. I just want to elaborate on one issue, on which I have published, and also relates to Congestive Cardiac Failure (CCF (a)). CCF is an ambulatory care sensitive condition (ACSC) - condition (disease) that is best managed in the community setting. If an area or a population group has higher rates of admissions for CCF, it reflects primary care access barriers as well as issues with quality (effectiveness) of primary care in the community. This is further amplified rural and remote areas, especially in disadvantaged population such as the Aboriginal community. In this paper, this is reflected in dot point 4 of the introduction on page 3. I want this point to be further elaborated later in the paper in the context of discussing key access barriers that are faced by the Aboriginal people in the community(a). This brings us to the concept of "access" which is multidimensional and would pose significant challenges in measurement in the Aboriginal population. It will be nice if this project develops KPI around this dimension. I am attaching couple of papers to illustrate this point and the concept of ACSC and factors that are associated with it. This project and its outcomes would be potentially useful for applying to other chronic ACSC conditions such as asthma, COPD, Diabetes, Angina.

1a. Primary care access barriers: We have expanded on this point with a new paragraph in the discussion citing the references provided.

Reviewer #2: John Cleland
Imperial College, London. UK

2) Nothing particularly wrong with this document, which I suspect, has been generated for internal consumption and is now being shared. Knowledge of heart failure in minority communities is welcome (although prevalence may be lower than anticipated if few people survive to great age). Some typographic issues - needs careful proof reading (a). Style is rather bureaucratic and therefore not an easy read for a nursing/medical audience. Plainer more direct language would be appreciated (b). Several pages of rather generic tables. If space is at a premium I would recommend a vastly truncated version with plainer English (c).

2a. Typographical errors corrected

2b. Language has been edited where possible to make it more generic.

2c. Tables:
- We have followed similar formats from other studies that included tables in the appendices.
- We also agree that if space is an issues appendix B-F can be removed and perhaps highlighted in the references.