

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Relevance of assessment items in community paramedicine home visit programmes: results of a modified Delphi study
AUTHORS	Leyenaar, Matthew; Allana, Amir; Sinha, Samir; Nolan, Michael; Agarwal, Gina; Tavares, Walter; Costa, Andrew P

VERSION 1 – REVIEW

REVIEWER	Huang, Y Penn State Behrend
REVIEW RETURNED	09-Feb-2021

GENERAL COMMENTS	<p>The contemporary community paramedicine (CP) programs yet have clear assessment method for the program development. This study provided a pilot assessment tool from the consensus data. It will have great contribution for the field to provide the following details regarding the CP evaluation:</p> <ol style="list-style-type: none">1. Please highlight the specific assessment items in the abstract. Not just only indicate the number of items remained. Readers may want to know what the critical assessment items for community paramedicine program evaluation.2. Please provide detailed 64 assessment items and elaborate how you classify them into 14 groups. The classification was based on any literatures or theoretical framework?3. Please include the community paramedicine (CP) program study authored by YH Huang et al. The study may provide varied perspective regarding the contemporary CP programs in the US. Yuan-Han Huang, Linlin Ma, Luke A. Sabljak, and Zachary A. Puhala (2018) Development of Sustainable Community Paramedicine Programmes: a Case Study in Pennsylvania. Emergency Medicine Journal4. Figure 2. Please label the shape of text boxes properly. For example, if diamond is a decision block, and it should include the decision logic to the outputs. Please also indicate what are the circle blocks.5. Please provide a further discussion regarding the consensus CP assessment items in detail. What are those final assessment items? It will increase the value of the study and help the CP organizations having clear performance benchmarks and develop roadmap for the program.
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REVIEWER	O'Meara, Peter Monash University, Medicine, Nursing and Health Sciences
REVIEW RETURNED	21-Feb-2021

GENERAL COMMENTS	<p>This is an important study for community paramedics and their patients. I particularly liked the approach of treating paramedics as experts of their own practice. Another good part was the clear description on p. 9 of the modern scope of community paramedic practice across the domains of the determinants of health. I am sure that this work will change paramedic practice, whether they are community paramedics or not.</p> <p>Minor corrections to consider The abstract could be made a little clearer in terms of the numbers reported. Just a bit confusing until the Findings are consulted. Figure 2 was much clearer. Otherwise, the paper is clear and concise. p. 3, Line 14. There seems to be additional word in the sentence. Please review. p. 4, Line 40. Check the tenses.</p> <p>Otherwise, well written and clearly written despite the complexity of the methodology.</p>
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REVIEWER	Rasku, Tuija Tampere University
REVIEW RETURNED	01-Mar-2021

GENERAL COMMENTS	<p>Good to read a paper that considered Community paramedic's patient assessment with social and environmental domains. The article has potential to make an important contribution to the literature and is effective further research considering the authors' previous article Leyenar MS, et al. BMJ Open 2019:9.</p> <p>Table 2 and Figure 2 open the numbers but (in Figure 2) in the box Round2, 3 Assessment domains and then is it correct that 7 items from Round 1 were re-organized. For the reader, it would be interesting to see how Functional Status ended up from 7 to 19 items or Disease Diagnoses from one to five, just like an example. Could there be an additional appendix where those Assessment Domains were opened or from where they could be found. Could this description could be added to Methods?</p> <p>As result would be good to be able to read which 54 assessment items were identified as being relevant, which remaining 7 assessments were modified and how, and which 3 assessment items were removed from subsequent rounds, and were there more details why they were removed.</p> <p>The Supplement table was interesting. Why there was a need to exclude washing of the back and hair but include other parts of the body? Is this way to look at bathing and personal hygiene as a result of another research, would be interesting to read.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Dr. Y Huang, Penn State Behrend

1. Please highlight the specific assessment items in the abstract. Not just only indicate the number of items remained. Readers may want to know what the critical assessment items for community paramedicine program evaluation.

We have expanded the explanation about the source and breadth of the assessment items in the abstract. It is our hope that by defining a set of assessment items that can serve as indicators of changes in patient condition over time the evaluation of the impact of community paramedicine programs can be strengthened.

2. Please provide detailed 64 assessment items and elaborate how you classify them into 14 groups. The classification was based on any literatures or theoretical framework?

Further explanation has been provided within the Methods section to explain the taxonomy that was used to classify the assessment items. A number of limitations including both the length of the publication and the copyright of the assessment items prevent full listing.

3. Please include the community paramedicine (CP) program study authored by YH Huang et al. The study may provide varied perspective regarding the contemporary CP programs in the US. Yuan-Han Huang, Linlin Ma, Luke A. Sabljak, and Zachary A. Puhala (2018) Development of Sustainable Community Paramedicine Programmes: a Case Study in Pennsylvania. Emergency Medicine Journal

We are happy to make reference to your contribution to the literature on the topic in both the Introduction and Discussion sections.

4. Figure 2. Please label the shape of text boxes properly. For example, if diamond is a decision block, and it should include the decision logic to the outputs. Please also indicate what are the circle blocks.

Revised figures and captions have been included.

5. Please provide a further discussion regarding the consensus CP assessment items in detail. What are those final assessment items? It will increase the value of the study and help the CP organizations having clear performance benchmarks and develop roadmap for the program.

We are pleased to include explicit reference to the forthcoming interRAI Community Paramedicine Contact Assessment instrument within the Discussion section. Results of multiple studies have contributed to it's creation. Publication of the instrument will follow elsewhere.

viewer: 2

Dr. Peter O'Meara, Monash University

Minor corrections to consider

The abstract could be made a little clearer in terms of the numbers reported. Just a bit confusing until the Findings are consulted. Figure 2 was much clearer. Otherwise, the paper is clear and concise.

p. 3, Line 14. There seems to be additional word in the sentence. Please review.

p. 4, Line 40. Check the tenses.

Corrections have been made. Thank you for catching these errors.

Otherwise, well written and clearly written despite the complexity of the methodology.

Thank you.

Reviewer: 3

Dr. Tuija Rasku, Tampere University

We hope that by providing additional explanation about the source for the bank of assessment items that were the subject of the participants ratings, you can explore the integrated assessment system in greater detail. As mentioned above, we have provided examples, recognizing the limitations both in terms of the length of the assessment instrument itself as well as copyright for reproduction of the items in their entirety.

Could there be an additional appendix where those Assessment Domains were opened or from where they could be found. Could this description could be added to Methods?

We have provided additional details within the Methods. Please consider our publication on the environmental scan of assessment practices for further information about assessment item taxonomy and how any assessment item can be classified.

As result would be good to be able to read which 54 assessment items were identified as being relevant, which remaining 7 assessments were modified and how, and which 3 assessment items were removed from subsequent rounds, and were there more details why they were removed.

The forthcoming interRAI Community Paramedicine Contact Assessment instrument represents a culmination of the results from this and other studies. The removal of items was either in accordance with the results of the questionnaires. While the web-conferences provided participants with the opportunity to explain their rationale, we did not feel that we could provide additional details given that not all of the participants that completed questionnaires were able to attend all of the web-conferences. Those that did

attend could provide some of their rationale, but we would be making assumptions that their rationale would extend to those participants who were not able to attend.

The Supplement table was interesting. Why there was a need to exclude washing of the back and hair but include other parts of the body? Is this way to look at bathing and personal hygiene as a result of another research, would be interesting to read.

The taxonomy provided by the WHO International Classification on Functioning, Disability, and Health provides some guidance in this area. Similarly, the myriad of literature that has been published on the subject of Activities of Daily Living, Instrumental Activities of Daily Living, and Comprehensive Geriatric Assessment have informed development of other interRAI instruments and the standardization processes interRAI has used to define specific items.

We look forward to the next steps in the publication of this paper and hearing back from the reviewers regarding the revisions that we have made to the manuscript.

VERSION 2 – REVIEW

REVIEWER	Rasku, Tuija Tampere University
REVIEW RETURNED	24-May-2021
GENERAL COMMENTS	A revision was very well done, thank you. Looking forward, to add all that information for the future of community paramedicine.