1 February 2012

21 February 2012

Dear Charlene

I am replying to all the queries in this letter – maybe that will make it easier to correlate the changes and the recommendations. I hope this will be OK>

**AUDITS OF HOSPITALS’ EMERGENCY TROLLEYS’CONTENTS IN BOTSWANA**

An audit was done on the content of emergency trolleys in two hospitals in Botswana. The researchers found that the trolleys were incomplete and not regularly checked.

Thank you for submitting your work to Health SA Gesondheid. Two independent reviewers evaluated the article. This report was compiled by one of our Professional Editors based on the reviewers’ reports. The reviewers are of the opinion that the article needs to be referred back to the author for comprehensive corrections/changes as indicated in the report. The author/s is encouraged to revise the article and re-submit for evaluation.

The following comments are applicable:

The title should be changed as not all the hospitals in Botswana are included. It should read: Audits of emergency trolleys’ contents in selected hospitals in Botswana. Title changed as suggested.

A source needs to be added to the sentence “the earlier effective treatment is provided, the more likely is the patient’s survival.........” (Introduction - 45). Reference added in introduction (Introduction – 56)

A source needs to be added to the sentence “ The frequency of checking the equipment...” (80).

A source needs to be added to the sentence “Cardiopulmonary resuscitiaon is a critical component of BLS and is ............” (Introduction - 49). Reference added in introduction (Introduction – 56.

The authors focus on UK policies and the situation on the UK only in the description of the background to the study (54 – 95). It is not clear why it is done. Does the National Health Department of Botswana support the UK policies unchanged? Is there no policy regarding emergency treatment and the equipment required for such treatment specific for Botswana? Why did the authors not include any reference to other countries and more specifically countries in Africa? It is also not clear why no mention is made of the policies of the hospitals? Explanations added from line 91. There are simply no emergency trolley guidelines in Botswana and consequently also no hospital policies in this regard. The UK guidelines were adopted as a baseline because they seemed to be similar to those used by other countries. It was deemed unnecessary to do a comparative study of different countries’ guidelines, the purpose was to identify shortcomings in the emergency trolleys’ contents and maintenance in Botswana. Some references to other countries have been added as from line 110.

Much is said about CPR, ALS and BLS but very little is said about the actual trolley and what should be on them in the description of the background of the study. Much more information is required. Emergency trolley aspects added as from line 68.

The study focuses on adult resuscitation and therefore the two references to paediatric resuscitation should be deleted (91 and 405). These two references have been removed.

Please move the long lists of authors in references to the end of the sentences (70 and 92). When these lists are included in the beginning or middle of a sentence smooth reading is hampered. Yes we agree and we have done that. BUT please note that the HSAG language editor repeatedly (in previous manuscripts) moved all references to the beginning or middle of sentences. This editor seemed to detest any ‘floating reference at the end of any paragraph’. We definitely do agree that references at the end of sentences are much more ‘reader friendly’ but the HSAG editor should take up this issue and clarify it with the language editor of AOSIS otherwise the references are moved with every revision and with every edit.

The comment “No reports could be traced about audits ..” appears twice (102 and 125). Moved to line 135 only

The statement “more and more cardiac emergencies ....” (126) should be replaced with a reference to statistics that point to an increase in cardiac emergencies. Changed see line 164

The policies regarding resuscitation and emergency equipment of the Botswana government and the two selected hospitals should be referred to in the problem statement. Explained earlier that absolutely no government policies existed at government level and thus no policies at hospital level either. That is precisely why this research was so essential.

The sentence “This research was deemed...” cannot form part of the description of the objectives as it does not refer to an objective (110). OK deleted line 145

It is not clear how the two hospitals were selected. Much information is needed on the population and the selection of the sample. How many possible hospitals could be chosen from? How many wards were included in the population and why was 10 from each hospital selected? Are the two selected hospitals public or private? See from line 186 for these descriptions

Under the heading data collection the authors mention the “practices and policies of Botswana” but nowhere is it described added - see line 203(152). There are simply no prescribed practices nor policies about emergency trolleys in Botswana – explaining why this research was so important to demonstrate shortcomings in the emergency trolleys’ contents. Patients could continue to lose their lives because of ineffective emergency trolleys in Botswana’s public hospitals.

It is not clear how the instrument was changed (152). It was not changed.

Due to a lack of information it seems as if an instrument was used which had been developed for hospitals in another country and could therefore have been inappropriate to be used in the two selected hospitals. The 88 items that are referred to (173) might not be according to the policies of the hospitals. There are no hospital policies and no government policy on emergency trolleys in Botswana. The 88 UK listed items were used as a basic guideline.

Describe the measures taken ensure validity and reliability separate (257). Done see p11

Health service managers and a nurse researcher agreed that the items on the instrument are applicable (258). Why are they considered to be reliable people to consult? Are they all trained in emergency nursing or do they have experience in the management of nursing practice? Explained on p11 under validity – went back to original research report and added more information that was not mentioned in the previous manuscript.

Why was the *Cronbach alpha* not compiled (270)? Explained on p11 – expected to get a perfect correlation because every aspect was definitely relevant to an item expected to be on the emergency trolley – expecting a perfect correlation which is useless statistically

In the description of the findings referencing is predominantly made to UK literature, studies and policies. It is as if the study was conducted in the UK and it is not clear why the authors have chosen to do that. It has been repeatedly explained that no policies exist in Botswana, that the UK guidelines were accepted as a point of departure.

What is meant with “checked regularly” (436) in the description of the recommendations? OK explained line 508

The recommendation “standardised throughout each institution” is not clear as the authors did not indicate whether standards are available (440). Absolutely no standards exist in Botswana – as stated repeatedly

Language editing of the manuscript is recommended. Document printed, proofread and edited.

The authors are invited to resubmit the mentioned article. The revised article will be re-sent to the reviewers. The author needs to comply with the following guidelines:

* A revised and corrected article according to the above-mentioned points raised by the reviewers;
* Accompanied by a separate letter responding to each point raised by the reviewers (point by point), for example:
  + Point 3: The reviewer suggested that the methods be described in more detail. On. p. 4, par. 3, 3rd line, a sentence was added to explain how the study was performed;
* Indicating thereby (see example above) also with thoroughness and correctness how each of these points were addressed;
* Indicating in the attached revised article where in the article the changes has been made (the author is advised to use the function of track changes in this event), allowing the editor to view the actual change as it was implemented in the manuscript.

Health SA Gesondheid reserves the right to use the facility of Turnitin in any stage of the peer review process.

HSAG is looking forward to receive your revised article before or on 14 March 2012.

I sincerely do hope that we have managed to address all queries and implement all corrections.