

**Author's response to reviews**

**Title:** Overview of a Formal Scoping Review on Health System Report Cards

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**Author's response to reviews:** see over

Dear Editors:

Thank you for your continued interest in our manuscript entitled “Overview of a formal scoping review on health system report cards” for publication in *Implementation Science*. We have revised the paper in response to the reviewer comments that you provided us in your last communication.

Below, we provide a summary of the changes made to the paper. We list reviewer comments below in italics, followed by our responses. Changes to the manuscript are mentioned in this revision letter, and are bolded in the manuscript itself.

Reviewer FL

*1. .... perhaps the discussion section is underdeveloped in regards with the existing literature on report cards, scoping reviews and knowledge transfer and exchange with stakeholders. In other words, although the authors need to be congratulated for the extensive scoping review they have produced and their presentation of its detailed stepwise approach, I believe they could have done a better job in the discussion section by comparing their results with those from other scoping reviews. They could also have cited relevant work when addressing strengths and limitations of scoping reviews. For example as of today, using the key words “scoping review” in Pubmed retrieves 62 hits with one that appears to be relevant: A typology of reviews: an analysis of 14 review types and associated methodologies. Grant MJ, Booth A. Health Info Libr J. 2009 Jun;26(2):91-108.*

We thank the reviewer for pointing out this reference. The description of scoping reviews has been useful in addressing several comments regarding the Discussion section. We inserted this new reference into a discussion point addressing a comment by the other reviewer (page 28 “**Secondly, by definition, scoping reviews are not intended to assess the quality of the literature scoped. Therefore, it is difficult to identify where the literature is lacking regarding a given research topic without assessing the quality of the existing literature. The existence of published material exists in a particular topic area does not necessarily provide sufficient evidence to base decisions.**”

In addition, we have added references to other published scoping reviews in our discussion of limitations (page 27) “**Others have published scoping reviews with smaller volumes of relevant literature that contain succinct, detailed syntheses of the uncovered literature. Such comprehensive synthesis of the literature was not practical for the volume of literature that we uncovered in our scoping review.**”

*2. Also, although i agree that the scoping review process does not permit to assess the quality of all included articles, it would have been interesting to read from the authors’ point of view, what were their views on the quality assessment process*

*of scoping reviews. In other words, how can one assess the quality of scoping reviews? Wouldn't there be an interesting opportunity here for future work for the EQUATOR network?*

The reviewer makes an interesting observation. We are involved with the EQUATOR Network and have previously contemplated the development of guidelines for scoping reviews. With this observation we will more seriously consider the development of guidelines for scoping reviews. We have added a paragraph to our limitations section discussing the lack of guidelines for scoping reviews (page 30). **“Finally, as scoping reviews become more common, there is the challenge of determining the quality of the review. Guidelines exist for the reporting of many types of health research studies. Such guidelines have been developed to help ensure quality and transparency of health research (<http://www.equator-network.org/home/>). However, guidelines for scoping reviews do not exist currently. Herein we have presented a particular format for reporting a scoping review. We loosely followed the existing template for systematic reviews (Transparent Reporting of Systematic Reviews and Meta-Analyses, PRISMA; <http://www.prisma-statement.org/index.htm>). Development of guidelines to aid in the reporting of scoping reviews would improve their transparency and perhaps acceptance in the medical literature.”**

*3. Last, based on the revised manuscript, I would suggest that the authors used the following wording in their conclusions: “Scoping reviews may be useful.... and may be of used to researchers and stakeholders” instead of stating that “Scoping reviews are useful...”*

The requested rewording has been adopted (page 30, line 16 and line 21).

#### Reviewer PS

*1. "Clinical areas represented" - the manuscript reports some particular clinical areas are relatively "well developed". This phrase has a connotation that I don't think the authors meant to imply, since it would require assessing the quality of what's been published in the particular clinical areas. I think the authors are referring to the volume of publications in a particular clinical area, and should revise this language to reflect that. ("...particular clinical areas had larger volumes of published literature than others..." or some more descriptive language like that).*

The suggested rewording has been adopted. Page 16, lines 19-20. However, most of the text under this section has been rewritten, see #3 below.

*2. This crops up again in the Discussion paragraph beginning with "Finally, .....". In the first sentence, the "well developed" descriptor again appears. Later in that*

*paragraph, the more accurate phrase "had little or no report card activity published" is used, and I suggest rephrasing the first sentence to use this same type of language ("Finally, our results reveal that report card activity is greater in certain clinical areas such as....").*

We have changed the following phrase “Finally, our results reveal report card activity is fairly well developed in certain clinical areas such as hospital care and cardiac care...” to the following “Finally, our results reveal **that certain clinical areas such as cardiac care, cardiac surgery, and primary care have greater report card activity relative to other clinical areas (e.g., cancer care)**” Pages 26. Additional revision was made to the phrase to reflect changes made in response to Comment #3 below.

*3. Also, parenthetically, the descriptor used in table 1 and the text "clinical area" isn't really accurate is it? I wouldn't call a "patient survey" to be a clinical area. Also, the categories of "hospital performance", "cardiovascular" and "physician performance" (and many others) are not mutually exclusive. Where in this categorization scheme would articles about the NY State Cardiac Surgery Reporting System be classified? They are, of course, about cardiac care, and about a specific procedure that only occurs in a hospital, and results are reported at both the hospital level and the doctor level. Does the article end up in all 3 categories? Or only 1? at any rate, a term other than "clinical area" should probably be used to describe these categories, since that all are clearly not clinical, along with a statement about whether the categories are intended to be mutually exclusive or whether articles could enter more than one category.*

The reviewer makes a valid point, and we have modified the manner in which we categorized the literature. We added an additional layer of categorization: the level of quality reporting within health care. That is, articles were categorized according to the level at which reporting occurred (e.g. health system, hospital or provider). A new paragraph describing this categorization was inserted (page 16, Entitled “Level of Health Care Quality Reporting”, entire paragraph is bolded). A sentence regarding this was added to the Discussion, (page 26): “**Similar volumes of literature were uncovered for quality reporting at the system, hospital and provider levels, indicating that the practice of quality reporting is occurring throughout the different levels of health care.**”

Table 1 was subsequently modified to describe categorization of articles by clinical area or clinical theme. The section entitled “Clinical Areas Represented” (page 16) was almost completely rewritten.

By categorizing the literature in this manner, articles would enter more than one level and theme, and can cross several themes.

*4. Another area where the language is potentially misleading is the "several important gaps in the literature" portion of the discussion. What the authors assessed is volume. They didn't assess the degree to which the published data*

*can support conclusions. Therefore, I don't see how they can conclude that there are gaps in the literature (at least, of the type they note, which include "more research into display data is needed to ensure that stakeholders understand the message....etc.") How can they reach that conclusion without having thoroughly reviewed the body of evidence on how information is presented to stakeholders, in the manner of a systematic review? I think the only "gaps" they can note, as they have done in some portions of the manuscript, are things like the topic areas of diabetes and of cancer have been the subject of far fewer published articles than the topic areas of cardiovascular care and of hospital performance.*

Once again, the reviewer makes a valid point. The lack of quality assessment is a definite limitation to the scoping review methodology, but is an important component of identifying gaps in the literature. This presents an interesting conundrum since one of the objectives of scoping is to identify gaps in the literature. We therefore removed the paragraphs identifying gaps in the literature the reviewer points out above and expand on this lack of assessing quality and identification of gaps in the literature in the limitations section (page 28): **“Secondly, by definition, scoping reviews are not intended to assess the quality of the literature scoped. Therefore, it is difficult to identify where the literature is lacking regarding a given research topic without assessing the quality of the existing literature. The existence of published material in a particular topic area does not necessarily provide sufficient evidence to base decisions. Thus, in the case of scoping reviews that uncover a volume of material too large for further syntheses to be practical, this review type is best suited to identify volumes of literature and categorize the material by common themes and topics, thus helping to identify where further syntheses can be efficiently carried out.”**

*5. When discussing the "common projects and groups", there's a sentence about US activities that are "non-governmental" and it includes things like the New York State Cardiac Reporting System and the Pennsylvania cardiac reporting system. I think the authors should say these are non-federal governmental efforts, rather than nongovernmental efforts, since the New York State system is for sure sponsored by the state government.*

Thank you for clarifying this point. We have added the word “federal” to the sentence (page 18): “Specific projects based in the U.S., separate from these and **federal** government organizations and prevalent in the selected literature include...”

*6. Lastly, if the reference database bibliography and the other supplementary material is going to be of any use to a reader, it's going to have to be organized by something other than the authors "reference ID". Right now, in the "reference database bibliography" there's no feasible way for someone like me - who knows a certain area of this literature in a lot of detail - to find out if the authors' search strategy identified specific articles that I think it should have identified, short of looking through, one by one, all 812 references.*

The reference database bibliography is now organized by reference ID, and also by author and citation.