

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Identifying Indicators Sensitive to Primary Healthcare Nurse Practitioner Practice: A Review of Systematic Reviews Protocol
AUTHORS	Kilpatrick, Kelley; Tchouaket, Eric; Chouinard, Maud-Christine; Savard, Isabelle; Bouabdillah, Naima; Houle, Julie; St-Louis, Geneviève; Jabbour, Mira; Atallah, Renee

VERSION 1 – REVIEW

REVIEWER	André Ramalho Department of Community Medicine, Information and Health Decision - Faculty of Medicine, University of Porto, Portugal
REVIEW RETURNED	28-Aug-2020

GENERAL COMMENTS	<p>First of all, I would like to congratulate the authors for their work and I wish them the best of luck in conducting this laborious review. This article is a protocol for a review of systematic reviews (an umbrella review) for the identification of sensitive indicators to the Primary Healthcare Nurse Practitioner Practice. The protocol presented was completed in full, following the PRISMA-P Statement and registered in the PROSPERO database. They presented the checklist of the complete Statement confirmed during the peer review process. The document was very well written and detailed, and will certainly bring a lot of information relevant to the intended scope to address. The rationale is quite explanatory, but it could have a broad contextualization so that the reader could understand where the sensitive indicators to the primary healthcare nurse practitioner practice fit. It should be interesting to present a brief PHC indicators scenario, as these indicators are part of a wider range of indicators monitored internationally in primary health care. Some interesting references, among many, could be mentioned, for example, Olry de Labry Lima A, Garcia Mochon L, Bermudez Tamayo C. Identification of health outcome indicators in Primary Care. A review of systematic reviews. <i>Asistencial quality journal: organo de la Sociedad Espanola de Asistencial Calidad</i>. 2017; 32 (5): 278–88 .; Kringos DS, Boerma WG, Hutchinson A, van der Zee J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. <i>BMC Health Serv Res</i>. 2010; 10:65. Published 2010 Mar 13. https://doi.org/10.1186/1472-6963-10-65 PMID: 20226084, and Ramalho A, Castro P, Gonçalves-Pinho M, et al. Primary health care quality indicators: An umbrella review. <i>PLoS One</i>. 2019; 14 (8): e0220888. Published 2019 Aug 16. doi: 10.1371 / journal.pone.0220888</p> <p>In the data synthesis, it is evident what the authors intend to extract and analyze, and depending on the results, these analyzes may be improved. A suggestion is that when conducting the study,</p>
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	assign referenced categorizations, thus avoiding arbitrary forms of classification. I am looking forward to reading the final article soon.
REVIEWER	Marcelo Pellizzaro Dias Afonso Universidade Federal de Minas Gerais, Brazil.
REVIEW RETURNED	07-Sep-2020
GENERAL COMMENTS	This is a well-described, relevant systematic review protocol. The results can subsidize markedly changes in health public policies. The PRISMA-P checklist was completely attended. I recommend an adjustment in the Search Strategy description. The expression “receiving PHCNP care” (“P” topic of the PICO question, in Appendix 1, line 20) should be replaced by “receiving primary care” or similar expression, once the PHCNP is actually the intervention of interest in this research. This correction doesn’t influence in the defined search terms. I also suggest including the following electronic databases in the search strategy: Health Evidence (https://www.healthevidence.org/), Health Systems Evidence (https://www.healthsystemsevidence.org/), and PDQ-Evidence (https://www.pdq-evidence.org/). Finally, I suggest a more explicit statement in Data Extraction section about presenting the evidence quality (RoBs) of the individual studies from the included reviews, besides the assessment of review quality. Best regards.

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

The rationale is quite explanatory, but it could have a broad contextualization so that the reader could understand where the sensitive indicators to the primary healthcare nurse practitioner practice fit.
Done.

Page 5 (Lines 137-145)

It should be interesting to present a brief PHC indicators scenario, as these indicators are part of a wider range of indicators monitored internationally in primary health care.
Done.

Page 5 (Lines 145-148)

Some interesting references, among many, could be mentioned, for example, Olry de Labry Lima A, et al. Asistencial quality journal. 2017; 32 (5): 278–88; Kringos DS, et al. BMC Health Serv Res. 2010; 10:65; PubMed and Ramalho A, et al. PLoS One. 2019; 14 (8): PubMed e0220888.

We incorporated the suggested references in the Background and Data Synthesis Sections of our manuscript.

Page 5 (Lines 137-140, Lines 140-144); Page 9 (Lines 287-291)

In the data synthesis, it is evident what the authors intend to extract and analyze, and depending on the results, these analyzes may be improved. A suggestion is that when conducting the study, assign referenced categorizations, thus avoiding arbitrary forms of classification

We included a description of the different categorizations we will use for the outcomes of care (with examples) provided by PHCNPs in the Data Synthesis Section.

Page 9 (Lines 287-291)

Reviewer: 2

I recommend an adjustment in the Search Strategy description. The expression “receiving PHCNP care” (“P” topic of the PICO question, in Appendix 1, line 20) should be replaced by “receiving primary care” or similar expression, once the PHCNP is actually the intervention of interest in this research. This correction doesn’t influence in the defined search terms

We have revised the expression to “receiving care from PHCNPs” in the Manuscript and Appendix 1. We did not change exactly as suggested because researchers have argued that PHCNP contributions are related to the delivery of primary healthcare services, as well as a more holistic approach to patient care. (e.g., Carryer and Adams

2017: [dx.doi.org/10.1016/j.colegn.2016.12.001](https://doi.org/10.1016/j.colegn.2016.12.001); Grant et al.,

2017: <http://dx.doi.org/10.1016/j.ijnurstu.2017.06.011>; Muldoon et al., 2006: doi:

10.1007/BF03405354)

Page 6 (Line 189); Appendix 1

(Page 1)

I also suggest including the following electronic databases in the search strategy: Health Evidence (<https://www.healthevidence.org/>), Health Systems Evidence

(<https://www.healthsystemsevidence.org/>), and PDQ-Evidence (<https://www.pdq-evidence.org/>)

We included the three databases and mentioned them in the Abstract and Database Search Sections.

Page 3 (Lines 88-89); Page 7

(Lines 238-239)

Finally, I suggest a more explicit statement in Data Extraction section about presenting the evidence quality (RoBs) of the individual studies from the included reviews, besides the assessment of review quality.

Done.

Page 8 (Lines 271-272)

VERSION 2 – REVIEW

REVIEWER	Andre Ramalho MEDCIDS – Department of Community Medicine, Information and Health Decision Sciences, Faculty of Medicine, University of Porto, Porto, Portugal.
REVIEW RETURNED	26-Oct-2020

GENERAL COMMENTS	Dear authors, Indicators Sensitive to Primary Healthcare Nurse Practitioner Practice is a really very interesting and relevant topic, and will certainly contribute to the primary health care quality improvement management, practice and research. All my questions were considered and I have no objection to the publication of the article. Best Regards!
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REVIEWER	Marcelo Pellizzaro Dias Afonso Universidade Federal de Minas Gerais (Brazil)
REVIEW RETURNED	15-Nov-2020

GENERAL COMMENTS	This is a relevant, well described overview of systematic reviews protocol. The protocol adequately fulfilled the PRISMA-P checklist. The databases and search terms chosen by authors are suitable and comprehensive. All the corrections and adjustments done were appropriate. I did a suggestion in the first revision of this protocol that it wasn’t attended. I suggested (and I still suggest) a minor revision in the description of the Type of Participants (line 188) as well as in the PICO question (Appendix 1). Technically,
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	<p>the patients' group (P) can't be delimited with the same characteristic of the intervention (I), otherwise it would be impossible to get a control group (C). So, the expression "receiving care from PHCNPs" in the description of the Type of Participants should be changed by "receiving care from primary health care services" or other similar expression.</p>
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VERSION 2 – AUTHOR RESPONSE

Reviewer: 1		
All my questions were considered and I have no objection to the publication of the article.	Thank you.	N/A
Reviewer: 2		
<p>All the corrections and adjustments done were appropriate. I did a suggestion in the first revision of this protocol that it wasn't attended. I suggested (and I still suggest) a minor revision in the description of the Type of Participants (line 188) as well as in the PICO question (Appendix 1). Technically, the patients' group (P) can't be delimited with the same characteristic of the intervention (I), otherwise it would be impossible to get a control group (C). So, the expression "receiving care from PHCNPs" in the description of the Type of Participants should be changed by "receiving care from primary health care services" or other similar expression.</p>	<p>As suggested, we have revised the expression to "receiving care from PHCNPs" in the Manuscript and Appendix 1 to "receiving primary healthcare care".</p>	<p>Page 6 (Lines 189-190); Appendix 1 (Page 1)</p>