

August 16, 2016

Dear Editor:

Thank you for your recent review of the attached manuscript ("Using Quality Improvement to Increase Use of Pain Prevention Strategies for Childhood Vaccination" - Manuscript #: 28791) and its recommendation for revision and resubmission to *The World Journal of Clinical Pediatrics*. The reviewers' comments were very helpful in strengthening this manuscript during the revision process. Changes made in response to the reviewer comments are outlined point-by-point below.

Editor (in response to comments within the edited manuscript):

- A running title of 6 or fewer words was added.
- An author contribution statement was added.
- A core tip was added.
- A COI statement was added.
- A data sharing statement was added.
- An open-access statement was added.
- A copyright statement was added.
- A citation was added.
- The abstract and comments section were modified in accordance with journal guidelines.
- References were updated with full author names, PMID and DOI information.

Editor (in response to manuscript resubmission guidelines):

- An audio core tip was developed.
- A title search was conducted (and attached) through Google Scholar to indicate no paper by the same title.
- Please note that my institution does not have access to CrossRef, so it was unclear what I needed to provide as assurance of the originality of this work. Please advise whether this can be done by the journal or handled in another way.
- The copyright transfer form was signed by the primary author and attached. If the other authors need to complete a copyright transfer form, please send a version with all authors' names listed to allow collection of these signatures.

Reviewer #742209:

1. A novel idea for practitioners caring for children. Would delete period at the end of headings and re-locate the period for the p value so it appears as 0.5.
 - Unfortunately, I did not see any periods at the end of headings, so was unable to comply with this direction. Please provide further instruction if this is still desired.
 - Consistent with my understanding of this reviewer's issue on the p values, I added a leading zero to all p values to prevent the period becoming lost in the less than/equal to sign.

Reviewer #503255:

2. The authors conducted the evidence-based pain prevention strategies during routine pediatric vaccination visits for patients aged 0-5 years in a single primary care clinic using quality improvement (QI) methodology and reported that significant improvements were noted post-intervention. The paper is well-written and provides valuable information regarding this field. Some points should be revised. 1. A table and figures were not cited in text. Please cite them in text. 2. Reference No 1, 3 and 9: "Pediatr." Should be changed to "Pediatrics" 3. Reference No.13: "Pediatric Emergency Care" should be changed to "Pediatr Emerg Care" 4. Reference No. 15: "Can Med Assoc J" should be changed to "CMAJ".
 - Reference to the Table and Figures has now been added in the relevant areas of the document.
 - References have been corrected as requested above.

Reviewer #646241:

3. In the work, "Using Quality Improvement Methods to Increase Use of Pain Prevention Strategies for Childhood Vaccination", the authors Schurman et al. present a nice and valuable study aimed at the better use of noninvasive pain reducing measures in daily practice, i.e. in the vaccination setting. This includes comfort positioning, nonnutritive sucking, sucrose analgesia, and distraction. The work was not done to show the efficacy of these methods – which is already proven – but to establish their implementation, and measure a shift from baseline to 1-year post-intervention in the belief of staff and caregivers about pain prevention, including more favorable attitudes about the specific strategies employed and their related safety, cost, and effectiveness. The work is diligently done and conclusive. The data analyzed show a mild change in the attitude of the personnel, and a slightly significant positive response from the caregivers. In my view, the term "pain prevention" is inappropriate, since it is pain reduction and/or relief that can be achieved by the given methods, not complete prevention. Otherwise, the work is well performed and might help to establish such procedures.
 - I agree with this reviewer that the term "pain prevention" is imperfect. My co-authors and I carefully considered whether to use a different term (e.g., pain management, pain mitigation, pain reduction, pain relief, etc.), but decided that the spirit of this work was to prevent (at the front end) children from having as much pain as they otherwise would have and, while not complete prevention, this term fit better than the alternatives that imply intervening after pain has occurred to reduce the length or intensity of the pain experience. The literature has not landed on a preferred term to date, so we are left to choose the best fit among a variety of options. That said, we would be willing to consider another term if the Editor feels strongly on this point.

Thank you for your consideration of this manuscript. If you have any questions, or require additional materials from me, please feel free to contact me at the address listed below. I look forward to hearing back from you soon.

Sincerely,



Jennifer Verrill Schurman, Ph.D., ABPP

Professor of Pediatrics, UMKC School of Medicine
Licensed Psychologist, Children's Mercy Kansas City
Division of Developmental & Behavioral Sciences
Division of Gastroenterology, Hepatology, & Nutrition
2401 Gillham Road
Kansas City, MO 64108
phone: (816)234-3674
fax: (816)346-1382
e-mail: jschurman@cmh.edu