Reviewer's report

Title: A discharge summary adapted for the frail elderly to ensure continuity and optimal care between the hospital and the community settings: a model

Version: 1  Date: 15 June 2010

Reviewer: Kevin O'Leary

Reviewer's report:

Thank you for the opportunity to review this manuscript. The authors report on the development of a discharge summary tailored for patients admitted to geriatric inpatient units. The study uses a modified Delphi model to recommend specific content for the discharge summary. I agree with the authors that frail elderly patients have special needs which may not be adequately addressed in our standard discharge summaries. Although I am impressed with the rigor of the Delphi method, I have several broad concerns, which include the following:

1. Generalizability and use of the term “Short-term Geriatric Unit (SGU)”. I was not familiar with this term. I have seen the term “acute geriatric unit” used in the literature. I am not sure if there is a consensus on the best term to label a multidisciplinary unit intended to care for the frail elderly. Related to my concern about the terminology is the prevalence of such units. It seems SGUs are common in Quebec, but I am not sure if they are common in other parts of Canada or other countries. The authors should consider using another, more generalizable term and discuss the prevalence of such units. I don’t think a general medicine unit (without a focus on elderly patients) could complete all of the recommended items listed in the DSAFEP. Is the DSAFEP applicable only to acute geriatric units or could a modified version be used for frail elderly patients discharged from general medical units?

2. Similar to the concerns raised above, I wonder about the utility and acceptance of the DSAFEP for community physicians (primary care physicians) who take care of elderly patients, but may not have a special interest in the elderly. See additional comments below.

3. The authors do not address the timeliness of discharge summary completion. This is an issue in many hospitals. Lengthening the discharge summary may adversely affect the timeliness of discharge summary completion.

More specific comments and suggestions follow:

Title: Consider deleting the words “ensure continuity” as the study describes a tool to help ensure information is effectively transferred at a point of discontinuity. The study does not address continuity, itself.

Abstract, page 2, first sentence in background: Consider using a more generalizable term than short-term geriatric unit.
Abstract, page 2, first sentence in objective: consider capitalizing the first letter of the words “discharge summary model adapted to the frail elderly patient” to help the reader understand the acronym. For example “Discharge Summary model Adapted to the Frail Elderly Patient (DSAFEP)”

Abstract, page 2, conclusion section. The conclusion should avoid the statement that the DSAFEP is “better adapted” and simply state that this study created a tool designed specifically for acute geriatric patients and that additional research is needed before recommending its use on a broad scale.

Background, page 3, first sentence, first paragraph. The abbreviation “SGU” is used before it is defined in the manuscript. Again, another term may work better.

Background, pages 3-4. The authors use a number of different terms for discharge summary, including “discharge summary”, “hospital summary”, “patient file summary”, and “hospitalization summary”. The authors should choose one term and use it consistently. I suggest “discharge summary”.

Background, beginning of last paragraph on page 5. Again, capitalize the letters for the acronym DSAFEP.

Background, top of page 6. The authors state that one of their objectives was to validate the developed DSAFEP content. I’m not sure the content was validated. The authors describe the development of the tool, but not its validation.

Methods, page 6. The authors state that a “recent literature review was used…” Are they referring to their own review or a published review? Please clarify. If internal, who conducted the review?

Methods, page 7. The authors write “Satzinger and al’s” when they mean “Satzinger et al’s”

Methods, page 8. How were the 10 community general practitioners used as expert consultants chosen? Do they accurately reflect the needs (and preferences) of most community practitioners? It seems they were chosen for their interest in geriatric patients.

Methods, page 8. Please elaborate on the apparent stratified random sampling of physicians and pharmacists. This is unclear as currently written.

Results, page 12, experts comments section. 43% felt the document was too lengthy. This should be expanded upon in the discussion section. 3 pages seems reasonable to me, but does the document lengthen to beyond 3 pages when complete?

Discussion, page 15. The authors did not assess the timeliness of discharge summary completion or delivery. Is this a problem in their hospital? It is a concern for others. The authors should include some discussion about the timeliness of discharge summary completion and receipt. There are a number of different methods by which a discharge summary can be completed (dictation,
handwritten, typed, completed in an electronic health record) and sent to outpatient physicians (via the patient, fax, email, electronic fax, via electronic heath record inbox, etc).

Discussion, page 15. Related to the concern about generalizability, the authors should comment on the utility (or lack thereof) of the DSAFEP for hospitals without an acute geriatric unit.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests