Author's response to reviews

Title: Effectiveness of early discharge planning in acutely ill or injured hospitalized older adults: A systematic review and meta-analysis.

Authors:

mary t fox (maryfox@yorku.ca)
malini persaud (malinip@yorku.ca)
ilo maimets (ilo@yorku.ca)
dina brooks (dina.brooks@utoronto.ca)
kelly o'brien (kelly.obrien@utoronto.ca)
deborah tregunno (tregunno@yorku.ca)

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mary t fox (maryfox@yorku.ca)
malini persaud (malinip@yorku.ca)
ilo maimets (ilo@yorku.ca)
dina brooks (dina.brooks@utoronto.ca)
kelly o'brien (kelly.obrien@utoronto.ca)
deborah tregunno (tregunno@yorku.ca)

Version: 3 Date: 5 June 2013

Author's response to reviews:

Reviewer: Martha Mohler
Reviewer's report:
Minor Essential Revisions
1. Add something about the following programs and why this review was needed in context of the national programs:
   • The Care Transitions Intervention (CTI)
   • The Transitional Care Model (TCM)
   • Project BOOST
   • Re-engineered Discharge (RED)
   • Transforming Care at the Bedside (TCAB)

Response: We explain in the background: “While US and Canadian healthcare service-providers have either adopted or are considering various discharge planning programs, the overall effect of discharge planning introduced during the acute phase of an older person’s illness or injury, is unclear and unquantified” (page 4).

Reviewer: Miharu Nakanishi
Reviewer's report:
1. The implication from the manuscript seems to be limited because of poor information (re limited number of studies).

Response: Our review included one trial that examined the effectiveness of early discharge planning in the transitional care model (Naylor, et al, 2004). Our search identified other experimental studies on this model but they did not meet our inclusion criteria (e.g. age > 65, admitted with an acute illness or injury, control group did not receive early discharge planning). We reran the search
using the specific names of national discharge planning programs (which we now explain in the methods section of the manuscript) and we include the related search strategy (see Additional File 2). We found experimental papers on the Care Transitions Intervention but their focus was on the provision of care after discharge, which precluded entry into our review. We found only descriptive non-experimental papers for BOOST, Reengineered care, and Transforming Care at the Bedside in our study population. A strength of our review criteria is that it excluded non-experimental studies. The nine included trials were all RCTs (78%), pseudo-RCTs or quasi-experimental trials with prospective control groups. This restriction generated higher quality data for making inferences regarding causality in our study population than if we had included a greater quantity of studies with more liberal eligibility criteria. The fact that our review included nine trials conducted on early discharge planning with our study population (acutely ill or injured older adults) indicates the state of the science which has implications for the need for future trials.

Methods

2. Did “hospital discharge” mean discharge from hospital to home (excluding long-term care facilities)?

Response: Hospital discharge means discharge from hospital regardless of discharge destination. We now state “Hospital readmissions refer to the number of patients readmitted one or more times to an acute care hospital between index hospital discharge (regardless of discharge destination) and the end of study follow-up (page 6).

3. Page 7 Line 4: How were journals for hand-searching chosen? Journal of the American Geriatrics Society also publishes articles in Geriatrics.

Response: We selected journals in which our content team experts (MF & MP) anticipated finding publications on the topic in the study population, as recommended by Cochrane. We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) which does not suggest providing the rationale for decisions underlying journal selection for hand-searching. For this revised version, we hand-searched Journal of the American Geriatrics Society, which we now indicate on page 7. Two additional trials were identified and included in the review.

4. Did the internet search by Google and Yahoo cause plenty of citations that were obviously irrelevant terms (Figure 1).

Response: In the prior version of our manuscript, we indicated that the search strategy for early discharge planning was performed concurrently with four other intervention components of the Acute Care for Elders (ACE) model as (see footnote in Additional File 1, Search Strategy). The obviously irrelevant terms were predominantly attributed to the ACE (angiotensin-converting-enzyme) inhibitor literature. In this revised version, we indicate the nature of the obviously irrelevant terms in Figure 1 and we provide the same footnote in Figure 1 as in Additional File 1, Search Strategy.
Discussion

5. The findings did not include discharge planning schemes in other countries such as Intermediate care (England), Transitional Care Packages (Australia), and Payment of completed medical treatment (Sweden).

Response: Early discharge planning schemes in different countries were eligible for entry into our review provided they met its eligibility criteria. Many discharge planning schemes have been evaluated in different populations (e.g. non-acute; younger adults; premature infants) and therefore were ineligible for entry into our systematic review which aimed to examine the effectiveness of early discharge planning for acutely ill or injured older adults in the context of information indicating that higher acuity and older age are risk factors for longer hospital stays and hospital readmission. Our review highlights the limited number of trials that examined the effectiveness of early discharge planning with acutely ill or injured older adults residing in countries other than the US. In the discussion section, we now indicate this fact and we recommend that future trials be conducted in other parts of the world. We also state that future updates of this review may enable us to incorporate new studies to determine the effectiveness of early discharge planning with different subgroups of the older adult population (pages 17 & 18).

6. Does Canada resemble the United States in health care system for older adults (are implications from US applicable for Canada)?

Response: In the discussion, we now provide information on how Canada and the US compare in terms of discharge planning funding and responsibilities (page 15).