Reviewer’s report

Title: Intermediate care at a community hospital as an alternative to general hospital care for elderly patients: a randomised controlled trial.

Version: 1 Date: 6 March 2007

Reviewer: William Hamilton

Reviewer’s report:

As emergency hospital admissions relentlessly rise, commissioners of care seek alternatives to hospital admission. One plausible alternative is admission to a lower-tech facility, the community hospital (CH). Intermittently, these are seen by politicians as the solution and promoted (though rarely with enough additional resources to make an important difference). Nevertheless, the advantages and costs of such institutions have been very under-researched. To my knowledge, this trial is the first RCT to examine the subject (I have performed a large non-randomised trial) and so it is very welcome.

Introduction. This is a reasonable summary of the state of knowledge. It would be more usual to briefly review the research work that has been performed and the conclusions from it [minor]. This is currently done (again rather briefly) in the discussion.

Methods. There are two key points here. Neither damages the paper, but both diminish the importance of the result somewhat. The most important point is that the study trialled the effect of intermediate care after a spell of district general hospital (DGH) care. The necessity for DGH care reduces the generalisability of the result. What we really want to know is “Can intermediate care replace DGH care for selected patients?” whereas this trial answers “Can intermediate care be used as a step-down facility after initial DGH assessment?” The second point is that the intermediate care was staffed by a different clinician to the admitting GP. In the UK, and many parts of Europe, clinical care in a CH is continued by the same GP (with advantages and disadvantages). I would also like to know at what stage the patients gave their consent for the trial [major].

These points aside (and they need to be reflected in a different title [major]), the methods are sound, and the trial appears extremely well thought out and conducted.

Results. These are well presented. I would prefer the whole study to be reported on an intention to treat analysis (which the authors have performed) and analysis of the 8 patients who were randomised to CH care but failed to leave the DGH reduced to a paragraph [major]. This would also reduce Tables 1, 2 and 4 to two column tables. It’s also not clear whether the regression analyses in table 3 were univariable or multivariable analyses (I suspect univariable). It would be appropriate to repeat the regression analysed with length of stay in the models as I wonder if the main findings (reduced readmissions, and less need for community care) simply reflect the additional time spent in a hospital facility during the first admission [minor].

Conclusions. These are (yet again) well written, and fair. No mention is made of economic analysis (was one performed?). Their conclusions are reasonable, but were I a Norwegian politician (I’m not!) I would have difficulty using this paper to decide if I should boost intermediate care or not. This is not the authors fault: they have performed an excellent trial in an important subject – that is extremely difficult to trial – and written it up well.

William Hamilton, MD, FRCP, FRCGP, Walport Clinical Lecturer, Primary health Care, University of Bristol, UK

What next?: Accept after minor essential revisions

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 I have no competing interests