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: 18 March 2007
Reviewer: Andreas Stuck

Reviewer's report:

General
This is a potentially interesting paper, but there are many unclarities in the manuscript.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. The authors should provide a completed CONSORT checklist, and add information according to the CONSORT guidelines.

2. The authors do not inform about the length of hospital stay prior to randomisation (for intervention and control groups separately). This information is important to understand the context of the study and to verify that randomisation was balanced.

3. It is unclear how long patients had to wait for transfer to the unit once they were randomised. This information should be given in detail.

4. Why were 8 patients randomised to the intervention group not allocated to the intervention group? I understand that this was due to acute deterioration. Does this imply that after randomisation persons had to wait several days for transfer to the intermediate care unit? In fact this might threaten the validity of the study. In fact, these 8 cases should be considered as readmissions as well, and then the results will probably not be significant.

5. What was the definition of "readmission" (only readmission for same diagnosis?)?

6. What were the inclusion criteria other than age (the authors state that this was for acute conditions, but usually all patients in a hospital have an acute condition)?

7. It is unclear as to whether randomisation was blinded.

8. It is unclear what part of outcome measurement was blinded, and what not.

9. The description of the Norwegian system is unclear. It is not clear how financing actually functioned, and played a role, in this study. It is not clear whether intermediate care was the responsibility of the community or not.

10. There is no cost information given in this paper. How much did one day in intermediate care cost, and how much care in the acute setting, what was the effect of the new system on costs?

11. It is somewhat surprising that apparently there were no readmissions during rehab stays of persons of the intervention group (but several among controls). What is the explanation?

12. The authors state that this is the first study of this kind. This statement is misleading. There are many papers on transitional care. Some recent studies on transitional care have not been included in the reference list.

13. In the power analysis, the assumptions are not clearly described.

14. Why do the authors speak about multicomponent treatment? These are frail patients with complex conditions, and these patients need to be evaluated and treated based on multidimensional geriatric assessment. Geriatric assessment should have been part of the intervention, and the paper should be
discussed in the context of the geriatric assessment literature.

15. What is a multi-component end-care system?
16. The authors should give more details on the trial register.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

none

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Discretionary Revisions (which the author can choose to ignore)

none

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**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'