Reviewer’s report

Title: Manual and automated methods for identifying potentially preventable readmissions: a comparison

Version: 1 Date: 23 October 2013

Reviewer: Sunil Kripalani

Reviewer’s report:

This is an interesting study that helps fill an important gap in the literature regarding assessment of the preventability of hospital readmission. Overall, the study methods are appropriate. The writing and presentation of results are clear. The interpretation of findings is appropriate as well. My main critique is that the authors should include the results of additional analyses that will further strengthen the manuscript.

Major compulsory revisions:

1) I appreciate that the authors refer to the primary study results published in Medical Care. However, it would be useful to the reader to include a summary here of the methods used to assess potential preventability by manual review, including a description of the preventability scale (slightly to completely). How does this approach compare to other methods of manual review? This is particularly important as it is being used as a reference standard in the present analysis.

2) How does the PPR perform across certainty of preventability by manual review? A "slightly" preventable readmission is very different from a "completely" preventable readmission. The latter may provide the best opportunities for learning.

3) How does the PPR perform in medical vs surgical patients? If the authors feel, due to small sample size, that it is inappropriate to present the surgical subgroup, then please do at least present the larger medical subgroup. I suspect the PPR may perform better in this subset.

4) Readmissions during the first 7 days after discharge may be more related to hospital quality of care than those which occur later. How does the PPR perform among readmissions that occur early vs later?

5) The authors should discuss any other studies that have assessed the validity of the PPR, to put their findings in context.

6) Additional limitations are present and warrant inclusion.
   a) The study assessed only one automated tool; others may perform differently.
   b) Were the reviewers employees of KPNC? What effect could this have had on their adjudication of outcomes?
c) As the authors note, manual chart review is highly subjective. In addition to underestimating preventability (which is mentioned), what about misclassification of preventability?

Minor essential revisions:

7) The discussion seems long in comparison to the results. It can probably be shortened (and the results expanded with inclusion of the additional analyses requested above). Don't cut the examples; they were very helpful.

8) The PPR may be able to weed out approximately 20% of readmissions from warranting manual review. Yet it missed 15%. Based on this, I would question that it even has value as a screening tool.

9) The level of agreement was really quite terrible -- essentially, a coin toss. The authors should state this more directly.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:

I am engaged in a couple of studies on the preventability of hospital readmission. I do not have any competing financial interests.