Reviewer’s report

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

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Reviewer: Devan Kansagara

Reviewer’s report:

This manuscript describes a study comparing the proportion of readmissions deemed potentially preventable through automated and manual review methods. The study addresses an important topic that will be of interest to health services researchers, health care administrators, and health policy workers.

The manuscript could be strengthened in several ways, most having to do with reporting of methodologic and contextual details.

Please number your comments and divide them into

- Major Compulsory Revisions

1) Study methods should be more fully described. Specifically, details about the manual review and adjudication approach are necessary. Was a chart review abstraction tool used? Who conducted these reviews? Who conducted the patient/physician interviews? Was there an interview guide? How was potential preventability defined? How many people rated preventability? Did they independently rate preventability and was there a subsequent consensus process? Some of this detail may be in reference 6 that you cite, but some of it should be described here. As you imply, determining potential preventability can be quite subjective, so we need to know more about the classification process.

2) It would be useful to present some results about completeness of follow-up. For example, for what proportion of selected cases were you able to reach patients, family members, physicians etc? How long after discharge, on average, did you reach people?

3) The description of case selection is a little confusing. Top of page 5 – it sounds like you selected the 30 most recent readmissions at each candidate facility, but the description could be more clear – ie – did you randomly select among readmissions, or did you simply select consecutive readmissions within a certain timeframe?

4) In description of study setting it would be useful to know the baseline readmission rates and also whether there were any transitional care improvement efforts underway at Kaiser during the study timeframe.

The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.
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 declare I have no competing interests