Reviewer's report

Title: Frequent emergency department attenders and frequently readmitted patients: how the differences can shape policy.

Version: 2 Date: 18 February 2010

Reviewer: Judith Savageau

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Re-review of: Frequent emergency department attenders and frequently readmitted patients: how the differences can shape policy.

Major issues:

The authors do a good job responding to the comments from both reviewers with one exception. There still is not a sufficient discussion or acknowledgement of the second outcome: that of frequency re-admissions to the hospital. While the authors make a good case for why patients with mental health disorders might be more likely to be admitted (due to a possible shortage of relevant providers/resources in the community to deal with these conditions), there would seem to be a very different research question in the characteristics of those with frequent admissions compared to the question they’re also answering regarding characteristics of frequent ER attenders. The authors acknowledge the potential limitation in generalizability due to the study being conducted at one hospital; however, they don’t really address (though they state they do in the Methods section on pages 8-10) the question of patients possibly being admitted to other hospitals and thus the characteristics of those with 3 or more admissions might be limited by only looking at administrative data from that one hospital and not all admissions in a relevant geographic area.

It would also seem that there are severity of illness issues that haven’t been addressed either. The rationale for why a patient might present themselves to an ED is clearly described and discussed. The rationale for why a patient might then be admitted is a decision mostly based on the provider and the severity of the presentation of the case. Knowing the characteristics of those patients who are ultimately admitted is a question for which the authors really don’t have enough information to fully investigate. The characteristics of a patient who moves from presentation to the ED to admission to the hospital might be interesting – but it’s just the first step in truly understanding characteristics of patients (plus their providers, the hospital’s resources, etc.) who are admitted. It’s not something that the authors relate to the need for finding alternative primary care services that patients can avail themselves of as a diversion from admission. Again, it may result in diversion from ED presentation and the subsequent overcrowding that results, but the next layer of decision-making for admission of a patient once presented and evaluated really isn’t addressed in the article and would need to be acknowledged/discussed more.
Minor issue:

It was surprising to see this re-revision with so many blatant grammatical and spelling errors that weren’t seen in the initial article. For example (though only some of the many noted):

The first line in the Methods (page 9) says ‘six years emergency department data’ rather than ‘six years OF emergency department data’

Also on page 9, the authors write ‘patient demographics such age, gender, ….’ rather than ‘patient demographics such AS age, gender….’

On page 10, ‘this has lead’ should be ‘this has LED’

In the Discussion (page 14), ‘thi’ should be ‘this’; ‘anal:ysis’ should be ‘analysis’; ‘in to’ should be ‘into’.

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.