Reviewer’s report

Title: Effectiveness of a Surgery Admission Unit for patients undergoing major elective surgery in a tertiary university hospital

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Reviewer: Mary Vaughan Sarrazin

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Manuscript: Effectiveness of a surgery admission unit for patients undergoing major elective surgery in a tertiary university hospital.

This paper describes the implementation of a Surgery Admission Unit at a single tertiary hospital to prepare patients for surgery. The study compares outcomes for patients undergoing surgery during the last 4 month of 2006 to the last 4 months of 2008. Outcome measures include length of stay, pre-surgery length of stay, proportion of patients admitted on same day of surgery, proportion of emergency patients admitted and number of emergency patients without a bed at 8 am. In general I thought this relatively simple analysis was straightforward with clear justification for doing the study, clearly described results, and implications described well. I have some comments about the writing style and possible details on the analysis which the authors may want to include.

Minor Essential Revisions:

1. Add a statement to address the limited generalizability of the study using only a single hospital, and also describe whether any other initiatives were underway at the hospital during the same time period that could account for differences observed.

2. The entire paper needs to be edited with careful consideration of the use of terms that may not be familiar to persons from other countries. For example, in the Background section, surgical patients are ‘clerked’ – what is this? In the methods describing the Surgical Admission Unit -- what is a ‘sofa’? Finally, the word ‘of’ is consistently misused in the results (for example, last sentence of first paragraph under results: “The mean number of daily preparations using the sofas was of 15 …” -- the word ‘of’ is not necessary).

Discretionary Revisions

3. The study demonstrates significant improvements in several of the outcomes. Notably, length of stay and pre-surgical length of stay decrease by 0.7 and 0.17 days, respectively. If I understand Table 1, 1031 out of 3050 (34%) surgical patients during the 2008 period were processed through the surgical admission unit. It appears that the authors compare outcomes for the 3003 patients undergoing surgery in 2006 to the total 3050 patients in 2008. For some of the outcomes, it would be useful to see results separately for patients processed
through the surgical admission unit. For example, there were 81 patients delayed because of late preparation in 2008 – did the proportion late differ for patients admitted through traditional paths and those admitted through the surgical admission unit?

4. The authors might also want to consider adding two other outcomes to the methods and results section – these are mentioned in the discussion section but no supporting data are provided. First, the authors mention in the discussion section that, for some patients, beds were not available after surgery, prolonging time in the recovery area. If the data are available, the authors might consider reporting the proportion of patients with delayed bed assignment as another outcome. Second, what proportion of patients could not be admitted to the ‘sofa’ due to special needs and exceptions to the process?

**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