**Author's response to reviews**

**Title:** Barriers to effective discharge planning: perspective from frontline healthcare professional in a qualitative study

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**Author's response to reviews:** see over
29th July 2011

Dear Dr. Guian Paolo Declaro,

Re: MS: 1798868835535146

Barriers to effective discharge planning: perspective from frontline healthcare professional in a qualitative study Eliza LY Wong, Carrie HK Yam, Annie WL Cheung, Michael CM Leung, Frank WK Chan, Fiona YY Wong and Eng Kiong Yeoh

We are very grateful for your email on 26th July 2011 concerning this manuscript, and the offer to allow us to revise it in accordance with the comments of the reviewers and editorial team. The paper has been edited and revised in response to editor’s comments. The changes in the text are highlighted in red, together with a point-by-point response to reviewer’s comments.

We appreciate this opportunity to resubmit a revised manuscript and trust that you and your reviewer will find it sufficiently improved to justify publication in the BMC Health Services Research. Thank you very much for your kind consideration.

Yours sincerely,

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Response to the comments of the reviewers in relation to the manuscript:

Re: MS: 1798868835535146

Barriers to effective discharge planning: perspective from frontline healthcare professional

Responses in normal text and sections taken from the manuscript are marked by parentheses.

Editor’s Comments
Overall, I thought the authors did an adequate job of responding to the reviewers' and editor's concerns, but the paper still has minor problems, mostly of a minor editorial nature.

1. There are a number of places where the language is awkward. Either the authors need to have a good English-fluent medical editor go through the paper or the journal should conduct such an edit.

Examples:
page 5, line 11: "...the discharge planning policy is [conducted on a piecemeal basis] and is only initiated ..."
page 8, line 20 and page 9, line 2, replace "ground theory" with "grounded theory"
page 9, line 7, "...determine whether [the] next focus group..."

Response:
The paper is edited and the above 4 sentences are revised as your suggestions.

2. The concept of a "standard" discharge planning protocol is problematic. For example, on page 21, line 1, the authors claim that a standard discharge planning protocol has been launched in the U.S., but I don't think most in the US would agree with that. There have certainly been recommendations and efforts to improve discharge planning and to require it, but it is hardly "standard." I don't know whether the UK or Australia have "standard" processes either.

Since discharge planning must be customized to the individual needs of a patient and his/her diagnosis and social circumstances, I'm not sure how much standardization is possible or desirable. For their recommendations, the authors might ask that there be a comprehensive discharge planning process in HK that meet certain criteria or standards, but I am not sure they want a "standard" process, since one size may not fit all needs.

Response:
Sorry for the confusion. “Standard” in our culture means that the important procedures and components of discharge planning should be standardized. Therefore, the word “standard protocol” is replaced by “standardized protocol” while “standard discharge planning” is replaced by “systematic discharge planning” in the manuscript. Agree with you that the extent, complexity and nature of discharge protocol should not be “standard”; instead, it should be customized to the individual needs of a patient and his/her diagnosis and social circumstances. Thanks for your comments.