Reviewer's report

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

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Reviewer: Vittal Katikireddi

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

This qualitative study aims to identify current discharge planning practices, barriers to achieving discharge planning and suggestions for improvements through focus group interviews with healthcare professionals. While the work addresses an important and interesting topic, I do not think this work should be published in its present format due to a number of concerns.

1. Title – Perspective and professional should be plural. Suggest rewording to “Barriers to effective discharge planning: A qualitative study investigating the perspectives of frontline healthcare professionals” (Discretionary revision)

2. Introduction – When referring to the literature around the effectiveness of discharge planning, the authors should refer to the Cochrane systematic review by Shepperd et al as this suggests only a relatively small benefit. In general, the introduction could be shortened and it would be worth highlighting that while discharge planning is likely to be beneficial, it is unlikely to have a large effect on patient care. (Minor)

3. Aim – This seems reasonably well defined. It may be worth highlighting only “healthcare professionals’ views” are being sought. (Discretionary)

4. Methods – Qualitative focus group methods are appropriate here. However, while the authors have purposively sampled a variety of settings, they only recruit professionals working for at least 10 years in the department. This seems inappropriate as discharge planning is in my experience usually performed by more junior staff. There is also a risk that while senior staff may be aware of the lack of a structured framework for discharge planning, in reality this lack may have little impact. Additionally, some information should be provided about who was running the focus groups, whether they had hospital experience and whether they were independent. (Major)

5. I wonder if the topic guide could be made available as a supplementary file? (Minor)

6. Pg 8: “Data analysis and focus group were concurrently conducted to check data saturation.” I think the authors are suggesting that data was analysed from already conducted focus groups to help determine whether future focus groups were needed but I’m not sure. This sentence should be clarified. (Minor)
7. Results – In general, the results section is too long and has too many quotations throughout without enough explanation of what the quotations mean. I would suggest the authors restrict themselves to one or two illustrative quotations for every key finding. (Major)

8. Table 1 – Suggest replacing age with 5 year age bands or something similar (and potentially the same for work experience) to avoid the potential for breaching confidentiality. I do not think exact ages add useful information here. (Minor)

9. The main summary finding seems to be “there was no standard discharge planning policy with proactive and multidisciplinary approach led by the executive level in current practice” and from this it is inferred that there is a need. However, on pg 5 in the introduction it is stated that “a system-wide discharge planning policy in Hong Kong has not yet been established.” I am confused about what new has been learnt that is present in the headline finding. (Major)

10. A key difficulty with understanding the results as presented is the lack of clear relationship with the aims as stated. There appears to be a relatively cursory examination of current discharge planning practices. I wonder if a table or something similar to illustrate what current practices exist in the three areas would be helpful. This would then help interpretation of the findings regarding barriers and suggestions. (Major)

11. Another concern is the findings as they stand read as truisms reported straight from hospital staff without any interpretation. Many read as general staff concerns and do not seem to be interpreted to reflect the specifics of discharge planning. For example, in Theme 2 there is the suggestion of a screening tool raised. However, there is no consideration of the acceptability for staff of a protocol-driven measure such as this but instead a re-emphasis of multidisciplinary working. Incidentally, both multidisciplinary working and a screening/protocol could be illustrated just with the last quote by 6E, community nurse. (Major)

12. Lastly, the authors need to reinterpret their data to check if and how healthcare professionals views’ differed by their role. For example, were nurses more likely than doctors to see DP as important and were there differences on who’s responsibility it should be? (Major)

13. Discussion – First paragraph should state what important insights were provided. (Major)

14. Limitations should be more clearly stated. These would include the likelihood that a mixed focus group is more likely to raise issues of multidisciplinary working etc (compared to one-to-one interviews), consideration of reflexivity and the fact that more junior staff were not recruited. Potential advantages are that a shared understanding of DP and its barriers can emerge. (Major)

With regard to the journal’s points:
1. Research Q – As above
2. Methods – The methods have some major limitations (particularly who was
recruited) and more careful analysis of data is needed.

3. Data – The concern is a deep understanding of participants’ views may not have been obtained. The data as presented is only superficially interpreted.

4. Reporting and data deposition – Note point about table 1

5. Discussion and conclusion – I would recommend a substantial rewrite of the results section is needed. Consideration of the wider literature is reasonable but other parts of the discussion would need to be rewritten following any revision of the results.

6. Limitations – See above

7. Acknowledge other work – Yes.

8. Title and abstract – A suggested revision of the title for grammatical reasons is above. The abstract reflects what is within the paper at present but would need substantial revision if changes as suggested were made.

9. Writing – In general, the quality of writing is acceptable. There are a few grammatical errors with omission of articles throughout e.g. A majority. The writing in the results section lacks flow from one paragraph to the next.

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