Reviewer's report

Title: Standardizing admission and discharge processes to improve patient flow: A cross sectional study.

Version: 2 Date: 30 April 2012

Reviewer: Rene Bekker

Reviewer's report:

The revision has improved the quality of the paper, in particular the quality indicators in Table 4 is a proper addition. The global analysis provided in the paper is of interest. The standardization of admissions and discharges has increased the number of admissions and improved quality, in terms of cancelled surgeries and A&E delays, with less capacity. Due to the absence of a benchmark or control group, some care is required about the contribution of the standardizations to these outcomes.

As the authors indicated in their reply, some of the results have changed. At the moment it is still not always clear to me what the numbers represent (or which patient groups are included). For instance, in the Results section the total number of admissions is 27,784 and 28,577 for 2007 and 2009, respectively. Dividing by 365 (or 365.25) yields about 76 and 78 admissions per day on average for 2007 and 2009. How do these numbers relate to Table 2 (with, e.g., 59 scheduled admissions, 36 emergency admissions and 13 day surgery admissions for 2007)? Moreover, the numbers in Table 2 indicate that far more than 50 percent involve non-emergency admissions. Another point of confusion might be whether day surgery is included or not. Table 2 suggest that day surgery patients are regarded as a separate category, whereas day surgery seems to be included in the global length of stay in Table 3 (based on combining the numbers with the previous version of the manuscript). This might be fine, but it would be of great help to the reader if the authors indicate which types of patients are considered in the different performance measures. As a final example, based on Table 3, the global length of stay has been reduced by 0.63 days (8.56 – 7.93). The length of stay of scheduled and A&E patients has been reduced by 0.31 (4.85 – 4.54) and 0.18 (11.64 – 11.46) days, respectively. Hence, it is not clear which patient group accounts for the overall reduction in length of stay.

Minor comments:

In the second paragraph of the abstract it seems that `the median patients’ global length of stay’ should be `the average patients’ global length of stay’ (or mean). I am not aware of the Spanish situation, but a median of about 8 days seems excessively long.

In Table 3, should `70%’ and `87%’ for Same day of surgery admission (2007)
and Discharge planning (2009) have decimals as well? There is a space required between `to` and `78` for Daily patients placed out of service (2007).

**Level of interest:** An article whose findings are important to those with closely related research interests

**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 that I have no competing interests