Reviewer’s report

Title: Providing community-based health practitioners with timely and accurate discharge medicines information.

Version: 1 Date: 3 October 2012

Reviewer: Andrew McLachlan

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GENERAL COMMENTS

This study has investigated the communication of medicines information at or around the time of discharge from hospital. Previous studies have highlighted the potential medication related problems that arise during critical times in transitions in care settings and in particular the important role of systems to effectively communicate medicines information. Of these, the hospital discharge summary has been identified as an important tool to maintain continuity of care.

The specific focus of this study was to study errors, omissions and the timeliness of discharge medicines information. The strength of this study is careful assessment of two types of discharge information – hospital discharge summary and medicines information transfer fax. A further strength is the systematic classification tool to categorise the significance of errors and omissions. The limitation of this study is that the authors have used a convenience sample of only 80 discharge summaries. It is unclear if this samples size represents a credible or representative sample of discharge medication summaries relevant to this single institution.

Interestingly, the final conclusion of this manuscript recommends the integration of a FAX system into an ELECTRONIC hospital discharge summary.

Major Compulsory Revisions

1. The specific aim of this study should be stated in the last paragraph of the Introduction. For example, “This study investigates the.....”
2. Provide a justification for the use of a convenience sample and a sample size of only 80 discharge summaries. How does this relate to the patient load and timeframe?
3. HDS for “patients at high risk of medication misadventure” were selected for investigation in this study - how was this defined?
4. Was this study approved by the local human research ethics committee? If so, this should be documented in the manuscript.
5. Clarify why the data were analysed for ATSI and non-ASTI categories in Table 1 – this was not identified as a specific aim of this study. Did the authors have a specific hypothesis about the HDS for ATSI people?
6. Figure 1 refers to the “validated” MITF and pharmacy discharge fax. The validation process should be specifically described in the Methods section (I assume this relates to cross checking with the discharge summary?).

7. It is unclear in the data analysis if all information on the discharge summaries was rated by the review panel of only those matters that represented an "error or omission". This could be clarified?

8. Did the authors consider using a multidisciplinary panel to review the study outcomes for clinical significance, rather than just pharmacists?

9. Did the review panel assess the clinical significance of each issue and case in a blinded manner to allow for an objective assessment?

Minor Essential Revisions

10. Has the data in reference 11 been published or peer reviewed?

11. Reference (37) (first paragraph on the last page of the manuscript) is not presented in the reference list of this manuscript.

**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'