Reviewer's report

Title: Hospital discharge of the elderly - an observational case study of functions, variability and performance shaping factors

Version: 1
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Reviewer: Myles Leslie

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Major Compulsory Revisions

The authors have collected some interesting data, but a range of style, formatting, and theoretical content issues require significant revision. The manuscript contains multiple errors in spelling, grammar, and punctuation. Subject and verb agreement is sometimes a problem; verbs may be missing or doubled; very long sentences containing multiple clauses and missing or superfluous punctuation occur frequently; parentheses are not always closed; “i.e.” is used frequently – both in and out of parentheses – when what follows is not a restatement of what preceded, but rather a (potentially controversial) expansion or definition of what preceded. Beyond these mostly-technical issues, the authors consistently choose passive, subject-less constructions which make the material difficult to read, and ultimately sell short their active, subject-filled data. It is clear that a great deal of effort has been put into collecting these data and this effort deserves to reach a broader audience.

The manuscript’s theoretical frame – Hollnagel’s (2012) FRAM model – is presently obscuring rather than elucidating the authors’ hard won observational data. At heart, the reader needs to know a little about FRAM, and a great deal about how FRAM advances our understandings of a particular challenge in the health services: patient discharge. A central concern here is that, setting aside the various categories that FRAM provides, what is the authors’ underlying conception of discharge quality? What defines a high quality discharge? Is it next-of-kin satisfaction? Or perhaps clinician satisfaction? Interprofessional inclusiveness? Or, as suggested on pages 21 and 23, a high degree of match between policy and action? The last of these possibilities presents potential for making the FRAM model do some solid analytic work. Drawing on Timmermans and Berg’s (2003) observation that all standardization is local standardization, would a FRAM analysis not help identify the ‘hard stop’ points where local variation (as produced by time pressures etc.) simply cannot be allowed to continue if quality (however defined) is to be maintained?

Rather than draw out specific criticisms of the existing material, I will present a possible reworking in this vein. This is a reworking that I hope is friendly to the authors’ intentions, and aims to help them tell the important story of patients being discharged.
This paper uses qualitative observational data to demonstrate that “hospital discharge [is] a complex multi-agency care process composed of [multiple] activities [aimed at accomplishing multiple goals,]” (p30). With decision making and knowledge sharing across these activities and goals critical to the success (safety? quality?) of a discharge, we argue that existing, sequential approaches to this complexity are inadequate. “Without considering these interdependencies, progress on safe hospital discharge will be constrained,” (p29). After introducing our case study, we briefly describe an innovative tool for assessing complexity in healthcare delivery – the FRAM model – and then use this analytic to parse out the specifics of elderly patient discharges in a Norwegian setting. From the specifics of our observations we draw out generalizations for those interested in setting and using policy to ensure the (Quality? Safety? Success?) of discharge in other settings. Our goals are to test the FRAM model’s fit with health care’s complexity, and improve understandings of how policies and guidelines are shaped by variations in operational conditions and performance.

This sort of reworking may well allow the authors to move more quickly to their data and its implications, avoiding unnecessary stops to understand engineered resilience in the process. At base, they have interesting data, and an interesting tool with which to examine it, but they will need to tell a more compelling story if readers are to be interested.

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

**Quality of written English:** Not suitable for publication unless extensively edited

**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.