Reviewer’s report

Title: A predictive score to identify hospitalized patients requiring discharge to a post-acute care facility

Version: 1 Date: 3 October 2007

Reviewer: Kathryn Bowles

Reviewer's report:

General
This is a very interesting and well executed study, worthy of publication once the questions below are addressed.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. Discharge to home with professional services is not the same as discharge to home with an informal caregiver. It is of concern that 104 of the 349 patients received professional home care. The characteristics of these patients are quite different than those returning home without care and they are in many ways similar to patients going to the PAC facilities identified in this study. Why was discharge to professional home care not analyzed as a PAC outcome destination or perhaps you should have excluded those patients from the sample. There may be patients within that cohort of 104 who should have or would have received PAC facility care but the clinicians sent them home again to resume previous services. I would feel better if the characteristics of this cohort of 104 were compared to the others to examine how they differ or not. I also suggest some discussion about this. The authors need to help us understand why they did not consider referral to home care as a PAC destination.

2. The reader needs to understand the model of discharge planning and decision making at the study site. This effects the generalizability of the findings because the analysis is based on decisions made by clinicians at this study site. We need to understand how those decisions are made and by whom and how this compares to other comparable sites.

3. The authors do not discuss the screening tool published by Dr. Diane Holland. Dr. Holland's tool is similar to the one reported in this study. It is meant to identify early those patients who need comprehensive discharge planning to assure early recognition of needs and timely discharge. Holland, DE, Harris, MR, Leibson, C, Pankratz, VS & Krichbaum, K. (2006). Development and validation of a screen for specialized discharge planning services. Nursing Research, 55(1), 62-71.

4. Please provide a definition or description of how medication management was measured.

5. The sample is surprisingly cognitively intact. 95% of the sample are ages
44-85. It would be helpful to know the distribution of ages in the study. I also think some discussion about age, which is a predictor in most other studies of this nature, and perhaps why age did not predict in this particular analysis.

6. There is no information about the assessment tools used in this study. The AEP and Delay Tool are referenced but if not familiar with the tools, the reader is left to wonder if they are reliable, valid and appropriate.

7. Were orthopedic patients included in the sample? Are they included in the rheumatic or neurological disease category? The predictors might be different if orthopedic was separated out since they tend to be sent to rehabilitation more often than other diagnoses. There also may be collinearity with orthopedic diagnosis and function. The sample came from a general internal medicine floor and therefore probably did not contain patients recovering from hip or knee replacement. The authors should make this clear and identify it as a limitation.

8. How were orientation and behavioral disturbances measured? Overall the authors do not describe their data collection instruments in enough detail.

9. How was data collection completed if the patient was cognitively impaired?

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

on page 5 the type of admission is described as from emergency department versus internal hospital transfer). In table 2 it is described as hospital internal versus other provenance. Please be consistent.

Please describe how the weights of 1-4 were assigned to the predictors.

reference number 24 is from 1988. there are more recent studies that support this finding.

Page 11 discuss how you see this tool being used and by whom. How would they receive the information?

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

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.