Title: A qualitative examination of inappropriate hospital admissions and lengths of stay

Reviewer: Francesc Cots

Reviewers report:

The article is a qualitative contribution to the analysis of the adequacy of the admission and stays of the 'long term neurological conditions' patients. In general, it offers more instruments to find an answer to the causes of these inadequacies than a simple quantification of the problem itself.

Summary:
There are appraisals which are specially valuable in determining what the inappropriate utilization of hospitable services as a result of the payment systems as well as the perception of the patient about what is more effective for the patients and their relatives:

· Few supporting social services are available after hospitalization.
· Lacks of integral information on the health service system regarding patient history which provides more adequate information to take decisions:
  o When the patient is readmitted professionals are unaware of the patient’s history.
  o The dispersion of information between primary and specialized care, lacks adequate information systems.
· The patients preferences have two aspects:
  o Believe that specialized health care are more effective than any other kind of intervention.
  o To See that any other intervention means added costs for the relatives, since the hospitalization is free but many other healthcare and sociosanitary services mean a cost for the patients.
· Rapid response from the hospital does not guarantee an equal response from related services.
· It is also important that doctors from different sectors agree on the best treatment instead of thinking they have the best resource. Where is this evidence?

The solutions:
· More communication and information systems.
- More education for the professional themselves.
- A patient summary which they will keep and bring with them, so that the next professional who attends them will have the relevant information.
- More resources: subacute and specialist nurses who monitor patients.

General comments

These findings are not at all far from common sense. The Pooling of all the agents’ experience, leads us to believe that the problems detected are real and that they are consequence of disruptions in healthcare; this must be taken into account in any effort to improve the system.

I believe the local conclusions obtained could be extended to other areas of the public health system. In general, I believe these conditions are evident throughout the healthcare system.

It seems to me that this qualitative method generates substantial information, but needs to be accompanied by quantitative information to give validity to the findings. The combination of both methods provides general coherence, that assures there is no bias that prejudices the qualitative findings.

Major compulsory revisions

1. - The problems detected are methodological, because not enough information has been given to corroborate whether the quantity groups provide for information saturation in order to ascertain if the sample is correct.
   The qualitative approach should be based on the saturation of information that comes out of different focal groups used, but this is not mentioned in the article. It does not determine an initial theoretical sample and it does not mention if the two groups studied attain the appropiate saturation of information required.

2. - There are no quantitative findings to support or give complementary information to the data to make it a valuable evaluation of the confirmed situation quantitatively as well as and appraisal, in a qualitative way, of causes and nuances.

Minor essential revisions

3. – Present tables or figures where problems are outlined and grouped according to relevant criteria.

**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