Reviewer's report

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

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Reviewer: Carla Parry

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Overall
This is a generally well-written paper making unique contributions and capitalizing on the strengths of qualitative methods for exploring systemic and layered concepts such as inappropriate admissions and LOS.

1. The question is well-defined.
2. Methods are appropriate and well-described.
3. The data appear sound
4. The manuscript appears to adhere to data reporting requirements.
5. The discussion section is weak and does not move beyond summarizing the data. The conclusions are well-balanced and supported by the data.
6. Limitations are not clearly stated.
7. The authors do acknowledge work upon which they are building, etc.
8. Title & abstract are appropriate and convey what has been found.
9. The writing is a bit weak organizationally, especially in the background section, but overall acceptable.

Background Section (minor essential revisions)
The content of this section is clear and appropriate, but the writing needs to be tightened up a bit and organized around the key points of this study. This is a minor issue that could be corrected by editing; adding a few sentences to orient the reader to the organization of the section; and explicitly stating the gaps in the literature/empirical work that are filled by this study. This is an important topic and this study makes a contribution to the literature—that contribution should be made more explicit by the authors.

Method (minor essential revisions)
Overall nicely written, clear, concise. A few questions:
1. How were participants recruited?
2. Who conducted the interviews?
3. How was the interview structured? Did the interviewers conduct a semi-structured interview asking the three questions that were provided to the
subjects beforehand? Please provide a few example questions.

Analysis (no revisions necessary)

This section is clear, complete, and the use of the member validation method gives the paper added validity and credibility.

Findings (discretionary suggestions)

Well organized, appropriate. A few suggestions for revisions that would make this section easier for the reader to follow:

1. Please use an introductory sentence or two to orient the reader to the content: organize by “causes” and “strategies”, with 5 sub-themes in “causes” and 5 areas within “strategies”.
2. Under the “causes” themes, you may consider renaming the second theme ‘lack of knowledge of patient or condition among admitting clinicians’ in order to be consistent with the content of this theme and the labels for other themes.
3. The same issue applies to the third sub-theme: ‘lack of communication’
4. How common were comments in each of the themes? Which got the most attention?

Discussion Section (major compulsory revisions)

This is the weakest part of the paper. It acts as a summary rather than a discussion section.

1. In the discussion section, the findings should be compared back to the literature: is there anything your participants mentioned or did not mention that stands out when compared to the literature? Is their focus on systemic issues unique to this literature? The findings need to be conceptually contextualized in this section.
2. Limitations and implications for future work/work in this line of inquiry?
3. What are the unique content contributions of this study? The methodological contributions of the study are clear (several lovely methodological innovations in this study, the methods are beautifully executed), however, the content contributions and implications are not made clear. This section could use a paragraph explaining the content contributions and implications of these, both globally and specifically
   a. For example, you might take the participants’ comments about ongoing education a bit further—perhaps suggesting in the discussion section that what is needed is not to incentivize individuals to get more of the education that is apparently not educating them, but rather to think about different modes of ongoing education that might be more effective. This could be a specific suggestion that follows from the data.
   b. This section should explore how the findings may be specific to those with LTNCs or whether some of the issues identified are more generalizable to other conditions as well.