Reviewer’s report

Title: Use of Telephone Service in Post-Discharge Transition Care in a Hospitalist System

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Reviewer: Michelle Mourad

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Ko et al. present a comprehensive PDTC intervention comprised of a disease specific post discharge care plan, follow up phone calls, a patient hotline and easy access to follow up care by providers familiar with their hospitalization. This comprehensive model is to be applauded as a model for hospitalist transitions in care, and was effective in reducing 30 day mortality and readmissions.

Major Compulsory Revisions:

1. The writing style is very vague. The sentence structure is simple, and I often found that three sentences couple be condensed into one sentence with more information and more impact. As a result though the article was long, it was lacking in interesting details about how your intervention was employed, which elements were impactful in reducing readmissions.

2. 30 day readmissions and mortality are presented as a composite outcome. Was this intended from the outset or was this because these were not significant when reported separately. This is essential for understanding your interventions.

Minor Essential Revisions:

1. TITLE: The title is misleading and suggests that your intervention is only a follow up phone call program, when your article suggests that the care plan and referral upon call to follow up care were also part of your program. Please pick a title that more accurately reflects the scope of your intervention.

2. ABSTRACT: Overall the abstract is awkwardly worded and takes away from the results that you present. Much of the information is located in the wrong heading and is too generically worded. Why are there no % and p values in your results? Consider using as many specifics and statistics as you can. For examples, please see the specific comments below in the Discretionary Reviews section.

3. INTRODUCTION: I applaud the authors for their short succinct introduction. The introduction could be strengthened through a better review of the literature and a discussion of other notable programs for care transitions (see references) . Consider specifically what your study adds to the literature on other models of care transitions (Project RED, Colman’s model of transitions coaches, etc.). I also finished the introduction not being entirely sure what in fact the PDTC intervention was! In reading the methods I was impressed with the comprehensiveness and more detail should be provided in the introduction. (e.g.
“Given the success of care transitions in decreasing adverse events after discharge and improving readmission rates, we aimed to see if a comprehensive PDTC program consisting of a disease specific care plan on leaving the hospital, a daily patient hotline, schedule follow up calls by nurses and a hospitalist-run clinic could affect readmission rates and post-discharge mortality.”

4. METHODS: I commend the authors for their robust intervention. Creating and implementing a disease specific treatment plan based on specific indicators is challenging, and the choice if indicators is sound and an excellent model for teaching patients about their disease, and for creating a plan for anticipatory management after discharge. You also describe a robust plan to assess the success of your discharge teaching and also provided patients with way to contact the inpatient team should they see change in indicators in between the calls.

5. RESULTS: As this is a particularly robust intervention, it will generate a lot of results. I feel that the reported results leave the readers with a lot of questions about the study methodology and adherence to its aims. Additionally, keeping all of the % and p values in the table makes reading exhausting as one is constantly searching for the right table. Please eliminate tables where possible (I would suggest eliminating table 3 and 4 and instead stating those results in the text). Table 4 in particular contains important results that could be VERY easily stated in the text giving substance to the general phrases currently used.

6. DISCUSSION: On the whole the discussion is too long. A recommended format for the discussion is to succinctly restate your findings, to state whether or not you believe your findings and why, and comment on elements that you expected to see, but didn’t (e.g. ED visit reduction). The third paragraph should place your work in the context of existing literature, and the fourth paragraph should provide limitations to your work. The fifth paragraph can talk about new directions and the importance of your work in furthering the literature – yours is well done and serves that purpose nicely. Many of these elements are done quite nicely (e.g. the discussion on the growth of hospitalist systems in Asia, but without post-discharge guidelines). It’s almost there, but needs a little careful editing.

Discretionary Revisions:

Abstract:

1. Avoid generic statements that add little to the meaning for your readers. “Post discharge care is a challenge” instead say how it is a challenge for who? Why? How does this affect patients? “Care discontinuity is a concern” another generic statement. Consider this: “The period following discharge is a vulnerable time for patients with a high rate of adverse events that may lead to unnecessary readmissions especially in older populations. Close follow up after discharge may be a way to prevent adverse events and decrease readmission rates…” Speak specifically.

2. It is not clear from the abstract what “post discharge transition care” is it a patient specific post-discharge care plan? is it a phone call? A clinic visit? I would try to define this term before using and help us understand what methods to
improve care transitions were employed in this study.

3. You mention the location and how the intervention was performed in your Design. Consider putting this in another section, as design is generally a short section that doesn’t include setting and methods.

4. The subject heading does not tell me anything about the patient population that was assessed. The subjects should tell me: Patients called were those hospitalized from December 2009 to May 2010 in a hospitalist ward in XXYY Hospital, a referral center in Taiwan.

5. Please clarify the statement, “In the post-discharge course patients having worsening indicators (what are these?) were at high risk for readmissions.” Was this seen in the observation and intervention groups? Please make this sentence more specific and provide statistical evidence.

Introduction

1. Your first paragraph points to the problem of care transitions with a hospitalist model, however your model of PDTC does not actually fix the link between the hospitalists and the primary providers, unless the primary care physicians receive a transcript of the call or the clinic note. Your intervention is actually trying to bridge the continuity for patients once they return home to reduce readmissions and deaths. Thus your overall argument for your program would be strengthened if you frame it in terms of how this continuity can reduce adverse events.

2. In paragraph 2, is this the same as the “referral center” being studied? if so, please clarify. It is unclear if this is data from the same institution.

3. Again, avoid generic statements that may be obvious to the reader such as “It is an emergent health problem…”

4. Improvements in post-discharge care have actually been extensively studied (refs) and have been shown to decrease readmissions and reduce adverse events, to say that it has been rarely studied is incorrect.

5. If it is true that this has been rarely studied, why does it follow that it should be incorporated to improve continuity of care. Instead I might say that “As improvements in care transitions have been shown to decrease adverse events after discharge, visits to the ED and readmissions, we created a post discharge program to improve care post discharge are evaluated it’s performance.

Methods:

1. Please define “communication deficits” I am not familiar with that term.

2. Again please define PDTC in more detail as early as possible in the paper. It is unclear initially that this is a discharge care plan consisting of scheduled follow up calls, a hotline and a hospitalist-run clinic, and this detracts from the strength of your paper. This should be clarified in the introduction. (see above).

3. Refrain from using: and so on. Consider “and other disease specific elements of discharge teaching.

4. What was done for patients who were illiterate or had cognitive deficits and thus were unable to understand their care plan? Where any patients excluded on
this basis?

Results:

1. Please explain why 313 of 737 patients were enrolled. This is a low enrollment rate and requires explanation.

2. Please explain your exclusion criteria in your methods. I’m not sure what “disagreement” or “no match for Dx” mean. Do you mean that patients refused to be in the study? Were patients excluded because they did not fall into one or your diagnoses? This belongs in your methods.

3. Figure 1 is probably unnecessary, if exclusion criteria are clarified. But I will leave this to the editor’s discretion.

4. Does Table 2 describe excluded/refused patients? Or does it describe observation and intervention patients. Please clarify.

5. Please provide individual P values for the difference in caregiver between the two groups.

6. What percentage of calls were made 843 calls does not help the reader understand how effective the calls were at reaching their target. What percentage of patients received all of their calls?

7. What about the other questions in the calls? How many patients were adhering to their treatment plan?

8. Please pay attention to tense, the incorrect tense is often used (e.g. with worsening indicators had been found, this should read “were found”)

9. Of the six readmitted patients how many were the ED patients and how many were the clinic patients?

10. 0.03 is statistically significant. The word borderline is not needed.

11. Paragraph 4: It is unclear that more scheduled visits in those not receiving PDTC is an important result. Aren’t scheduled follow up visits a good thing?

12. Do not say there “seemed to be” more ED visits. Either there were or they weren’t. Perhaps say there was a trend towards more ED visits in the observation group, but this difference was not statistically significant.

13. Please clarify the last sentence of paragraph 4. The wording is unclear. I think you mean to say. The overall ward readmission rate did not differ from that of the observation group during the study period (17% vs. 17.2% p = 0.913).

14. What is the difference in percentage of readmission and death for the observation and intervention group. This should be stated in the manuscript, we should not have to hunt for this in a table.

15. Why are readmission and death not separated? Were they not significant independently?

16. There are an abundance of tables in this article. For ease of reading it is the recommendation of this reviewer that some of the results be put in the text. Consider providing the n,% differences in unplanned visits, ED visits, and readmission and unexpected death in the article text instead of a table for ease
of reading. Figure 2. Is nice, but also likely unnecessary. Again will leave this to the editor’s discretion.

Discussion:
1. First paragraph of your discussion should succinctly summarise your findings. Do not start with literature, instead start with. “In this study we demonstrate that a multi-paceted PDTC program consisting of a disease specific care plan, follow up phone calls and referral to hospitalist-run outpatient follow up decreased readmissions and 30 day mortality”

2. First sentence is awkwardly worded. Patient’s don’t necessarily worry about readmissions, hospitalists do. Consider changing the phrasing to “especially in elderly patient populations and those…” But would probably suggest removing this sentence all together as the discussion needs no introduction (above)

3. Limitation: Were those patients who refused or did not have a match for their diagnosis different than the overall population? What was their readmission rate? This may have been a more vulnerable population

4. Limitation: Hard to tell where the strength of the intervention is, which piece of the PDTC.

5. Your references sited as examples of post discharge transitional care are not from top journals, nor do they represent the sentinel work on this front. Consider doing a more comprehensive literature sure to back up your claims.

6. The ease of your intervention is definitely appreciated and good to cite as a strength of your work.

7. Do not restate your findings in paragraph two. The purpose of your second paragraph should be to discuss whether you think your findings are accurate and how they add to the existing literature.

**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.