Reviewer's report

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

Version: 1 Date: 29 March 2011

Reviewer: Jeff Greenwald

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Major compulsory:

Design:
# Using a non-randomized controlled study invites significant criticism and comment about the potential for design flaw and too much bias to make credible conclusions about post-discharge telephone intervention on mortality and readmission rates. We would therefore recommend that you consider re framing this study as a Quality Improvement Initiative with the intent on sharing your experience with a post-discharge hospitalist-run intervention to a broader audience.

o Methodology:
# If this were to be a randomized controlled trial the study population would need to be more clearly defined, randomization would need to be blinded and methods for randomization would need to be clearly defined.
# Study participants in both the intervention and observation/control groups should be enrolled simultaneously and consecutively in a blinded fashion.
# Exclusion criteria should also include those patients previously enrolled, elective admissions, deaths during hospitalization, discharge to another institution, patients who are residents of long-term care facilities, and patients who, upon admission, have an anticipated life expectancy of < 30 days or are discharged to home with hospice care.
# Description of study closeout and how patients who could not be reached post-discharge were accounted for is required.
# Definition of PCP may be too strict.
# You should explain why the intervention and observation groups were divided into particular disease-based sub-groups.
# The particular telephone service intervention needs to be described in a significantly more detailed fashion -- ie, what was the exact nature of the call, what information was collected and exchanged (symptoms, medications and how they were reconciled, needs assessment, patient education about disease process, etc.), how was it standardized, and who specifically performed the intervention.
# Explain how and why you chose to report disease/symptom progression (ie,
what specifically defined a worsening of symptoms) based on indicators from a
general internal medicine textbook; and whether these indicators have been
linked, in an evidence-based manner, to increased risk of hospitalization or
mortality.

# Explain how you accounted for patients who may have been enrolled with a
diagnosis or disease process that does not clearly fall into your subgroups.

○ Results

# The manner in which results were reported is very confusing.

# Effects of the primary intervention (post-discharge telephone service) on each
primary outcome (unplanned mortality and unplanned readmission) should be
reported separately and for both groups (intervention and observation). Presently
there is only separate data reported on readmission.

# Despite 70% of patients having “PCP’s” there is no reported data of the rate of
post-discharge follow up in the PCP clinic, and no comparison this with the
frequency of hospitalist-run post-discharge visits. Thus, secondary outcomes
such as unplanned visits to the hospitalist run clinic are less meaningful.

# Only when the above 2 comments have been reconciled, can results on the
combined effect of post-discharge telephone service AND hospitalist-run
post-discharge service be better understood.

# Results do not explain and account for how many calls each patient received
(e.g. if each of the 219 intervention patients received 5 calls over 30 days as the
methods suggested, this calculates to 1095 calls presumably made. However,
the results/discussion account for only 843 calls and do not account for the
remaining 252 calls that should have been placed).

# The additional tables describing disease associated by telephone-call follow
up, clinical characteristics and laboratory data of the patients at initial admission
and at discharge according to PDTC, are confusing/distracting, and do not
necessarily add to the reader’s ability to draw appropriate conclusions about the
effect of telephone-service intervention on post-discharge mortality and
readmission rates. Better defining the study population and methodology may
eliminate the need to report much of this.

○ Discussion

# The discussion section can be strengthened only after the results section is
clarified.

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

Statistical review: Yes, but I do not feel adequately qualified to assess the
statistics.

Declaration of competing interests:

No competing interests.