Reviewer’s report

Title: Uncompleted emergency department care and discharge against medical advice in patients with neurological complaints: a chart review.

Version: 1 Date: 24 Jun 2019

Reviewer: David Alfandre

Reviewer's report:

Please

General comments:

The authors' study provides novel and important data about a complicated problem in clinical care. In examining elements of when patients leave the ED either with or without informed consent, the study has the potential to inform how to improve care for some vulnerable patients. The author's attention to systems factors that may address the problem of DAMA is particularly noteworthy and important, as much of the literature fails to identify how the hospital or health care system can intervene to improve outcomes. However, there are a number of considerations that should be addressed prior to acceptance of this manuscript.

Major Comments:

1. Aggregating DAMA and PL may be a limitation of the study that should be addressed. These patients are different in that the former left after an informed consent discussion while the latter did not. That may have implications for differing rates of readmissions and other risks of leaving the hospital. Furthermore, these two cohorts of patients are not typically aggregated in other studies in the literature.

2. The authors describe "neurological patients," throughout the manuscript. More patient-centered (as well as accurate) terminology would describe these patients as "patients with neurological complaints."

3. The authors repeatedly refer to the interdisciplinary ED. Some readers may wish to know what this is and if it differs from other types of ED's.

4. Regarding patient selection and categorization, the authors indicate that DAMA was if the patient signed standardized documentation. However, what if the patient declined to sign the form? How was that patient categorized? This is relevant because there was at least one patient described in the results who met this criteria. The authors should specify clearly how DAMA was defined in methods and only include those patients who met those criteria. Relevant papers from the literature (Alfandre, David. "Reconsidering against medical advice discharges: embracing patient-centeredness to promote high quality care and a renewed research agenda." Journal of general internal medicine 28.12 (2013): 1657-1662) or by appealing to an authoritative reference would support this section.

5. The inclusion of symptom duration and repeat visits within 30-days only for patients with DAMA/PL cannot be fully interpreted without a control group (i.e., compared to other ED patients discharged conventionally). This should be either eliminated or listed as a limitation of the study.

6. "Self-motivated" should be defined in the methods section as this is not a typical description of patients described in the literature.
7. The authors may wish to supplement their claim that negative radiological studies may be more reassuring for patients than providers by appealing to similar data in the literature that shows similar conclusions. This will strengthen their discussion of this point.

8. The authors conclude that individual reasons for DAMA are not amenable to modifications in the structure of emergency care provision. However, there are some studies that have found that increasing the rounding frequency on patients can reduce DAMA. The authors should include this and other literature that provides support for hospital interventions that may impact patient's behavior surrounding DAMA. [Meade, Christine M., Julie Kennedy, and Jay Kaplan. "The effects of emergency department staff rounding on patient safety and satisfaction." The Journal of emergency medicine 38.5 (2010): 666-674.]

9. Although Table 2 has been modified, from an ethics perspective, it may still permit identification of patient data. Given this and the concerns identified in Major Comment #2, this section should be considered for elimination as its absence would not affect the quality of the manuscript.

10. Figures 1 & 2 do not provide any new information not provided in Table 1. This reviewer recommends not including it.

11. The manuscript would benefit from specification of "waiting time." Is it "Till seen by an MD in the ER" or "waiting to complete clinical evaluation." This distinction is important because that was described as the main reason patients chose to leave.

Minor comments:

1. P.3 line 7: Readers are likely to want to know specifically what kind of "institutional problems" are associated with AMA discharges. Clarifying this statement will help focus the aims of the background section.

2. P.3 line 9: the inclusion of "dignity" in this sentence was not clear to this reviewer. Please specify how this relates to the care of neurological patients in the ED.

3. P. 9, line 17 should clarify that the campaigns are directed to patients and families.

4. Figure 4 may be easier for readers to digest in Table format.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

No

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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Needs some language corrections before being published

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