Reviewer's report

Title: Can the effects of the Mobilization of Vulnerable Elders in Ontario (MOVE ON) implementation be replicated in new settings: An interrupted time series design

Version: 1 Date: 21 Feb 2019

Reviewer: Jennifer Brach

Reviewer's report:

I commend the authors for their thoughtful and thorough responses to my comments and suggestions. Largely, my concerns have been addressed. I do, however, have one remaining concern. Admittedly, this may have resulted from a miscommunication in my first review.

In this study, the method for measuring the primary outcome, patient mobilization, is defined as being out of bed. Given the heterogeneity in patient functional levels, I think this operational definition is reasonable, and the authors outlined this rationale nicely.

However, the intervention goal/key message was to mobilize patients "at least three times a day" [line 156-157]. Yet, per the statistical analysis subsection, patients were considered 'mobilized' if they were out of bed "at least once a day." My concern is that this standard for being 'mobilized' (out of bed one time a day) is not consistent with the key message (out of bed three times a day). In the original accuracy study [lines 190-193] wherein the authors compared their visual audit vs. continuous rounding, what was the operational definition of being 'mobilized' during continuous rounding? Was it still equivalent to being out of bed once during the 6-hour monitoring session, or was it more closely aligned to the key message: being out of bed three times during 6-hour monitoring session? If the latter method was used in the accuracy study, then I can feel more confident that the visual audits conducted in this study were accurately identifying patients who received the recommended amount of mobilization, even if it was only visually confirmed once during the three auditing events.

In the end, this concern is minor. I believe that it is not feasible to 1) accurately assess whether patients have been out of bed three times, when only conducting three audits during a given day; or 2) conduct continuous monitoring without technological advances (a limitation that was duly noted in the revision). It is, however, a limitation, especially if the authors believe that mobilizing a patient at least three times/day is necessary to yield health benefits.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
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