**Author's response to reviews**

**Title:** Effectiveness of a transitional home care program in reducing acute hospital utilization: A quasi-experimental study

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**Author's response to reviews:** see over
Cover letter to Reviewers and Editor of BMC Health Services Research

Title of study: Effectiveness of a transitional home care program in reducing acute hospital utilization: A quasi-experimental study

Dear esteemed reviewers and Editor of BMC HSR,

Thank you for reviewing our manuscript. We are deeply appreciative of your valuable comments and feedback to improve our manuscript. We have made the revisions as recommended in our revised manuscript. Please also see our replies to your comments below. We hope these will be acceptable to the reviewers and editor.

Thank you & Warm regards,

Dr Low Lian Leng, Dr Farhad Fakhrudin Vasanwala, Dr Ng Lee Beng, Ms Cynthia Chen, A/Prof Lee Kheng Hock, Dr Tan Shu Yun

Reviewer: Dr Chryssoula Lemonidou

1. Title: Effectiveness of a transitional home care program in reducing acute hospital utilization: A retrospective study. The word retrospective is not in use anymore for the study design, You may change it to: A quasi-experimental study

Our Reply: Thank you for your suggestion. We have amended our title as suggested in lines 3-4 and 112-113.

2. Abstract: a) It must be structured according to the journal's instructions: Background, the context and purpose of the study; Methods, you may start saying We performed a quasi-experimental... (instead of a retrospective observational study.); Results, it is preferable to present the results using the same order as in the main text (for example the hospital admissions followed by emergency department attendances, and hospital length of stay, which is missing in the abstract); Conclusions instead of interpretations

Our reply: Thank you for your suggestion. We have amended in the abstract the following.

i. We have added into the background the purpose of our study in lines 75-77.
ii. We have amended retrospective observational to quasi-experimental in the methods (line 79).
iii. We have now presented the results using the same order as in the main text and included the results for hospital length of stay (lines 90-95).
iv. We have changed interpretations to conclusions (line 97).

3. Methods-Study Design: First line: May be changed to We performed a quasi-experimental study... (instead of a retrospective observational study...).
Fourth line: Each patient served as his/her own control (instead of... historical control).
Our reply: Thank you for your suggestion. We have amended under study design to “quasi-experimental study” (line 153), and deleted “historical” (line 155).

4. Results: second paragraph, last line: The figure does not add anything more of what is presented in the Table 1, you may remove it.

Our reply: Thank you for your suggestion. We have revised in the manuscript as suggested (line 263).

Third paragraph, 4th line: change to visits or attendances instead of admissions (they are referring to visits or attendances to the emergency department).

Our reply: Thank you for your comment. We have amended admissions to attendances (line 268).

Fourth paragraph, which presents the socio-demographics, clinical profile, and outcomes etc. is better to be moved to as second paragraph, before the main results of the study.

Our reply: Thank you for your suggestion. We have shifted the fourth paragraph to the second paragraph as suggested (lines 244-257). As the order in the manuscript has changed, we have also changed the original table 2 (describing the socio-demographics, clinical profile and outcomes) to table 1 in the manuscript. Likewise, the original table 1 has been changed to as table 2. All revised tables and figures are uploaded.

In addition, words must be used to express numbers after a period, (i.e. first paragraph, first line, second sentences, and fifth paragraph, fourth line in results section)

Our reply: Thank you for your suggestion. We have made the amendments as suggested (lines 241, 251).

Reviewer: Dr Kostas Athanasakis

1. The authors state that the need for informed consent was waived by a Review Board. Given the interventional nature of the program, I believe that a reference of some sort for this decision is necessary.

Our reply: Thank you for your comment. Although our program was interventional in nature, the research study was only conducted after the program had concluded. For the study, the researchers obtained de-identified patient data from our hospital’s Office of Integrated Care which maintains the patient database. In addition, by the time the research study was initiated, many patients had deceased, making it impossible to obtain their consent. In view of de-identified patient data protecting patient confidentiality, the lack of harm to our patients and practicality of consent from patients who have deceased, our institutional review board approved the waiver of informed consent.

2. Lines 299-303. I believe that the authors should elaborate on a greater extent the consistency or differences of their work compared to findings from the literature.
Our reply: Thank you for your suggestion. We agree that more comparison with existing literature is needed to highlight similarities and differences between our program and existing literature.

We have elaborated on the patient characteristics, interventions of programs identified in the literature search and compared the similarities and differences to our work (lines 319-339 and additional references 21 and 22).

3. A limitation of the analysis is that it is very specific for the setting that was carried out. This should be mentioned in the limitations section.

Our reply: Thank you for your comment. We agree and have added this limitation into the limitations section (lines 369-371).

4. Minor comments: 1. Line 264: “cardiovascular accident”: is the term correct?

Thank you for your comment. We have double-checked and confirmed that it should be cerebrovascular accident as written in the original manuscript.

Optional comment. Authors state that they do not have data on costs. A possibility of an estimate (even a rough one) would be interesting, if feasible.

Our reply: Thank you for your suggestion. We have added in the norm costings of our home visits, SOC visits, ED attendances and average bed cost per day. We have done a crude estimate of cost savings to the public health system from the difference in hospital stays, emergency department attendances saved against the additional costs of home visits and specialist outpatient clinic visits. We have also acknowledged our crude cost estimate as a limitation that requires an in-depth careful cost-effectiveness analysis.

We have added this section into our revised manuscript (lines 289-309, 371-375).