Reviewer's report

Title: Geographical Variation Analysis of All-Cause Hospital Readmission Cases in Winnipeg, Canada

Version: 3
Date: 18 November 2014
Reviewer: Martin S Lipsky

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I think this manuscript is an interesting one on a topic of importance.

General comments
I think it would be helpful to provide a bit more info on the virtual wards in the intro, eg how often do they make home visits, now effective are they, how costly are they. Since the importance of identifying clusters is predicated on this intervention it is important to include that a virtual ward is effective at reducing readmission.

Need to explain the rationale for selecting the 25 geographic areas. It would appear that they are all the postal codes. Were any omitted? It would appear to be a convenient way of looking at this rather than another reason.

Figure 1 is hard to follow. Might need to be in color or use some cross hatches.

In discussion, wondered if there was a way of potentially drilling down even more than by postal code. In my home city, the police use a similar analysis about crime to be able to effectively deploy police. They drill down to a block by block analysis. The discussion might also benefit from including literature in the social sciences about the importance of deploying limited resources based on a spatial analysis.

Also not surprising that those who are older, sicker and do not have a primary care doc and an emergent initial hospitalization more likely to be readmitted. Are the geographic clusters different than just identifying neighborhoods of low SES residents? Can somehow this be controlled for?

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:

No conflicts to report.