Author's response to reviews

Title: The number of discharge medications predicts thirty-day hospital readmission: a cohort study

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Author's response to reviews: see over
March 10, 2015

Christopher Morrey  
BMC Health Services Research  
BioMed Central  
236 Gray’s Inn Road  
London WC1X 8HB  
United Kingdom

Re: MS: 1809206252138117 “The number of discharge medications predicts thirty-day hospital readmission: a cohort study”

Dear Ms. Pangilinan and Dr. Schultsz:

Thank you for your review of our manuscript titled above. We have revised our manuscript in accordance with your correspondence dated 9 March 2015 and the accompanying comments of the reviewers. The reviewers’ comments and editor’s comments are addressed point-by-point below. These are shown in the manuscript in red font.

We thank you for your time and effort in reviewing manuscript. If you have any further comments or suggestions, please do not hesitate to contact me directly.

Sincerely,

Marin H. Kollef, MD  
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Reviewer Number 1:

Comment Number 1: The reviewer indicated that we should point out that our population may be younger than that reported in other investigations. We state this as a limitation of our manuscript on lines 260 and 261 on page 13.
Comment Number 2: The results section has been modified with the data specific to the number of medications moved to the second paragraph. This places it at the beginning of the results section as suggested by the reviewer.

Comment Number 3: On lines 264 and 265 on page 13 we now add as a limitation that we did not examine the presence of delirium as a potential risk factor for hospital readmission.

**Reviewer Number 2:**

Comment Number 1: The reviewer asks how we handled patients who died in the hospital as they would not be at risk for hospital readmission and their medications could be truncated towards the end of their hospital stay. We agree that this is a very important point. We already addressed this important issue on page 5 in lines 85 and 86 of the original manuscript. We conducted this study only in patients who survived to hospital discharge. Therefore, our analysis was not confounded by including patients who died during their hospital stay. We now highlight this sentence for the reviewers in red font on page 5.

Comment Number 2: The reviewer wanted us to comment on patients who had planned hospital admissions for dialysis or chemotherapy. It is important to note that all patients in our study cohort were hospitalized acutely. Planned dialysis and chemotherapy are carried out in separate areas of the Barnes-Jewish Hospital and Washington University medical campus. They are not included as hospital admissions and they are not reimbursed under those codes. Our study cohort did not include patients with “planned” hospitalizations as these are usually done on an outpatient basis.

Comment Number 3: We now describe in lines 106 to 109 on page 6 the criteria for medications to be considered discharge medications. This was done in accordance with the comments of the reviewer.

Comment Number 4: Table 2 shows the results of the logistic regression analysis with adjusted odds ratios. We inadvertently used the term “corrected risk ratio” in the results section. We should have used the term adjusted odds ratio (AOR) which we now have done on line 167 on page 9.

Comment Number 5: We now comment on the nature and extent of medication related hospitalizations on page 11, lines 211 to 218 to highlight the importance of this issue as suggested by the reviewer.

Comment Number 6: The way medications are provided to patients at the time of hospital discharge is described on page 5 in lines 87 to 90. Medications are provided for a thirty-day supply through the hospital pharmacy or patients are given a prescription to be filled at a local pharmacy.