Reviewer’s report

Title: Hospital Discharge Documentation of a Designated Clinician for Follow-Up Care and 30-day Outcomes in Hip Fracture and Stroke Patients Discharged to Sub-Acute Care

Version: 0 Date: 07 Aug 2017

Reviewer: Jeff Greenwald

Reviewer’s report:

Thank you for the opportunity to review this manuscript. I think it nicely highlights both a micro and macro deficit in the issues surrounding transitions of care for hospitalized patients going to post acute facilities. It highlights the frequency (almost 1 in 5) of there being inadequate documentation of plans for follow-up for the care plan; it also highlights the inadequacy of the policies around documentation requirements for providers sending patients to PAC facilities and the lack of policies regarding timely follow-up by providers at those facilities. The study is simple and straightforward and is written well. I think offers an important message that should be out there in the public knowledge base.

My comments are as follows:

1) It is somewhat misleading to say (line 99-100) providers don’t have to see patients for 30 days post discharge. That’s true only in nursing homes. However, as the overwhelming majority of nursing home (long term care) residents who are hospitalized return to their nursing homes, they do so under their skilled nursing (medicare) benefit. This benefit, then, requires being seen by a provider within 3 days. Generally, it is those providers, i.e. the nursing home physicians/APPs, who would be expected to provide follow up care or arrange it. Indeed, I would not have included in the study any patient going to a "nursing home" (long term care) as that isn't a post-acute care provider. Therefore, please revise your analysis only to include those patients specifically going to SNFs (or going under SNF benefit) and IRFs.

2) Your primary variable, the presence of a a responsible clinic or provider documented in the discharge documentation, needs further explanation. What did you accept as documentation (e.g. only "see Dr Jones on May 5th at 3pm at XYZ clinic, or "call your PCP for an appointment," or "call your PCP for an appointment in the next week")? What about specialist appointments? How about nutrition, PT, or other therapy appointments? etc. What about the doctors or other providers at the SNF/IRF - all of whom would see the patient in the following 3 days?)?

3) Line 142: Under your definition of "rehospitalization," please specify if they could also serve as "index" hospitalizations for subsequent rehospitalizations.

4) Line 143: What is included in the term "hospital specialty unit"? I am not familiar with this as a standardized term.

6) Line 186: You've expressed your Odds Ratio incorrectly as a probability. Please address.

7) Table 2. I wonder if you might want to comment on the substantially higher AOR based on HCC in your discussion. You also are missing leading zeros in an number of your entries on this table.

Thanks.

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.

Yes

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

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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