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: 13 Aug 2017

Reviewer: Danny J. Zuege

Reviewer’s report:

Overall this is well written article describing an important link between the presence of a vital piece of information at hospital discharge and adverse patient outcomes in a diagnostically limited but important group of patients.

Minor Comments:

1. Given the study is performed in a fairly limited group of patients (stroke and hip fracture), I think the title should reflect that (eg '...in subacute care patients after stroke or hip fracture')

2. The background section is clear and well written but on the long side. This could be condensed and/or some of the information moved to the discussion.

3. Lines 67-71 of background - the opening sentence emphasizes an economic rather than patient impact of readmissions/death. Would reword this to emphasize the patient impact as primary with an important secondary economic problem.

4. Line 101 of background - SNF is used as an abbreviation for the first time - should use the full title for this here, this especially for non-US readers.

5. Methods - line 119 - not clear what 'rehabilitation' is meant to refer to... Is this a rehabilitation unit or facility? Important to clarify especially for non-US readers.

6. Methods - I think it is important to describe for readers outside your jurisdiction what a discharge summary is and how it is created locally... eg is it electronic (dictated or typed) or handwritten? Does the process to create the discharge summary

7. Line 130-131 - I think the proper wording would be '...waived the need (or requirement) for informed consent'

8. Lines 134-135 - not clear whether the two abstractors independently looked at all the discharge summaries (and IRR reflects that) or they looked at different cases and the IRR was based on 10% of cases being looked at by both of them.... I presume the latter but should make this more clear...
8. Methods - I think would be important to at least briefly describe the process to create and what constitutes a discharge summary in your jurisdiction... eg are they electronic (dictated or typed) or written? are they communicated electronically or in paper format? does the process to create the summary include any requirements or checks for the presences of followup plans and who would provide those (either as part of a pre-formated electronic system to create the summaries or a health records review of the summaries for required content). The process and content of such summaries I believe varies significantly between different jurisdictions (for example in my jurisdiction, there are pre-formatted mandatory fields for such information that make it hard not to include the content)... 

9. Lines 142-144 - not clear why re-hospitalization in a 'hospital specialty unit' would not count as re-hospitalization... what is a 'hospital specialty unit'? would this include a cardiac care unit (where people with MIs are cared for) or an intensive care unit? I think need to make clear what there units are, this especially for non-US readers...

10. Analysis - there is no mention of assessment for normality of distribution of variables to justify t-tests... I assume this was down given mention of skewed variables but usually mention the process...

11. Results section is well written and to the point

12. Table 1 - it is confusing to have in brackets mixes of SD and %. The percent values are important but should mention that is what is contained in the brackets for those values. In addition there appears to be an error for the combined 30 day rehospitalization/death data (46/198 = 23.23%) - please review this data and also confirm the attached statistic is correct.

13. Table 2 - The * value is being applied for what appears to be two different reasons (to indicate you included all variables in your model and to apparently indicate p<0.05) - I think should only use for one reason and either use a different symbol or eliminate statistically significant results needing to be starred.

14. You do not mention the clinical significance of the other at least statistically significant results in your multivariate model... though length of stay and HCC may not be surprising, what about the result for race? very small numbers of non-caucasian patients may limit any explanations but I think should discuss somewhere in the paper.

15. Conclusion - the first and second sentences basically say the same thing. I think could condense to one of them, likely the second sentence.

Thanks for the opportunity to review this manuscript

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?  
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 recommend additional statistical review

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