Reviewer’s report

Title: Transition in care from paramedics to emergency department nurses: a systematic review protocol

Version: 0 Date: 02 Aug 2017

Reviewer: Kerryn Husk

Reviewer’s report:

This protocol describes a systematic review covering an important topic to health services research, transitions between emergency services and emergency department staff. As the authors state, a comprehensive summary of the available evidence in this area will be of academic interest but, more importantly, of immediate clinical import. I would like to thank the authors for an interesting read.

There are some areas I feel need to be refined, developed and clarified but in general this is a well described review protocol which will inform practice. My only major problem is scope, the scoping searches run in MEDLINE returned >3k results and it is not clear from the inclusion criteria how the team will avoid having an unmanageable amount of studies included in the review (see specific comments below).

Specifically,

Line 30: Would it be possible to list some indicative adverse events here, word limit allowing?

Line 34: Is the 'EMS practitioner to ED nurse' the only or standard route? Are others possible? Could this be made more explicit here?

Line 41 and later: the authors state here that forward citation chasing will be used, why not backwards also?

Line 42: see later comment, but I have concerns over the inclusion of 'any design'.

Line 43: also see later, but does this include 'any' EMS patient? Or are some excluded?

Line 47: also later, but there is no detail around what the authors will do should multiple quantitative studies be identified with the same outcome? It does not need more than a few sentences, but would meta-analysis be conducted if appropriate and, if not, why not?

Line 87: Is there a way of rephrasing to avoid the word 'lenses'?

Line 133: I'm not sure the aim of 'exploring' factors does this review justice, what is proposed is exhaustive and broad so should this be reworded to read 'map' or 'assess' instead?
Line 134 and 145: whilst the guidelines are only very recently out, perhaps the interventions described here are complex and so would benefit from the new PRISMA-CI extension (http://www.equator-network.org/reporting-guidelines/prisma-ci-extension-statement-checklist/)?

Line 156: As earlier, does this include any EMS patient at all?

Line 162: I think this means that the review will include any other source, including those listed.

Line 169: Perhaps the sentence dealing with comparators might be better phrased in the positive? Something like 'as this review is concerned with identifying transitional facilitators and barriers we will include any comparator group, or studies with no comparator.'

Line 172: It might increase clarity to present outcomes in a list?

Line 178: The last sentence in this paragraph negates all the rest? If any outcome is included why not just state that? Or does this mean that where primary outcomes are located secondary outcomes (i.e. any that relate to transitions) will be included? There is an issue here with breadth, which I elaborate on below.

Line 181 and later: I think the authors mean primary studies (quant/qual/MM) will be included, as well as systematic reviews (given that JBI/Cochrane are being searched)? My worry here is that, coupled with the broad outcome inclusion criteria, there will be problems with inclusion; the provisional search strategy returns 3452 hits and (aside from those not empirical in nature) it is hard to see how the authors will not end up with an unmanageable set of studies included? Is there a strategy in place for large numbers, perhaps around prioritising study types or being driven by conceptual richness similar to realist approaches?

Line 188: reading between the lines I am sure the authors are engaging with stakeholders coherently and robustly, but I think it would be good to be explicit in the grey search sentences that this will involve consultation with clinicians.

Line 197: I'm not clear what the statement around verifying inclusion means? Will the team include or exclude based on this meeting? Or does this mean that the group will be consulted to identify extra studies? If so, perhaps move above to clarify.

Line 227: I'm not sure what the use of 'standardized' here and in the screening section means in these contexts?

Line 229: I don't disagree, but what was the rationale behind selecting 75% agreement and later 90%? Are these located in the literature or arbitrary, perhaps worth noting that discussion will be key here as the topic is complex.

Line 236: As indicated earlier, I think it is important to state what would be appropriate should numerous quantitative studies be identified with homogenous outcomes, would MA be
undertaken where appropriate? Give the really broad inclusion criteria I don't think this is as unlikely as the authors state.

Similarly, this section lists synthesis approaches almost solely for qualitative studies, what are the approaches/methods for dealing with quantitative studies and - if they are included, which is not clear - systematic reviews?

Line 267: I think it would be beneficial to be more specific around the KT strategy. Whilst it will be developed with the stakeholder group I think some indicative examples would give a feel for the approach. The team later mention a care tool which sounds fantastic, perhaps some more detail and place here?

Line 286: I agree it is likely that there will be heterogeneity of studies, but (a) this hasn't happened yet and feels odd to list so explicitly in the protocol, and (b) the breadth means that even within this heterogeneity I think there will be less constraint than the team state.

Line 290: The last sentence feels strange and I wonder if it should appear somewhere else? Unless the authors are seeking to reflect on the limitations of these points, in which case some expansion is needed on the (potential) impacts of these issues.

I would like to thank the team again for an interesting read and what promises to be a clinically relevant and practice focussed review.

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