Reviewer’s report

Title: Patient-reported outcome measurement in community-acquired pneumonia: Feasibility of routine application in an elderly hospitalized population

Version: 0 Date: 31 May 2019

Reviewer: Mitchell Sarkies

Reviewer’s report:

I wish to thank the editor and the authors for the opportunity to review the presented manuscript titled 'patient-reported outcome measurement in community-acquired pneumonia: feasibility of routine application in an elderly hospitalised population'. The presented manuscript describes a novel and interesting pilot study examining the feasibility of routinely collecting patient reported outcomes measures (PROMs) for elderly people admitted to hospital with community acquired pneumonia (CAP). The study appears well conducted, using appropriate analysis, and the paper is presented clearly. Although there are methodological issues related to potentially biased sampling and loss to follow up, these issues are precisely what the study is exploring. Therefore, the study has addressed its aims by identifying the issues related to collecting PROMs in this cohort. I have a number of minor comments, which I believe the authors will be able to address with minor changes or responses. My primary concern relates to the conclusions and framing of the results. I believe the authors should not shy away from the challenges involved with this work, and could more clearly emphasise that it did not appear feasible to collect PROMs in this cohort.

1. Abstract, conclusion: I'm not sure the conclusions adequately reflect the study findings. I have expanded more on this in my last comment regarding the conclusion section at the end of the paper.

2. Methods, feasibility outcomes, page 6: Can the authors please justify why the benchmark of 32% was chosen and why the particular reference was chosen? A small justification is needed to ensure there is no perception that the benchmark and reference were 'cherry picked'.

3. Methods, data collection and management, page 7: At what point of admission to the ward was the survey conducted (e.g. within 24hours)? The same question applies to point of discharge.

4. Figure 1: Please spell out the acronym 'NESB', or provide a footnote.

5. Table 2: Why does Table 2 omit 90day data? I know you didn't wish to analyse 90day data due to attrition. But this table only presents summative data, so it may be appropriate to include?

6. Table 2: It might be interesting to see face to face, phone and mail data broken down to admission, discharge, 30day and 90day (e.g. is it more likely that postal methods were used for 90day follow up - can this partly explain failure?).
7. Discussion, page 12, line 1: I think the use of the word 'extremely' is subjective and emotive. Perhaps something like 'more symptomatic relative to elderly' would be more appropriate.

8. Discussion, page 12, line 7: point three is a little assumptive. Perhaps 'may be accustomed to poor health' would be more appropriate.

9. Conclusions: I think the conclusions need to better emphasise what the study found. Stronger emphasis is needed regarding the difficulties sampling people from non-English speaking backgrounds and those with impaired cognitive function. Additionally the loss to follow up should also be a main focus. I would be tempted to state that collection of PROMs using the described method was not feasible.

Also in relation to the sentence on future research, I don't think this adequately captures the lessons learned. I am less concerned about maximising efficiency as I am concerned with finding a feasible method for routinely collecting PROMs. For example, do we need to link in with primary care? Should patients complete these measures during follow up with their GP? Could technology help through the use of 'push notifications'? Are we better contacting a family member to facilitate? Perhaps more focus on recommendations for future research should be placed in the discussion section more generally.

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