Reviewer’s report

Title: GAPcare: The Geriatric Acute and Post-acute Fall Prevention Intervention: A pilot investigation of an emergency department-based fall prevention program for community-dwelling older adults

Version: 0 Date: 20 Dec 2018

Reviewer: Nefyn Williams

Reviewer’s report:

General Comments

This is an important research question. Falls are common and a frequent reason for ED consultation. The protocol is well written and follows SPIRIT guidance. However, there are gaps:

Lack of attention to primary and community care

My main criticism is the lack of attention to primary and community care, which is so important for this vulnerable patient group. It is very telling that there have been no primary care physicians involved in the design of this intervention or study (p.4 design). Primary care is mentioned in passing but only in terms of receiving and acting upon the medication related action plans (MRAP). What happens in usual care in these hospitals? What information is routinely given to primary and community services following discharge home? Is medication review part of usual care? Do all of the participants have a GP? How does the PT assessment and plan link with community services? Are their GPs informed of trial participation? If not, why not?

No mention of carers

Participants’ carers are not mentioned. How many participants live alone? Do they have carers?

Past medical history and context

How many times have participants fallen in the past? Are participants in receipt of social care? What about health inequalities and measures of social deprivation?

Usual care
There is reasonable description of the intervention, but more description of usual care, especially communication with primary, community and social services (see above).

Outcome measurement

This is very narrow and could also include, quality of life, health utility, falls self-efficacy, anxiety and depression. What about the effect of the intervention on patients' carers.

Process evaluation

There is no mention of contextual factors. Fidelity needs to be discussed in the text and not just in the Table. There is no mention of assessing the acceptability of the intervention to participants, their carers, primary care clinicians and intervention deliverers in the ED.

Discussion

Lack of primary care involvement in study design is a weakness and should be acknowledged. Health economics is very important for this type of study, but is not mentioned. Lack of a health economic perspective is a weakness. There is a lack of co-ordination of post-discharge services, which is a weakness.

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