Reviewer’s report

Title: Adapting and Implementing Caring Contacts in a Department of Veterans Affairs Emergency Department: A Pilot Study Protocol

Version: 0 Date: 10 Jul 2019

Reviewer: Sarah Arias

Reviewer's report:

The current study summarizes protocol details from a pilot program aimed at implementing the use of caring contacts in a Veterans Affairs (VA) emergency department (ED). Although this type of intervention has been found to be effective in other non-VA ED settings, it has not been tested in a VA population. The protocol document reads like a summary of a grant application, rather than a walkthrough of the procedures and processes associated with establishing the study protocol. If the goal is to use this document as a means for another researcher to replicate the study protocol, more detail and revision to the document language are needed. In addition, there are several aspects of the SPIRIT checklist that were missing that could help the reader understand why this type of research is needed and how it should be properly carried out. Please see below for specific comments and questions following the review of your manuscript.

General formatting

* There are several grammatical errors throughout the document (e.g., the VA, …and a comprehensive…). A review of the language is needed.

* There are several areas throughout the manuscript where the text is written like a grant application, rather than a summary of the study protocol.

* There is no Ethics and Dissemination section.

Introduction

* When summarizing past findings, use past tense (e.g., line 18-19, …the use of a firearm was more common in rural suicides).

* You introduce the acronym "ED" in the third paragraph, but you already use the term "emergency department" in paragraph #2.
* Using the SPIRIT checklist, the background section is missing discussions of why specific metrics and methods were selected. Although measures like "RE-AIM" are listed, it is unclear why certain measures were included over others.

Method
* The guidelines indicate that the interventions should be described in enough detail to allow for replication. However, there are several areas that could use more specific information (e.g., VA provider will send messages - which provider - nurse? doctor? therapist?).
* You mention protocols that have been developed to organize patient replies to CCs. More details on the protocols would be helpful to provide context for actual steps that will be taken.
* You mention the make up of the Advisor Board, but there is no information on what information will be gathered from this Board. Specifics on interview questions or advisory tasks would help provide some additional context on why this Board is important for the study.
* You briefly mention intervention fidelity. Will there be an ongoing review of intervention fidelity? If low fidelity is detected, will specific steps be taken to improve fidelity? It is unclear how this information will be used throughout the study.
* What is the timeline for enrollment, interventions, assessments?
* Is there a "treatment as usual" or "control" group for comparison?
* What is the anticipated sample size? Although you say it will not be large enough to detect a meaningful difference, it is unclear how many individuals will be recruited for the planning activities? Pilot? Key informant interviews?
* Are there any specifics on were data will be stored (e.g., REDCap)?

Analyses
* What types of quantitative data will be analyzed?
* How will missing data be handled?

Authors' contributions
* It looks like the authors' names for this section are placeholders (e.g., X, Y, Z). Is this correct?
Level of interest
Please indicate how interesting you found the manuscript:

An article of importance in its field

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

Needs some language corrections before being published

Declaration of competing interests
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