Reviewer’s report

Title: Implementation of a Multidisciplinary Discharge Videoconference for Children with Medical Complexity: A Pilot Study

Version: 1 Date: 08 Jan 2020

Reviewer: Jody Lin

Reviewer's report:

The authors have done a great job integrating feedback and the manuscript is much improved. Particularly, the addition of a new paragraph about adoption and Table 1 are much appreciated and could be very informative for both clinicians and researchers interested in videoconferencing for discharge. Some minor recommendations below.

Methods:

Page 5 lines 106-108: If I missed this section, I apologize, but it seems that the authors still do not explicitly state that videoconference as a mode of communication is the only difference between usual care and the intervention, although this is stated in their response to reviewers. For those interested in replicating this study, these details will be extremely helpful to ensure intervention fidelity. I would recommend explicitly stating that the only difference between usual care discharge planning and the intervention was that one was (I presume) via phone and faxed discharge summary? and the other was via videoconference +/- faxed discharge summary. And that the covered topics for either scenario are those in the nationally recognized framework, if this is the case. I would also recommend moving details about the intervention to the "study design" section rather than procedures.

Results:

Lines 139-140: It could be helpful to state how frequently the hospitalists who received the email surveys responded to them. Although not crucial, this would give the audience an idea of how acceptable this mode is for identifying appropriate patients for videoconferencing.

Discussion:

Line 235: It may help the reader to have a ":" after "including."
To save on word count, there are additional places were children with medical complexity could be abbreviated to CMC.

Lines 272-278: Not every reader will know the "H2O" study. It may be more meaningful to summarize what the study did rather than use the name of the study group and include any observations they had about your implementation outcomes. i.e. "A large pediatric RCT evaluating the impact of post-discharge phone calls found..." Then you could state, "In our study we used pre-discharge communication that included the PCP and utilized videoconferencing, which we found...."

The addition of Table 1 definitely adds to the paper. Good job.

Table 4: Make the quotes not left aligned rather than centered. Rather than having to state PCP/Caregiver above each column, consider just labeling the entire column "Caregiver" and "PCP" and be consistent with which is in the left column and which in the right.

Figure 2. CONSORT: change "screened" to "screening" to be consistent with the other labels.

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