PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Identifying Intensive Care Unit Discharge Planning Tools: Protocol for a Scoping Review
AUTHORS	Stelfox, Henry; Perrier, Laure; Straus, Sharon; Ghali, William; Zygun, David; Boiteau, Paul; Zuege, Danny

VERSION 1 - REVIEW

REVIEWER	Doug Elliott Professor of Nursing Faculty of Health University of Technology, Sydney
REVIEW RETURNED	21-Feb-2013

RESULTS & CONCLUSIONS	No results presented for this scoping review protocol
GENERAL COMMENTS	page 4 / paragraph 2: deaths reported here; any similar data on morbidity & / or increases on LOS? p. 7 / paragraph 1: consider identifying 'ICU tranfer anxiety' as concept within the literature; other more recent references? p.8 / para 2: consider idenitifying 'culture' as the 4th domain of healthcare quality; see for example Pronovost Clin Chest Med 2009; 30:169-79

REVIEWER	Hannah Wunsch Herbert Irving Assistant Professor of Anesthesiology & Epidemiology Columbia University USA I have no competing interests
REVIEW RETURNED	25-Feb-2013

THE STUDY	The Specific Aims are focused on identifying tools, and assessing the tools' relevance, barriers etc. associated with implementation. These are all extremely important. Actual outcomes (such as adverse events) are then mentioned repeatedly elsewhere in the manuscript as something that will be measured as well when available. I would suggest either having an explicit aim that is about summarizing the outcomes data (right now it's buried somewhere between Aims 1 and 2), or perhaps removing this as it's not clear how these data will be summarized. You also might consider separating "ICU discharge planning tools" more clearly into tools that are about decision-making regarding readiness for discharge and tools that are to facilitate the actual

	transfer process. Right now these are lumped together as a concept and I think they are distinctly different concerns (although both are nicely incorporated into your conceptual model).
GENERAL COMMENTS	This is an important, and very under-researched area of critical care. I think this research agenda will provide much needed information. One issue that came up in reviewing your protocol was the question of discharge to stepdown beds versus ward beds. I think you intend to avoid any distinction between the two. However, it might help to discuss this issue. For example, decision-aids to help decide whether someone is ready for discharge to a general ward may actually not be applicable for patients where there is a separate stepdown unit.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1:

1. page 4 / paragraph 2: deaths reported here; any similar data on morbidity & / or increases on LOS?
We have revised the manuscript to provide the additional information requested (p. 4 lines, 71-75).

2. p. 7 / paragraph 1: consider identifying 'ICU transfer anxiety' as concept within the literature; other more recent references?

Thank you. We have revised the manuscript as requested (p. 7, lines 135-136).

3. p.8 / para 2: consider identifying 'culture' as the 4th domain of healthcare quality; see for example Pronovost Clin Chest Med 2009; 30:169-79
We agree with the Reviewer that organizational culture can have an important influence on healthcare quality. However, we believe that it is better captured during data abstraction rather than incorporated into our conceptual model (p. 13, lines 269-270).

Reviewer 2:

Thank you. We really appreciate your supportive comments.

1. Actual outcomes (such as adverse events) are then mentioned repeatedly elsewhere in the manuscript as something that will be measured as well when available. I would suggest either having an explicit aim that is about summarizing the outcomes data (right now it's buried somewhere between Aims 1 and 2), or perhaps removing this as it's not clear how these data will be summarized.

Thank you for your suggestion. We have revised the manuscript to clarify that outcomes of care will be collected and analyzed as part of the evaluation of the evidence base in support of tools (p. 10, lines 197-198; p. 11, lines 223-226; p. 13, lines 267-268).

2. You also might consider separating "ICU discharge planning tools" more clearly into tools that are about decision-making regarding readiness for discharge and tools that are to facilitate the actual transfer process. Right now these are lumped together as a concept and I think they are distinctly different concerns (although both are nicely incorporated into your conceptual model).

We agree with the Reviewer's suggestion. We have revised the manuscript to clarify that we will classify the purpose of the tools identified (p.13, line 264; 266).

3. This is an important, and very under-researched area of critical care. I think this research agenda will provide much needed information. One issue that came up in reviewing your protocol was the question of discharge to stepdown beds versus ward beds. I think you intend to avoid any distinction between the two. However, it might help to discuss this issue. For example, decision-aids to help decide whether someone is ready for discharge to a general ward may actually not be applicable for patients where there is a separate stepdown unit.

We have revised the manuscript as requested (p.10-11, lines 216-219; p. 11, lines 222-223).