

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Elucidating the Information Exchange during Inter-facility Care Transitions: Insights from a Qualitative Study
AUTHORS	Jeffer, Lianne; Saragosa, Marianne; Law, Madelyn; Kuluski, Kerry; Espin, Sherry; Merkle, Jane; Bell, Chaim

VERSION 1 - REVIEW

REVIEWER	Robert S. Rudin RAND Corporation
REVIEW RETURNED	03-Feb-2017

GENERAL COMMENTS	Well done. Only a few minor comments for your consideration: Pg 7 In 7 typo on "toke" Pg 8 In 41 "A line or two to describe directed content analysis" I assume you meant to actually write that line. Pls do so. Pg 10 I think "no clue" should be in quotes. Up to editor Ph 15 In 8 typo Pg 17 Maybe expand a little on the discharge tool, how your findings might help inform its adaption to this new setting, why this setting might be different in some ways.
-------------------------	---

REVIEWER	Tony Ryan University of Sheffield UK
REVIEW RETURNED	05-May-2017

GENERAL COMMENTS	This is an interesting paper addressing an increasingly important area of professional practice and institutional performance. I think that the paper has some potential. The methods are well presented and relevant literature included. The presentation of the work is poor at times and I have included below a list of recommended changes and points for clarification. My main concerns are outlined below: 1) The authors have missed an opportunity here to conduct a further level of analysis via extended interpretation of the data. This may be as a result of the use of content analysis, but I found the level of presentation to be highly descriptive as opposed to analytical. The authors have a choice. They could go back to the data, which appears to be very rich, and begin to explore some of the sub-categories they describe to further elucidate the findings sections. There were also quite a large number of professionals who were interviewed and we see very little of the data collected- is there more to say about their perspective? Or they could use the discussion to conduct a further level of analysis. As it stands the discussion is descriptive and a repetition of the opening sections of the paper. For me there is much here to be said about systems, the quality of
-------------------------	---

relationships between patients and professionals, health care policies and through-put as well as cultures of care. The work does little to address the really important issues. Sadly the data presented here is under-utilised to inform the readership of BMJ online.

Minor points:

- 1) two patients were excluded on the basis of not eligible- on what grounds?
- 2) One patient excluded on the basis of cognitive deficit- how was this determined?
- 3) There is not need to include percentages in the text when dealing with qualitative samples.
- 4) The interview guide should be presented
- 5) Some of the participant data could be presented in a table.
- 6) Provide numbers of participants who were interviewed face to face, it is not good enough to say 'quite a few'.

Here are my recommendations regarding typo and grammatical errors:

Typo p2 line 14 'structured' rather than 'structures'

Page 2 line 19 'Patients' 'patient'

Page 2 line 26 – remove 'downtown' too parochial

Page 2 line 38 remove s from 'transitions'?

Page 2 amend: 'Several health care professionals described withholding sharing the plan until they themselves knew where the patient was going to and what would be happening next.' To: 'Several health care professionals described withholding information within the plan until they themselves were clear about transition outcomes'.

Page 2 amend: 'This study highlights the need for further efforts to ensure effective information exchanges are occurring with patients and their caregivers as they transition from acute care hospital to rehabilitation settings' to: 'This study highlights the need to increase efforts to ensure effective information exchanges occur during transition from acute care hospital to rehabilitation settings.'

Page 4 amend 'Underpinning these threats often is deficits in communication and inadequacies in exchange of information around discharge home from hospital[1, 6] or transfer to another health care facility' to: 'Deficits in communication and the inadequate exchange of information around discharge home from hospital[1, 6] or transfer to another health care facility underpin such threats'.

Page 4 line 25 apostrophe missing from 'patient's'- this sentence is also too long.

Page 5 line 6 insert 'the literature on'

Page 5 line 13 'hospitals'

Page 5 line 44 insert 'existing'

Page 6 line 6 remove 'downtown'

Page 6 lines 34, 43 insert 'with'

Remove 'Health professionals were recruited from the participating units by the research coordinator. For those who agreed, the research coordinator provided an overview of the study and then obtained consent from willing participants.' As this information is provided later in text.

Page 7 line 1 amend 'Most interviews conducted were' to 'Most interviews were conducted'

Page 8 line 11 'to' rather than 'from'

Page 8 line 20 not sure what is meant by 'Health care professions were interviewed at one time.' Please clarify.

Page 8 line 44 remove: 'A line or two to describe directed content analysis.'

Page 10 opening section of initial theme is poorly written- amend.

	<p>Page 10 line 44 'what was going on' change to 'unaware of the detail of the transition plan'</p> <p>Page 10 line 53 – '(referred to as envelope, paper and list by participants) ' I do not understand what this means?</p> <p>Page 10 line 56 remove 'A few'</p> <p>Page 11 line 3 remove 'either'</p> <p>Page 11 line 47 remove 'who was a patient'</p> <p>Page 11 line 52 remove 'A few'</p> <p>Page 11 line 52 remove 'sharing' replace with 'details of'</p> <p>Page 12 line 47 remove 'who was a patient'</p> <p>Consistency in subheading formatting- sometimes in bold other times they are not.</p> <p>Page 12 line 38 'Experiences of being informed of the care transitions plan mainly were passive in nature in that health care professionals told or notified and explained the plan to patients and/or their caregivers.' This is not clear, please amend – do you mean that there was little opportunity for discussion or exchange? If so please clarify.</p> <p>Page 14 line 3 remove 'that' replace with 'whom'</p> <p>Page 14 line 6 insert 'when attempting to absorb'</p> <p>Page 14 line 8 insert 'in'</p> <p>Page 14 line 13 insert 'was compromised'</p> <p>Page 14 line 20 'professionals'</p> <p>Page 14 line 25 remove 'A'</p> <p>Page 15 line 29 commas missing</p> <p>Page 15 line 34 remove (2013)</p> <p>Page 16 line 6 replace 'needed' with 'required'</p> <p>Page 16 line 13 replace 'and no' – 'with little'</p> <p>Page 16 line 30 remove 'elderly' replace with 'older' (elderly is regarded as a derogatory term among older populations).</p>
--	---

VERSION 1 – AUTHOR RESPONSE

Many thanks to the two reviewers and editors for their complimentary and thoughtful comments provided on our manuscript. We have put together the following response table and made the corresponding changes to the manuscript.

Methods

Two patients were excluded on the basis of not eligible- on what grounds? One patient excluded on the basis of cognitive deficit- how was this determined? (Reviewer 2) The two patients were deemed ineligible as they did not meet the study criteria as one was transferred to another unit not part of the study and the other had cognitive impairment which is described in the article.

Two were screened and found to be ineligible with one patient subsequently transferred to a non-rehabilitation unit and the other presented with cognitive deficits.

To address the reviewer's comment around who determined the cognitive deficit the following has been added.

Cognitive deficit was determined based on recent cognitive testing as reported in the patient's chart.

There is not need to include percentages in the text when dealing with qualitative samples. (Reviewer 2)

To address the reviewer's comment the percentages have been removed.

Some of the participant data could be presented in a table. (Reviewer 2)

To address the reviewer's comment a table has been created.

Provide numbers of participants who were interviewed face to face, it is not good enough to say 'quite a few'. (Reviewer 2)

To address the reviewer's comment the following has been added...for three caregivers a total of four interviews (one caregiver was interviewed twice) took place over the phone for convenience.

The interview guide should be presented (Reviewer 2)/Please note that if a questionnaire, survey or interview guide has been developed for the study, an English language version should be uploaded as a supplementary file and the text modified accordingly to indicate this so that the full content of your article can be evaluated. If the questionnaire used is standard, or has previously been published elsewhere, please provide the references or links to it. (Editor)

To address the reviewer's comment the interview guides have been added as supplementary files and referred to in the text.

Ethics

Thank you for confirming that the study was ethically approved by all participating institutions. Please move this information to the end of the manuscript, after the Conclusions to a section called 'Ethics approval'. Please confirm whether informed consent was obtained for all participants and clearly state this in the 'Ethics approval' section in your manuscript. If the need for consent was waived by an IRB or is deemed unnecessary according to national regulations, please clearly state this, including the name of the IRB or a reference to the relevant legislation. (Please ensure you provide the full name and affiliation of the ethics committees in the two acute care hospitals and the rehabilitation hospital that granted approval. (Editor)

To address the editor's comments the content around ethics approval has been moved and additional information is included accordingly.

Findings

The authors have missed an opportunity here to conduct a further level of analysis via extended interpretation of the data. This may be as a result of the use of content analysis, but I found the level of presentation to be highly descriptive as opposed to analytical. The authors have a choice. They could go back to the data, which appears to be very rich, and begin to explore some of the sub-categories they describe to further elucidate the findings sections. (Reviewer 2)

With the edits made to the findings section, there is a rich description of the themes and sub categories defined.

There were also quite a large number of professionals who were interviewed and we see very little of the data collected- is there more to say about their perspective? (Reviewer 2) Each theme includes a description and narrative excerpts from health care professionals and their perspective is incorporated into the findings section.

Page 12 line 38 'Experiences of being informed of the care transitions plan mainly were passive in nature in that health care professionals told or notified and explained the plan to patients and/or their caregivers.' This is not clear, please amend – do you mean that there was little opportunity for discussion or exchange? If so please clarify. (Reviewer 2)

To address the reviewer's comment, the following narrative has been added.

Experiences of being informed of the care transitions plan mainly were one-direction in nature in that health care professionals told and explained the plan to patients and/or their caregivers, but did not engage in an interactive dialogue.

Discussion

Pg 17 Maybe expand a little on the discharge tool, how your findings might help inform its adaption to this new setting, why this setting might be different in some ways. (Reviewer 1)

To address the reviewer's comment further elaboration has been provided in the revised manuscript.

Or they could use the discussion to conduct a further level of analysis. As it stands the discussion is descriptive and a repetition of the opening sections of the paper. (Reviewer 2) For me there is much here to be said about systems, the quality of relationships between patients and professionals, health care policies and through-put as well as cultures of care. The work does little to address the really important issues. Sadly the data presented here is under-utilised to inform the readership of BMJ online. (Reviewer 2)

To address the reviewer's comments the discussion has been revised to focus more on the interpretation (vs description) of the themes and how they compare/contrast to the evolving literature base and what further insights emerged.

Strengths and limitations. Thank you for including this section. We feel that the first point provided refers to the results and conclusions obtained rather than enumerating any strengths or limitations in the methodology used. Please remove this first point provided, leaving points two and three in this section. (Editor)

To address the editor's comment, the first sentence has been deleted.

Editorial

Typo p2 line 14 'structured' rather than 'structures' (Reviewer 2)

Page 2 line 19 'Patients' 'patient' (Reviewer 2)

Page 2 line 26 – remove 'downtown' too parochial (Reviewer 2)

Page 2 line 38 remove s from 'transitions'? (Reviewer 2)

Page 2 amend: 'Several health care professionals described withholding sharing the plan until they themselves knew where the patient was going to and what would be happening next.' To: 'Several health care professionals described withholding information within the plan until they themselves were clear about transition outcomes'. (Reviewer 2)

Page 2 amend: 'This study highlights the need for further efforts to ensure effective information exchanges are occurring with patients and their caregivers as they transition from acute care hospital to rehabilitation settings' to: 'This study highlights the need to increase efforts to ensure effective information exchanges occur during transition from acute care hospital to rehabilitation settings.' (Reviewer 2)

Page 4 amend 'Underpinning these threats often is deficits in communication and inadequacies in exchange of information around discharge home from hospital[1, 6] or transfer to another health care facility' to: 'Deficits in communication and the inadequate exchange of information around discharge home from hospital[1, 6] or transfer to another health care facility underpin such threats'. (Reviewer 2)

Page 4 line 25 apostrophe missing from 'patient's'- this sentence is also too long. (Reviewer 2)

Page 5 line 6 insert 'the literature on' (Reviewer 2)

Page 5 line 13 'hospitals' (Reviewer 2)

Page 5 line 44 insert 'existing' (Reviewer 2)

Page 6 line 6 remove 'downtown' (Reviewer 2)

Page 6 lines 34, 43 insert 'with'

Remove 'Health professionals were recruited from the participating units by the research coordinator. For those who agreed, the research coordinator provided an overview of the study and then obtained consent from willing participants.' As this information is provided later in text. (Reviewer 2)

Page 7 line 1 amend 'Most interviews conducted were' to 'Most interviews were conducted' (Reviewer 2)

Pg 7 In 7 typo on "toke" (Reviewer 1)

Page 8 line 11 'to' rather than 'from' (Reviewer 2)

Page 8 line 20 not sure what is meant by 'Health care professions were interviewed at one time.' Please clarify. (Reviewer 2)

Pg 8 In 41 "A line or two to describe directed content analysis" I assume you meant to actually write that line. Pls do so. (Reviewer 1)/ Page 8 line 44 remove: 'A line or two to describe directed content analysis.' (Reviewer 2)

Page 10 opening section of initial theme is poorly written- amend. (Reviewer 2)

Pg 10 I think "no clue" should be in quotes. Up to editor (Reviewer 1)

Page 10 line 44 'what was going on' change to 'unaware of the detail of the transition plan' (Reviewer 2)

Page 10 line 53 – '(referred to as envelope, paper and list by participants)' I do not understand what this means? (Reviewer 2)

Page 10 line 56 remove 'A few' (Reviewer 2)

Page 11 line 3 remove 'either' (Reviewer 2)

Page 11 line 47 remove 'who was a patient' (Reviewer 2)

Page 11 line 52 remove 'A few' (Reviewer 2)

Page 11 line 52 remove 'sharing' replace with 'details of' (Reviewer 2)

Page 12 line 47 remove 'who was a patient' (Reviewer 2)

Page 14 line 3 remove 'that' replace with 'whom' (Reviewer 2)

Page 14 line 6 insert 'when attempting to absorb' (Reviewer 2)

Page 14 line 8 insert 'in' (Reviewer 2)

Page 14 line 13 insert 'was compromised' (Reviewer 2)

Page 14 line 20 'professionals' (Reviewer 2)

Page 14 line 25 remove 'A' (Reviewer 2)

Page 15 line 29 commas missing (Reviewer 2)

Page 15 line 34 remove (2013) (Reviewer 2)

Ph 15 In 8 typo (Reviewer 1)

Page 16 line 6 replace 'needed' with 'required' (Reviewer 2)

Page 16 line 13 replace 'and no' – 'with little' (Reviewer 2)

Page 16 line 30 remove 'elderly' replace with 'older' (elderly is regarded as a derogatory term among older populations). (Reviewer 2) To address the reviewers and editor's comments, the edits have been made in the revised manuscript.

Formatting

Consistency in subheading formatting- sometimes in bold other times they are not. (Reviewer 2) To address the reviewer's comment, all headings and sub headings are bolded.

VERSION 2 – REVIEW

REVIEWER	Tony Ryan University of Sheffield, UK
REVIEW RETURNED	23-May-2017

GENERAL COMMENTS	I am satisfied that all previous recommendations have been addressed.
-------------------------	---