PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	HOspitals and patients WoRking in Unity (HOW R U?): telephone peer support to improve older patients' quality of life after emergency department discharge in Melbourne, Australia – a multicentre prospective feasibility study
AUTHORS	Lowthian, Judy; Lennox, Alyse; Curtis, Andrea; Wilson, Gillian; Rosewarne, Cate; Smit, De Villiers; O'Brien, Debra; Browning, Colette; Boyd, Lee; Smith, Cathie; Cameron, Peter; Dale, Jeremy

VERSION 1 – REVIEW

REVIEWER	Christine Soong University of Toronto, Canada
REVIEW RETURNED	16-Nov-2017

GENERAL COMMENTS	This paper aims to describe the feasibility and acceptability of the "HOW R U?" program through a prospective mixed methods feasibility study. The program provides telephone support by volunteers to patients at risk of depression and loneliness through. The authors conducted qualitative interviews with patients and focus groups with volunteers as well as administered validated tools to assess for social isolation, loneliness and depression. This study is of interest and propose a novel intervention to support older adults who present to the ED. One major issue are the Methods and Results sections. The methods section describe a mixed-methods study with analysis of interviews, retention rates, etc; however, these results are under-reported. It is unclear how the interviews and focus groups were conducted and how the data analyzed. Re: results: There is no table 1 to describe participant demographics and characteristics. The qualitative result section was a list of selected quotes rather than an appropriate analysis of qualitative data. Regarding fidelity of the intervention, no data is provided, thus making it difficult to understand how well this intervention was delivered. What other outcomes were measured to determine feasibility (i.e., how were the calls conducted: number of calls and frequency of calls by volunteers, how much time was spent per call, what was the adherence to "risk management procedures", etc). The paper would be greatly improved if the authors can provide data with robust analyses that reflect the reported methodology. Indeed, it would seem as though the information is available, and just needs to

	be appropriately analyzed and presented.

REVIEWER	Dr. Rose McCloskey University of New Brunswick , Saint John New Brunswick, Canada
REVIEW RETURNED	26-Nov-2017

GENERAL COMMENTS	BMJOPEN-2017-020321 November 26, 2017 Thank you for the opportunity to review manuscript BMJOPEN-2017-020321. This is a very interesting and timely study that reports on an intervention that can have a significant impact on health care service delivery, utilization and the health and well-being of older adults. **GENERAL FEEDBACK**: I believe interest in this paper will be great interest to clinicians, academics and policymakers. Overall the paper is well written and organized. However there are sections in the paper that lack specificity which make it difficult to follow. Moreover, it is unclear if the paper presented is intended to follow the attached protocol verbatim or if the protocol was only used as a guide for the manuscript submitted. **SPECIFIC FEEDBACK:** 1. It appears from the manuscript that the purpose is to determine the feasibility and acceptability of the HOW R U intervention. In reviewing the manuscript it appears the willingness of older adults and volunteers to participate and continue to use the service were the primary determinants of feasibility and acceptability; however in reviewing the attached protocol, it appears ED usage is the main outcome of interest. If this pilot was only done to determine interest and willingness…this needs to be clearly stated within the manuscript AND how the attached protocol informs the study needs to be clearly outlined. 2. Within the methods section of the manuscript the names of the specific hospitals where the study was conducted are identified. To protect anonymity, I believe it would be more approach to identify the general geographical location of the hospitals. 3. The setting is identified as two emergency departments, however the protocols discuss in-patient units. This raises questions about where/how participants were recruited. Were only ED patients recruited or people who were

	admitted to hospital thought the ED? If the latter, additional questions about differentiating legitimate hospital re-admissions from those directly related to social isolation need to be considered. 4. How did the nursing staff "screen" for feeling of social isolation, loneliness and depression? Did every patient get screened or was it a convenience sample based on where the research staff was present? Did this take place the ED? 5. Additional detail under data collection is required. For example, what study records do the authors refer to on page 7 line 13? Does this refer to the 6 standardized instruments listed in 13.1 of the protocol? If so, this should be clearly sated with the reader directed to this section of the protocol. 6. Given this is a feasibility study to determine if a larger study is warranted, it would be helpful to know what, if any changes would be recommended for the larger study. For example, the protocol stated recruitment would be 4.5 hours Monday to Saturday – did any of these days result in more potential participants which would warrant additional time for recruitment (or fewer participants and less time for recruitment). Etc etc. Overall, very interesting. I think some connection between the protocol and manuscript is warranted to allow the reader to understand more specifics about the study.

VERSION 1 – AUTHOR RESPONSE

HOspitals and patients WoRking in Unity (HOW R U?): telephone peer support to improve older patients' quality of life after emergency department discharge in Melbourne, Australia – a multicentre prospective mixed methods feasibility study

Editor Comments	Author Responses
1. Please include the study design and setting/country in the title.	1. The title has been amended accordingly.
2. Please discuss the limitations of the study in the discussion section.	2. The limitations are now incorporated in the opening paragraph of the Discussion.
Reviewer 1 Comments	**Author Responses**
1. The methods section describe a mixed-methods study with analysis of interviews, retention rates, etc; however, these results are under-reported. It is unclear how the interviews and focus groups were conducted and how the data analyzed.	1. The Methods and Results sections have been amended in response to the Reviewer comments. Please note that the volunteer focus groups are the focus of a separate manuscript.
2. Re: results: There is no table 1 to describe participant demographics and characteristics. The qualitative result	2. Baseline participant demographic characteristics have been added as Table 1. The patient experience interview focussed on whether the

section was a list of selected quotes rather than an appropriate analysis of qualitative data.	HOW R U? program met participants' expectations, including the level of support and understanding provided by volunteer-peers. It also explored participants' perceptions of the frequency and length of the calls, as well as their satisfaction with the overall experience. Further analysis of the qualitative data has now been provided.
3. Regarding fidelity of the intervention, no data is provided, thus making it difficult to understand how well this intervention was delivered. What other outcomes were measured to determine feasibility (i.e., how were the calls conducted: number of calls and frequency of calls by volunteers, how much time was spent per call, what was the adherence to "risk management procedures", etc).	3. Data supporting feasibility and intervention fidelity have now been added to the Results section.
4. The paper would be greatly improved if the authors can provide data with robust analyses that reflect the reported methodology. Indeed, it would seem as though the information is available, and just needs to be appropriately analyzed and presented.	4. The patient experience interview focussed on whether the HOW R U? program met participants' expectations, including the level of support and understanding provided by volunteer-peers. It also explored participants' perceptions of the frequency and length of the calls, as well as their satisfaction with the overall experience. An analysis of the qualitative data has now been provided.

Reviewer 2 Comments	Author Responses
1. I believe interest in this paper will be great interest to clinicians, academics and policymakers. Overall the paper is well written and organized. However there are sections in the paper that lack specificity which make it difficult to follow. Moreover, it is unclear if the paper presented is intended to follow the attached protocol verbatim or if the protocol was only used as a guide for the manuscript submitted.	1. The attached protocol was developed as a guide for this pragmatic feasibility study. The current manuscript follows the protocol paper published in BMJ Open: http://bmjopen.bmj.com/content/6/12/e013179
2. It appears from the manuscript that the purpose is to determine the feasibility and acceptability of the HOW R U intervention. In reviewing the manuscript it appears the willingness of older adults and volunteers to participate and continue to use the service were the primary determinants of feasibility and acceptability; however in reviewing the attached protocol, it appears ED usage is the main outcome of interest.	2. The overarching hypothesis is that HOW R U? will help reduce symptoms of social isolation, loneliness and depressive feelings; which might, over time, reduce the rate of return ED visits and hospitalisation. The purpose of the current study was to test acceptability and feasibility; and also inform the design and conduct of a future RCT and program evaluation. The future RCT could then measure the effect on ED usage. The aims reflect what the current study set out to do. The primary outcomes were feasibility and acceptability; and secondary outcomes included any measurable changes in levels of perceived social isolation, loneliness, depressive symptoms and quality of life. The text has been amended in the Data Collection section to reflect this.

3. Within the methods section of the manuscript the names of the specific hospitals where the study was conducted are identified. To protect anonymity, I believe it would be more approach to identify the general geographical location of the hospitals.	3. The specific study sites are identified in the manuscript in accordance with each hospital's consent and wishes. Both hospitals were identified in the protocol paper published previously. http://bmjopen.bmj.com/content/6/12/e013179
4. The setting is identified as two emergency departments, however the protocols discuss in-patient units. This raises questions about where/how participants were recruited. Were only ED patients recruited or people who were admitted to hospital thought the ED? If the latter, additional questions about differentiating legitimate hospital re-admissions from those directly related to social isolation need to be considered.	4. To be included, patients had to arrive via the ED, and be discharged home within 72 hours. This meant that some patients were admitted briefly to the ED short-stay unit or acute medical ward to assist with clinical decision making prior to discharge. The text in the Methods (Design, setting and participants) has been amended to reflect this.
5. How did the nursing staff "screen" for feeling of social isolation, loneliness and depression? Did every patient get screened or was it a convenience sample based on where the research staff was present? Did this take place the ED?	5. ED nurses were employed to recruit patients for this study. Due to funding constraints, the nurses were employed for half-day shifts on weekdays only. At the time of recruitment, they screened eligible patients during those 4.5 hours shifts, using the Social Isolation Index, 3-tem Loneliness Scale and Geriatric Depression Scale – 5 item, as described.
6. Additional detail under data collection is required. For example, what study records do the authors refer to on page 7 line 13? Does this refer to the 6 standardized instruments listed in 13.1 of the protocol? If so, this should be clearly sated with the reader directed to this section of the protocol.	6. Apologies for any confusion. Details of all the data that were collected were not expanded on in this manuscript, as they are described in the published protocol paper. These data included standardised tools as per the published protocol paper: http://bmjopen.bmj.com/content/6/12/e013179. The text has been amended to direct readers accordingly.
7. Given this is a feasibility study to determine if a larger study is warranted, it would be helpful to know what, if any changes would be recommended for the larger study. For example, the protocol stated recruitment would be 4.5 hours Monday to Saturday – did any of these days result in more potential participants which would warrant additional time for recruitment (or fewer participants and less time for recruitment).	7. This study has determined that the study processes are feasible, and that the HOW R U? intervention is acceptable. The results also suggest that the social support provided by HOW R U? might reduce levels of loneliness, and symptoms of depression in the target cohort. Recruitment was steady on each day of the week throughout the study, with peak times being the mornings and late afternoons/early evenings. The plan is to now determine effectiveness of the intervention in a randomised controlled trial and program evaluation. For the future trial, we propose to expand the recruitment times to 7 days per week from 0700-1200 and from 1500- 2000. Due to the high rates of hospital admissions greater than 72 hours at the private hospital, another public hospital ED will be recruited, to target older patients who are more likely to be discharged home within the 72 hours.
7. Overall, very interesting. I think some connection between the protocol and manuscript is warranted to allow the reader to understand more specifics about the study.	8. We have amended this manuscript, with more direct reference to the published protocol paper in BMJ Open, to clarify any confusion.

VERSION 2 – REVIEW

REVIEWER	Christine Soong University of Toronto, Canada
REVIEW RETURNED	16-Mar-2018

GENERAL COMMENTS	- Please provide questions used in the 39 patient experience interviews - Under results "intervention acceptability and fidelity" specify "average" number of calls as either mean, median, etc

VERSION 2 – AUTHOR RESPONSE

Reviewer Comment	Author Response
1. Please provide questions used in the 39 patient experience interviews	1. The HOW R U? patient experience interview questions have been added as an Appendix. Readers are directed to the Appendix in the manuscript in the Data Analysis section.
2. Under results "intervention acceptability and fidelity" specify "average" number of calls as either mean, median, etc	2. The sentence has been amended as follows: 'The mean number of telephone calls per participant was 7.73 calls (standard deviation, SD 2.71), with a mean call length of 23.97 minutes (SD 13.39).'