

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Patient Experiences using a Novel Tool to Improve Care Transitions in Patients with Heart Failure: A Qualitative analysis.
AUTHORS	Schofield, Toni; Bhatia, R. Sacha; Yin, Cindy; Hahn-Goldberg, Shoshana; Okrainec, K

VERSION 1 - REVIEW

REVIEWER	Dr Natasha Kate Hardicre Yorkshire Quality and Safety Research Group, Bradford Institute for Health Research, Bradford Teaching Hospitals NHS Foundation Trust, UK
REVIEW RETURNED	05-Nov-2018

GENERAL COMMENTS	<p>Overall, I feel that this is a well-written paper, describing informative research findings in an interesting topic area. I have a few suggestions for improvements:</p> <ol style="list-style-type: none">1. The first sentence of the introduction is weak (page 3, lines 10-11). I suggest removing the sentence, as sentences 11-14 provide more clarity about the reason for the study.2. Paragraph two within the introduction lacks clarity, in my opinion. The paragraph talks about experiences/risks at transitions of care, and also guidelines - but it's not immediately apparent how these are connected. The final sentence of the paragraph (page 3, starting 'The' in line 29-33) is very long and remains unclear. Suggest something like: 'Government incentives to reduce length of stay and readmissions, and to improve follow-up care, have formed part of a health system funding reform. Such incentives, alongside research studies, have led to the development of patient-centered discharge tools that are designed with patients and care-givers [to do what...]'.3. There is an inconsistent use of hyphens throughout the paper (especially patient-centered, post-discharge, post-intervention). Please change to ensure consistency of hyphenated words throughout.4. Please reword the beginning of line 8 on page 5. It reads as if you conducted 72 one hour interviews, or the interviews are 72 hours long!5. Please reword the sentence starting 'Patients admitted experiencing difficulties...' (page 7, lines 19-22). It doesn't currently make a lot of sense.6. Page 8, lines 9-11 would benefit from additional detail, moving to a different bit of the paragraph, or removing. It seems incongruous in its current position.7. At some points in the manuscript, better comma and semi-colon use would contribute to the readability of the paragraph. For example, page 8, lines 40-43 - use semi-colons to separate the
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	<p>items in the list because some of the items contain commas (e.g. '...by helping obtain, dispense and supervise medications; helping to prepare salt-restricted meals; coaching; and reassurance, as ...').</p> <p>Both paragraphs within 'Theme 5. Relationship with Healthcare Providers' would benefit from changes in comma and semi-colon use; these paragraphs lacks clarity.</p> <p>8. Please reword lines 11-12 on page 10. I'm not quite sure what you're trying to say here.</p> <p>9. Consider switching the final two sentences of the Conclusion. I think both points are valid, but the sentence about PODS-HF having the potential to facilitate patients to make changes is much more impactful and, in my reading of the paper, is the take-home message of the manuscript.</p>
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REVIEWER	Lorenza Garrino Università degli Studi di Torino Italy Dipartimento di Scienze della Sanità Pubblica e Pediatriche
REVIEW RETURNED	26-Nov-2018

GENERAL COMMENTS	<p>The paper presents significant flaws. The main problem of this paper is the lack of a sound methodology for qualitative inquiry. Author(s) reported that they used a grounded theory, and, in particular, the reported they had used grounded theory for analyses. Despite this, the results presented an approach and thematization not coherent with grounded theory. Moreover, grounded theory is not an analysis method but a methodology for conducting qualitative research an example of qualitative analysis often used in grounded theory is the constant comparative method.</p> <p>Moreover, the methodology used is not consistent with the philosophical perspective of grounded theory.</p> <p>In general, the methods section did not provide sufficient information for qualitative research. The study population is commonly reported in the methods section. There are several sampling issues the main are: who are the researchers and how they have influenced the sampling and analysis process? Why were people with HF recruited at 72hs or 30 days? Is it the same sample? Stratifying for the time of response could be useful. Lastly, there are some questions typically not presented in qualitative research (e.g. scaling question).</p>
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REVIEWER	Dr Kenneth O Anujoo (PhD) Amsterdam UMC Universitair Medische Centra, Netherlands
REVIEW RETURNED	23-Jan-2019

GENERAL COMMENTS	<p>Comments to the authors</p> <p>Major comments</p> <p>This manuscript titled "Patient experiences using a novel tool to improve care transitions in patients with heart failure: the patient oriented discharge summary (PODS-HF)" discussed the utility of a new tool (PODS-HF) designed to assess compliance and adherence to discharge instructions among heart failure patients. The study is relevant considering the increased number of heart failure cases admitted and readmitted in various hospitals; hence it has the potential to be a reliable tool for monitoring discharged</p>
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	<p>heart failure patients. The following concerns need to be further addressed:</p> <p>The abstract excludes some major information on patients demography and key aspects of methodology</p> <ol style="list-style-type: none"> 1. Page 4, last paragraph... 2. Authors mentioned the use of triple coding of the data by a third investigator to ensure agreement of major themes and subthemes. Does this also indicate absence of bias within themes and between subthemes? Explain. 3. In this manuscript, repeated references were made to the model developed by T. Schofield.....” (under review) hence, this referenced article definitely had a bearing on the development and usability of this tool under which this manuscript was written. What is the current state of the referenced article: is it still under review or published? 4. Highlight the procedures taken to ensure quality check for the design of PODS-HF as an effective tool 5. Patients with migration history/ethnic groups are known to have high prevalence of heart failure. How valid is PODS-HF as a tool to assess compliance and adherence to discharge instruction among heart failure patients with various ethnic backgrounds? <p>Methods:</p> <ol style="list-style-type: none"> 6. It is not clear, if the PODS-HF has been validated 7. For PODS-HF tool to be more attractive and recognised, it should have a wide coverage for both sexes and older people (who are mostly at risk of heart failure). Although authors reported that only educated young males were represented in this study, it was not explained why females and older patients were not part of the study inclusion criteria. 8. Page 4, last paragraph, “grounded theory” was mentioned but not explained. Briefly explain grounded theory, indicating how the core elements of the theory were represented in the study. <p>Result</p> <ol style="list-style-type: none"> 9. In this article, authors reported that telephone interviews were used during follow-up. It may be a good idea to organise a mini-focus group with the caregivers and report on the common experiences of the patients, while using this tool. Integrating the reports of focus group and the telephone calls has the advantage of identifying key relevance aspects of the tool recognized by all/most patients. 10. Authors should not neglect the use of SRQR reporting guidelines, indicating the citation accordingly. 11. Authors should explain the study limitations extensively, including reasons for choice of inclusive criteria. <p>Minor comments</p> <ol style="list-style-type: none"> 1. Page 5, first paragraph: Overall 24 telephone interviews were conducted with 13 patients.... 5 in the pre-intervention group, 9 in the post-intervention group”....does it add up to 13 patients? Examine your data and report accurately. 2. Be consistent with the acronym: PODS-HF versus PODS HF? Post-intervention versus post intervention follow-up versus follow up 3. Ensure correct use of words.... Page 8, paragraph one “often they `had`nt` look over...”; ...”Role of family and caregivers.....” ..none of our patient population received `publically` funded...; “These informal caregivers play..... and adherence by helping `to` obtain....” 4. Page 10, line 27, Though the interviewerfor data collection purposes, `yet` all patients....
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	<p>5. Page 11, line 43, do you mean `prospective` ? incomplete sentence.</p> <p>6. Page 12, line 6, “....as patients transition to `life` at home after hospitalization”</p>
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REVIEWER	Dr Abdullah Al Hamid University of Birmingham, United Kingdom
REVIEW RETURNED	25-Jan-2019

GENERAL COMMENTS	<p>Revision regarding manuscript ID bmjopen-2018-026822 entitled: Patient Experiences using a Novel Tool to Improve Care Transitions in Patients with Heart Failure: The Patient Oriented Discharge Summary (PODS-HF)</p> <p>General comments The topic of the manuscript is very important particularly in the field of patient safety and cardiovascular diseases. The outcomes of the manuscript are clear as well and important in improving the healthcare service. However, the introduction and methods need major improvement. Also, the grammar and language need editing. There is a mixture of US and UK spelling, as well as mixing of tenses. The authors should be more consistent. Highlight further the strength and limitations of the study.</p> <p>Specific comments Abstract Overall the abstract is well-structured and clear; however, the objective rather stated the rationale and did not show the reader what this manuscript is about. It should rather state clearly what the work is about. How many patients and how many caregivers undertook the interviews? What are the inclusion and exclusion criteria?</p> <p>Introduction The introduction should highlight more the background and clarify what other tools are present. It did mention heart failure and the impact on morbidity and mortality worldwide and presented the importance of adopting patient centred approach. However, what are the other tools used? Page 3 states that in-patient and out-patient interventions were used in order to address this issue but these interventions were not reported though they relate directly to the article! What are they? What are the drawbacks related to them? Why is PODS better?</p> <p>Method The method is structured but is full of ambiguities. Ethics were briefly mentioned. What is the ethics number? Were participants made aware they could withdraw from the study? How was their anonymity ensured? SRQR should be referenced. How were patients involved in the design of the study. How were participants recruited? Were they invited? If so, what was the response rate? It is not clear to what extent were the patients and caregivers involved in the design of the PODS? How were the questions interviews designed and validated?</p>
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	<p>How was the decision made whether to use the structured or semi-structured interviews? How many in each category? How was the data stored? What software was used for data analysis?</p> <p>Results Page 6, line 37: Use two instead of 2 Page 6, lines 51-52: Quotation should be on a separate line and needs to be referred from what thread. Page 9, lines 20 -35: Be consistent in reporting quotations as the remaining parts of the paper</p> <p>Discussion Some parts of the discussion clumsily repeated the results section which is worrying. There is no issue with reminding the reader of the results briefly. I would suggest the authors address the discussion in a more concise and precise manner. There needs to be a justification why a qualitative study should be adopted for validating the experience with PODs and not quantitative. Page 10 lines 48-49: How does the study add up to the mentioned literature? What are the other key studies in the field?</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer(s)' Comments to Author:

Reviewer: 1

Reviewer Name: Dr Natasha Kate Hardicre

Institution and Country: Yorkshire Quality and Safety Research Group, Bradford Institute for Health Research, Bradford Teaching Hospitals NHS Foundation Trust, UK

Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below

Overall, I feel that this is a well-written paper, describing informative research findings in an interesting topic area.

We thank the reviewer for this comment.

I have a few suggestions for improvements:

1. The first sentence of the introduction is weak (page 3, lines 10-11). I suggest removing the sentence, as sentences 11-14 provide more clarity about the reason for the study.

We have removed this sentence.

2. Paragraph two within the introduction lacks clarity, in my opinion. The paragraph talks about experiences/risks at transitions of care, and also guidelines - but it's not immediately apparent how these are connected. The final sentence of the paragraph (page 3, starting 'The' in line 29-33) is very long and remains unclear. Suggest something like: 'Government incentives to reduce length of stay and readmissions, and to improve follow-up care, have formed part of a health system funding reform. Such incentives, alongside research studies, have led to the development of patient-centered discharge tools that are designed with patients and care-givers [to do what...]'.

Thank you for this comment and suggestion. We have revised this paragraph to ensure it is clearer.

3. There is an inconsistent use of hyphens throughout the paper (especially patient-centered, post-discharge, post-intervention). Please change to ensure consistency of hyphenated words throughout.

We have made edits throughout the paper to ensure a consistent and appropriate use of hyphens.

4. Please reword the beginning of line 8 on page 5. It reads as if you conducted 72 one hour interviews, or the interviews are 72 hours long!

We have reworded this line to ensure it is clearer that we conducted interviews at 72 hours following discharge from hospital.

5. Please reword the sentence starting 'Patients admitted experiencing difficulties...' (page 7, lines 19-22). It doesn't currently make a lot of sense.

We have reworded this to make it sound clearer

6. Page 8, lines 9-11 would benefit from additional detail, moving to a different bit of the paragraph, or removing. It seems incongruous in its current position.

We have removed this sentence.

7. At some points in the manuscript, better comma and semi-colon use would contribute to the readability of the paragraph. For example, page 8, lines 40-43 - use semi-colons to separate the items

in the list because some of the items contain commas (e.g. '...by helping obtain, dispense and supervise medications; helping to prepare salt-restricted meals; coaching; and reassurance, as ...').

Both paragraphs within 'Theme 5. Relationship with Healthcare Providers' would benefit from changes in comma and semi-colon use; these paragraphs lacks clarity.

We have revised the comma and semi-colon use throughout the first paragraph and restructured the second to clarify these lines in the manuscript.

8. Please reword lines 11-12 on page 10. I'm not quite sure what you're trying to say here.

We have clarified these lines in the manuscript.

9. Consider switching the final two sentences of the Conclusion. I think both points are valid, but the sentence about PODS-HF having the potential to facilitate patients to make changes is much more impactful and, in my reading of the paper, is the take-home message of the manuscript.

We thank you for this suggestion and have revised the manuscript accordingly.

Reviewer: 2

Reviewer Name: Lorenza Garrino

Institution and Country: Università degli Studi di Torino Italy
Dipartimento di Scienze della Sanità Pubblica e Pediatriche

Please state any competing interests or state 'None declared': no declared

Please leave your comments for the authors below

The paper presents significant flaws. The main problem of this paper is the lack of a sound methodology for qualitative inquiry. Author(s) reported that they used a grounded theory, and, in particular, the reported they had used grounded theory for analyses. Despite this, the results presented an approach and thematization not coherent with grounded theory. Moreover, grounded theory is not an analysis method but a methodology for conducting qualitative research an example of qualitative analysis often used in grounded theory is the constant comparative method. Moreover, the methodology used is not consistent with the philosophical perspective of grounded theory.

We have clarified that we used directed content analysis in our methods.

In general, the methods section did not provide sufficient information for qualitative research. The study population is commonly reported in the methods section.

We thank the reviewer for this comment. This first paragraph was describing the participant baseline characteristics as is commonly done in the Results section. We have clarified this subtitle and section.

There are several sampling issues the main are: who are the researchers and how they have influenced the sampling and analysis process?

We have included more information as to who the researchers are and their role in sampling and analysis. We employed various steps to ensure methodological rigour as described in our methods.

Why were people with HF recruited at 72hs or 30 days? Is it the same sample? Stratifying for the time of response could be useful.

We have clarified in our manuscript that patients were recruited while in hospital but interviewed about their patient experience within 72 hours and 30 days following discharge. We have clarified why this timeline was chosen and that it was the same sample. The temporal distinction in themes between both these calls was clarified in the last paragraph of the Results section and we have also ensured the time of response is more clear when presenting the results.

Lastly, there are some questions typically not presented in qualitative research (e.g. scaling question).

We have clarified in our manuscript that the “scaling question” and other quantitative questions are part of a larger study and only the qualitative results are presented in this manuscript. We have also, for simplicity, removed the pertinent quantitative results from the larger study and have referenced this article accordingly.

Reviewer: 3

Reviewer Name: Dr Kenneth O Anujoo (PhD)

Institution and Country: Amsterdam UMC Universitair Medische Centra,
Netherlands

Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below

Comments to the authors

Major comments

This manuscript titled "Patient experiences using a novel tool to improve care transitions in patients with heart failure: the patient oriented discharge summary (PODS-HF)" discussed the utility of a new tool (PODS-HF) designed to assess compliance and adherence to discharge instructions among heart failure patients.

The study is relevant considering the increased number of heart failure cases admitted and readmitted in various hospitals; hence it has the potential to be a reliable tool for monitoring discharged heart failure patients. The following concerns need to be further addressed:

The abstract excludes some major information on patients demography and key aspects of methodology

We have revised the abstract based on suggestions from the next reviewer. We hope this addresses the "exclusions" alluded to in this reviewers comments.

1. Page 4, last paragraph...

2. Authors mentioned the use of triple coding of the data by a third investigator to ensure agreement of major themes and subthemes. Does this also indicate absence of bias within themes and between subthemes? Explain.

Yes- the use of a third investigator to ensure agreement of themes and subthemes by reviewing all original transcripts to ensure all themes and subthemes were captured adds methodological rigour to our study. We have clarified this in our manuscript.

3. In this manuscript, repeated references were made to the model developed by T. Schofield....." (under review) hence, this referenced article definitely had a bearing on the development and usability of this tool under which this manuscript was written. What is the current state of the referenced article: is it still under review or published?

We have clarified that this manuscript presents the qualitative findings of a mixed methods study, the refinement and usability of the PODS-HF tool being the topic of the other referenced article (still under review). Previous refinement and evaluation for feasibility and usability of the original PODS tool has been published and is referenced in our manuscript.

4. Highlight the procedures taken to ensure quality check for the design of PODS-HF as an effective tool

As mentioned in the previous comment, the original PODS tool has already been evaluated and referenced. We have further added that it is currently being spread for use across the province of Ontario. This article is one of two manuscripts to present the findings of the PODS tool adapted for the Heart Failure population, the other, still under review by a journal in the BMJ family, focusses on the quantitative aspects of this study, while this focusses on the qualitative aspects of patients' experiences following discharge with the tool.

5. Patients with migration history/ethnic groups are known to have high prevalence of heart failure. How valid is PODS-HF as a tool to assess compliance and adherence to discharge instruction among heart failure patients with various ethnic backgrounds?

Toronto is the most multicultural city in Canada where this study took place and we did not exclude participants based on ethnic background. We did not record ethnic background as part of our baseline demographic profile, but can attest to diversity within our study population. The generalizability of our study findings has been further clarified in the study limitations.

Methods:

6. It is not clear, if the PODS-HF has been validated

See comments above.

7. For PODS-HF tool to be more attractive and recognised, it should have a wide coverage for both sexes and older people (who are mostly at risk of heart failure). Although authors reported that only educated young males were represented in this study, it was not explained why females and older patients were not part of the study inclusion criteria.

As stated above, our study did not exclude patients of both sexes or older people. We have made this clearer in our methods, results and study limitations.

8. Page 4, last paragraph, "grounded theory" was mentioned but not explained. Briefly explain grounded theory, indicating how the core elements of the theory were represented in the study.

Please see response to Reviewer 2: on we have modified our qualitative content analysis to be consistent with directed content analysis and have updated our manuscript to reflect this.

Result

9. In this article, authors reported that telephone interviews were used during follow-up. It may be a good idea to organise a mini-focus group with the caregivers and report on the common experiences of the patients, while using this tool. Integrating the reports of focus group and the telephone calls has the advantage of identifying key relevance aspects of the tool recognized by all/most patients.

We acknowledge this comment and would consider this for studies in the future.

10. Authors should not neglect the use of SRQR reporting guidelines, indicating the citation accordingly.

SRQR guidelines were reported and used throughout the manuscript. We have ensured a citation for SRQR is included in our references.

11. Authors should explain the study limitations extensively, including reasons for choice of inclusive criteria.

We thank the reviewer for this comment. We have clarified in our limitations section that our inclusion criteria were not inclusive. Rather the study participants represented a homogenous group and findings may not be generalizable to all individuals with HF.

Minor comments

1. Page 5, first paragraph: Overall 24 telephone interviews were conducted with 13 patients.... 5 in the pre-intervention group, 9 in the post-intervention group”....does it add up to 13 patients? Examine your data and report accurately.

This was a typographic error and has been changed in the manuscript.

2. Be consistent with the acronym: PODS-HF versus PODS HF? Post-intervention versus post intervention follow-up versus follow up

Modified throughout the manuscript to ensure consistent use of hyphens.

3. Ensure correct use of words.... Page 8, paragraph one “often they `had`nt` (changed to ‘had not’) look over...”; ...”Role of family and caregivers.....” ..none of our patient population received `publically` funded...; (changed to publicly) “These informal caregivers play..... and adherence by helping `to` obtain....” (changed to ‘helping to obtain’)

4. Page 10, line 27, Though the interviewerfor data collection purposes, `yet` all patients....

We prefer not to add the `yet`

5. Page 11, line 43, do you mean `prospective` ? incomplete sentence.

We are unsure what the reviewer is referring to in this comment.

6. Page 12, line 6, "...as patients transition to `life` at home after hospitalization"

Changed to U.S. spelling

Reviewer: 4

Reviewer Name: Dr Abdullah Al Hamid

Institution and Country: University of Birmingham, United Kingdom

Please state any competing interests or state `None declared`: None

Please leave your comments for the authors below

Revision regarding manuscript ID bmjopen-2018-026822 entitled: Patient Experiences using a Novel Tool to Improve Care Transitions in Patients with Heart Failure: The Patient Oriented Discharge Summary (PODS-HF)

General comments

The topic of the manuscript is very important particularly in the field of patient safety and cardiovascular diseases. The outcomes of the manuscript are clear as well and important in improving the healthcare service. However, the introduction and methods need major improvement. Also, the grammar and language need editing. There is a mixture of US and UK spelling, as well as mixing of tenses. The authors should be more consistent.

We have made edits throughout the manuscript to ensure a more consistent use of US (Canadian) spelling.

Highlight further the strength and limitations of the study.

Our strengths and limitations have been revised to address all reviewers' comments and a separate paragraph has been added following the abstract.

Specific comments

Abstract

Overall the abstract is well-structured and clear; however, the objective rather stated the rationale and did not show the reader what this manuscript is about. It should rather state clearly what the work is about.

How many patients and how many caregivers undertook the interviews?

What are the inclusion and exclusion criteria?

We thank the reviewer for this comment and suggested edits which we have incorporated into the revised submission.

Introduction

The introduction should highlight more the background and clarify what other tools are present. It did mention heart failure and the impact on morbidity and mortality worldwide and presented the importance of adopting patient centred approach. However, what are the other tools used? Page 3 states that in-patient and out-patient interventions were used in order to address this issue but these interventions were not reported though they relate directly to the article! What are they? What are the drawbacks related to them? Why is PODS better?

We have updated our introduction section to reflect the gaps in the research and how our study aims to address them.

Method

The method is structured but is full of ambiguities. Ethics were briefly mentioned. What is the ethics number? Were participants made aware they could withdraw from the study? How was their anonymity ensured?

See also responses below. We have extensively revised our Methods section to be less ambiguous.

SRQR should be referenced.

This has been done

How were patients involved in the design of the study?

Clarified in the relevant section of the manuscript.

How were participants recruited? Were they invited? If so, what was the response rate?

We have made edits within the Methods section to clarify how patients were identified, consented and recruited. Our research ethics committee granted a waiver from formal REB approval (number 17-5237). Participants each signed a consent form of which they were provided a copy, stating they were free to withdraw consent at any time and all personal information would be de-identified.

We chose not to include an enrollment figure, but of the 26 eligible patients that were approached, 6 did not consent to participate, 6 were excluded due to transplant (2), transfer to surgical service for ventricular assist device (2), and transfer to another facility (2). 1 enrolled PODS-HF patient could not be contacted following discharge.

It is not clear to what extent were the patients and caregivers involved in the design of the PODS?

How were the questions interviews designed and validated?

How was the decision made whether to use the structured or semi-structured interviews? How many in each category?

Both of these comments have been addressed in the revised methods section

How was the data stored?

The data was stored in-line with our Institutional data protection policies; all data was de-identified and stored on an encrypted drive on an institutional password protected computer, within a locked office on an access restricted floor.

What software was used for data analysis?

As stated in our methods, manual coding was used to code transcripts and no software was used for data analysis.

Results

Page 6, line 37: Use two instead of 2

Page 6, lines 51-52: Quotation should be on a separate line and needs to be referred from what thread.

Page 9, lines 20 -35: Be consistent in reporting quotations as the remaining parts of the paper

Thank you for your comments, these have been addressed in the manuscript.

Discussion

Some parts of the discussion clumsily repeated the results section which is worrying. There is no issue with reminding the reader of the results briefly. I would suggest the authors address the discussion in a more concise and precise manner.

We have made revisions to the discussion section to remove repetition and add clarity.

There needs to be a justification why a qualitative study should be adopted for validating the experience with PODs and not quantitative.

We have clarified in our manuscript that the qualitative study is part of a larger mixed method study. The qualitative analysis provides a unique and valuable insight into patient experiences and how written patient instructions may impact adherence following discharge in patients with heart failure.

Page 10 lines 48-49: How does the study add up to the mentioned literature? What are the other key studies in the field?

The discussion has been amended to relate more to the established literature and reduce repetition in an effort to be more concise.

VERSION 2 – REVIEW

REVIEWER	Dr Natasha Kate Hardicre Yorkshire Quality and Safety Research Group, Bradford Institute for Health Research, Bradford Teaching Hospitals NHS Foundation Trust, UK
REVIEW RETURNED	27-Mar-2019

GENERAL COMMENTS	I can see that the authors have made amendments to the manuscript and, in my opinion, have addressed the concerns that I highlighted in my original review. I can see that they have also made changes to address the concerns of the other reviewers and i think the paper is much improved because of these. I think the paper is clear and represents a good contribution to research about transitions of care. On this basis I would be happy to recommend this paper for publication.
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REVIEWER	Dr Abdullah AL Hamid University of Birmingham United Kingdom
REVIEW RETURNED	30-Mar-2019

GENERAL COMMENTS	The manuscript has been well-revised. All comments have been addressed satisfactorily.
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