PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Are decisions about discharge of elderly hospital patients mainly about freeing blocked beds?" A qualitative observational study
AUTHORS	Ekdahl, Anne; Linderholm, Märit; Andersson, Lars; Friedrichsen, Maria

VERSION 1 - REVIEW

REVIEWER	Dag Hofoss PhD Prof, University of Oslo, Norway, Institute of Health and Society I have no competing interests
REVIEW RETURNED	01-Oct-2012

THE STUDY	The manuscript is not based on statistical methods = that "No" does not indicate a problem No supplemental documents contain information which should better have been reported in the MS = that "No" does not indicate a problem The "No" in the research question circle is expanded on in my comments
GENERAL COMMENTS	2012 Ekdahl et al. Acquiring available beds Have read, worry slightly. It is not a bad or uninteresting paper. On the contrary, it reads well, and documents a number of important points, including: 1) The decision to discharge elderly hospital patients is more strongly governed by the hospital's need to make beds available for new acute admissions than by the elderly patients' need to recover under hospital care 2) The decision to discharge is commonly made without patient participation. 3) Staff often feel uncomfortably squeezed between the important and indisputable hospital need to "unblock" beds and the equally important and indisputable elderly patient need to stay in hospital until well enough to leave. 4) The deciding doctors/nurses distance themselves from their decision by presenting it to the patient as something decided elsewhere, by decision-makers in other places. 5) Patients, although often unhappy about the decision, commonly accepts it (understanding the reasons given, and/or feeling unable to change it).

	The reason I worry is that the article does not shed much new light on the issues. It shows that the problem exists even in advanced and well-to-do Sweden, and that is no mean achievement. Still, the reader is not provided with new ways of thinking about the problem or new concepts floodlighting the process from new angles. I must confess I would have liked the manuscript better if it had done that, and perhaps also gone more deeply into some selected part of the well known bunch of problems related to the discharge of elderly hospital patients, e.g. strategies to evade responsibility for the decision, which, to me, was most fresh and interesting point presented in the article. But – of course – it is not a reviewer's business to say what the focus of the article ought to have been, it is the authors' privilege to decide what they will study. And I do not dispute the importance of their research question, nor the validity of their methods and findings. My point is only that their research question was not original and specific and did not guide the writing into unploughed ground. If that is OK for the BMJ Open, I have some minor comments: Page 9, line-number 34: I assume the sentence refers to patient reactions: if so, say so – if not, say whose reactions. Page 11, line-number 51: "It's their business if they don't want more help": I'm not sure I understand what sort of help, and how "don't want help" came to be an issue – a couple of more words might have sorted it out. Page 12, line-number 44: "Patient: 'Well, thank you so much.'" Is the message that this patient was ironic, or that (s)he accepted the decision gratefully and gracefully? Maybe that line should just be deleted? Page 15, line-number 33: the needs of patients. An interesting question, which the paper does not make explicit, not here, not elsewhere, is who is to be understood by the word "patient". The doctor (or nurse) who discounts the interests of the patient at hand may do so out of concern for the patients waiting to be served (as in "Should the poor country which cannot choose both options decide to immunize children against TB instead of treating those who have contracted TB"). Suggestion: let sentence make it clear that it refers to the-patient-at-hand, the discharge candidate. (I must confess that I would have preferred the other interpretation. i.e., that the authors set out to discuss the discharge question in public health terms, but, again, it is not the reviewer's job to decide what the article shall discuss.) Page 15, line-number 47 (first line in Discussion): "with multiple morbidities" – not mentioned above as a point which makes/should make a difference. Suggestion: make sure the presentation of results mentions multi-morbidity. Page 16, line-numbers 4-9: Sentence (about the rigid hospital routines) too short to be understood – at least it was too shirt for me. Page 16, line-numbers 7-8: ". 17 32 Notably, the latter study […]". I assume the latter study is publication no 32 in the reference list. I wonder whether it might be better somehow to integrate the author names into the text.

	Page 17, line-numbers 25-29: As the sentence runs, it implies that the problem is connected to the fact that Swedish health care is 1) government financed and 2) short of money (i.e. would have gone away were Sweden a richer country and its health care system private). I am not convinced that that is the case. Of course, my health policy opinion is not important. What matters is that the sentence/the argument may be too short to convince the reader that the authors are right that it is just a financial problem and not, e.g. a problem of also of how responsibilities for care and therapy is organized, or of how the needs of the patient at hand is to be balanced against the needs of patients at other doctors'/nurses' hands, or patients not yet being attended to. Page 17, line-numbers 40-42: 1) Words must be missing: "The present study gave you an idea about those younger and older patients are not treated equally …". And 2) The possible importance of patient age was not an issue until just now – maybe it should have been mentioned in the research questions or in the results section to deserve being menyioned in the discussion? Page 17, line-numbers 47-49: "contravenes the law" are strong words, the authors may want to rephrase or expand? (But that is, of course, for them to decide.) Figure: The figure sums it up nicely. But maybe the word "patient" should be added to the bottom bubble? Title: Is this a better title. "Are decisions about discharge of elderly hospital patients mainly about freeing blocked beds?" I'm not sure, but it seems to me that that is the main message of the article.

REVIEWER	Susan Merel, MD Attending Physician Division of General Internal Medicine, Department of Medicine University of Washington Medical Center Seattle, Washington USA I have no conflicts of interest.
REVIEW RETURNED	07-Oct-2012

THE STUDY	The study may not have had clear inclusion and exclusion criteria; if it did, they are not described clearly. Page 7, lines 35-42: "The staff was specifically asked to identify those patients who were over 75 years of age, preferably with complex diseases and on their way home . . ." The "preferably with complex diseases and on their way home" suggests that there was some leeway given to the staff in terms of who they would pick, and that there were not clear inclusion and exclusion criteria? Please clarify, and if there were not clear inclusion and exclusion criteria, you might speculate in your discussion about what kind of selection bias that might have introduced.
RESULTS & CONCLUSIONS	Overall, the results are interesting and credible. However, you might consider removing some of the value judgements. I am assuming that you are hoping to influence policy, and those with influence might be more receptive if you could deliver your message a bit more subtly.

	Also, your case would have been made much more strongly if you had a comparison group of younger patients and could show that discharge discussions with younger patients were different than those with older patients. Could consider this as a future project.
GENERAL COMMENTS	This is an interesting small qualitative study of elderly patients' experiences regarding being discharged from an acute care hospital in Sweden. The authors used two valid methods borrowed from the social sciences: participant observation to gather the data, and grounded theory to analyze the results. Many of the authors' assertions are cultural and may differ from country to country; for example, because of intense pressure to shorten length of stay, discharge is frequently discussed with patients very early in the hospital stay here in the US. Also the amount and tenor of the dialogue between physicians and nurses may differ a lot from country to country. The most interesting and likely controversial finding here was that the physicians presented the discharge decision as belonging to a group or another individual, even if they had made the final decision themselves. I am not sure how universal a practice that is, but I think this is an interesting finding. Note: this needs some copyediting to confirm to standard English grammar. (e.g. page 8, line 12 "pre-understanding" what do you mean by that? Also page 16 lines 59-60: "This means that these patients cannot be treated in a hurried fashion." This is imprecise and laden with value judgement please use different language. Also page 17 lines 40-42 "The present study gave you an idea about those younger and older patients are not treated equally".) The above are just examples; I have not pointed out every instance of this.

VERSION 1 – AUTHOR RESPONSE

Reviewer(s) Reports:

Reviewer: Dag Hofoss, PhD Prof, University of Oslo, Norway, Institute of Health and Society

I have no competing interests

Have read, worry slightly. It is not a bad or uninteresting paper. On the contrary, it reads well, and documents a number of important points, including:

1) The decision to discharge elderly hospital patients is more strongly governed by the hospital’s need to make beds available for new acute admissions than by the elderly patients’ need to recover under hospital care

2) The decision to discharge is commonly made without patient participation.

3) Staff often feel uncomfortably squeezed between the important and indisputable hospital need to “unblock” beds and the equally important and indisputable elderly patient need to stay in hospital until well enough to leave.

4) The deciding doctors/nurses distance themselves from their decision by presenting it to the patient as something decided elsewhere, by decision-makers in other places.

5) Patients, although often unhappy about the decision, commonly accepts it (understanding the

reasons given, and/or feeling unable to change it).

The reason I worry is that the article does not shed much new light on the issues. It shows that the problem exists even in advanced and well-to-do Sweden, and that is no mean achievement. Still, the reader is not provided with new ways of thinking about the problem or new concepts floodlighting the process from new angles. I must confess I would have liked the manuscript better if it had done that, and perhaps also gone more deeply into some selected part of the well known bunch of problems related to the discharge of elderly hospital patients, e.g. strategies to evade responsibility for the decision, which, to me, was most fresh and interesting point presented in the article. But – of course – it is not a reviewer's business to say what the focus of the article ought to have been, it is the authors' privilege to decide what they will study. And I do not dispute the importance of their research question, nor the validity of their methods and findings. My point is only that their research question was not original and specific and did not guide the writing into unploughed ground.
Dear professor Hofors:
Thank you very much for your comments.
You are right that it could have been good to have focused more on for example discharge responsibilities and perhaps a comparison of the communication between younger and older patients. Probably due to my lack of knowledge in the field, but I not found in earlier literature research that physicians are mainly focusing on available beds and express them the as way it was described in this paper.
I totally agree about your point that there are much more than financial reasons for not letting the patients participate in medical decision making. If you should have the possibility you can read about how I have addressed this issue in my thesis http://liu.diva-portal.org/smash/record.jsf?pid=diva2:552269.
I have addressed all your comments below and hope you will find the answers satisfying.
Best regards
Anne Ekdahl, MD, PhD

If that is OK for the BMJ Open, I have some minor comments:

Page 9, line-number 34: I assume the sentence refers to patient reactions: if so, say so – if not, say whose reactions.
Answer: Done

Page 11, line-number 51: "It's their business if they don't want more help": I'm not sure I understand what sort of help, and how "don't want help" came to be an issue – a couple of more words might have sorted it out.
Answer: Done

Page 12, line-number 44: "Patient: 'Well, thank you so much.'" Is the message that this patient was ironic, or that (s)he accepted the decision gratefully and gracefully? Maybe that line should just be deleted?
Answer: The quotation shows how the patients express gratitude and subordination to decisions without agreeing. In my experience this is no uncommon reaction and merely shows the superior position of the health care. I have clarified with some rows in the text in the discussion p. 16.

Page 15, line-number 33: the needs of patients. An interesting question, which the paper does not make explicit, not here, not elsewhere, is who is to be understood by the word "patient". The doctor (or nurse) who discounts the interests of the patient at hand may do so out of concern for the patients waiting to be served (as in "Should the poor country which cannot choose both options decide to immunize children against TB instead of treating those who have contracted TB"). Suggestion: let sentence make it clear that it refers to the-patient-at-hand, the discharge candidate. (I must confess

that I would have preferred the other interpretation. i.e., that the authors set out to discuss the discharge question in public health terms, but, again, it is not the reviewer's job to decide what the article shall discuss.)
Answer: Agree – I should have clarified that more explicitly. I have made a small change

Page 15, line-number 47 (first line in Discussion): "with multiple morbidities" – not mentioned above as a point which makes/should make a difference. Suggestion: make sure the presentation of results mentions multi-morbidity.
Answer: Done (p 13)

Page 16, line-numbers 4-9: Sentence (about the rigid hospital routines) too short to be understood – at least it was too shirt for me.
Answer: You are right. I was stressed by the long article already. I just added a few words.

Page 16, line-numbers 7-8: ". 17 32 Notably, the latter study […]". I assume the latter study is publication no 32 in the reference list. I wonder whether it might be better somehow to integrate the author names into the text.
Answer: It could be – but I have not done so with other authors – so I have not changed the text here.

Page 17, line-numbers 25-29: As the sentence runs, it implies that the problem is connected to the fact that Swedish health care is 1) government financed and 2) short of money (i.e. would have gone away were Sweden a richer country and its health care system private). I am not convinced that that is the case. Of course, my health policy opinion is not important. What matters is that the sentence/the argument may be too short to convince the reader that the authors are right that it is just a financial problem and not, e.g. a problem of also of how responsibilities for care and therapy is organized, or of how the needs of the patient at hand is to be balanced against the needs of patients at other doctors'/nurses' hands, or patients not yet being attended to.
Answer: A problem is definitively the organisation of the care – but I have not had focus in this in this article (but in my thesis I can assure you)
Page 17, line-numbers 40-42: 1) Words must be missing: "The present study gave you an idea about those younger and older patients are not treated equally …". And 2) The possible importance of patient age was not an issue until just now – maybe it should have been mentioned in the research questions or in the results section to deserve being menyioned in the discussion?
Answer: You are perfectly right. I would nevertheless like to keep this as I think it is an interesting observation which we did not expect to see. I should be very interesting to study further in the future.

Page 17, line-numbers 47-49: "contravenes the law" are strong words, the authors may want to rephrase or expand? (But that is, of course, for them to decide.)
Answer: I have toned down this line a little.
Figure: The figure sums it up nicely. But maybe the word "patient" should be added to the bottom bubble?
Answer: It is both patients and staff – I have added this. It was unclear before – thank you for pointing it out.

Title: Is this a better title. "Are decisions about discharge of elderly hospital patients mainly about freeing blocked beds?" I'm not sure, but it seems to me that that is the main message of the article.
Answer: I agree it is a good suggestion – so I have made this change.

Reviewer: Susan Merel, MD
Attending Physician
Division of General Internal Medicine, Department of Medicine
University of Washington Medical Center

Seattle, Washington USA

I have no conflicts of interest.
Answer:
Dear dr Susan Merel,
Thank your for your very good comments and points made. I have tried tone down my messages and to give expression of a more humble tone. A bad excuse is partly that I – as not natively English speaking – are a little bit in the hands og the language-editors.
I have tried to address all comments below and hope you find the answers satisfying.
Best regards
Anne Ekdahl,
MD, PhD.

The study may not have had clear inclusion and exclusion criteria; if it did, they are not described clearly. Page 7, lines 35-42: "The staff was specifically asked to identify those patients who were over 75 years of age, preferably with complex diseases and on their way home . . ." The "preferably with complex diseases and on their way home" suggests that there was some leeway given to the staff in terms of who they would pick, and that there were not clear inclusion and exclusion criteria? Please clarify, and if there were not clear inclusion and exclusion criteria, you might speculate in your discussion about what kind of selection bias that might have introduced.
Answer:
Dear dr Susan Merel,
I do understand your point. We were not in a position in our days of observation to choose between many candidates to interview – but the one we interviewed were all fulfilling the criteria mentioned together with multiple morbidities. This could have been clarified better.

Overall, the results are interesting and credible. However, you might consider removing some of the value judgements. I am assuming that you are hoping to influence policy, and those with influence might be more receptive if you could deliver your message a bit more subtly.
Answer: You are perfectly right and one of the lessons learned through your comment and reconsideration.

Also, your case would have been made much more strongly if you had a comparison group of younger patients and could show that discharge discussions with younger patients were different than those with older patients. Could consider this as a future project.
Answer: You are right – it should be very interesting and I will consider that.

This is an interesting small qualitative study of elderly patients' experiences regarding being discharged from an acute care hospital in Sweden. The authors used two valid methods borrowed from the social sciences: participant observation to gather the data, and grounded theory to analyze the results.
Answer: I hope I do not offend you – but actually there was very much material (and more than in my earlier qualitative studies and a very common problem in observational studies). We only interviewed nine patients – but we observed the actions around many more. It was a challenge to try and condense this big amount of material from many hours of observation (written down), reflecting notes, memos and interviews – but I am not sure that I have succeeded to show the “grounding in material” - especially of the observations – but it was difficult to choose what to pick and not making the article too long.
Many of the authors' assertions are cultural and may differ from country to country; for example, because of intense pressure to shorten length of stay, discharge is frequently discussed with patients very early in the hospital stay here in the US. Also the amount and tenor of the dialogue between

physicians and nurses may differ a lot from country to country.
Answer: You are perfectly right – and I think the differences with the US is substantial. We do discuss more (not shown in the article) with younger and alert patients. I happen to be part of the full board of two European geriatric organisations (EUGMS and UEMS-GMS) and unfortunately the problems are very similar in many European countries such as U.K., France, Italy and Spain – but not the former Eastern European countries where they have other problems.
The most interesting and likely controversial finding here was that the physicians presented the discharge decision as belonging to a group or another individual, even if they had made the final decision themselves. I am not sure how universal a practice that is, but I think this is an interesting finding.
Answer: I agree

Note: this needs some copyediting to confirm to standard English grammar. (e.g. page 8, line 12 "pre-understanding" what do you mean by that?
Answer: I qualitative studies this is a common way to inform the readers of “the eyes” of the researcher as it influences what you see. The meaning is to give you information to judge the study in terms of rigour of the study.
Also page 16 lines 59-60: "This means that these patients cannot be treated in a hurried fashion." This is imprecise and laden with value judgement please use different language.
Answer: Thank you – I will change it. I have written “hastily” in stead and to the comment below I have changed to: “Gave an indication that probably ….”. I hope this is better language.
Also page 17 lines 40-42 "The present study gave you an idea about those younger and older patients are not treated equally".) The above are just examples; I have not pointed out every instance of this.
08-Oct-2012

VERSION 2 – REVIEW

REVIEWER	Hofoss, Dag Institute of Health and Society, Oslo
REVIEW RETURNED	19-Oct-2012

GENERAL COMMENTS	All my comments have been satisfactorily acted upon.