

<b>Article details: 2019-0009</b>	
Title	Patient and caregiver experience in the transition from hospital to home: brainstorming results from group concept mapping
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<b>Reviewer 1</b>	Chris MacKnight
Institution	Division of Geriatric Medicine, Dalhousie University, Halifax, NS
General comments (author response in bold)	<p>The authors describe a questionnaire studying patient and caregiver experiences of hospital transitions to community, through both online surveys and group discussions. They divide the results into themes.</p> <p>Not surprisingly, most comments were negative and do help to highlight areas where improvements to processes could be made.</p> <p>I don't have any significant comments. The respondents aren't representative of the Ontario population (eg a large proportion live in small towns) but representativeness isn't critical.</p> <p>There were fewer positive comments than negative. Do the authors believe transitions are overall poor or rather are those with worse perceptions more likely to comment and when given an opportunity to discuss a service in the context of improvement are people more likely to identify the negative</p> <p><b>The reviewer raises a good point about the predominantly negative comments. We have added a couple of sentences to the end of the limitations paragraph in the discussion to address these.</b></p>
<b>Reviewer 2</b>	Carl Van Walraven
Institution	Ottawa, Ont.
General comments (author response in bold)	<p>This is a non-random survey of patients +/- caregivers who had been discharged from hospital. The qualitative feedback is interesting for physicians who work in the hospital setting although the information is not exceedingly surprising. The lack of any quantitative aspect to the study is, to me, a large weakness to the study and a hindrance to developing and implementing interventions to improve health care quality.</p> <p><b>We are glad the reviewer finds our results of interest. Although they may not be surprising for physicians working in hospital settings, I suspect they would be enlightening for health care administrators and policy makers who do not practice clinically. In this manuscript, we are reporting on the first phase of our study which is qualitative in nature. In the second phase, we ask patients and caregivers to rate which statements are most important which should provide some quantitative results.</b></p>
<b>Reviewer 3</b>	Michael C. Klein
Institution	Developmental Neuroscience and Child Health, Child and Family Research Institute, Vancouver, BC
General comments (author response in bold)	<p>This is a comprehensive study of all the difficulties experienced by patients on discharge. It is inherently biased toward those who had negative experiences. This is a limitation that needs to be listed as a limitation. Nevertheless it is easy to accept the study as reflective of the lived experiences of those filling out the survey. I am surprised that more information on problems with drug costs and medication f/u did not emerge.</p> <p><b>We thank the reviewer for raising the inherent bias toward the negative. We</b></p>

**have added a couple of sentences to the limitations paragraph in the discussion to address this. Medication cost issues did arise but were not as predominant a theme as home and community care. I think the reviewer's surprise speaks to the important insights gleaned from our study.**

Though implicit and at times discussed in passing, in my opinion a much stronger statement needed to be made about the basic functioning of the system or non-system of care post discharge. Fundamentally we do not have a health care system. We have a system of paying for hospitalization and doctor visits. Our health care system does not include the basics needed for post discharge care--PT, home care, drugs, mental health care post discharge, connecting patients with doctors post discharge. Doctors can decide to include or not include comprehensive care for discharged patients. Health authorities have little or no ability to entice doctors to provide care based on community needs, as opposed to responding to the patient that appears at their office, if even the patient has a family doctor at all. The Canadian system offers little incentive for provision of full service care by doctors, and community health centres offering comprehensive care are available only on a limited basis. In summary, the results of the study are expected in a non-system of health care. I believe that the discussion section of the paper needs to be far more critical of the entire system, the study results being reflective of a system needed a complete refit so that all components of our health care system are designed to be interconnected and mutually supportive.

**The reviewer raises many excellent points. We believe we have addressed these points, particularly in paragraph 5 of the discussion that discusses out-of-pocket costs and challenges even with areas that are covered. We wonder if reviewer 3 may be interested in writing an accompanying commentary should our paper be accepted.**