Article details: 2021-0105
Title: Development and assessment of a hospital-led community-partnering COVID-19 testing and prevention support program for homeless and congregate living services in Toronto, Canada: a descriptive feasibility study
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Reviewer 1: Ken Farion
Institution: Departments of Pediatrics and Emergency Medicine, University of Ottawa
General comments (author response in bold)

1. Comment #1: Thank you for sharing this important work. It is another example of various parts of the health and social services sectors coming together in times of crisis to rapidly fill a void created by an unprecedented health emergency. Your manuscript provides a high-level overview of the many components of your initiative and some data on the interventions and their outcomes.
Thank you to the reviewer for thinking our work is important.

2. Comment #2: You make mention of "frequent adaptations" in the discussion, but these details are the key aspects to a QI manuscript that is missing - description of continuous or iterative improvement that helps the reader understand what aspects worked as planned right from the start versus others that missed the mark and needed adjustment or naturally evolved as your team learned more.
The adaption was added in more detail under the Program Process subsection.

3. Comment #3: Even the title doesn't really reflect the value of the work. Every initiative in COVID is feasible (we've all done amazing things we would never thought possible), but what were the learnings that made the program most successful after some adjustments?
This point was brought up by the Editors and the title changed to "Development and assessment of a hospital-based community-partnering COVID – 19 testing and prevention support program for homeless and congregate living services in Toronto, Canada: a descriptive feasibility study"

4. Comment #4: Presumably, the first few interactions were quite delayed between identification of need and being able to respond as you got organized, but you made improvements allowing more timely response - can you show this with a run chart depicting the response times at the beginning versus improvement over time, rather than just the median time to response?
We attempted to do so in Figure 2 but the Editorial Team has asked to delete this Figure, but this was added into the text.

5. Comment #5: You indicated in SQUIRE that you didn't make any associations. But I think there are some in your assertion that after the IPAC interventions, these settings saw few additional cases or outbreaks, which was the point of the exercise. A timeline visualization of interventions relative to case and outbreak counts could help show that the interventions had the intended impact.

The Editorial Team has deleted a Figure, so we have decided not to add such a Figure but it is commented on in the Results.

6. Comment #6: Similarly, regarding costs, you indicated in the SQUIRE summary that costs were not explored. Presumably all of the people involved in organizing this work, doing testing and IPAC training, and even reaching out to gather feedback, could have been deployed to other parts of the crisis. What made this the right or best use of those resources?
Unfortunately, details of cost were difficult to ascertain and not included.

7. Comment #7: What else did the facilities need that these programs were not able to deliver or solve for? You make mention of the changing needs of the facilities as the pandemic evolves - forecast how the programs, even under the leadership of a different community organization, will need to adapt.
This was added as per the Editorial Team in lessons learned in terms of what facilities need to deliver such a program.

Reviewer 2: Jason Gilliland
Institution: Department of Geography, Western University
General comments (author response in bold)

1. Comment #1: This paper reports on the development and feasibility testing of the COVID-19 Community Response Team (CRT) in Toronto. The CRT was an effort of the Women's College Hospital of Toronto, in partnership with shelters, congregate living settings, and supporting organizations (SCLSASOs) to collaboratively respond to and prevent COVID-19.
Thank you to the reviewer for a nice summary of our paper.

2. Comment #2: The background adequately represents the current state of knowledge on the problem. However, if space allows, it would be useful if the authors briefly identified and discussed similar efforts that have been reported on in the literature. This would also be helpful in the Discussion.
Thank you to the reviewer for thinking that our Background is adequate. Details of two systematic reviews were added to the Background. As also requested by the Editorial Team, a paragraph comparing to similar literature was added to the Discussion.

3. Comment #3: The authors do an excellent job of justifying why they conducted the study. While there is no distinct research question, they clearly outline the goals of the CRT and the aim of the study (i.e., to develop and test the feasibility of the CRT in preventing and responding to COVID-19 and associated outbreaks in SCLSASOs.)
Thank you to the reviewer for commenting that we did an excellent job of justifying the conduct of the study.

4. Comment #4: The study design is appropriate. The methods are clear and appropriate. In the Methods section, in the sub-section called "Design and setting", the authors should specify the study design, i.e., that they are reporting on a feasibility study.
This point was also raised by the Editorial Team and the study design was added under the sib-section Design and Setting.

5. Comment #5: The results are interesting and clearly presented. The interpretation is clearly supported by the data in the results. Likewise, the tables and figures appear to accurately represent the data. Figure 2 (bar graph on page 32) needs titles on X and Y axes, so that the figure stands on its own. For example, it is not immediately clear what the numbers in the Y-axis represent.
Thank you to the reviewer for thinking our results are interesting and that it and the Interpretation sections were clear. As per the Editorial Team's request, Figure 2 was deleted.

6. Comment #6: The authors mention several limitations of the study. These are all reasonable and are not critical flaws. There are some elements of a traditional feasibility study that are missing here, which gives me the impression that the authors did not set out to do a traditional feasibility study of the CRT before they developed and implemented it – as COVID-19 needed a rapid response! -- but instead realized it was important to share the story of the development and feasibility at some point after introducing it. That is okay, as it is an important story to share! The study revealed that a hospital-led collaborative model to support SCLSASOs to manage and prevent COVID is feasible and impactful. This paper offers important and timely information for other hospitals, supporting organizations and health care providers, given we are still experiencing COVID-19 and will likely experience other pandemics in the future.
We thank the reviewer for the support.

7. Comment 7: Minor edits: Page 9, Line 15 – remove one of the two periods after "shelter.." Page 14, Line 26 – spell out "changed >2.
These proofreading points have been addressed.