

May 28, 2022

Dr. Jin-Lei Wang
Director, Editorial Office
World Journal of Critical Care Medicine
Baishideng Publishing Group Inc.

Dear Dr. Jin-Lei Wang,

Thank you for reviewing our manuscript titled "**Development and Pilot Implementation of a Patient Oriented Discharge Summary for Critically Ill Patients (PODS-ICU)**" (REF: 75942) and for inviting us to revise and resubmit the work. In response to the reviewers' feedback, we have made revisions and believe we have improved the overall quality of this manuscript.

Below, please find our point-by-point responses to the reviewers' comments. All changes made are reflected in the updated manuscript file using the track changes feature. Below, we start with each comment by the reviewer, provide our response, cite a line number(s) (if applicable), and paste any relevant sections of the manuscript containing modified text (changes denoted in bold font).

We look forward to your decision regarding this manuscript.

Sincerely,



H. Tom Stelfox, MD, PhD FRCPC
Intensive Care Physician, Foothills Medical Centre
Professor, University of Calgary

Point-by-point response to comments from reviewer #1:

1. **The authors have made a good attempt on developing an instrument for a relatively neglected healthcare issue. This will prompt future validation studies in this regard.**

Response: Thank you for your comment. We appreciate your positivity and encouragement.

Point-by-point response to comments from reviewer #2:

1. **The study is clinically important, but out of more than 300 patients only 9 participated including the family members, which makes it a huge limitation. Moreover, one of the comments from the nurse was very practical as this takes an enormous time. I would suggest that author can provide some data on the use of previous models of efficient discharge methods on readmission reduction rate, improved health status with taking medication in proper time and proper technique (especially inhalers) and understanding the side effect. Authors need to**

make a case of cost-benefit of putting extra time and effort upfront with efficient discharge, rewarded with decrease in readmission and healthcare cost

Response: Thank you for your insightful comment. We have revised the discussion section of the manuscript to review other models of discharge planning and explore the potential costs and benefits of these strategies.

Lines 301-313:

Outside of ICU settings, patient-centered discharge communications (both written and oral) have shown benefit in cardiovascular,⁴⁶⁻⁴⁸ maternity and neonatal,^{49,50} and surgical⁵¹ settings. Like the PODS-ICU, discharge communications in other settings have aimed to convey information on next steps (e.g., what to expect),⁵² identification and management of risk factors and complications (e.g., when to seek care, pain management)^{53,54}, and medications^{47,55,56} from healthcare providers to patients and their families. Similarly to the PODS-ICU, many discharge communications from various acute care settings have been reported as time consuming and adding to healthcare provider workload.^{40,45,57,58} However, they have also been reported to reduce hospital readmissions, improve treatment adherence, and enhance patient satisfaction and can be considered important to successful transitions in care.^{40,57,58} This suggests a high value to improving upon ICU discharge tools (like the PODS-ICU), which could be expected to have cost-savings comparable to discharge communications between hospital and community-based healthcare providers.⁵⁹

Lines 328-332:

Apart from the above discussed methods to increase time efficiency of completing the PODS-ICU (i.e., earlier discharge planning, integration with electronic clinical information systems), further engaging patients and families to modify the PODS-ICU to only include information important to patients may be a valuable refinement to the tool.

Point-by-point response to comments from reviewer #3:

Greetings I read the manuscript with interest. The authors have chosen a vital topic as a quality improvement program. In my opinion patient-oriented discharge summary for ICU patients are needed and will be helpful for the quality healthcare delivery. The author have developed the summary involving multiple stakeholders and tested it as pilot project. The results are satisfactory. The methodology employed and tested is good and I do not have any major comments to make. However, a few minor aspect can be addressed.

1. Abstract can be shortened slightly, so the background.

Response: Thank you for your kind comments. We have reduced the length of the abstract from 421 words to 370 words.

2. I would suggest presenting data as absolute number and percentage both in the abstract and result section.

Response: We have revised the manuscript as requested.

3. A few journal names are not mention as per abbreviated form, it needs to be uniform.

Response: We have revised the manuscript to ensure that the abbreviation for all journal names is used in the references.