

## Response to Reviewer's Comments on

### **Rural Implementation of the Perioperative Surgical Home: A Case-Control Study**

We are grateful to the reviewer for their careful reading of the manuscript and their suggestions for improvement. We have made our best efforts to address the concerns and suggestions provided. Below we respond to specific comments.

#### **Reviewer 1**

*This an interesting case report, which involves sociological aspects of clinical questions. The report may be a good source of knowledge for practitioners who in their practice meet sociological questions.*

The authors thank the reviewer for the comment. We further polished the manuscript and language ensuring there are no grammatical or formatting errors.

#### **Reviewer 2**

*The Authors present a very good study on the application of the Perioperative Surgical Home program in a rural area in Montana (US). the study is sound, although with some limitations due to its retrospective nature (acknowledged by the Authors) and the paper is really well written. Congratulations!*

The authors thank the reviewer for their kind comments.

*I have only one comment. Can the Authors expand on the potential application of the PSH program in other areas (e.g., larger rural areas)? this topic is mentioned in the paper, but maybe the Authors can add some more speculations.*

We have added a paragraph on the potential application of the PSH program in other areas under the Discussion section and now it reads:

“Unlike the majority of the PSH studies that were performed at hospitals or health institutions located in metropolitan areas, this research examined the dissemination of PSH system and its effectiveness at a community hospital located in a micro-statistical area (population between 10,000 to 50,000). According to the United States Census Bureau, 27.2 million people (8.4% of the US population) live in micro-statistical areas encompassing 660 counties (Toerien, 2021). Compared to metropolitan areas, patients living in micro-statistical areas are often prone to experiencing health equity issues and access to health services, including surgical care (Novak et al., 2020). This study contributes to improving surgical outcomes using PSH system for community hospitals that are specifically located in micro-statistical areas. The authors envision that these study results will immensely help researchers and clinicians who are working to enhance surgical care in states similar to Montana demographics and social factors, including Alaska, Idaho, Wyoming, North Dakota, and South Dakota.”