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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Pediatrics

ESPS manuscript NO: 24632

Title: Nurse practitioner coverage is associated with a decrease in length of stay in a

pediatric chronic ventilator dependent unit

Reviewer's code: 00069139 Reviewer's country: Thailand Science editor: Xue-Mei Gong

Date sent for review: 2016-01-30 14:35

Date reviewed: 2016-02-09 18:31

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[] Accept
[Y] Grade B: Very good	[] Grade B: Minor language	[] The same title	[] High priority for
[] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y] No	[Y] Minor revision
	[] Grade D: Rejected	BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The manuscript is an inspiring work depicting success in implementing Nurse Practitioners in a discharge process from Pediatric Chronic Ventilator Dependent Unit (PCVDU). Worth publishing in the Journal. May I coin some peer review as following; - There are 2 Figure-1, please choose only one. - Figure 2 is not very essential as it adds nothing and the messege in this graph has been given in the text. Or it can be merge with the Figure-1? - Table 2: Is it better to substitute 'Neurologic' with 'Neurology' - Table 3 has many errors: Rehab needs full word. p=0..84 (too many punctuations). On Death row, (22.0)-62.0 --> (22.0-62.0)



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Pediatrics

ESPS manuscript NO: 24632

Title: Nurse practitioner coverage is associated with a decrease in length of stay in a

pediatric chronic ventilator dependent unit

Reviewer's code: 00742209

Reviewer's country: United States **Science editor:** Xue-Mei Gong

Date sent for review: 2016-01-30 14:35

Date reviewed: 2016-02-13 04:06

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[] Grade A: Excellent	[] Grade A: Priority publishing	Google Search:	[] Accept
[] Grade B: Very good	[Y] Grade B: Minor language	[] The same title	[] High priority for
[Y] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y] No	[] Minor revision
	[] Grade D: Rejected	BPG Search:	[Y] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

General The authors used room charge as an index of cost savings in this study, but this approach is limited because it is an indirect assessment of the actual or overall costs attributed to the patient's hospital stay during the study period. This reviewer suggests the authors relate the cost saving from the decreased length of stay to a practical item, such as the cost of the NP, which would suggest cost effectiveness. Does the cost saving from the decreased annual length of stay per patient offset the annual cost of the NP program? This reviewer suggests the authors include information on the number of new or different vs. same patients admitted to the chronic ventilator unit per year during the study period. If this retrospective analysis can demonstrate that NPs increased the number new patients admitted to the unit by decreasing their length of stay, this information will have more meaning to the healthcare community than just a decrease in length of stay per patient. If the same patient has frequent annual admissions to the unit despite a low length of stay per admission, the overall healthcare cost for this patient per year can increase because the variable cost (hospital admission) would also increase. Methods Please include location of the study How was



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cost-effectiveness assessed in the study? Consider using the median instead of the mean as the central estimate in this study because the data were likely not normally distributed (see average room charge, para 6, results). Results Table 1. Clarify Median length of stay per patient in the column. Consider using median (IQR) annual patient days in column. Figure 1. Clarify length of stay per patient Figure 2. Clarify in the legend "the median length of stay per patient based on ..." Suggest including the sample size of patients for each category. Table 2. Clarify median (IQR) for length of stay per patient in the heading. Note. Typo for "13.0" for deaths. Figure 3. Clarify bed charges as a percent of what(?)—total hospital stay? Clarify when NPs were implemented on the time axis. Discussion Would consider validating these findings at other pediatric chronic ventilator units Research frontiers Clarify how this study verified the success of dedicated NP in the chronic vent unit (by supporting prior findings at another PCVU?). Peer-review How did this study demonstrate an enhancement of the patient's care during the time when dedicated NPs were available? How was the quality of services by NPs assessed in this study?



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Name of journal: World Journal of Clinical Pediatrics

ESPS manuscript NO: 24632

Title: Nurse practitioner coverage is associated with a decrease in length of stay in a

pediatric chronic ventilator dependent unit

Reviewer's code: 00503689 Reviewer's country: Egypt Science editor: Xue-Mei Gong

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Date reviewed: 2016-02-17 03:47

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[Y] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[] Accept
[] Grade B: Very good	[] Grade B: Minor language	[] The same title	[] High priority for
[] Grade C: Good	polishing	[] Duplicate publication	publication
[] Grade D: Fair	[] Grade C: A great deal of	[] Plagiarism	[] Rejection
[] Grade E: Poor	language polishing	[Y] No	[Y] Minor revision
	[] Grade D: Rejected	BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

well designed study and important recommendations. However the cost of training and work time expenses for the NP. Further home support is usually needed for the parents. Will this be performed by a visiting NP or will they report to the hospital later on?