Dear Dr. Wang,

Thank you very much for allowing us to submit a revised manuscript titled "An Acute Hospital–Community Hospital Care Bundle for Elderly Orthopedic Surgery Patients: A Propensity Score-Matched Economic Analysis" to the *World Journal of Orthopedics*. We appreciate the time and effort you and the reviewers have dedicated to providing valuable feedback on our manuscript. We are grateful to the reviewers for their insightful comments on our paper. We have been able to incorporate changes to reflect suggestions provided by the reviewers.

Here is a point-by-point response to the reviewers' comments.

Reviewer #1:

SPECIFIC COMMENTS TO AUTHORS

The study aimed to analyze the acute hospital length of stay (LOS), costs, and savings associated with the Acute Hospital–Community Hospital (AH-CH) care bundle intervention initiated and implemented in elderly patients over 75 years undergoing elective orthopedic surgery. And the authors finally conclude that the AH-CH care bundle initiated and implemented in the Department of Orthopedic Surgery appears to be effective and cost-saving for Singapore General Hospital (SGH). And they also conclude that transitioning care between acute and community hospitals using this care bundle effectively reduces AH LOS in elderly patients receiving orthopedic surgery. Collaboration between acute and community care providers can assist in closing the care delivery gap and enhancing service quality. The paper was a good writing. And the conclusions have some clinical significances. However, I have some comments.

1. Core Tip section should be reorganized. Some irrelevant contents should be deleted.

Response: Thank you for your comments. The Core Tip has been reorganized as below.

Core Tip: This study evaluated the cost-effectiveness of an intervention that bundled Acute Hospital–Community Hospital (AH-CH) care. The AH-CH care bundle intervention effectively reduced AH length of stay (LOS) and costs for elderly patients aged 75 and above undergoing elective orthopedic surgery in Singapore General Hospital. Our findings indicate that systematically transitioning care between AH and CH using this care bundle reduces AH LOS and achieves cost savings. This intervention increases public hospital bed capacity and reduces inpatient hospitalization costs.

2. The ethic number should be presented.

Response: Thank you for your comments. We have added the IRB number (2022/2178).

3. The inclusion criteria should be clearly addressed.

Response: Thank you for your comments. We have addressed the inclusion criteria.

The inclusion criteria were all elderly patients aged 75 and above undergoing elective major orthopedic surgery between 2017 and 2021. Patients in the AH-CH care bundle were included to investigate the potential benefits of implementing this policy, including a shorter AH LOS and lower inpatient hospitalization costs.

4. The Results section should be reorganized according to the Journal guidelines. Figure 1 and Table 1-3 could be inserted in the corresponding paragraphs.

Response: Thank you for your comments. The Results section has been reorganized, and we have uploaded the original figures and tables.

5. Limitations and perspectives of this study should be involved in the Discussion.

Response: Thank you for your comments. We have included the limitations and perspectives in the discussion session.

This study has a few limitations. First, the AH-CH care bundle is designed for a specific patient population and may not be applicable to other populations or healthcare settings. Second, the exclusion of emergency surgery patients may limit the generalizability of the study's findings to a broader patient population. Third, this care bundle may not capture the unique characteristics and complexities of each specific orthopedic surgery procedure. However, there are a few perspectives on our findings. The AH-CH care bundle is a promising approach to improving the quality and efficiency of care for elderly patients undergoing elective orthopedic surgery. It provides a standardized and evidence-based practice, which may lead to enhanced patient outcomes and reduced costs, as well as promote a multidisciplinary approach to improve communication and collaboration between healthcare providers.

6. There were some grammatical mistakes in the Figure 1.

Response: Thank you for pointing this out. We have modified Figure 1.

Reviewer #2:

SPECIFIC COMMENTS TO AUTHORS

1. There is wide range of orthopedic surgery type. Homogenizing them would risk the real situation for particular surgical procedures.

Response: Thank you for your comments. There is indeed a wide range of orthopedic surgery types, and homogenizing them could potentially overlook the nuances and specificities of each procedure. However, establishing an AH-CH care bundle that focuses on commonalities and best practices across various orthopedic surgical procedures can still improve patient outcomes and reduce costs. The AH-CH care bundle can help reduce AH LOS and costs by identifying the most effective and evidence-based interventions. It focuses on elective orthopedic surgical procedures, which is important because it can help ensure the availability and timely turnover of AH beds, particularly in situations with a relative bed shortage. While there will always be some variation in individual cases, this care bundle aims to improve the overall quality of care for a given population.

2. Why patients underwent emergency surgery were excluded? What was the effect to the study? Was this considered as a limitation of the study? If so, please explain.

Response: Thank you for your comments. We have included this in the discussion section.

Patients requiring emergency surgery were excluded from the AH-CH care bundle because their clinical presentation, injury severity, surgical demands, and progression differed significantly from those of other patients, resulting in substantial variations in hospitalization costs. This exclusion was detected during preliminary data analysis, and it was determined that their inclusion would not be feasible within the scope of the study. The exclusion of emergency surgery patients can be considered a limitation of the study because it may limit the generalizability of the study's findings to a broader patient population. However, the decision to exclude emergency patients was made based on practical and methodological considerations, and separate care pathways were being developed for these patients. Thus, the potential impact of this exclusion on the study's results was minimized.