

## Peer Review File

**Article Information:** <https://dx.doi.org/10.21037/apm-22-1400>

### Reviewer A

Overall:

The article deals with an interesting and relevant topic and is a useful addition to existing literature. Overall it is written in a very comprehensive way. Only the methods should be described more thoroughly.

Abstract:

l.33: The hospitalist movement is rather specific to the USA and therefore should be indicated as a movement in the USA.

**Changes in the text:** We have added this clarification (Abstract).

Methods:

There are some information missing to fully retrace the methods applied. Where there restrictions regarding time, language, geography? If no restrictions were implied please also indicate.

**Changes in the text:** We have added this information (Methods, pages 2-3).

When were the databases searched? How many articles were initially found? Did you first screen the abstract and then the full text? How many people screened each articles and was it blinded? A table of inclusion and exclusion criteria as well as an flow chart can support the material.

**Changes in the text:** We have added this information as well (Methods, page 3).

**Reply:** Of note, while we report on methods that are broadly consistent with a systematic review, this was designed to be a narrative review, and our approach was not meant to be exhaustive in identifying all of the existing literature. To this end, there was only one reviewer, and we did not feel a flow chart was as relevant in outlining our approach. We have added a table summarizing the search strategy, however.

Results:

l.98: Did you apply any specific method to identify these four thematic outcomes? A short general overview to the articles would be helpful (time span of publication, geography, qualitative vs. quantitative studies...)

**Changes in the text:** We used a general inductive approach to developing these themes. We have added clarification to this effect (Methods, Page 3). We have additionally added a general overview of the articles (Results, Page 3).

Tables:

There is a heading for a table (search strategy) but no table itself.

**Changes in the text:** We have added this table.

## **Reviewer B**

Dear authors,

Overall, the topic of your manuscript is currently with regard to the COVID-19 pandemic of great importance and nicely written. However, it remains unclear if this article has been written in response to the COVID-19 pandemic, or if COVID-19 studies are excluded: 'excluded studies that exclusively assessed cohorting by unit specialty' (line 94). Please provide some attention to this COVID-19 time frame.

**Reply:** We have clarified that there were no restrictions on the date of studies (Methods, Page 4), including studies published after the start of the COVID-19 pandemic. This review was partly inspired by experiences during the pandemic, as many health systems and hospital medicine services for the first time had the opportunity to trial geographic cohorting of medicine patients (see Introduction and citation [2]). That said, it has relevance that preceded the pandemic and will endure beyond it.

Besides, I am curious why you chose to submit this manuscript for this journal, as your study is not about palliative medicine. Can you explain why you think this study fits with the scope of Annals of Palliative Medicine?

**Reply:** By way of background, this is an invited review for a series on the 'Latest research in COVID-19'. In discussion with the editors for this series, a review that addresses "changes in the hospital medicine system as a result of COVID-19" was considered a good fit, and we jointly settled on this topic. With that said, because palliative medicine is tightly intertwined with hospital medicine and inpatient delivery of care, we believe there is a degree of alignment here regardless.

Comments on specific parts of the manuscript:

1. Please reconsider carefully if 'geographic cohorting' is the right term, or if 'cohort isolation' may be more applicable. Klein et al defined geographic cohorting as a hospital admissions structure <https://pubmed.ncbi.nlm.nih.gov/35075536/>

**Reply:** In general, "geographic cohorting" is the most common term used, both in the literature and colloquially, to describe this topic area. The paper cited is included in our review; we agree with their definition (it is both an admissions structure and a patient-provider organization structure) and this is precisely the structure we are exploring.

2. also in your search strategy (lines 84-86) I would suggest to search for 'cohorting' or 'cohort isolation' without 'geographic'.

**Reply:** We did include "cohorting" in our search and have updated the manuscript accordingly – thank you for highlighting this. "Cohort isolation" does not exactly target our topic area, as addressed above. We are more interested in the admission structure and the patient-provider organization structure, then isolation of cohorts per se.

Methods:

3. Please explain what is 'pearling (a.k.a. citation mining) (line 87) v.s. the more broadly used 'snowballing' technique <https://abstracts.cochrane.org/2011-madrid/snowballing-technique-ensure-comprehensiveness-search-systematic-reviews-case-study>

**Reply:** These are all synonyms as far as we understand (pearling is also sometimes referred to as pearl growing): [https://en.wikipedia.org/wiki/Pearl\\_growing](https://en.wikipedia.org/wiki/Pearl_growing).

**Changes in the text:** We have included snowballing as an alternative description of the method (Methods)

4. Please expand the methods section: was there a time span in which literature had to have been written; how many 'resulting articles' were reviewed (line 88); how was this review done?

**Changes in the text:** We have updated the Methods to clarify the time span for articles (as noted above). We have added how many resulting articles from our search strategy were reviewed, as well as how this review was done (Methods).

Can you add a flowchart of the article selection?

**Reply:** We have added a search strategy summary table. If the editors additionally wish to add a flowchart we can do so, although this information is contained in the methods and results sections, and in our experience this has not been something we have done for narrative reviews.

Please add a paragraph about 'data analysis' (line 96)

**Reply:** Can the editors add more clarity on what is needed here? This is intended to be a narrative review, so we did not do any data analysis per se. We organized and summarized the findings of the relevant literature.

Results

5. I would suggest to move the subtheme 'costs of care' to the theme 'efficiency'.

**Reply:** We were conflicted about where to include this, although do feel it could be plausibly included in either domain.

**Changes in the text:** We have added a comment to this effect in the introduction to the results section (Results, page 4).

6. In line 195 remove 'and increased frequency of interruptions'. This is already described in line 180.

**Reply:** This is meant to be highlighted in a slightly different context here – the Work Efficiency section summarizes the data around this particular issue. In the Satisfaction section, we are simply noting that this is a reason clinicians highlight for dissatisfaction with the model in qualitative interviews.

Discussion:

7. In lines 203-206 three of the themes are summarized. A summary of the fourth theme 'efficiency' should be added.

**Changes in the text:** We have added a summary of this theme as well (page 6).

8. the subtitle in line 213 should be in bold instead of underlined.

**Reply:** This change has been made.

9. please remove or change one of the subtitles 'future directions' and 'future studies' as these are very similar.

**Reply:** This changes has been made.

Table

10. It is unclear to me what is meant with the column 'study setting (teaching vs non-teaching)'. Please explain in the methods or change the column name.

**Reply:** The goal here was to identify in as much detail as possible the context in which cohorting was being implemented. Those who have experience with implementing cohorting in academic settings will be familiar with the unique challenges to doing so on a housestaff service versus a direct care or APP led service. With that said, this nuance may be lost on readers, and if it unnecessarily complicates the table we can remove this column at the editor's discretion.

11. Please use in the last column of the study by Kara et al the identified themes, as is done for all other studies, instead of 'upside' and 'downside'.

**Reply:** We used this categorization for qualitative studies where there were no discrete outcomes measured.

**Changes in the text:** We have changed the categories to “Pro” and “Con”, as this may be more commonly recognized verbiage.