Author's response to reviews

Title: Unregulated provider perceptions of audit and feedback reports in long-term care: Cross-sectional survey findings from a quality improvement intervention

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Author's response to reviews: see over
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Emily Crow
Executive Editor, *BMC Geriatrics*

Dear Dr. Crow,

Thank you for this opportunity to revise and re-submit this article entitled ‘Unregulated provider perceptions of audit and feedback reports in long-term care: Cross-sectional survey findings from a quality improvement intervention’. We have given careful consideration to the suggestion made by the reviewer, and detail our response below.

This work has not been previously published and is not being submitted elsewhere for publication. All authors meet the requirements for authorship according to the International Committee of Medical Journal Editors. Neither I nor my co-authors have conflicts of interest in terms of any relationship with funders or other entities. We would suggest Dr. Marilyn Rantz (rantzm@missouri.edu, Sinclair School of Nursing, University of Missouri) and Dr. Katherine McGilton (kathy.mcgilton@utoronto.ca, Toronto Rehabilitation Institute, University of Toronto) as appropriate peer-reviewers for this manuscript.

Please contact me with any questions or concerns. I look forward to hearing the results of the review process.

Sincerely,

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## Detailed Response to Reviewers

The table below consists of the reviewers comments on the left and our revisions on the right.

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<th>Reviewer comment</th>
<th>Our response</th>
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<td>Reviewer 1&lt;br&gt;The only concern that I have about the study at present can only be addressed in a limitations section if the authors were so inclined and that pertains to the nature of the outcome variable. The dependent variable is the extent to which the respondent felt the information would help them or motivate them to change their behavior. Were the report focused on the aides' behaviors (e.g. responding to patients' reports of pain or patients' being physically restrained, etc.) it would be particularly salient that the reports stimulated aides to consider how they might change. As it is, at least based upon my reading, the questions are very general so one misses the connection between reports and actionable opinion.</td>
<td>We agree with this reviewer that the dependent variable in this study is one step removed from actionable opinion. However, we did not intend to report on a measure of actionable opinion in this article. &lt;br&gt;The dependent variable for this study is <em>perceptions of usefulness of information</em> in the report to make changes to how care is delivered. This is different than motivation to change behavior or intent-to-change behavior. &lt;br&gt;The overall DICE study does contain questions on the intent to change pain assessment behavior, but intent-to-change behavior is not the outcome of interest for the sub-study reported on in this article. Because this was not our purpose in this article, we do not feel that it is appropriate to include this in study limitations. Instead, we have made several edits (highlighted below) to ensure that this difference is clear in the article:&lt;br&gt;1) We have included an explicit statement in the introduction section to highlight the difference between these variables for the reader. &lt;br&gt;“We currently do not know how unregulated providers, when directly targeted, might perceive and respond to feedback report information within LTC contexts; this study’s results will begin to fill this knowledge gap by identifying how unregulated care providers perceived the information included in the report. Although self-reported intent-to-change behavior is not the focus of this study, unregulated providers’ perceptions of the utility of the feedback report information may be an important initial factor that influences whether a plan to change practice is made. Intent-to-change behavior will be reported in a separate publication” (p. 7) &lt;br&gt;(2) We have edited the purpose statement: &lt;br&gt;“Specifically, we were interested in understanding whether the reports provide information that unregulated care providers perceive <em>could</em> be useful to provide better quality care to residents, and to what extent other variables were associated with the perception of feedback report utility.” (p. 8)</td>
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(3) We have edited the description of the post-feedback survey:
“The post-feedback report survey, originally published in the protocol paper [38], had three sections that contained: (i) demographic information about the respondents; (ii) items capturing perceptions of the feedback report; and (iii) items assessing intent to change behaviour (see Appendix 1). This study is focused on the items on perceptions of the feedback report from section ii.” (p. 10)

(4) We have edited the description of future research
“In future work, we will also examine the extent to which resident outcomes changed over the duration of the study and the extent to which this audit and feedback intervention resulted in changes to self-reported intent to assess pain.” (p. 19)

We thank the reviewer for picking up on this important issue.