Reviewer's report

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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Reviewer: Veronique Boscart

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REVIEWER'S REPORT

General Comments

This paper entitled ‘Unregulated provider perceptions of audit and feedback reports in long-term care: Cross-sectional survey findings from a quality improvement intervention’ details an audit and feedback approach with unregulated care providers in quality improvement interventions in long-term care. The paper describes participants’ perceptions of the usefulness of this approach.

Overall, this manuscript is well written and provides detail and knowledge on the issue. The research questions are important and original. The discussion section adds some new insights to the interpretation of the findings that have not been published before. The contributions from this study are valuable, yet some revisions are desirable. There is some overlap with another manuscript reporting on a subsection of the same study “Feedback reporting of survey data to healthcare aides” by Hutchinson, Batra-Garga, Cranley, Bostrom, Cummings, Norton and Estabrooks, just released by Implementation Science 2012, 7:89 doi:10.1186/1748-5908-7-89. Although the latter paper describes the HCAs perceptions of the usefulness of a one-page poster with facility-level summary data; similar findings were presented in regards to the understandability, usability, and usefulness of the data. It might be worth to link these 2 papers in the discussion section of this paper.

Specific Comments

Major Comments

1. The question posed by the authors is well defined; yet the result section addresses an additional question (see comments under Result section).
2. The methods are appropriate and well described.
3. The data are sound.
4. The manuscript adheres to the relevant standards for reporting and data deposition.
5. The discussion and conclusions are well balanced and adequately supported by the data; however some issues will need to be further explored (See
6. The limitations of the work are clearly stated.
7. The authors acknowledge any work upon which they are building, yet in 2 instances the paper could benefit from additional references.
8. The title and abstract accurately convey what has been found.
9. This is a well written manuscript.

Major Compulsory Revisions: Ma
Minor Essential Revisions: Mi
Discretionary Revisions: D

1 Abstract: Background: First sentence: “Audit with feedback is a moderately effective approach for improving professional practice in other health care settings.” The reader does not know what the term ‘other’ refers to. D
2 Introduction: The authors should add the purpose of the study (brief) at the end of the introduction. Mi
3 Introduction: This section could benefit from 1-2 sentences on ‘audit and feedback’ approach to introduce the non expert reader to this topic early on in the manuscript. D
4 The LTC setting: The necessity of the 2nd paragraph could be questioned. D
5 1. The LTC setting: Given the international audience of Implementation Sciences, the 3rd paragraph should also list overall Canadian stats as opposed to only listing Alberta data. Ma
6 2. The LTC setting: Authors will need to decide if this section needs a separate subtitle, as the content could also fit under the subtitle of “Unregulated care providers’. D
7 Unregulated care providers: Second sentence: unregulated care providers are also referred to as Personal Support Workers in other Canadian provinces or as Care Aids in some American states. Mi
8 3. Unregulated care providers: Sentence 3: See above comment about solely presenting Alberta stats. Ma
9 4. Unregulated care providers: As for Ontario, LTC homes will not hire PSWs that are not certified. I am unsure how other provinces or the US states deal with this issue, but it might be worth to mention that this differs in Alberta. Mi
10 5. Unregulated care providers: Current PSW training in Canada happens through community colleges, private vocational schools, and not-for-profit organizations; with 20% of annual PSW graduates receiving certification of training. (Canadian Research Network for Care in the Community. (2010). Ontario Personal Support Workers in Home and Community Care: CRNCC/PSNO Survey Results. Ontario, Canada: Lum, J., Sladek, J., & Ying, A.) Mi
6. Unregulated care providers: There is a strong trend towards requiring certification for hiring in LTC (e.g., the new Ontario Long-Term Care Homes Act requires a higher standard of education for newly hired PSWs). There are however still a lot of unregulated care providers in the workplace that never received formal education. These are 2 very distinct groups of unregulated care providers and one can question if they should received the same type and level of continuing education and training.

12 Quality of Care: 3rd sentence, referring to “…relies on the least prepared individuals”. This is an interesting statement as there are several studies indicating that because of the unregulated care providers’ close proximity to the residents, they are actually the first ones to notice any change in status or early symptoms when compared to the regulated staff who might only see the resident for 10 minutes during an entire shift. I support the author’s point that the unregulated care providers have received a limited amount of education as compared to the registered staff; yet the sentences in this section seem to discredit the experiential knowledge that is in place, which in this case (QI) is extremely valuable. Mi

13 7. Quality of Care: The notion of resident-staff ratio has been an important factor in quality of care and should be mentioned in this section under contextual factors. Any type of behavioral practice change will not be sustainable if unregulated care providers are asked to care for a growing number of residents. Ma

14 Audit with feedback interventions: “Demonstrated success with professionals, but unknown effects on unregulated providers”: the second part of this subtitle is not necessary. The section itself is nicely written. D

15 The need for formalized audit with feedback processes: Authors should consider providing some more information on the MDS –RAI ‘quality indicators’ for readers that are not familiar with this system (facility quality indicator profile reports, QI domains, maybe report outcome measures in a table). Mi

16 Methods: Design and Setting: 2nd sentence: Authors should reference the ‘separate publication”. Mi

17 8. Methods: Design and Setting: Description of the 4 LTC homes is missing (ownership, geographical location, size,...). Ma

18 9. Methods: Design and Setting: It is not clear if the term “follow-up survey” refers to a different type of survey or the regular post – feedback report surveys described in the next section. Mi

19 Methods: Design and Setting: Some information on the pilot test of the reports and the survey would strengthen the manuscript (sample, findings, and adjustments). Mi

20 Generating and distributing the reports: When discussing the feedback reports, the authors stated that the reports “each compare the quality indicators in a given unit to all other units in the study”. Were the participants able to identify the other 8 units? Did they know which of these units where form their own facility? Mi
21 Generating and distributing the reports: “Two RAs hand delivered the reports in each of the nine LTC units”. Do the authors mean that each participant on that unit was given a copy of the report? Mi

22 Sample and Data collection: The first 3 sentences in this section are not applicable to this manuscript. Consider deleting these sentences to avoid confusion. D

23 Sample and Data collection: The authors describe that a convenience sample was used, yet no data is provided on the eligibility criteria or recruitment strategies of this convenience sample. Ma

24 Sample and Data collection: The description of the post-feedback report survey is listed as an appendix of another article. It would be of great value to have that appendix also attached to this paper. If that is not possible, maybe a table listing some examples of the items described would be helpful. Mi

25 Sample and Data collection: Did the protocol specify a specific time period between the delivery of the feedback report and the completion of the survey? D

26 Analysis: First sentence; see comments above.
Analysis: Explain why the authors only used data from the last 3 survey cycles instead of the nine survey cycles. D

27 Analysis: paragraph 4: sentence: “Because providers chose whether or not take part in the surveys” is missing a word I believe. D

28 Results: well described, no further comments.

29 Discussion: first sentence: use LTC as an abbreviation. D

30 Discussion: First sentence: “We found that unregulated providers in long-term care settings express both an ability to understand feedback reports presented as part of a quality improvement intervention, and…” . This finding does not correspond with the research purpose described at the end of the section “The need for formalized audit with feedback processes”. In addition, the absence of an overview of survey questions makes it different for the reader to understand how well the ‘ability to understand feedback reports’ was measured. Assuming that only survey question 1 (How well do you feel you understood the information that was in the report(s) about residents on your unit?) was used as the basis for the above statement, one could question if it provides an accurate picture of actual ‘ability’ (desirability bias, self perception). Lastly, the first sentence in the 2nd paragraph takes this assumption even further and states that this study is the “first to report on the unregulated caregivers’ level of understanding”. I suggest some revision to these sentences. Ma

31 Discussion: 2nd sentence would be stronger if reference is provided. D

32 Discussion: sentence: “The existing literature highlights the lack of education and concerns about unregulated providers’ capacity to understand potentially complex information, such as that included in our feedback report”. The ‘limited education’ discussed in the background of this manuscript was related to quality of care, not specifically to the understanding of complex info in a report. If the authors choose to retain this sentence, it will warrant some evidence. Mi
33 Recommendations: Given these findings, could the authors explore the involvement of unregulated care providers in QI projects? What is their role? How would you involve them? How would you measure their contributions? How will self-efficacy be a potential factor in their involvement or outcomes? Mi

34 Recommendations: 3rd paragraph focusing on clinical or program educators: This actual recommendation is not clear. Are the authors referring to a stronger emphasis on a curriculum focused on Quality? How could feedback reports be involved? Mi

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.