Reviewer's report

Title: Implementation of policies to improve end-of-life decisions in Flemish hospitals: communication, training of professional caregivers and use of quality assessments.

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Reviewer: MARIA J SILVEIRA

Reviewer's report:

General comments: Well organized and generally well written paper that needs more attention to the Introduction. In particular, the paper lacks a justification for why an international audience should be interested in Flemish EOL care. As the manuscript is written, the case for relevance begins to be made in the Discussion section, but that needs to come earlier.

1. Is the question posed by the authors well defined?
   a. The questions are listed on pages 3 and 4. They are easy to follow and clearly written. I have problems with question #5, because I doubt the data are sufficient to adequately answer it. Also, for any analyses, the authors need to state a hypothesis and why they believe it.

2. Are the methods appropriate and well described?
   a. More detail needs to be given as to whom the survey was addressed to and how those people were identified. How do they know the addresses were accurate for the non-responders?
   b. The authors need to be more detailed about the questions asked and be more exact about which data came from questions that were validated and which came from de novo items. If the authors could provide a copy of the instrument (solely for the purposes of review), that would improve my ability to say whether the conclusions are founded.
   c. More detail on pretesting of new items needs to be provided.
   d. What do the authors mean by “structured approach to palliative care?”
   e. There needs to be discussion about why the authors chose to ask about the RAI and ESAS as opposed to other quality assessment tools. This may be why their answers were so poor. 61% of respondents said they assessed satisfaction – what are they using?
   f. Not all education is the same – Was the format of education assessed? E.g. was the education in the form of an in service vs online learning vs CME. Was the education optional or mandatory? Was the frequency of educational offerings assessed?
   g. “Almost a quarter of the hospitals reported an intention to plan training…” Within what time frame? It is unclear if a ‘yes’ to this question is meaningful.
h. In the section entitled “Relationship between characteristics of Flemish hospitals and …,” there needs to be much more detail about which analyses were conducted and how the variables were structured. More importantly, there needs to be a power calculation. It is unclear if the results obtained were so because of a lack of power.

3. Are the data sound?
   a. Where did the characteristics of non-respondents come from? Please list the data source.
   b. Please list the numerator and denominator for any percentages.
   c. The results on euthanasia seem to come out of no where. This needs more discussion in the introduction, especially given the specifics of the Flemish healthcare system.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   a. Yes, mostly – see above for recommended changes.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   a. “Assessment of the quality of EOLC is not yet common” – but, elsewhere you say 61% of hospitals say they assess quality.
   b. In the discussion, time trends are discussed for the first time. There needs to be mention of the earlier results and why time trends are important to explore in the Introduction.
   c. The authors state “… the effort [to measure satisfaction] is often limited to specific departments.” Where does this conclusion come from? It does not seem to be supported by the results presented.

6. Are limitations of the work clearly stated?
   a. Limitations are stated in discussion, but are insufficient.
   b. Limitations need to say something about how different types of respondents may have different familiarity with hospital policy and, in turn, accuracy.
   c. “This two step approach may have hampered the response rate” – this is not as much of an issue as the limitation stated above.
   d. There needs to be explicit mention of ‘social acceptability’ and ‘recall bias’.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   a. No, they need to discuss the prior survey from 2006 in more detail.

8. Do the title and abstract accurately convey what has been found?
   a. Title: would exclude ‘implementation’ from title.

9. Is the writing acceptable?
a. The writing is generally clear.

b. I recommend they use the standard abbreviation (in the US) for ‘end-of-life’ – ‘EOL’, and say EOL care, not ‘ELD’.

c. I also recommend that they use “health care providers” instead of “professional caregivers”. In the US (I’m not sure about other English speaking countries) “caregiver” usually refers to someone (formal or informal) providing care at home.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

No COI