Reviewer's report

Title: A proposed systems approach to the evaluation of community-based integrated palliative care

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Reviewer: Michael Harlos

Reviewer's report:

Thank you for the opportunity to review this article.

The article addresses an important area of palliative care service development, and one which has received little attention in the literature. The integration of palliative care resources in a region is typically undertaken to maximize efficiencies and ensure equitable access to services, and such initiatives are ongoing in many parts of a country. This can pose challenges which are perhaps unique to palliative care, where a region may have numerous small programs/services that have evolved over years in order to serve specific facilities, organizations, or special interest groups... all with dedication and good intentions but not necessarily with a view to collaborate. Sometimes their funding base is a particular barrier to sharing resources, such as when a special interest group or an individual has donated funds in order to serve their target population or to establish a program in their own vision. There is little literature to guide those who are undertaking such a process, and this article will serve as a resource to them.

My comments below are from the perspective of having spent the last ten years developing an integrated palliative care program in Winnipeg, which involved restructuring and collaboration. I do not have the theoretical knowledge and awareness of the literature held by the paper's authors. I believe that most of the target audience will have a similar background and knowledge base to mine.

Comments/suggestions:

MAJOR COMPULSORY REVISIONS: None

MINOR ESSENTIAL REVISIONS: there is a typo in Figure 1 System Structure box: "Policies and Procedures"

DISCRETIONARY REVISIONS:

Overall I found the article to be very well written, with the authors demonstrating an obvious grasp of the area and of the related literature. At times I found the language and technical terms made the reading a bit challenging... the theoretical foundation of the topic is not my area of expertise, and may not be the expertise of many people who will look to this article as a source to guide program development. Perhaps the authors could review some of their sections
for readability, so that for the typical clinician/administrator it flows easily... most clinical administrators are clinicians first, who find themselves in an administrative role without prior training in the area or grounding in the theory of administration. For example, I found the following sentence difficult, and I’m not sure the semicolon is grammatically correct (p. 24):

"A factor matrix based on the questionnaire items developed from the conceptual framework should be created to ensure complete coverage of desired elements and to assist in analysis for mapping individual factors relative to one another; allowing theme formation and relationships to be drawn at and between the structure, provider, and patient levels of the system."

The discussion around collaborative care (page 9) focuses on interprofessional collaboration; i.e. at the level of individuals and teams who provide care. In my experience over the last decade developing an integrated palliative care program out of various individual programs, the main challenge with collaboration was between facilities/organizations/services; this is also alluded to in their reference #14 (Nikbakht-Van de Sande et al) which the authors refer to on page 9 regarding this. Perhaps some mention of the importance of inter-organizational collaboration would be reasonable; even if interprofessional collaboration is excellent, if the organizations are territorial and uncooperative there will be barriers to network functioning.

In the discussion related to the principle of client-centred care, perhaps some mention could be made of this principle as being the grounding consideration, or touchstone, which can serve as a focus throughout the integration of resources. This helps to redirect some of the territoriality that arises as individual organizations try to protect their uniqueness during integration; the process is re-focused by reconnecting with what is best for the patient and family, rather than what is in the narrow interest of the facility/organization or its funders. This concept is alluded to in the same reference (Nikbakht-Van de Sande et al) mentioned earlier:

"The central role of patients and their relatives is pivotal in palliative care. In the opinion of the network participants the quality of palliative care can be improved by the formation of networks"

Those are all of the comments that I have.

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