Reviewer's report

Title: Teams and Quality of Care in Nursing Homes

Version: 2 Date: 30 July 2013

Reviewer: Marielle Ouwens

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Title page
TEAMS AND QUALITY OF CARE IN NURSING HOMES
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Reviewer:
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1. Is the question posed by the authors well defined?
No, there is a hypothesize but the research question could be better defined (see also my comments below).

2. Are the methods appropriate and well described?
Yes, as far as I can oversee this. I am not a methodologist.

3. Are the data sound?
Yes, idem.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes, accept for the fact that the I think that an article has either an introduction or a background.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Yes, but I think that the focus from the beginning more should be on differentiating between real teams and quasi teams. I think that this is a new aspect. We already know that teams lead to better results in care.

6. Are limitations of the work clearly stated?
Enough.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
More or less. I miss the work of Ed Wagner and his model on managing care and the importance of well functioning teams. And I miss in the discussion the importance of the team climate within teams on better performance.
8. Do the title and abstract accurately convey what has been found?
I think the title could better sound like:
“Real teams and their effect on the quality of care in nursing homes” (DR)

9. Is the writing acceptable? Yes
After the points I made below I wrote my rating:
• Major Compulsory Revisions (=MaR)

The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.
• Minor Essential Revisions (=MeR)

The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.
• Discretionary Revisions(=DR)

These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential

Introduction
- Ed Wagner wrote a nice article on care teams and maybe it could be interesting to add some of his thoughts in your article. His definition on teams was: A patient care team is a group of diverse clinicians who communicate with each other regularly about the care of a defined group of patients and participate in that care. (The role of patient care teams in chronic disease management, Wagner, BMJ 2000; 320) (MeR)

- Another aspect that deserves more attention is the difference between mono- and multidisciplinary teams. My article on team climate in patient care teams shows that there are differences (Qual Saf Health Care. 2008 Aug;17(4):275-80, The Team Climate Inventory: application in hospital teams and methodological considerations.Ouwens M, Hulscher M, Akkermans R, Hermens R, Grol R, Wollersheim H) (DR)

Background
- The background reports on the results of a literature review but I miss the search strategy and used terms (MeR)
- The background reads as a “results”-section
- I am not convinced of the fact that teams are the same as “staff-resident” assignment; maybe you can explain why you think this is the same. (MeR)
- I assume that your hypothesize (we can hypothesize that the use of teams – as operationalised in the present study – will be significantly related to higher levels of quality of care) is your research question? But this research is not new. We know that there is a positive relationship. Please explain. (MeR)
- In my opinion not only the presence of a team is important for higher levels of care but also the team climate within the team. Please give this some attention (MeR).

Methods
- Dependent variables: Based on the regulation we developed four quality indicators: medical care, general care, social activities within the ward and social interactions between staff and residents. I would not talk about quality indicators but areas or dimensions for quality of care. Each dimension is measured (or operationalized) by some questions. My question is of the authors performed a factor analysis to see if these questions load on the dimension? (MeR)
- To me it is stil not clear when a team is a real team and when a quasi team. This seems disputable to me. (MeR)
- Data analysis: you talk about three quality of care indices, but I suppose you mean the three sources for assessing the quality of care (relatives, staff and observation)? Please clarify. (MeR)

Results
- Interesting point is the effort that is done to search for “real teams”. I agree that it if often the case that teams do not operate as real teams.
- I think that the figures on the interaction effects are not necessary for the article. (DR)

Discussion
- Membership stability and primary tasks at the subunit level both have impact on team functioning and on being a real team. However, I miss in the discussion the impact of team climate on the functioning of teams. This can for example be measured with the Team Climate Inventory from Anderson and West (see for reference my own article on team climate mentioned above). (MeR).
- The part on limitations should not stand under “the Norwegian situation”. (MeR).

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests