Reviewer's report

Title: Teams and Quality of Care in Nursing Homes

Version: 2 Date: 12 August 2013

Reviewer: Christa Hojlo

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Major compulsory revisions:

Review comments

1. The question, namely the definition of the term “team” starting with the title and abstract lacked clarity throughout the paper. To complicate it, there was discussion about “real teams” and “quasi teams”. There was also some reference to “interdisciplinary teams”.

2. The definition needs clearer discreet elements to be able to 1. Distinguish real teams from quasi teams and 2. To determine the composition of the “teams” that is being studied. There was reference to this, but it was not consistent.

3. What does “team presence” mean versus team absence? This needs to be clarified. Is team absence different than “quasi teams”? Is team the way staff is assigned to work together to provide services to residents? The word “presence” throughout the document was confusing and needs clarification. All nursing home care requires a lot of staff for a variety of resident care and services. Is that not team presence? Again, need to be specific as to what “presence” means.

4. There was confusion with the addition of the discussion about “consistent assignment”. This is a new and very specific approach to care delivery in nursing homes that is gaining support, but associating “team” in the context of this study with consistent assignment discussion is not clear. What does consistent assignment have to do with team? There may be a relationship, but it was not clear in the study description and the literature review. I could not tell if consistent assignment was an aspect of team.

5. Finally regarding “team”, most nursing homes at least in the U.S. are required to have “interdisciplinary teams” for care assessment, care planning, and managing resident outcomes. These include social workers, recreation therapists, and others in addition to the direct care staff. So, in the review I was expecting more about interdisciplinary teams in that sense and lost what it was that the study was addressing. What I assumed was that “team” in this study meant a group of direct care providers (licensed nurses and unlicensed workers) consistently assigned to the same group of residents in nursing homes. Quasi teams appeared to be described in essence as dysfunctional teams. May need to make this a deliberate clarification. But you need to have strong definitions of what constitutes a good team versus a quasi team,

6. Then, was the study about the impact of functional direct care staff organized as a team to deliver care to a group of residents and the impact of this approach
on quality of care in nursing homes?

7. Consistent assignment on the other hand is a different construct, so there was no clarity about the connection between consistent assignment and “real teams”.

8. All of this needs to be clarified and articulated so that there is no confusion about the construct being studied “teams”.

9. On page 12, there is discussion of various types of teams: work groups, empowered teams, self-managed teams or formal teams. These have different meanings within each group. Yet it is stated that these are labels for teams and the definition includes these labels. So, did the study definition of team include these as well? This needs to be included up front in the definition of teams with the caveat that each of these labels has specific meanings.

10. The quality indicator variables. The term “Quality Indicators”, at least in the U. S. and I suspect in other countries as well, has specific designated meaning. For example, in the U.S. the Quality Indicators are a specific set of nationally vetted, studied, and accepted definitions and parameters. The use of the term “Quality Indicators” (QI) in this study was confusing and needed more definition. The definitions as provided were too broad and not outcome oriented. For example, “medical care”. What did that mean? Were the QIs in this study QIs that are standard for the country’s nursing homes or were they designed for the study? This needs clarification. If designed for the study, on what basis were they selected? I would have liked to have seen QIs that were based in resident outcomes.

11. The study population: I was looking for resident participation in the study. So, the study really seemed to reflect staff and family participation. Perhaps the 900 hours of observation represented a proxy for resident response. However, the study would have been stronger if resident outcomes were represented in the QIs.

12. I was surprised by the lack of written informed consent to participate in the study. Although explained, it is still puzzling to me that this was not part of the requirement for the study. Written consent represents part of the rigor of a study.

13. I also regret that some special care areas were omitted from the study since it would have added to the robustness of the study.

14. On page 9, although there is reference to staffing in the number of staff “per ward”, a more meaningful descriptor of staffing patterns would have been nursing hours per patient day especially since the wards ranged in size from 6-25. The numbers of staff then really do not give me a good picture of the staffing patterns.


16. On page 12, the study states, “The field observations……consisted of direct observations of the organizational structure and informal interactions with care workers”. Was there also observation of resident care and resident outcomes?

17. Resident outcomes would have strengthened the study. Instead the observations were limited to “team” interactions only.

18. I would have appreciated a better/stronger delineation of care levels. For
example, residents who were total care and maybe bed bound; some idea of functional impairment level; something more about the intensity of staff interventions with residents that correlated with the way teams were organized to deliver services to residents.

19. Given the above concerns, it was difficult to assess the relevance of the methodology to the findings.

20. The “results” in my estimation are not as meaningful as they could be given the above comments.

21. Conclusions: I could not see, with the gaps in definitions and methodology, that the study conclusions were clear. The conclusion states that “presence of teams” is important for quality of care. That is a huge jump given that team was not well defined; that quality of care was not well defined and that the methodology could have been better aligned had the variables been clearer.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**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.