Reviewer’s report

Title: Implementation of geriatric assessment and decision support as part of a Multidisciplinary Integrated Care model in residential care homes

Version: 2 Date: 29 November 2011

Reviewer: Jane Banaszak-Holl

Reviewer’s report:

Major compulsory revisions

1. More generally, it is unclear what is the basis for the authors’ statement that “Prerequisites of successful introduction versus maintenance of care innovations are not well understood.” The adoption and maintenance of innovations is a well researched area of health services, going back to Everett Rodgers book on The Diffusion of Innovation. Innovation adoption is widely researched today in health services research (as evidenced by the journal Implementation Science which focuses in this area) although perhaps not in the setting of Dutch residential care homes. Authors need to be clear on whether they are discussing the narrow context that they are considering and if so, is this research applicable to other settings.

2. Given the readership of the journal, it would also be helpful to have a more complete description of what are residential homes in Netherlands and how they are staffed. Furthermore, it is not clear whether all those trained within facilities participated in evaluation surveys and interviews. Further detail is needed there.

3. Also, abstract notes that “contextual issues that include type of care setting and type of innovation” are key to adoption but those factors are not studied here. The focus of this paper appears to be on individual level evaluation of barriers and facilitators as well as success of implementation. NOTE, that individual reports may differ from what other data reveal about barriers, facilitators and success of implementation and the authors should explain why they focus on individual reports in these cases.

4. The quantitative data collection is only scantily described. Little information is provided on the semi-structured interview structure or on how summary statistics were calculated. Did questions just allow for a yes/no answer (which would allow the estimate of percentages)? Or were they Likert scaled and if so, were responses aggregated across response categories?

5. Table 3 adds some confusion to the results section. If facilitators and barriers are the same across time periods than you would expect that adoption does not change across these periods and yet, we find in Table 3 that even though the staff indicated barriers in the better facilities at time 1, they still adopted the InterRAI program effectively, while in the 3rd and worst facility, the staff were not resistant to adoption at time one and yet were ineffective in adopting the practices of this program. This would suggest that attitudes are not predictive of
whether they actually made changes. It is possible that attitudes do not reflect behavior. No discussion of these contradictory findings. The discussion on page 10 does not make sense in that if management changes between the times surveys were done than you would expect changes in attitudes but there were no changes observed in facility #3. Furthermore, the explanations on page 10 (specifically: “Remarkably, nursing assistants of the ‘worse’ residential home saw the least drawbacks and the most benefits of the RAI-LTCF. This is somewhat contradictory to the finding that they scored the ‘worse’ compared to the other two homes on the quality of care outcome report.”)

6. The qualitative data in table 5 is useful and very descriptive of some of the benefits and barriers but is not organized to highlight key results for the reader nor is it well described in the paper itself.

Minor essential revisions for conclusions

The authors provide extensive discussion of the comparison to the RAI-HC instrument which is used in the home care services sector. This discussion highlights extension of the application of the intervention approach and is not directly related to the findings on how implementation is occurring within residential homes. This could be shortened to highlight further the discussion of implementation success within the residential care setting.

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

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests.