Reviewer's report

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

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Reviewer: Jane Banaszak-Holl

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This paper addresses a relatively unstudied context for understanding the complexity of implementing service delivery improvements in residential care through the use of an integrated care model. Given that there is a substantial existing literature on the implementation process and on integrated care models, a key aspect of this paper is the importance of the context----residential care facilities----and how changing care processes in this context was related to the facilities’ effectiveness in addressing resident needs.

Minor essential revisions

1) In response to critiques during the first round, the authors elaborated the context by including key elements of the residential care setting, but the paper still lacks a thorough description of what care processes were in place prior to intervention and whether facilities may have already integrated care, even if they hadn’t yet been exposed to or adopted this particular integrated care model. More specifically, the paper should still include more on how professionals and other staff interacted in the context of the residential care facilities prior to being introduced to use of interdisciplinary care meetings for residents (NOTE: the paper is underdeveloped specifically in explaining how care teams operate and the extent to which doctors were consulted prior to the intervention). Consequently, the reader can only surmise whether the prescribed changes were transformational in how facilities manage care.

2) It is important for the reader to know how information was generated for Tables 1-4. Including this information in the appendix is helpful but more details should be worked into the content of the paper because it is essential to understanding results. For example, what questions were used to generate opinions in table 1 (i.e., how were the respondents asked to give their opinions)? And, how were the experiences generated for table 2 (again, how were respondents asked these questions)? Furthermore, how were the options in Table 2 generated----were respondents given a fixed set of options from which to choose? All this information critical for the generalizability and validity of the results.

3) While the outcome data certainly indicated post-intervention differences between intervention and control facilities, it could be possible (particularly with a small N) that randomization wasn’t completely successful. It would be useful to show comparison data on quality in the intervention and control sites pre-study to
demonstrate to the reader that there are not inherent differences that may have an impact on results.

4) The authors should acknowledge that poor fidelity to the model is a problem in this project. It is significant that only half of the residents in the intervention facilities actually received the treatment, which suggests the intervention sites may have had other factors affecting quality differences. It may be that just the greater awareness of the resident needs or support and promotion from top management may have impacted health outcomes in facilities (would be in line with implementation studies more generally).

5) Another issue is that the paper does not provide sufficient reasoning for data collection methods and decisions on coding. For example, implementation is a process that unfolds over time and there is no explanation for the timing of data collection efforts or discussion of the speed of implementation in the introduction even though that is important to the findings here.

6) Furthermore, tables and figures are missing substantial details. Very simply, tables should indicate whether the 10 total sites, 5 intervention or 3 with further data collection are included. Also, it is often the case that researchers choose to reduce their sample in order to be cost-effective with data collection, but why go from 5 implementation sites in the study here to interviews in 3 out of the 5? With such a small N, it doesn’t make as much sense to cut back and needs explaining to the reader.

7) Table 4 includes only a little bit of data that by itself is less meaningful, particularly since the value of the numbers is difficult for the reader to interpret. If this table is to be preserved, the authors need to provide more details in the paper on the range of the scale and whether respondents limited their answers to the high end of the scale (standard deviations or other additional statistics would be useful)? Perhaps better to describe these results qualitatively (particularly in terms of their meaning) than to give these rather small and limited set of values.

8) This manuscript includes a number of empty lines between text, extremely short paragraphs (breaks between paragraphs don’t always make sense), and in some cases shorter paragraphs can be combined into larger paragraphs. Authors also use headers too extensively throughout the paper.

The authors should seek stylistically to conform to the journal’s style.

Overall, the need for more description is important to making these results meaningful for a general audience that may not be focused solely on the value of the InterRAI instrument or the particular types of facilities in which this intervention was done and will want more evidence that design was effective.

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

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