Reviewer's report

Title: Goals of telenursing - the managers' perspectives A qualitative study on the Swedish Healthcare Direct

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Reviewer: Anne-Kirstine Dyrvig

Reviewer's report:

- Major Compulsory Revisions

In general, equity is used in relation to gender. I have some concerns in relation to this. In my understanding, gender difference is not the most important aspect of equity – rather a social factor. Is this (not) a factor in Sweden? If so, please describe why gender has been chosen. Secondly, if equity is related to gender, and the service provided regards children, the gender that is used for measurement of equity should be the gender of the children – not the gender of the parent making the call. The identification of caller-gender differences in referrals, when restricted to calls on behalf of a child is relevant. It should be clear, however, that the equity concern is related to the outcome of a call as determined by gender of the caller.

Discussion, second paragraph: a model for implementing reforms is introduced. Although it has been mentioned in the introduction, it is not previously described as a model. New issues should not be presented in the discussion. If the model is used for discussion, it should be introduced earlier in the paper. In addition, if the model was developed earlier, it would be helpful to have it described more thoroughly (it is stated that the model is comprehensive), and possibly depicted in a figure.

Discussion, third paragraph: health promotion is considered to imply problems related to interpretation. Was this dealt with in the data collection (to ensure a common understanding of the term within the project).

Discussion third paragraph: it is difficult to understand the discussion on health promotion in relation to lack of time. How much time is required for health promotion? How much time is provided for the calls? Would it be possible to call back patients at a more suitable time for health promotion? Later, it is mentioned that some SHD managers' do not perceive health promotion as part of their services. So what is the real problem: A) lack of time, or B) discrepancy between goals of SHD and the Swedish health care system?

- Minor Essential Revisions

Discussion, first paragraph: “only the last two are in good agreement”. In this sentence, “only” means that two out of four is considered too few. Either this should be explained and elaborated – why is two out of four too few?, or the word should be removed.
- Discretionary Revisions

Introduction, second paragraph: You mention average numbers of calls and number of centers. Due to the later focus on time, it would be nice with an average of length of calls.

(b) To achieve patient safety, first paragraph: CDSS, it would be nice to have the contents elaborated, and to know if the system was developed specifically for telenurses or if it existed earlier.

Strengths and limitations, second paragraph: For a better understanding of transferability, it would be nice with a description of the Swedish health care system and the gatekeeper function. Is the SHD the only way in which, people can be referred to other services? Or is it an extension of other services? Is it free of charge? (equity issue). How are other health care services reimbursed? These descriptions could be inserted in the third paragraph of the introduction, where other aspects of health care provision in Sweden are mentioned.

**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