Reviewer's report

Title: Purchasing and Using Personal Emergency Response Systems (PERS): How Decisions are Made by Community-Dwelling Seniors in Canada

Version: 3
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Reviewer: Pierre Rumeau

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1. The authors are aiming at assessing “how seniors decide whether or not to obtain a PERS”; unfortunately, their study pattern with only one population who actually decided to use a telealarm has no way of answering the second part of the proposal (and actually they don’t). I would propose them to repeat in the summary the sentence they used in page 4 “The purpose of this study was to investigate the experience of seniors living with and using a PERS in their daily lives, using a qualitative, grounded theory approach.” which is a better description of what they did.

2. In their method there are choosing to use first focus groups, then interviews, though this is not common practice as interviews as they rightly state tend to allow for various issues to emerge while focus groups help in getting a consensus with amore general value but a levelling effect, which is acceptable as they are explaining why they did it that way. But then, they don’t explain properly how they built up on the results of focus groups to go to the interviews. They don’t discuss (or even recognise) the potential multiplication effect on the issues/topics that emerged from the first focus groups due to analysing the data before going to the next round of focus group or interview. If as they put it, focus groups with elderly people (even more so with cognitive impairment which is not the issue there) are best organised with between four and eight people, only three is just qualifying for a group, isn’t it?

3. A fundamental difficulty with the method is that the background (NORC) seems very typical and should be better described for people from a different country (province?) to understand. Along the same lines, no conclusion whatsoever can we get from the study if we are not provided with a detail description of the service including whether it is considered a medical service (so I guess eligible for refunding but it doesn’t seem to be), who will prescribe it, who is deciding to buy the service, who is contacted in case of call, is there a fee per call...

4. Tables are quite enlightening but fail to be discussed in the text. The qualitative results in the text, though presented in paragraphs fail to show a structure. A model is announced and then a UML (as an example) diagram should be proposed as a figure. Knowing the authors used a software to help them in organizing their data is of little if any interest if that structure is not clearly stated.

5. A pooling of the results of the population in the text is not acceptable (even if
one wants to mock the quantitative medical studies and the divine number of 30
with the magically related normal distribution, sorry I’m indulging in a bit of a
joke), on the contrary the authors should discuss the representativeness of the
people they chose for the interviews (that’s the drawback of running the
interviews after the focus groups).

6. When the authors report “Connect Care (a PERS provider) helps me maintain
my independence.” or “The last thing I want to do is lose my independence and
be an invalid, it’s my biggest fear.” They should discuss the impact on social
pressure on one maintaining his/hers “independence” and the impact on the
image on the telealarm service. Try and analyse between those in the users who
chose to have a telecommunication device to call for help, to improve the anxiety
level of their family (it seems mostly with loosened links, but this is not appearing
from the paper), to have someone to contact (so called? check calls)

7. As part of their regular routines, PERS subscribers were concerned with
keeping their device working and conducted monthly test calls. The PERS
companies suggested subscribers make a habit of calling on the same day each
month > this is not a result but an interpretation according to the word of the
companies’ staff.

8. The discussion of the method is lean verging on inexistent…(less than 4 lines).

9. The stress on a model in the conclusion is a bad thing as the study may have
some interest such as the acknowledgement of a health risk by the users (what
authors are calling “unpredictability”), the different factors in the decision making
whether to push or not to push the button, but definitely nothing at all is proposed
that could be called a model.

By my point of view, this work should be taken as qualitative, the background
better described (including service model and family links), the description of the
users should include their social and educational level as well as the, I suppose,
absence of cognitive impairment, the passage from focus groups to interview
detailed, the results discussed in more depth as well as the biases. From what I
saw in the paper the corpus obtained from the experiments allow the authors to
provide a better paper that could give substance for other studies in different
setting along the same lines (that would cite it).

Level of interest: An article of limited interest

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 having, to my knowledge, no competing interests.