Author’s response to reviews

Title: Advance care planning in Norwegian nursing homes – limited awareness of the residents’ preferences and values? A qualitative study

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Author’s response to reviews:

Dear Editor and reviewers,

Thanks for valuable feedback on our article “Advance care planning in Norwegian nursing homes – limited awareness of the residents’ preferences and values? A qualitative study”. We have read the comments carefully, and very much appreciate your suggestions on improving the paper. We will reply to each comment in the order they are presented, and explain the changes we have made in the paper. Changes are highlighted in red.

Reviewer 1:
Reviewer: Please add a time frame of the data collection:
Authors’ response: We have added on page 4: While recruiting nursing homes for the study in 2014, we tried..

Reviewer: The setting should indicate the low grade of institutionalization (30.000 in 5,3 million inhabitants) and some idea of the percentage of 65+ (or 67+ a, 80+ in Norway). Not only mean but also IQR of age, and gender distribution should be given.

Authors’ response: The low grade of institutionalization in Norway mirrors what has been the main health policy for some years. The numbers of nursing homes have been more or less stable, while home care has grown. Independent living at home as long as possible is the ideal and aim of official health care policy. Five out of six persons receiving health care from the municipality live in their private homes. 12,9 % of Norwegians are 80 years or older, this group make up 80 % of the NHs’ population. We have been in contact with Statistics Norway, but have not identified statistics that could help us to describe “some idea of 65+ (or 67+ a, 80+ in Norway). Not only mean but also IQR of age, and gender distribution should be given.” However, we have added
information that hopefully will give a better picture of the NH population. We have added on page 3 and 4 (in red):

The 850 nursing homes in Norway are part of the public health care system, and run by the municipalities. The population of Norway is 5.3 million people, and in 2018, around 30 000 32000 elderly persons (>67 years old) permanently lived in NHs. Of persons aged 80 years and older, around 13 % live in a NH, but this group makes up around 80 % of the NHs population (16). Mean age for persons who died in NHs in 2017 was 87.5 years old (17) is 84 years old. Women make up around 70 % of the NHs population (17). The low grade of institutionalization in Norway mirrors that independent living at home, as long as possible, is the ideological ideal, which influences health policy strategies. As a result, people are old and in need of extensive care and support when they move from home to a NH. Frailty, vulnerability, disability and multiple diagnoses (18, 19) characterize the NH population. Staff members are nurses, nurse assistants and physicians. There are large variations between municipalities and NHs when it comes to physician employment, ranging from full-time positions to GPs working 20 per cent as medical supervisors (20).

Reviewer: Where the populations of the selected nursing home similar in sex and age to the general population of residents?

Authors’ response: Yes

Reviewer: Explain whether the physicians in Norwegian NH are traveling Geriatrics, nursing home doctors, or local GPs, familiar with the resident before institutionalization. If so, how many attending GPs per nursing home.

Authors’ response: There are differences between larger and smaller municipalities when it comes to physicians working in NHs. Some municipalities with larger NHs have their own nursing home doctor, working full time at the NH. However, in most NHs GPs will work some weekly hours. Normally, they are not familiar with the residents before institutionalization. We have added on page 4: There are large variations between municipalities and NHs when it comes to physician employment, ranging from full-time positions to GPs working 20 per cent as medical supervisors (19).

Reviewer: Please explain whether the 7 group interviews were all multidisciplinary or not (nurses and physicians) or unidisciplinary.

Authors’ response: all groups were multidisciplinary

Reviewer: How was the structured interview guide conceived?

Authors’ response: Questions in the interview guide were suggested by author 1 and discussed and developed further with the other authors. We have added on page 4: After the conversations, we interviewed the resident and/or next of kin about their experiences of participating in ACP. The interview guide was developed by all authors.
Reviewer 2:

There are a couple of typos that will likely be managed in the editorial processes; one example being P4, line 10, ‘were’ used but author probably means ‘where’ and a missing word, P8, line 22; …last phase of the resident’s …?

Authors’ response: At page, 4, ‘were’ has been changed to ‘where’. At page 8, we have added: the last phase of the resident’s life, are uncomfortable…