Reviewer’s report

Title: Addressing safety risks in integrated care programs for older people living at home: a scoping review

Version: 0 Date: 24 Nov 2019

Reviewer: (Isabelle) I.N. Fabbicotti

Reviewer’s report:

I have read the manuscript several times, as I believe that the topic of your paper fits the scope of the journal, and because your conclusion that safety is not addressed enough or not at all in integrated care programs is an important societal and organizational conclusion. I also appreciate the work that has been done as I know how much effort is needed to undertake a scoping review. However, I am sorry to say that after careful and thorough consideration I decided to reject the paper. When evaluating papers for potential publication in BMC Geriatrics (which is a high standard paper), I look if a paper is able to add to knowledge in some substantive way, and makes a significant contribution to the literature. With regard to your paper I have serious concerns about your theorization, contribution and methodology.

One of my concerns is about your theoretical or conceptual framing of your study. Firstly, you state and discuss that integrated care has the goal (and in the abstract you formulate it as the ultimate goal) to support elderly to live safely at home. I believe this statement is very strong, and is not argumented well enough. As you discovered (e.g. pp. 7, lines 169-170), safety or improvements in safety is never explicitly mentioned as a goal. As this finding is in contrast with your statement about the position of safety in integrated care programs, it should have been framed more in depth, within existing literature, why safety is an issue and how integrated care is related to safety according to the current body of knowledge on the relationship between integrated care and safety. For instance lines 66-68: "integrated care programs have the potential to tackle many of the risks that may undermine older people's ability to live safely at home". But, what is then exactly the problem with safety for elderly living at home. Why are they unsafe, how are they unsafe and why do they encounter safety risks, and why could integrated care potentially avoid risks or solve risks and make it safer? To state that safety is an aim, these questions should be answered at the forefront of the paper in the introduction.

Secondly, your theorization of safety, safety-risk and harm is not clearly described. Safety is operationalized as minimizing the risk of harm associated with individual functioning and behavior, social and physical environments, and health and social care management. This very broad definition lacks a more concise and concrete conceptualization on what constitutes a risk and what harm is within the context of safety. It might well be that minimizing risk of harm is not related to safety, but to functional decline for instance. On several occasion you discuss this issue by stating that interventions have not been implemented to reduce risk, but to avoid decline or other more health related and social outcomes. The same pertains to concepts like harm or risk or living safely at home. When is a risk a safety risk, when is harm related to safety and what it means to live safely at home. With regard to the latter, I believe a distinction should also be made between objective and subjective safety. An elder can be completely safe, but not feel safe.
I am also unsure how to locate your contribution within the context of safety. Your paper spent a lot of effort on describing interventions and categorizing them as safety interventions, without explicating what the direct connection is between the content of the intervention, the risk that is addressed, and how the intervention avoids a risk and hence leads to safety. As the interventions were not intended to improve safety I get the impression that your study is disconnected with the perspective of the authors of the selected studies on the intent of their program (avoid health problems, enforce self-management, reduce etc.). Your line of investigation seems to be disconnected from the perspective and line of investigation of the selected studies.

At the same time, I found a disconnection between your research motivation and specific methodology. In essence, I question to what extent your assessment of the selected studies is appropriate for addressing your research aim and questions. My methodological concern in this regard is that you defined yourselves if an intervention was related to safety. As you mention many times (e.g. lines 193-195), you as reviewers defined and interpreted risks as safety-risks or intervention components as safety interventions or outcomes as safety outcomes, whilst the authors themselves did not. Given what I stated above about conceptual unclearness, it seems that the results are more your own subjective interpretation of something that is not there.

In the end your conclusions seem too strong, given the theoretical, conceptual and methodological issues. e.g. lines 264-267 where you conclude that programs do address safety. In fact they did not. You continue your discussion (lines 316-323) by stating that the results emphasize the importance of a multidisciplinary way of addressing safety. Besides not really giving arguments for these statements, your paper does not provide the evidence for a multidisciplinary nor multidimensional approach. I must admit that within this context I do not agree with your reflection on studies that assess effects. I believe that if we want to understand how safety is addressed within in integrated care, intervention studies with safety as an outcome measure can be very useful. I agree that interventionistic designs in this field of research are complex and have their limitations, but I do not agree that they are ill-designed to handle the complexity of integrated care programs (line 348). Too many good intervention studies have been done with traditional methods with valid methodologies and results. I also believe that this reflection is in contrast with your methodology as one of your inclusion criteria is "the study addressed the evaluation of an integrated care program, meaning that we included studies that published program protocols, as well as process and outcome of evaluations of programs (lines 116-118). Why was this a criterion, given your reflection. You were not searching for outcomes of programs, but the content of a program. Given your aim, which is not about effectiveness, using designs like these as in inclusion criteria, can exclude a lot of more qualitative or conceptual or descriptive papers of programs that would have given good answers to your questions. Something you state in your reflection (lines 348-353)

I know from personal experience what goes into conducting research and preparing manuscripts like yours, and am sorry that the outcome could not have been more positive. I want to emphasize that this decision does not imply a lack of interest in your research.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
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Unable to assess

Are the conclusions drawn adequately supported by the data shown?
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