Reviewer’s report

Title: Barriers and Facilitators to the Implementation of a Paediatric Palliative Care Team

Version: 0 Date: 18 Mar 2017

Reviewer: Anthony Herbert

Reviewer’s report:

The paper is overall good.

Significant revision of the grammar in the text, particularly relating to tense (past or present) is required. I make suggestions for improvement below.

There is already a significant number of papers (>10) looking at implementing paediatric palliative care services / teams. In this context, the paper is not novel. However, it is the first reported paper from the Netherlands, and further the use of the MIDI is novel.

METHODS

I wondered if only using HCP who have an email address could cause some bias.

Would it be possible to compare responders and non responders based on health professional (doctor, nursing, other) as a means of determining whether there was a difference between responders and non responders.

The demographics of the research participants was well described.

I was surprised that questions related to social support, staff capacity, financial resources and facility / material resources were omitted from the survey, as they all seem critical to the implementation of paediatric palliative care. Could the authors please elaborate further on why these were omitted. Even though many health professionals (such as general practitioners) were working alone, and not in teams, these issues still seem relevant to research. For example, in relation to facility resources, HCP may appreciate having access to a children's hospice, or a hospital room which is especially tailored to palliative care.

RESULTS

The response rate of 34 % was low but the authors describe the merits and limitations of this well.

The incorporation of paramedics was novel. Did they hold different views to other HCP? Perhaps the numbers were not sufficient for this.
The identified facilitators and barriers were good.

It was a helpful finding that the supports are helpful for both patient / family and health care professional.

Advance care planning would be a helpful focus as the service further develops, as mentioned in the discussion.

Service agreements with external organisations could also facilitate collaboration and care of patients (not mentioned in the current paper)

Could the authors please describe how positive experiences could be shared e.g. presentation at Grand Rounds and conferences, presentation of case studies.

Also if the authors could give some tangible suggestions on how the concrete information about the content of the support and responsibilities of the PPCT should be provided to other HCP, that would be of value e.g. service brochure, website.

The Tables are very well set out including Table 3.

Could some more commentary be provided on Table 3. For example role clarification and role delineation is important as described by response #27

CONCLUSION

This is the first study which evaluates the implementation of a PPCT in the Netherland. There are numerous (>10 studies) describing this in other countries. The use of MIDI is novel though.

SUGGESTED IMPROVEMENTS IN GRAMMAR

Line 28

Over the last decade, paediatric palliative care teams (PPCT) have been introduced to support children with a ...

Line 60

Many health care professionals (HCP) find it challenging to initiate and then provide adequate PPC.

Line 67
Recommended the introduction of paediatric palliative care teams (PPCT).

In June 2012, a three year pilot of the first Dutch hospital-based PPCT was started …

Our PPCT, like other PPCTs, are added to existing paediatric and palliative care supports that already exist for families.

The implementation of new services, such as the PPCT, can be influenced by a variety of determinants associated with the intervention.

Toce et al. described programmatic challenges because of societal and cultural norms or insufficient staffing of the program in implementing and institutionalizing the FOOTPRINTS program. They also described how they attempted to overcome these challenges using educational and communication strategies.[18]

To enhance multidisciplinary discussion of patients and to maximize exchange of palliative care knowledge and collaboration between team members, the PPCT has weekly multidisciplinary conferences. This also assists in determining the role and activity of team members in supporting patients and families, and working with other teams.

One HCP reported that due the PPCT's involvement and inadequate advice, she and the patient's parents became frustrated and cautioned about the involvement of too many health professionals.

In addition, 38% of the HCP's in this study did not report that the PPCT helped with care planning (e.g. early in the disease trajectory or at the time of referral)
Line 275 - 282 is very difficult to understand and should be re-written. Shorter sentences should be used with less commas.

One should realise that the outcomes of the MIDI questionnaire that did not receive a substantial level of agreement or disagreement by HCPs, could still have had a major, positively or negatively, influence on the implementation process of the PPCT. For instance, following our definition of a facilitator, the 'outcome expectation' that the PPCT helps to better attune the care to the child and parents became not a facilitator, while still a substantial part of the HCPs, namely 78%, reported that the PPCT helps herein. This also applies to possible barriers, such as the 'personal benefit' that due to the involvement of the PPCT it is clear to HCPs whom of the HCPs actively directs the care, which was just not reported as a barrier (18,3% instead of the ≥ 20% needed to be a barrier). Moreover, for several items the percentages of the HCPs that are classified as neutral are quite substantial

This is the first study which evaluates the implementation of a PPCT in the Netherlands. The study contributes to the current literature exploring the implementation of paediatric palliative care teams (PPCT) by using the MIDI which is an innovative evaluation tool. To overcome identified barriers, it is important that organisations set up formal agreements, such as a work plan, about how best collaboration will occur with the PPCT.

This study also observed that the implementation of a PPCT can be impeded when other changes are going on within the HCP's own organisation

Moreover, new PPCTs need protection and resources in their initial year to progress to becoming an experienced and qualified PPCT and to allow other HCPs to experience the value of PPCTs in the provision of PPC.

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

Yes

Does the work include the necessary controls?  
If not, please specify which controls are required in your comments to the authors.

Yes
Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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