Reviewer’s report

Title: Potential quality indicators for seriously ill home care clients: A cross-sectional analysis using Resident Assessment Instrument for Home Care (RAI-HC) data for Ontario

Version: 0 Date: 13 Sep 2018

Reviewer: Daryl Bainbridge

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The objective of this study was to propose a set of palliative home care quality indicators for older, seriously-ill clients patients. These QIs were derived from items in the RAI-HC survey, and assessed for suitability based on the literature, expert opinion, and RAI data in Ontario.

The paper is well written and methodically sound. As the authors state, there is a need for the study of QIs for community palliative care across all diagnoses. I have no major concerns with this paper. The minor issue I found was a lack of detail both in the description of the expert consulting process (Delphi technique?) and the criteria (if any) by which the 7 QIs were gauged using the RAI data, that demonstrated their value/feasibility as QIs. My specific comments are as follows.

Methods

1. I assume that the reduction from 17 to 7 indicators occurred through the expert consultation and that the seven indicators were then used in the analysis of the RAI data. This should be stated more explicitly in the methods. Furthermore, there are no details about how the preliminary QIs were assessed by the experts or how the overall decisions to retain or eliminate QIs were made. A sentence to illuminate this process would be helpful.

2. There’s not much said about the fact that all seven indicators were considered suitable based on the results of the RAI data analysis. Was there a priori set of criteria by which the psychometric properties of the indicators were assessed and passed this final stage?

3. To emphasize how commonly homecare is used in Ontario, and the RAI for that matter, you could mention the percentage of individuals who receive home care in the last six months of life (could be added to Sample section).

Results

4. It would be of interest to see the 10 indicators that ended up being cut - listing all or at least some of them, to give an idea of the types of measures the experts deemed less suitable.
5. There's a lot of attention given to the differences in co-variables between the seriously ill and non-seriously ill groups, as well as, differences in QI prevalences between different diagnoses. These comparisons are not stated objectives of the study so do they tie in some way to assessing the utility and validity of the quality indicators? See point 2 above.

Discussion

6. Briefly, how do the seven indicators proposed in this study correspond to previously recommended indicators for palliative care? Do these correspond or are they comparable with patient reported QIs for community palliative care from other groups (e.g., European Association for Palliative Care Task Force, American Academy of Hospice and Palliative Medicine [Dy], Pasman JPSM review [2009], Europall project [Woitha, 2014], etc.). The QIs in the present study were largely symptom focused, while some prior sets of QIs (e.g., Europall, Robert Wood Johnson Foundation Critical Care Workgroup [Mularski, 2006]) focused on "activities", for example documentation of Advance Care Plan. Are there advantages to reported morbidity QIs as opposed to a process "check-box" approach?

7. Page 15 line 326: I am sure that there are one or two organizations outside of Canada that hold this view as well (…critical to look at factors beyond prognosis…) and could also be indicated, to make this statement more international.

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

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