Reviewer’s report

Title: Significance of quality of care for quality of life in persons with dementia at risk of nursing home admission: a cross-sectional study

Version: 0 Date: 05 Dec 2016

Reviewer: Maria O'Reilly

Reviewer’s report:

Thank you for asking me to review this manuscript, which covers a very important topic. Quality of life and quality of care issues or people with dementia have been increasingly the topics of research over the past decade; however, attention has tended to focus more on the residential care environment, so this paper's focus on the community context makes an important contribution and would do well to be added to the literature base.

The paper presents an exploratory descriptive study based on survey data. While on the whole well-written and describing what appears to be a largely sound study, as a manuscript it gives the impression of being somewhat "unfinished"; by this I mean that there were a number of essential details missing that were required for the article to be considered complete. I will address my comments below according to sections of the manuscript.

Abstract

On reading the abstract I felt that a number of important elements were missing, and when I read the fuller manuscript many were also missing from the article text. Most were in regards to methodology:

1. Please make some mention of where the participants were sourced from, no indication is given within the abstract.

2. No context is given regarding the QoL dimensions referred to (e.g. "behavioural competence", "psychological wellbeing").

3. No mention or description of measures used is provided

4. The statistical test and relevant statistic needs to be included as well as p-values.

Background

The literature review for this paper needs to be both updated and more in-depth. There is a wealth of literature on the topics of quality of life and quality of care (individually and together), including that with a specific focus on people with dementia; however, the literature review barely scratched the surface of this literature base. In particular, no discussion of quality indicators should be complete without at least some reference to the very comprehensive work
that has been done in the USA with the Minimum Data Set/ Resident Assessment Instrument (MDS/RAI) or the related work of the InterRAI group internationally. Certainly further explanation is required as to why the indicators of pain, falls, pressure ulcers and weight loss were considered the crucial indicators to measure (as a QoC researcher myself, I am aware of the rationale, but not all readers will be). The authors also state "… a meaningful measure must be related to improved outcomes …" without providing any explanation or justification for this statement. The authors also make reference to "contradictory findings" on at least two occasions without describing what these are. Finally, parts of the literature review require an update, with quite old references being the only citations for some points, for example the premise that quality of care and quality of life are related is an issue where there has been some more recent discussion than the references cited, and the highly complex concept of "quality care" has been the subject of numerous articles, which should be reflected in the literature review.

Methods

Setting:

As this is an international journal, not all readers will be familiar with the Swedish aged care system, thus more information should be provided, particularly about the community care context.

Participants:

How is it determined that the participants are "at risk of institutionalisation within six months"?

As parts of the data were collected via participant self-report, it should be considered whether there is a lower-limit on S-MMSE scores for inclusion.

More information is required about the recruitment process, including how participants were identified and approached.

Measures:

More information should be provided about the S-MMSE and Katz Index (e.g. scoring, psychometrics, rationale for use).

When it came to dividing the QOL-AD scores into Lawton's categories, was this a feature of the tool (my recollection is that it is not), or was it done by the researchers? If this does describe predetermined subscales of the QOL-AD, this should be described; if not and the categories were determined by the authors, my sense is that they should be confirmed by Factor Analysis. I am also unsure as to why the factor "Perceived quality of life" exclusively contains questions about relationships - justification for how these relate to the factor is required.

Please comment on the Chronbach's alpha results and what they mean for the relevant factors.
The quality of care indicators chosen are often regarded as critical indicators; however the authors do not provide this context for the reader. I would also question measuring frequency of pain only, as severity is also an important pain indicator. Similarly with falls, measuring frequency of falls is also an important indicator that is not measured.

Statistical Analyses:

Given that data were collected by interview, the amount of missing data described is surprising. Perhaps provide more information about this.

Please describe why the Mann-Whitney U-test was chosen for data analysis.

Ethics:

As per conventions, please indicate data storage procedures.

Results

Because the S-MMSE and the Katz Index were not described earlier, when the scores are reported in this section there is no contextual information to allow interpretation.

Table 3: clarify what each indicator refers to; for example, "Pain (Presence of daily pain in the past four weeks)"

Discussion

The statement is made that the relatively high QoL scores could be explained by results from the Eurostat Statistic report indicating older people in Nordic countries tend to have higher life satisfaction scores than those in other European countries. If providing an international perspective such as that, more international literature should be referred to. There is also a body of literature positing that older people often score more highly on measures of QoL than their younger counterparts; this should be referred to as well. The authors have also not made comment on the significance of the dementia diagnosis on the scores; again there are a number of studies about QoL for people with dementia that could be referred to here.

The other area where reference to the international literature should be made is within the discussion about falls and restraint policy within Sweden. Other developed countries have similar policies in place, so in discussing the restraint policy as a point of difference, reference to policies in other countries should be made.

Methodological limitations:

Here a description of MMSE scores and their significance to self-report is provided. This would be better placed in the methodology section, as should the rationale for using proxy responses for some data.
Conclusions

The conclusions are sound and of value to practitioners. They would carry more weight if backed up by a more comprehensive background and methodology as described above.

Figure 1

Please include the citation with the Figure.

General notes about writing style

Writing style was generally high quality; a few small issues are noted below:

1. Check spelling conventions - some words were spelled using UK English, and some with US English.

2. P.4, lines 69-70: The sentence beginning "Further on …" can be removed as it repeats information already provided.

3. P.4, line 72: Avoid words like "afflicted" or "sufferer"; simply state "person with dementia".

4. P.6, line 114: Should read "The aims of this study were threefold." This should also be changed in the Abstract.

5. P.8, line 153: Provide the full name of the S-MMSE for its first mention.

6. P.8, lines 161-62: The sentence beginning "The response alternatives …" can be removed as the information in the next sentence should be sufficient.

7. P.16, line 340: remove "6" from the sentence.

If the above issues can be attended to then I would be happy to recommend this article for publication in your journal.

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?
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.
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:

Acceptable

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