Reviewer’s report

Title: Towards evidence-based palliative care in nursing homes in Sweden: a qualitative study informed by the organizational readiness to change theory

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Reviewer: Ana Baumann

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Review IMPS-D-00528

This is a very well written paper. However, I have some concerns about the innovation and framing of the study as it pertains to the IS audience.

First, I kept wondering about the innovation of the paper. While I do agree with the authors that examining organizational readiness to implement palliative care base in nursing homes could be innovating, the way that the study is presented does not necessarily bring the innovation at the forefront. We know, for example, that leadership, time and resources are aspects that affect the implementation of evidence base care across multiple settings so what is the unique story of this study?

Based on that, I finished the paper wondering the "now what?": what strategies could the authors propose to address the barriers in this unique setting? I almost envisioned a table with the barriers and facilitators and some strategies that could address the particular aspects of nursing homes. Additionally, I kept wondering about the "quality gap". The authors talk about the guidelines of palliative care (in the abstract), initiatives (line 70) but it is not clear to me what the gap is. The authors state that the initiatives ask that "everyone should have access to evidence-based palliative care when the need arises, regardless of diagnosis, form of care, age or where in the country a person lives" (lines 71-72" but I am unsure I understand what is currently happening. No one is talking about death and dying? Palliative care is defined as "efforts to relieve suffering and preserve the best possible quality of life until death" (lines 53-54) - does that include medicine delivery for pain or just talking about death and dying? I would appreciate more details about the definition of palliative care and what is currently happening.

Second, I was confused about the aims of the study. The study is framed as aiming to identify barriers and facilitators to implementing evidence-based palliative care in the nursing homes;
however a series of five seminars aiming to convey knowledge and skills for providing palliative care was delivered. So were the seminars part of a larger training on evidence-based palliative care? The authors state that they were done as an outreach course (line 115) but it is not clear what does implementing palliative care and training in such would look like then.

Third, the method needs a little more explanation. If staff participated in the seminars, why weren't they interviewed as well? While the absence of staff in the study is acknowledged, a stronger justification for only including managers in the study is needed. This is important, as the questions #3 and #4 are about staff… so why did the authors not triangulate the answers from managers with their own staff? Particularly for those managers with a larger staff (some had more than 70 staff), I wonder how accurate the responses of the managers would be? I also wondered about the demographic (age, gender) of the managers?

In examining the respondents, I also wondered how the manager's context is influencing their feedback. For example, there is a large range of managerial experience (1 to 40 years, median 15). I wonder how the results are the same or differ if they were stratified. Was the manager with one year of experience assessing their staff in a similar fashion to the manager with 40 years experience? There is also large variation in nursing home size (SD=21.49), did that context impact the results? It seems like that sort of analysis could be included the in context domain of the ORC.

Fourth, the description of the intervention could be strengthened, I believe, if the authors use the guidelines by Proctor et al 2013. Actor, action target, dose, and temporality were the most defined. Definition, action, and rationale were under-described. In lines 410-415 there is mention of a train-the-trainer component, which also would need further description. Although, this paper is not testing the KT intervention, a more fulsome reporting of the strategies would help the larger literature (replication studies, reviews, etc.).

This can be a very interesting paper; however, it could benefit from further information for the IS audience.

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