PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (http://bmjopen.bmj.com/site/about/resources/checklist.pdf) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

<table>
<thead>
<tr>
<th>TITLE (PROVISIONAL)</th>
<th>Exploring patient safety in Swedish specialized home healthcare - an interview study with multidisciplinary teams and clinical managers</th>
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<tr>
<td>AUTHORS</td>
<td>Lindblad, Marlène; Flink, Maria; Ekstedt, Mirjam</td>
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VERSION 1 – REVIEW

<table>
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<th>REVIEWER</th>
<th>Eline Ree</th>
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<td></td>
<td>University of Stavanger, Norway</td>
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<tr>
<td>REVIEW RETURNED</td>
<td>22-Jun-2018</td>
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| GENERAL COMMENTS     | I have reviewed the manuscript entitled "Addressing safety for patients in need of specialized home healthcare - an interview study with multidisciplinary teams and clinical managers". I find this article well written and interesting. The aim and many of the study’s findings are not very novel, but the article is important as it explores patient safety in a setting that has received limited attention in the research literature. Especially interesting are the lack of compatibility between external guidelines and quality assessments, and the participants daily quality and safety work. However, there are a few points that should be taken under consideration to further improve the paper. The main issue is that the aim is quite general, which makes it difficult to locate the results and discussion. Below I will briefly account for my issues of concern, and I hope you will find them helpful. |
|                      |                                                                                                                |
|                      | Abstract: In the objective, methods and results (as well as in the title of the manuscript), you use the term multidisciplinary teams to describe part of your sample, while healthcare professionals or professionals are used in setting description and conclusion. It is fine that you, in the article, describe the healthcare professionals as multidisciplinary teams, but you should be consistent regarding which concept you use when you refer to your participants. Thorough the article you refer to both multidisciplinary teams, healthcare professionals, multidisciplinary professionals, teams, and professionals. |
|                      |                                                                                                                |
|                      | Title: The title is somewhat misleading, indicating that you have addressed safety for patient in need of specialized home health care. Your aim is to explore patient safety in specialized home health care, and your title should reflect this. |
|                      |                                                                                                                |
|                      | Aim: I believe that the aim is too general, making it hard to understand what it is that you are looking for. Is it to explore managers and healthcare professionals’ perceptions of what patient safety means in this setting? Is it how they work to improve patient safety? Is it to explore what facilitates or hinder health |
professionals and managers work with patient safety? The
unspecific aim also makes it difficult to understand how you have
conducted the analysis and the categorization of your results. I
suggest you present one or two research questions in your
manuscript, and clarify your results and conclusions accordingly.

Methods:
• The data are 4-5 years old, and with the continuous development
in the healthcare settings, things might have changed since the
time of your data collection. You should include a statement on
this in the discussion section as a limitation of your study.

• I do not understand why your data collection approach is
convenience sampling. The only criteria to this sampling method
are that participants are available and willing to participate, i.e.,
they are chosen because they are easy to reach or contact. You
write that you used convenience sampling to capture a variety of
perspectives on patient safety. This sounds like a purposeful
sampling method to me. If it is true that you used a convenience
sampling method, you should explain why you did it, and include
this as a possible limitation in the discussion section.

• The setting is well described, but you could add some more
information about your participants (age-span, gender, years of
experience). I would also like to know how many participants were
included from each unit, not just the total number of participants in
the study.

Results:
• One quote should be enough for each category. The quotes are
not results, but rather used to illuminate the main results in the
different categories. The rest of the quotes should be incorporated
in the analytical text.

• It would be nice if you could contextualize the quotes, and add a
reference of who the quote belongs to (e.g., assistant nurse,
physician, first-line-manager). I know this information can be
retrieved from table 1, but the text is easier to read if we do not
have to go back and forward in the manuscript.

• I believe the headings of the result categories are too general.
Several of them could be used on another category than the one it
is used on. For example, the following headings “Keeping patients
safe – a never-ending effort at all levels” and “engaging in patient
safety at different levels of the systems” are quite similar. I think it
would be easier to grasp the results and understand how the
different categories are different from each other if the headings
are more specific to the categories in which they reflects. I realize
that the first heading represents the main theme, but the way it is
presented in the result section now, it looks like a category at the
same level as the other four categories.

• Some places in the result section it is unclear whose experiences
you refer to (e.g., page 6: “patient safety was described as related
to a patient’s value as a person” – by whom?). Furthermore,
although you do not need to state the number of participants
agreeing upon the different opinions and experiences, it would be
good to know whether there were some discrepancies or to what
extent there was agreement or disagreement between
participants. Are there any differences between health
professionals and managers in their perceptions and experiences, or between the different teams, professionals or units?

Discussion:
• In the first line, you introduce the concept of engineering safety. Except in the abstract, this is the first time the concept is introduced. If this is a part of the main results, the concept should be a part of the aim, and introduced early in the manuscript.

• Some places in the text it is unclear whether you refer to your own study, previous research or common knowledge. For example in page 12, line 19 you write: “at the macro-level of the healthcare system, patient safety risks are rarely weighed against ideological values (…)”. You do not use any references, but it is still unclear that you are referring to your own study. It would be better if you, throughout the discussion section makes it explicit when you are referring to your own study (e.g., “in the current study (…)”).

• Page 12, line 34: delete the word “in” (“this is in similar (…)”) or change to “this is in line with (…)”.

• You should include a paragraph with strengths and limitations of your study

REVIEWER
Sarahjane Jones
Birmingham City University, United Kingdom

REVIEW RETURNED
04-Jul-2018

GENERAL COMMENTS
The authors highlight the scarcity of patient safety research in the literature, however, provide relatively old literature in places, for example, using the To Err is Human report published in 2000 to quantity the patient safety problem. There are more up to date statistics.

Some research in the home care setting has been published in the academic nursing literature, including my own, which may help make the case to support the point that home delivered healthcare is different to the acute setting. Examples are given here:


The overall aim presented is very large and vague and I wonder if it could be reasonably ascertained that this aim was met.

The results appear to be presented inconsistently, possibly because the aim of the study isn't very specific. The authors present one main theme from the findings, which is uncommon in qualitative research, where multiple themes tend to come to light, but then the authors present other subheadings, that appear to represent themes but they haven't been introduced in the beginning section of the results. And the content of these subthemes are not adequately contextualised to their relevance to patient safety.

This paper appears more to present the concept of the palliative care ideology in the home care setting, rather than exploring a general understanding of patient safety. The paper would benefit from focus in its presentation. If the focus is on the role of the
palliative care ideology in safe home care delivery, that is fine, but it needs to be explicit.

There is a lack of consideration given to the limitations of the study. The volume of data collected for a qualitative study is reasonable, and this should be commended, but this should be recognised within the general limitations of qualitative research. Also, the study talks about patient centred care being central to the palliative care ideology but hasn't discussed why patients weren't engaged in this study or recognised it has a limitation to their understanding of patient safety in home delivered healthcare.

**VERSION 1 – AUTHOR RESPONSE**

**Answer to reviewer 1, Eline Ree comments**

1) Abstract: be consistent regarding which concept you use when you refer to your participants. Throughout the article you refer to both multidisciplinary teams, healthcare professionals, multidisciplinary professionals, teams, and professionals.

**Authors' response:** Thank you for your attention, we now refer to the multidisciplinary teams throughout the manuscript. Only when we want to refer to one or a number of individuals in the team (e.g. participants in a focus group page 5 line 138) we refer to team member.

2) Title: The title is somewhat misleading, indicating that you have addressed safety for patient in need of specialized home health care. Your aim is to explore patient safety in specialized home health care, and your title should reflect this.

**Authors' response:** For purposes of clarification, we have chosen to change the title accordingly, page 1 line 2

3) Aim: I believe that the aim is too general, making it hard to understand what it is that you are looking for. Is it to explore managers and healthcare professionals' perceptions of what patient safety means in this setting? Is it how they work to improve patient safety? Is it to explore what facilitates or hinder health professionals and managers work with patient safety? The unspecific aim also makes it difficult to understand how you have conducted the analysis and the categorization of your results. I suggest you present one or two research questions in your manuscript, and clarifies your results and conclusions accordingly.

**Authors' response:** In order to clarify our aim we have changed it, page 4, line 101.

Methods:

4) The data are 4-5 years old, and with the continuous development in the healthcare settings, things might have changed since the time of your data collection. You should include a statement on this in the discussion section as a limitation of your study.

**Authors' response:** We have added a statement about the lag between data collection and publication, page 14, line 424

• I do not understand why your data collection approach is convenience sampling. The only criteria to
this sampling method are that participants are available and \( i.e. \), they are chosen because they are easy to reach or contact. You write that you used convenience sampling to capture a variety of perspectives on patient safety. This sounds like a purposeful sampling method to me. If it is true that you used a convenience sampling method, you should explain why you did it, and include this as a possible limitation in the discussion section.

**Authors’ response:** As the sampling could be considered as a mixture of convenience- and purposeful sampling, we now explain more carefully how we actually did on page 5, line 140.

5) The setting is well described, but you could add some more information about your participants (age-span, gender, years of experience). I would also like to know how many participants were included from each unit, not just the total number of participants in the study.

**Authors’ response:** We have added the information we have about our participants in table 1, page 5, line 158. Unfortunately, we did not collect data regarding age and years of experience.

**Results:**

6) One quote should be enough for each category. The quotes are not results, but rather used to illuminate the main results in the different categories. The rest of the quotes should be incorporated in the analytical text.

**Authors’ response:** We have removed quotes in line with your suggestion.

7) It would be nice if you could contextualize the quotes, and add a reference of who the quote belongs to (e.g., assistant nurse, physician, first-line-manager). I know this information can be retrieved from table 1, but the text is easier to read if we do not have to go back and forward in the manuscript.

**Authors’ response:** We have added references on profession and unit for all the quotes.

8) I believe the headings of the result categories are too general. Several of them could be used on another category than the one it is used on. For example, the following headings “Keeping patients safe – a never-ending effort at all levels” and “engaging in patient safety at different levels of the systems” are quite similar. I think it would be easier to grasp the results and understand how the different categories are different from each other if the headings are more specific to the categories in which they reflect. I realize that the first heading represents the main theme, but the way it is presented in the result section now, it looks like a category at the same level as the other four categories.

**Authors’ response:** We agree and we have clarified which heading is the main theme and which are categories. We also rephrased the categories and hope that the headings now are more specific, page 6, line 173.

9) Some places in the result section it is unclear whose experiences you refer to (e.g., page 6: “patient safety was described as related to a patient’s value as a person” – by whom?). Furthermore, although you do not need to state the number of participants agreeing upon the different opinions and experiences, it would be nice to know whether there were some discrepancies or to what extent there was agreement or disagreement between participants. Are there any differences between health professionals and managers in their perceptions and experiences, or between the different teams, professionals or units?

**Authors’ response:** We understand that it was not clearly described and therefore we have added a clarification in the beginning of the result section, page 6, line 178 and through the manuscript we have
explicitly marked whether we refer to the clinical managers experiences or the multidisciplinary teams’, for example page 6, line 183 and page 7, line 185.

Discussion:
10) In the first line, you introduce the concept of engineering safety. Except in the abstract, this is the first time the concept is introduced. If this is a part of the main results, the concept should be a part of the aim, and introduced early in the manuscript.

Authors’ response: The concept should not been seen as a part of the main results therefore we have decided to remove the concept.

11) Some places in the text it is unclear whether you refer to your own study, previous research or common knowledge. For example in page 12, line 19 you write: “at the macro-level of the healthcare system, patient safety risks are rarely weighed against ideological values (…)”. You do not use any references, but it is still unclear that you are referring to your own study. It would be better if you, throughout the discussion section makes it explicit when you are referring to your own study (e.g., “in the current study (…)”).

Authors’ response: We agree that this could have been more clearly written. We have clarified when we are referring to our own study throughout the discussion section, see for example page 12 line 369, 373 and 376.

12) Page 12, line 34: delete the word “in” (“this is in similar (…)”) or change to “this is in line with (…)”.

Authors’ response: We have changed it the way you suggested, page 12, line 376

13) You should include a paragraph with strengths and limitations of your study

Authors’ response: We have now added a section with strengths and limitations in the discussion, page 13, line 416.

Answer to reviewer 2, Sarahjane Jones comments

1) The authors highlight the scarcity of patient safety research in the literature, however, provide relatively old literature in places, for example, using the To Err is Human report published in 2000 to quantify the patient safety problem. There are more up to date statistics.

Authors’ response: We have updated some references according to your suggestion, page 3, reference 6 and 9.

2) The overall aim presented is very large and vague and I wonder if it could be reasonably ascertained that this aim was met.

Authors’ response: In order to clarify our aim we have changed it, page 4, line 101.

3) The results appear to be presented inconsistently, possibly because the aim of the study isn’t very specific. The authors present one main theme from the findings, which is uncommon in qualitative research, where multiple themes tend to come to light, but then the authors present other subheadings, that appear to represent themes but they haven’t been introduced in the beginning section of the results. And the content of these subthemes are not adequately contextualised to their relevance to patient safety.

Authors’ response: We agree that this could have been more clearly written. We have clarified
which heading is the main theme and which are categories. We also rephrased the categories and hope that it is now more specific. page 6, line 173-178. We have also gone through the results and tried to contextualize the content in relation to patient safety (see for example page 7, line 212).

4) This paper appears more to present the concept of the palliative care ideology in the home care setting, rather than exploring a general understanding of patient safety. The paper would benefit from focus in its presentation. If the focus is on the role of the palliative care ideology in safe home care delivery, that is fine, but it needs to be explicit.

Authors’ response: One of the unexpected results emergent from the analysis was that the care ideology was so closely intervened with their view on patient safety. That’s why it has taken such a large place in the result descriptions. We understand if it was not clearly described so we have added some descriptions on page 4 line 129-132 and rephrased the writing of the theme “Keeping patients’ safe – a never-ending effort at all levels” on page 6, line 183-193 in order to clarify how the ideology and patient safety is interrelated.

5) There is a lack of consideration given to the limitations of the study. The volume of data collected for a qualitative study is reasonable, and this should be commended, but this should be recognised within the general limitations of qualitative research. Also, the study talks about patient centred care being central to the palliative care ideology but hasn't discussed why patients weren't engaged in this study or recognised it has a limitation to their understanding of patient safety in home delivered healthcare.

Authors’ response: We have now added a section with strengths and limitations in the discussion, page 13, line 416.

VERSION 2 – REVIEW

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<td>University of Stavanger, Norway</td>
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<tr>
<td>REVIEW RETURNED</td>
<td>10-Sep-2018</td>
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</tbody>
</table>

GENERAL COMMENTS

Thank you very much for taking into consideration or discussing all of my comments. I only have some minor comments:

I found a few spelling mistakes:
• Page 6, line 172: include a period at the end of the sentence
• Page 13, line 393: change from “there’s point of view” to “their point of view”
• Page 13, line 405: change “clinician managers” to “clinical managers”.

The explanation of the EHR abbreviation (page 9, line 261) should be moved to line 253, as this is the first time you mention the abbreviation.

I suggest that you include a subheading with “strengths and limitation” where you discuss these.

Page 14, line 428-429: I find it unclear what kind of bias you are referring to in the following sentence: “To reduce bias, we used research triangulation in all analyses and interpretations of data”, and what kind of triangulation you used (I assume you refer to
Answer to reviewer Eline Ree comments

I found a few spelling mistakes:

• Page 6, line 172: include a period at the end of the sentence:
• Page 13, line 393: change from “there’s point of view” to “their point of view”
• Page 13, line 405: change “clinician managers” to “clinical managers”.

**Authors’ response:** Thank you for your attention, the spelling mistakes are now corrected.

The explanation of the EHR abbreviation (page 9, line 261) should be moved to line 253, as this is the first time you mention the abbreviation.

**Authors’ response:** We have moved the explanation of the EHR in accordance with the suggestion.

I suggest that you include a subheading with “strengths and limitation” where you discuss these.

**Authors’ response:** We have added the subheading “strengths and limitations” in the Discussion part, page 13, line 420.

Page 14, line 428-429: I find it unclear what kind of bias you are referring to in the following sentence: “To reduce bias, we used research triangulation in all analyses and interpretations of data”, and what kind of triangulation you used (I assume you refer to analyst triangulation).

**Authors’ response:** In order to clarify what kind of bias we are referring to, we have rephrased the sentence.