

Peer Review File

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	Comments reviewers	Reply	Changes in the text (additional text highlighted in red)
Reviewer A	General Patients' experiences and perceptions of transfers between palliative care settings is an important topic in palliative and end of life care.	We thank the reviewer for this feedback!	
	ABSTRACT The abstract is well written straight to the point. Authors should correct some grammatical errors for example " Although the home was considered the preferred residence" ... (the was missing). Again, the authors need to clarify whether the transfer of patients is only between long term or acute facilities since they used the term 'residence'.	We thank the reviewer for this feedback. We adjusted the manuscript according to the comments.	P1, line 6-8: Palliative patients often suffer from serious illness and commonly move between care settings. As such, transfers of patients can take place between acute hospital based care and community based care in both directions. P1, line 14: Although the home was considered the preferred residence, perceptions of unsafety arose in cases of increased symptom burden and when the organization of home care was insufficiently geared to the patients' needs.
	INTRODUCTION 1. The authors made a very salient point about the fact that the majority of palliative patients prefer to remain and die	We thank the reviewer for this suggestion. The focus of our study is transfers between care settings in palliative care, from the perspective of patients in a developed	P6, box line 101: Although the need for palliative care is increasing worldwide, it is only beginning to be available in developing countries, where family caregivers play a

	<p>at home and be supported by physicians and families. Since this article is targeted at a global audience, the authors could enrich and strengthen this point by highlighting what the situation is in providing home-based palliative care in a resource-poor setting. In such context, family caregivers play a central role (in place of or in addition to family physicians) in managing care at home, usually unsupported by health staff. This paper is a seminal work that could be referenced.</p> <p>Salifu, Y., Almack, K., & Caswell, G. (2021). 'My wife is my doctor at home': A qualitative study exploring the challenges of home-based palliative care in a resource-poor setting. <i>Palliative medicine</i>, 35(1), 97-108. https://doi.org/10.1177/0269216320951107</p>	<p>country, which is far beyond the scope of the paper of Salifu Y et al., focusing on home care in a resource-poor setting. However, we have succeeded in adding the reference in the introduction.</p>	<p>central role in managing care at home due to the inadequate access to care (14, 15).</p>
	<p>2. The authors indicate that this study is part of a bigger study. I think it might be a good idea to indicate the number of patients and family caregivers who took part; as was done in the case of the healthcare professionals (indicating 25 participants)</p>	<p>Thank you for this comment. In the sentence P4, line 63: "To optimize continuity of care and the care coordination for palliative patients during transfers within a palliative care network, we explored experiences of healthcare professionals (25), patients and informal caregivers.", 25 is not indicating the number of participants but however refers to the reference: 25. Mertens F, Debrulle Z, Lindskog E, Deliens L, Deveugele M, Pype P. Healthcare professionals' experiences of inter-professional collaboration during patient's</p>	

		<p>transfers between care settings in palliative care: A focus group study. Palliative medicine. 2020:269216320968741.</p> <p>We agree that it might be a good idea to indicate the numbers of participants of the different studies and therefore adjusted the manuscript accordingly.</p>	<p>P 4, line 64-66: To optimize continuity of care and the care coordination for palliative patients during transfers within a palliative care network, we explored experiences of 53 healthcare professionals (27), 20 patients and 21 informal caregivers.</p>
	<p>3. The introduction is succinct and exposes the gap. I however think that the authors should clarify what they mean by 'move' between settings. For example, someone might move from home-based care for a diagnostic test at the hospital for a few days and come back.</p>	<p>We thank the reviewer for this comment. We have adjusted the manuscript in order to clarify what is meant with 'move' between settings.</p>	<p>P3, line 34-38: Patients with palliative care needs also often suffer from serious illness and due to the fluctuating burden of illness, they commonly move between care settings (e.g. from home or the nursing home to the hospital, to receive life-prolonging treatment, or to treat exacerbating symptoms) (3-5). Such transfers can take place between hospital-based care and community-based care in both directions.</p>
	<p>4. Line 130 states 'This paper provides....' Avoid using 'this paper' as it confuses readers whether you are referring to yours or the review paper. So, for example, write Flierman et al's paper.</p>	<p>Thank you for this comment. We adjusted the manuscript accordingly.</p>	<p>P5, line 85-86: Sandsdalen et al. provide important insights into the patients' perceptions of care quality within and across settings, however their study was based on quantitative research data (27).</p>
	<p>METHOD 1. 'This article adheres to the criteria for reporting qualitative research from the Consolidated Criteria for Reporting Qualitative Research (COREQ)'. Authors</p>	<p>We thank the reviewer for this comment. We rephrased the sentence.</p>	<p>P8, line 108: This article follows the criteria for reporting qualitative research from the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines (30).</p>

	should be mindful that COREQ is only a reporting guideline and not a design for a study. Therefore, that statement should be rephrased.		
	2. Settings and participants: I find the claim that 'All care settings within the palliative care network of the covered region were included in the research project' quite vague since authors did not use all the health facilities and care homes in the study setting. Can you please correct this?	Thank you for this important remark! In this study, <u>all types</u> of care facilities and settings of the region participated. Numbers-wise, it is however correct that not all health care facilities and nursing homes took part in the research project. We therefore adjusted the manuscript, to avoid vagueness.	P8, line 112: All types of care settings within the palliative care network of the covered region were included in the research project: the patients' home, the nursing homes and the hospital setting.
	3. How did you ensure that inclusion criteria number 2 (Physically and mentally capable to participate in the interview) was met? How was the mental capacity assessed and by who?	Coordinators of the care settings have been informed that patients with insufficient symptom control (e.g. vomiting, shortness of breath) were not to be included for the interview study. Likewise, patients with dementia or sedated patients. This was assessed by clinical observation and notes in the patient health record.	
	4. Authors need to reflect on the use of 'gate keepers' in their selection of participants. Again, which language was the interviews done in?	Thank you for this comment. In the method section of the manuscript, we provided an objective description of the settings and participant recruitment. Reflection on the use of gatekeepers is indeed important and is done in the discussion section (p 25, line 477-487). The study is conducted in Flanders, the Dutch speaking part of Belgium. As such, interviews were done in Dutch.	

	5. Was there any translation or translator? If yes, how did you manage the potential meaning loss regarding translation?	Hans Meyers did the language revisions and translation of the quotes. He is bilingual (native speaker English and Dutch). By discussing the content of the quotes before translation, we avoided a potential meaning loss.	
	6. Data Collection: There was no clear information about the sampling method used. This must be explicit, as part of the auditability of the study.	The manuscript has been adjusted according to the comment.	P8-9, line 130-132: <i>Data collection process</i> Participant recruitment happened with the assistance of the coordinators of each of the care settings (the PST and PCU coordinators for the hospitals, the nursing home coordinator, the PHCT coordinator for the home setting and the coordinator of the palliative day-care centre). These coordinators were informed about the research project prior to their consent in assisting with the sampling procedure. Subsequently, they informed patients about the study and questioned them about their willingness to participate. To capture patient experiences within each care setting, we selected 20 participants accordingly. Settings and participants are illustrated in figure 1.
	FINDINGS I suggest that quotes should be presented instead of the interaction between researcher and participants (check lines 383 to 394; again, lines 407 to 421)	We thank the reviewer for this comment. The interaction between the researcher and the participant in the quotes is retained if it had an added value to understand the meaning of the participant's reaction.	

	Authors have to clarify that the names of the participants were pseudonyms	The manuscript has been adjusted according to the comment.	P11, line 172-173: Participants were informed both orally and in writing about the study's objectives and about data anonymity. Written informed consent was obtained. Interview transcripts were provided with a number.
	DISCUSSION 1. Correct this: In answer to research question one, participants reported that home was considered the 'preferred residence'. Do you mean preferred place of long-term care?	The manuscript has been adjusted according to the comment.	P22, line 400-401: In answer to research question one, participants reported that home was their preferred place of long-term care.
	2. Implications for practice and policy: You can again, here, link to home-based palliative care in a resource-poor setting where a lot of care happens at home. https://doi.org/10.1177/0269216320951107	We thank the reviewer for this suggestion. We fully agree the importance of reporting about home-based care in resource-poor settings. However, the context of our paper (transfers between care settings in palliative care from the perspective of patients in a developed country) is far beyond the highly interesting paper of the colleagues Salifu Y et al. Consequently, it has been difficult to include the reference in the implications for practice and policy section, while avoiding to become too general. However, we have been able to add the reference in the introduction.	
	3. Strength and limitation: I disagree with the statement 'All palliative care settings of the region were represented in this study'. Because you indicated that a sample of these settings was selected for	Cfr the response on comment 2 of the method section: Thank you for this important remark! In this study, <u>all types</u> of care facilities and settings of the region participated. Numbers-	P 26, line 502: All types of palliative care settings of the region were represented in this study.

	<p>this project. Again, talk about possible recruitment bias from the gatekeepers</p>	<p>wise, it is however correct that not all health care facilities and nursing homes took part in the research project. We therefore adjusted the manuscript, to avoid vagueness.</p> <p>Possible recruitment bias from the gatekeepers has been described in the strength and limitation section.</p>	<p>P25, line 504-508: However, a limitation may be attributed to participant recruitment in the hospital. The concern of upsetting patients because of the connotation of the word 'palliative' may have resulted in a greater participation of patients that approached the end-of-life stage of their illness trajectory. We do not know to what extent these viewpoints differ from patients of an earlier palliative phase.</p>
	<p>4. Conclusion: Furthermore, the continued use of the term 'preferred residence' is ambiguous. Do you mean preferred place of care?</p>	<p>Thank you for this comment. We adjusted the manuscript accordingly.</p>	<p>P27, line 514-515: Our study results confirmed that home is the preferred place of care, as long as it is perceived a safe environment.</p>
	<p>Acknowledgements 'Furthermore, we would like to thank Hans Meyers for the language revisions'. Was there translation etc? See my comments in the methods section (point 5).</p>	<p>Hans Meyers did the language revisions and translation of the quotes. He is bilingual (native speaker English and Dutch). By discussing the content of the quotes before translation, we avoided a potential meaning loss.</p>	
<p>Reviewer B</p>	<p>This is an important topic for palliative care clinicians to consider as transfers of care location are extremely common among seriously ill patients in the later stages of illness. Ensuring that transitions of care are</p>	<p>We thank the reviewer for this feedback!</p>	

	goal-concordant and patient/family-centered is key to the role of a palliative care clinician or hospice team.		
	I found the language used in this paper a bit confusing. For example, Theme #2 (Perceived setting responses to patients' needs) seems like a nonsensical sentence construction.	Thank you for this comment. Theme #2 (Perceived setting responses to patients' needs) relates to the second research question: "How do patients perceive the way care settings respond to their needs?". We adjusted the manuscript.	P16, line 258-259: 2) Perceived care setting responses to patients' needs Patients reported mixed experiences of how care settings responded to their needs.
	I did think that the third theme of assessing patient/family expectations toward the family physician was an interesting angle of transitions of care that hasn't been adequately explored in the past.	We thank the reviewer for this feedback.	
	I suspect that the entire manuscript could benefit from an English-language editorial review to tighten up the language and ensure comprehensibility.	For this paper, language revisions have been done by Hans Meyers, who is bilingual and native speaker English and Dutch.	
	It may be useful to include subheadings under the themes to offer more context and detail regarding the patient quotes.	Thank you for this comment. We have thoroughly considered to adjust the manuscript according to the comment. However, including subheadings under the themes interfered with the flow of the results. We therefore finally chose not to include more subheadings.	
	Perhaps patient vignettes would be a helpful framing technique for this paper as well.	We thank the reviewer for this suggestion.	

