

## 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

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| <b>TITLE (PROVISIONAL)</b> | Quality and Safety Indicators for Home Care Recipients in Australia: Development and Cross-Sectional Analyses  |
| <b>AUTHORS</b>             | Caughey, Gillian; Lang, Catherine; Bray, Sarah; Sluggett, Janet; Whitehead, Craig; Visvanathan, Renuka; Evans, Keith; Corlis, Megan; Cornell, Victoria; Barker, Anna; Wesselingh, Steve; Inacio, Maria C |

### VERSION 1 – REVIEW

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| <b>REVIEWER</b>        | Vidya Viswanath<br>Homi Bhabha Cancer Hospital and Research Centre, Palliative Medicine |
| <b>REVIEW RETURNED</b> | 02-May-2022   |

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| <b>GENERAL COMMENTS</b> | Thank you for This is a well written manuscript in a complex area of care with clearly defined objectives. The methodology is robust and well delineated. This contributes to the clear results in terms of development of Quality and Safety indicators to improve health outcomes of the elderly population. Acknowledging the heterogeneity of Home Care Services globally, these indicators could still be a yardstick even in the low- and middle-income countries to improve the safety and quality of services provided. |
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| <b>REVIEWER</b>        | Vipul Bhatia<br>WellSpan Health, Continuing Care Services |
| <b>REVIEW RETURNED</b> | 03-May-2022   |

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| <b>GENERAL COMMENTS</b> | <p>Thank you for the opportunity to review this manuscript. The authors should be congratulated for conducting this research to address current gap of no established quality and safety indicators for home care services in Australian Healthcare system. The methods and study design are valid. The authors have assessed metrics used in other countries that have publicly reported quality and safety measures for home care services. The proposed measures are appropriate to begin measurement and reporting. Once established, any refinement to the measures, methods to evaluate, or addition of new measures will be an iterative process taking place over many years. The strength of the proposal is use of claims based reporting data, which makes the assessment objective and thorough. One downside is that there is a lag for reporting.</p> <p>Establishing a standard quality data would be a first step to drive accountability and reduce variation (geographical, demographic, etc.). Ultimately, if more residents would get home care services in the coming decades the challenge for healthcare providers would be to meet the growing need and do so with highest quality and safety.</p> |
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|  | <p>I am impressed that authors have proposed three process level measures. It would be reasonable to include the ease and feasibility of collecting the data. Is this obtained from claims as well? Is there a manual component to it?</p> <p>Overall, very impressive work. Good luck!</p> |
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### VERSION 1 – AUTHOR RESPONSE

#### Reviewer: 1

Dr. Vidya Viswanath, Homi Bhabha Cancer Hospital and Research Centre

##### Comments to the Author:

*Thank you for this is a well written manuscript in a complex area of care with clearly defined objectives. The methodology is robust and well delineated. This contributes to the clear results in terms of development of Quality and Safety indicators to improve health outcomes of the elderly population. Acknowledging the heterogeneity of Home Care Services globally, these indicators could be a yardstick even in the low- and middle-income countries to improve the safety and quality of services provided.*

Thank you.

#### Reviewer: 2

Dr. Vipul Bhatia, WellSpan Health

##### Comments to the Author:

*Thank you for the opportunity to review this manuscript. The authors should be congratulated for conducting this research to address current gap of no established quality and safety indicators for home care services in Australian Healthcare system. The methods and study design are valid. The authors have assessed metrics used in other countries that have publicly reported quality and safety measures for home care services. The proposed measures are appropriate to begin measurement and reporting. Once established, any refinement to the measures, methods to evaluate, or addition of new measures will be an iterative process taking place over many years. The strength of the proposal is use of claims based reporting data, which makes the assessment objective and thorough. One downside is that there is a lag for reporting.*

*Establishing a standard quality data would be a first step to drive accountability and reduce variation (geographical, demographic, etc.). Ultimately, if more residents would get home care services in the coming decades the challenge for healthcare providers would be to meet the growing need and do so with highest quality and safety.*

Thank you.

*I am impressed that authors have proposed three process level measures. It would be reasonable to include the ease and feasibility of collecting the data. Is this obtained from claims as well? Is there a manual component to it?*

All of the data used for the study is from de-identified linked administrative claims data as described in the introduction and methods section. We have however, added an additional sentence at the start of the data subheading of the methods that says “The ROSA includes de-identified linked administrative claims aged care and health care data as previously described (6)” to make it explicitly clear to the reader.

*Overall, very impressive work. Good luck!*

Thank you.