

Article details: 2019-0179	
Title	A novel decision aid to help plan for serious illness: results of a multi-site randomized trial
Authors	Daren K. Heyland MD MSc, Rebecca Heyland BSc, Alice Bailey MB BCh BAO, Michelle Howard MSc PhD
Reviewer 1	Dr. Pete Wegier,
Institution	Sinai Health System, Temmy Latner Centre for Palliative Care
General comments (author response in bold)	<p>The Authors present an excellent study on the use of their Plan Well Guide—a decision support tool for goals of care determinations—in a non-academic primary care population. No difference in rates of GCD completion were found. Despite this, several important results were observed, including fewer CPR orders and lower decisional conflict scores for patients who used the decision support tool. These results are important in order to improve palliative and end-of-life care for Canadians.</p> <p>I have very little negative to say about this work and look forward to accepting this paper after some very minor points are addressed. I applaud the authors for their work.</p> <p>Response: Thank you for your positive comments. We appreciate the kind words.</p> <p>-----</p> <p>METHOD</p> <p>1. Page 4, line 10: Please define "high-risk patients". What made them high risk? Who/what criteria determined if patients fit this definition? Response: As explained above, we did not specify exact inclusion criteria but have added guidelines that were provided to participating physicians.</p> <p>TABLES</p> <p>2. Table 2: Why was satisfaction measured for the intervention group only? Response: We solicited perspectives on satisfaction on the plan well guide intervention, not on their overall experience with being in the trial. The usual care group did not receive the intervention.</p> <p>COPYEDITING</p> <p>3. Page 14, line 19: "difficult" should probably be "difficulty" Response: Thank you. This has been fixed.</p> <p>4. Page 15, line 40: "This letter gave patients aa...", there is a double A Response: Thank you. This has been fixed.</p> <p>5. Page 15, line 54: "powerpoint" should be "PowerPoint" Response: Thank you. This has been fixed.</p>
Reviewer 2	Ms. Damanpreet K Kandola
Institution	University of Northern British Columbia, Health Sciences
General comments (author response in bold)	This is an interesting study with important implications for real-world practice settings.

bold)

1. Please consider reporting sex breakdown of participants in abstract

Response: This is has been added. Pg 2

2. It is unclear whether the decisional conflict scores were only assigned by the physician, or both physician and participant?

Response: Participants rated their own self-assessed decisional conflict and physicians rated their perceived decisional conflict of their patients. We have added the physician assessment form, which will make this more transparent to the reader. We have added additional text to the Methods section to make it more clear who responded to what questionnaire.

3. Methods: please report file number for REB approval

Response: This has been added to the manuscript (2017-3573-GRA).

4. Sex is a important factor in clinical research. It is not immediately clear whether there were any differences for intervention results based on sex. Please consider reporting results from a sex-specific perspective or provide details on why this was not done/was not possible.

Response: We agree that sex is an important factor in clinical research in general and in this topic specifically. However, our sample size is quite limited and we don't feel it appropriate to make further subgroup analyses based on sex. Many of findings are imprecise. Splitting them again will result in further imprecision.

5. pg 7: please further elaborate on 'high-risk patient' definition. It is not immediately clear whether this was based on a subjective decision from the primary care provider.

Response: We have clarified this in the Methods, as explained in response to prior reviews.

6. The sample is limited English-speaking participants only. This limitation is not unique to this study but something to consider if we seek to develop tools for real-world practice settings and is worth mentioning in the limitations section.

Response: We have added this to the limitations section. PG 11

7. It is unclear whether participants who had someone that could speak English/interpret on their behalf were also excluded?

Response: No, we did not allow translations to occur. Participants had to speak English.

8. Please consider the use of a flowchart or graphic for the development and initial evaluation of the Plan Well Guide

Response: Thank you for this suggestion. We have added eFigure 4 (See below) to provide a visual representation of this developmental process.