Reviewer's report

Title: Patient-related information asymmetry disrupts pre-anaesthetic patient briefing: a prospective observational study

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Reviewer: Douglas Paull

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Thank you for the opportunity to review the manuscript entitled “Patient-related information asymmetry disrupts pre-anesthetic patient briefing: a prospective observational study” authored by Schnoor et al. This study focuses upon the pre-anesthetic briefing, during which the Anesthesiologist, or Anesthesia Resident, reviews important clinical information in preparing for the patient’s upcoming operation. In addition, the briefing provides an educational platform to increase the patient (and family’s) awareness and engagement in their own care and what will be expected in the perioperative period.

Discretionary Revisions

The question posed by the study is well-defined: identify the origin of incomplete patient-related information which lead to disruptions and loss of time during the pre-anesthetic patient briefing.

1) However, by emphasizing the efficiency aspects in their study question, the authors may have missed an opportunity to address the human factors patient safety issues of missing information. For example, Residents or Attending Anesthesiologists, faced with accumulating missing information, might eventually overlook a particular medication or dose, leading to a subsequent perioperative adverse event. The missing information represents a risk within the system, being captured by the Anesthesiologist or Resident leading the briefing.

The study design and methods are sound. The observational study design is more effective than a survey of the participating Anesthesiologists and Residents.

2) Along these lines, it may be helpful if the authors describe the actual observational process in more detail. Was a tool utilized (the ‘documentation sheet’ mentioned) and could it be included as an Appendix? How were the observers trained? Any potential biases introduced by observation process?

The discussion and conclusions are for the most part supported by the data. Readers learn that disruptions, or missing information, is not uncommon during the pre-anesthetic patient briefing, and that such missing information is often due to (among other issues) incomplete records and poor usability of IT systems.

3) In the second paragraph of the Discussion, the authors mention that the most
common missing results were not complex, technical studies such as echocardiography; but rather simple results such as body weight. This data is not currently presented in either the text or tables of results, and (if available) would be an encouraged addition.

The limitations of the study are clearly and concisely stated.

4) The manuscript may benefit from a more detailed discussion (perhaps both in the Introduction and Discussion) of the known and established benefits of the pre-anesthetic patient briefing, especially as regards to patient safety. This information will then provide quite a contrast to the disruptions that are interfering with the orderly conduct of these briefings.

5) Likewise, the authors might wish to include more detailed discussion regarding solutions, including specific actions and monitoring of effectiveness, to the problems they have identified. How does their organization plan on dealing with these issues?

Minor Essential Revisions

6) Third paragraph, Discussion, ‘staff’ misspelled as ‘stuff’.

In summary, the authors are to be commended on an insightful, thought-provoking study of the root causes of missing information during the pre-anesthetic patient briefing. On balance, the suggestions I have offered, are intended to emphasize the patient safety as well as the efficiency and cost aspects of the identified missing information, and to encourage looking forward towards strong actions to prevent adverse events related to such missing information.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.