Author's response to reviews

Title: Emergency department patient safety incident characterization: An observational analysis of the findings of a standardized peer review process

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Author's response to reviews:

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To whom it may concern:

Thank you very much to the editorial team and the reviewers for considering this manuscript and for the helpful feedback. To follow is a summary of our response to each suggestion from the reviewers. Our responses are ordered to match the order of their suggestions. Please note that we have incorporated the majority of the revisions suggested by the reviewers, but in a limited number of instances, we found a specific recommendation not to be feasible or in our humble opinion ill-advised. All changes and our reasoning behind suggestions that we respectfully felt could or should not be incorporated are noted below.

Kulstad Review

1) The changes to the abstract were made to better explain the development of the PSI contributing factor characterization approach (lines 36-39). Of note, we also added this to the methods section (lines 146-151) as well to be consistent with the abstract changes and per a later suggestion.

2) We agree with the reviewer that the Croksberry article is a very important article that classifies cognitive errors and strategies to prevent them. That being said, we respectfully submit that it does not have specific relevance to this manuscript because this investigation did not involve the sub-classification of cognitive errors.

With regards to the suggested Campbell article, we appreciate the reviewer bringing it to our attention. We have cited it in the background section as recommended (line 68).

3) There was no hypothesis as this was a descriptive report. The reviewer points out this “may not be necessary”, and we believe that this is not necessary nor
accurate to include.

4) The phrase regarding systems changes to the DRH process was removed from the first paragraph (line 103) and these changes were described in more detail in the 4th paragraph of the methods section (lines 146-151). We feel that this is the best solution for the reviewer’s request for more clarity.

5) The incident reporting form and communication was explained in more detail as requested by the reviewer. (lines 103-106)

6) The prompting questions were explained in greater detail as requested. (lines 1128-134)

7) The sources used for the error and failure classifications were added to this section as requested. This also served to remain consistent with the abstract. (Lines 150 and 151)

8) Details related to peer review protection were added as requested. (Lines 167-173)

9) The system/disease-based categories were derived based on our own experience. This classification was not based on any specific organizational recommendation.

10) We appreciate the author recognizing the number of incident reports produced by our system. However, we respectfully do not agree that this affects external validity with regards to this study. If the study were one that evaluated the efficacy of our peer review process in promoting incident reporting, we would of course agree. However, the gross number of reports should not bias the underlying characteristics of contributing factors to PSIs.

11) We appreciate the reviewers thoughts regarding further sub-classifying the cognitive errors based on the Croskerry classification scheme, however this is not possible to do retrospectively. We appreciate the reviewer noting that this should not be a requirement for publication.

12) Given limitations in our electronic health record system, it is not possible to estimate the denominators as suggested by the reviewer. We appreciate the acknowledgement that this might not be possible.

13) We softened the statement regarding the phenomenon of under-reporting not causing bias to stating that we did not feel that it was likely “but acknowledge that it is possible”. (Lines 332-333)

14) We softened the conclusion related to systems failure reduction prioritization as requested by the reviewer. We removed the last two sentences as well. (Lines 336-339)

15) "In a timely manner" was removed as it was confusing. (Table 1)

Patanwala review

1) The requested flow chart was added as Figure 1. (Figure 1)

2) A discussion of how the characterization framework used in the study was created. It was based on systems previously reported in the EM literature coupled with our own experience. (Lines 146-151 and lines 36-39 for consistency
in the abstract)
3) There is no data on when voting was required (i.e. consensus was not achieved) so unfortunately this change could not be added as requested.

4) A sentence was added regarding the 36 cases that met initial screening criteria but then were excluded later as per the request. Please note, this sentence was added to the limitations section because the topic of preliminary screening was discussed in that section and from a stylistic standpoint it fit better in that section. (lines 292-295)

Please feel free to contact us if you have any questions or concerns related to the revised manuscript or our responses above. We greatly appreciate your consideration of this manuscript and hope that you find it to be worthy of publication in your journal.

Sincerely yours,
Martin Reznek MD, MBA, FACEP