Author's response to reviews

Title: Organisational targets of patient safety improvement programs in primary care; an international web-based survey

Authors:

Joost JG Wammes (j.wammes@iq.umcn.nl)
Wim Verstappen (w.verstappen@elg.umcn.nl)
Sander Gaal (s.gaal@iq.umcn.nl)
Michel Wensing (m.wensing@iq.umcn.nl)

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Author's response to reviews: see over
Dear Editor

We thank the reviewers for their comments, and have revised the paper accordingly. Below, we discuss the comments one by one (in bold our response, and in italics our revised text).

Reviewer 1: Joseph Azuri

1. According to Linneaus website (http://www.linneaus-pc.eu/Participants.html) it seems there are 11 members from 8 different countries.

The work was designed to include PC physicians, researchers and experts in patient safety. Each Linneaus member was asked to give 20 names of safety experts, meaning a potential of 220 participants for the study. However only 111 individuals were emailed and the response rate was 65 individuals (59%) of 20 different countries (table 1).

As explained on the Linneaus website, the project initially came together as a group of researchers from seven countries. However, later on the group expanded. As noted in the method section, we asked members of the Linneaus consortium to give 20 names of safety experts. However, some couldn't come up with the requested number of 20 and provided just a few names. To prevent confusion on this matter, we included 'at most' twice in our description of the recruitment of respondents.

With help of the Linneaus project we identified the participants. Key individuals (all members of the Linneaus consortium) were asked to provide the names of at most 10 practising primary care physicians with a potential interest in patient safety and at most 10 researchers or experts in patient safety in their country.

2. Sample: Were the answers of the 2 individuals that stated they were patients extremely different?

For all but one domain the patients more or less scored similar compared to the other respondents. However, the mean score for the theme accessibility equalled 1,5, compared to 2,5 for the other respondents. Nevertheless, because we find n=2 a too small subpopulation, we prefer not to publish these results.

3. Sample size concerns. For example:

a. There were 10 individuals from 10 different countries (one from each country), each with a unique health system. Furthermore, about half of the overall GP respondents were from highly urban vs. city/rural areas. Although the authors stated the study sample did not allow a comparison between
countries, I would have been interested in knowing how items such as 21, 22, 31, 40, 51 were rated by urban vs. rural GPs.

We did the suggested calculations and found some interesting differences between the groups, most notably for the items 21, 22 and 31:

Item 21: 40% of the urban respondents scored the item ‘The practice has an emergency telephone line’ extremely important, compared to 26.3% of those in towns/rural and 19% of the respondents not indicating their location.

Item 22: 24% of the urban respondents scored the item ‘Is it easy to get in contact with out-of-hours service’ extremely important, compared to 42.1% of those in towns/rural and 23.8% of the respondents not indicating their location.

Item 31: 20% of the urban respondents scored the item ‘Out-of-hour care providers have access to the patient record’ extremely important, compared to 0% of those in towns/rural and 38.6% of the respondents not indicating their location.

However, as we discussed, we are unsure about the reliability of these findings because of the low sample size, a high number of missing locations, and chance capitalization due to the large number of statistical tests and decided not to publish these.

We added the following phrase to the discussion.

*The low sample size did not allow reliable comparisons between for example rural and urban general practitioners, or similar comparisons.*

b. Certain domains (such as H) can probably be considered more important by policy advisors than others. This domain was scored as extremely important by less than 20% of the overall participants. Were these mainly from the policy advisors group (11% of the sample)?

We calculated table 3 for the policy advisor’s separately, and found one significant outlier compared to the overall table. The policy advisor’s scored the theme information technology lower than the whole population (2.58 vs 3.18). The policy advisors scored 2.5 for the theme quality improvement, thus even lower than the whole population. However, as we discussed, we are unsure about the reliability of these findings because of the low sample size and chance capitalization, and therefore decided not to publish these.

4. Questionnaire: how was the questionnaire validated other than the 3 expert-fine-tuning of the questionnaire? Was the questionnaire translated to different languages?

We tested the questionnaire with three patient safety experts, no other validation steps were undertaken. The questionnaire was not translated to any different language (it was originally designed in English), all respondents were requested to score the items as shown in table 2.
Reviewer 2: Gerard Bury

1. The purposive sample of participants is small and has a low response rate, although representing a very wide range of countries and health systems. The sample appears to be drawn from a limited pool of those known to or working with the authors of the paper/Linneaus project. It would be useful to expand the description of this population and the reasons for its selection.

The sample comprised of key informants and was partly based on snowball sampling. Given the novelty of the topic, we felt that it did not make sense to approach random samples of specific target groups. Nevertheless, the sampling may have caused bias, which has been acknowledged as a limitation of the study.

2. What are EPA safety indicators? What definition of patient safety was used?

We included additional information about EPA and the definition of patient safety in the methods section.

Specific organisational items were based on EPA safety indicators - European Practice Assessment, an internationally validated set of indicators to compare and improve the organisation and management of general practices - and an interview study in primary care physicians and nurses to explore what constitutes ‘patient safety’ in primary care.

The following text was provided with the questionnaire: We use a broad definition of patient safety. A patient safety incident is defined as an unintended event during the care process that resulted, could have resulted, or still might result in harm to the patient. Both acts of omission and of commission are included.

3. The study questionnaire appears to be drawn from earlier, related publications by the group but the rationale for inclusion of some items but not others is not described. The questionnaire does not appear to have been validated. Comments on these potential weaknesses would be useful.

We included the following in the discussion:

It might be possible that we missed important organizational items, because it is not possible to identify and assess all possible items systematically.

4. Was the questionnaire circulated in one or more languages? If translated, how were translation issues addressed?

The questionnaire was not translated to any different language, all respondents were requested to score the items as shown in table 2.
5. Given the international nature of the work, is it possible that the questionnaire addressed mainly or only those items with 'international portability' rather than those which are truly important? To be clearer, the very different health systems involved might be a disincentive to involve complex or local key issues (e.g. CPD systems, registration structures, specific regional health problems etc)

It is true that the use of an international panel may result in the exclusion of items, which are crucially important in a particular country. For instance, this may apply to items related to advanced technical or organizational infrastructures that are not yet implemented in all countries. On the other hand, the items that are selected by an international panel despite differences across countries are likely to be important. We included the following in the discussion:

The use of an international panel may result in the exclusion of items, which are crucially important in a particular country but not in others (for example items related to advanced technical or organizational infrastructures). However, the items that are selected by an international panel despite differences across countries are likely to be important.

6. Did the questionnaire provide respondents with the opportunity to nominate their own items of importance? If not, the authors should explain the reasons and the limitations on the validity of the study which may be created.

We did provide the respondents an opportunity to nominate their own items of importance. However, analysis of these answers showed that these did not provide us new items.

7. The discussion is limited. Some reflection on issues which attract low scores might be useful.

We added the following phrase to the discussion section.

To our surprise, the theme 'medication' scored relatively low. This may indicate that the respondents do not find medication issues important for patient safety. However, it may also indicate that respondents opt for other ways of improving knowledge about medication rather than via interventions aimed at patient safety.

8. Much of the international literature on patient safety emphasises the importance of participation by patients and representatives in establishing safety systems. The authors include no lay respondents and do not address this issue in the discussion. The issue should be explored - presumably, there is acknowledgement that such imput is important for general practice.

It is indeed a limitation of our study that patients were not involved. As several authors have argued, patients can contribute to patient safety, but it is arguably the primary responsibility of healthcare providers to optimize safety and develop effective safety systems. With hindsight, though, we could have included some items on the involvement of patients in safety management in our questionnaire to explore this issue in more detail. This has now been included as a suggestion for further development and research.
In our study, we focused on patient safety from the provider perspective. In further research and development, the role of the patient in patient safety systems needs be further explored.

9. Some language issues should be addressed.

We carefully scanned the manuscript and did some editing to improve the language.