Reviewer’s report

Title: Patient perceptions of safety and quality of maternity clinical handover

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Reviewer: Mandie Scamell

Reviewer’s report:

Thank you for giving me the opportunity to review this paper on patient perceptions of the safety and quality of maternity clinical handover. The paper is well constructed and raises some very interesting issues in relation to the handover procedure. Using interview data collected from 18 post natal women who gave birth at an Australian maternity hospital, the authors highlight the importance of privileging patient authored texts, such as personalized birth plans, in handovers to improve patient confidence in the effectiveness and safety of the process. This is described as being a novel approach to this clinical practice and it is in keeping with policy initiatives aimed at promoting women centered care and encouraging service user involvement and is one which deserves attention. Unfortunately, there are some significant problems with the paper, outlined below in response to the journal’s review questions. The page numbers and line referencing are those when word 2007 is used to open the document.

1. IS THE QUESTION POSED BY THE AUTHORS WELL DEFINED?

The question is well defined in the paper and the research design is well chosen to answer this question in relation to eliciting service user perceptions of handovers, this is one of the paper’s strengths.

However, it is difficult to see how this design is powered to measure how handovers contribute to ‘the quality and safety of maternity care’ – page 1, para 1, line 5.

That said however, some convincing data is provided to describe patient’s perception of safety which is very interesting. (Surprisingly given this emphasis in the research question, this material is relatively underdeveloped in the analysis included in the paper.) Unfortunately, the authors fail to acknowledge the distinction between perceived ideas on safety and safety in terms of clinical outcomes, which is a real weakness in the paper.

2. ARE THE METHODS APPROPRIATE AND WELL DESCRIBED?

Yes – a clear methods section gives a coherent and concise account of how the research was carried out.

The demographic section could be reconsidered. In its current form it does not describe the demographic details of the sample particularly well, as it is more about describing the clinical profile of the sample.

One further problem with the descriptions of the sample comes on page 5, para 1 line 1 which talks about non-English speaking participants. Unfortunately this is in
3. ARE THE DATA SOUND?

The data appears to be sound, the way the findings are reported however is problematic for several reasons.

1. The paper seems to collapse together what might be thought of as quite divergent themes. This makes the conclusions quite difficult to interpret.
   a. For example, on page 4, para 5, line 3 describing the use of ‘cognitive artefacts’ - patient authored texts are described as being the same thing as formal hospital documentation in which the patient has no authorship rights. These are in fact quite different texts, not least because each is endued with different credibility values within the clinical setting. Although this is hinted at on page 5, para 6, line 4 it is reported in such a way which fails to capture the significance of the difference. Given that the authors rest the novelty of their contribution to the debate on their analysis of using such patient authored texts in handovers and that the paper recommends that such texts would be usefully included in handovers, the authors’ failure to distinguish between patient authored texts and official documentation written by health care providers in the main body of the paper, is not helpful.
   b. Similarly, the paper fails to draw a sufficient distinction between service user participation, described on page 6, and the inclusion of service user authored texts, such as birth plans, in handovers. This failure implies the two can be thought of as the same thing. The paper would benefit from making this distinction more explicit, particularly in the light of the data which suggests some patients would not view being personally involved in this process as positive – page 7, para 2.

2. Other findings which appear to have potential significance, were relatively unexplored. For example, only 1/3 of the sample rated handovers as satisfactory or above – page 4, para 4, line 1. The way this finding is presented suggests that all participants were asked to rate how satisfied they were with their experience of the handover process, suggesting that the majority, 2/3 of the sample, thought the process in its current form, was below satisfactory. Interestingly, this finding was reported in terms of ‘participants appreciated handover’ which is hard to relate to, given the presentation style. Furthermore, according to the authors only 10% expressed that the process made the participants feel ‘confident/safe’. Again this finding implies that 90% did not feel confident and safe. I wonder if this is an underlying problem of trying to report qualitative data using quantitative principles and reporting style but that aside, it is these data that might have been used to infer the issue of safety, however the manner in which this material is presented seems to contradict such a conclusion.

3. Other issues that could possibly be related to client perception of safety, a fundamental precursor to the research question, were similarly under explored. On page 5, para 4, line 1 the authors point out that their participants identified that, what was said by staff was different from what was written in the maternity records. This suggests that the cognitive artefacts used to support maternity handover may not be an accurate representation of the situation. The idea that
such records can be used for cross-checking purposes therefore potentially could be problematic. This is a very interesting finding which highlights a host of problems with the reliance on the written record which is underdeveloped in this paper.

Similarly, on page 5, para 2 the issue of cross-checking is explored positively, although the authors only report 2 participants relating having witnessed this. Again this might be an indication of reporting style but it is easy to assume from these figures that no cross-checking was noticed by the majority of participants. (This is not to suggest that the evidence presented in this paper indicates that cross-checking did not happen, because the research design was not able to test this, but simply that safety was not reassured through overt demonstration of this clinical practice).

4. The findings reported on page 6 have powerful potential for recommendations for practice, although again the statistics used at the bottom of the page operate to undermine the credibility of the observations being made.

4. DOES THE MANUSCRIPT ADHERE TO THE RELEVANT STANDARDS FOR REPORTING AND DATA DEPOSITION?

The manuscript reports qualitative data using a quantitative style which in many places is not very helpful. It is very difficult therefore, to assess whether the reported findings and conclusions are credible. In this kind of research design important themes may not be very densely populated, for example page 5 -6, line 9 and following appears to be significant but is only the testimony of one participant. In quantitative terms, this evidence might be dismissed as an outlier, where as in qualitative terms it might be the key to unlocking the research problem. This presents obvious problems when trying to report on a qualitative project findings using a quantitative reporting style.

5. ARE THE DISCUSSION AND CONCLUSIONS WELL BALANCED AND ADEQUATELY SUPPORTED BY THE DATA?

No, for reasons outlined above. The study was not powered to test the benefits of including patient-authored birth plans in handovers in relation to ‘improved clinical understandings’ and safety as suggested on page 8, para 2, line 6. The use of patient authored texts is a very important recommendation based upon the evidence provided on page 5, para 5, however the link between data and conclusion is poorly developed.

6. ARE LIMITATIONS OF THE WORK CLEARLY STATED?

No. The limitations in generalisability and wider inference was not mentioned, furthermore the use of interview notes is a limitation of this study which is not mentioned.

7. DO THE AUTHORS CLEARLY ACKNOWLEDGE ANY WORK UPON WHICH THEY ARE BUILDING, BOTH PUBLISHED AND UNPUBLISHED?

Yes

8. DO THE TITLE AND ABSTRACT ACCURATELY CONVEY WHAT HAS BEEN FOUND?
Yes

9. IS THE WRITING ACCEPTABLE?
YES

**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.