Author's response to reviews

Title: Building an Ethical Environment Improves Patient Privacy and Satisfaction in the Crowded Emergency Department: a quasi-experimental study

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Author's response to reviews: see over
Dear Editor Adrian Aldcroft and Reviewers,

We revised our manuscript entitled “Building an Ethical Environment Improves Patient Privacy and Satisfaction in the Crowded Emergency Department: a quasi-experimental study” to *BMC Medical Ethics* to for publication. The manuscript number is MS:7648023507873253.

Thanks for Editor Adrian Aldcroft and Reviewers’ precious time and reviews. We are appreciative of your valuable comments, and have responded to the questions and concerns you raised, revising our paper accordingly. The manuscript and tables have been copyedited by Edanz. We have also described the name of the ethics committee in the Methods section (MaPage 5 paragraph 2).

Sincerely,

Yen-Ko Lin, MD  November 29, 2012
Reviewer’s comments:
The study design is appropriate to achieve the objective and clearly described but I suggest the authors to justify and contextualize the choice of this type of study in reference to the published literature.

Thank you for this comment. We have added this discussion in the study limitations paragraph. (Page 15 paragraph 3)
“First, because it was not a randomized controlled study design, there might be many confounders limiting our inferences, as noted by Eccles et al. in their discussion of research designs for evaluating the effectiveness of change and improvement strategies.[34] Because it is difficult to obtain comparable samples for the comparison of patient outcomes before and after organizational changes within an institution and given other logistical factors for this study, a multicenter randomized controlled study will be needed to confirm the results.”

The sample size appears adequate with the study design but I suggest the authors to specify whether samples taken in different months of the year can be comparable (respect to: numbers of ED census in the period chosen, kind of diseases and problems).

Thank you for this comment. We have added additional discussion of this in the limitations paragraph. (Page 16)
“Third, the survey time points were different. The numbers of the ED census and the diseases and medical problems of the patients in the two study periods might be different. These might have influenced our results.”

I recommend authors to specify if they enrolled all patients who entered the emergency room, or if patients were selected and the city in which they have carried out the study.

Thank you for this comment. We have described the selection factors in the Methods section as follows: (Page 5 paragraph 3)
“All patients discharged from the ED were eligible.”
We have also described the location in the Methods section as follows: (Page 5 paragraph 2)
“The study was conducted at an urban academic ED in the city of Kaohsiung in Southern Taiwan, with an emergency medicine residency and an annual census of
84,000 patients in 2008”

Regarding “data collection and processing” I suggest authors to add some information about the questionnaire, such as whether it was self-administered or administered by the operators and the reasons for this choice.

We have provided a description in the Methods section as follows: (Page 5 paragraph 3)
“Patient consent to participate in the study and complete a self-administered questionnaire regarding their ED stay from the perspectives of their privacy and satisfaction was requested. A one-page questionnaire was developed and administered to all eligible patients. Patient responses were kept confidential.”

The Authors found an important and significant difference in the treatment area between pre and post-intervention groups. I believe that this element affects the comparability of samples. Furthermore, I believe that the privacy and patient satisfaction can be influenced by the patient's medical condition and that this should be listed as limitation of the study or as an element that must be evaluated in future studies.

Thank you for this comment. We have revised our limitations paragraph as follows: (Page 16)
“Although treatment areas between the two groups were different with more patients being treated in the hallways in the post-intervention group, this should have worked against improvement in patient perceptions of privacy and satisfaction, which were nonetheless greater for the post-intervention group. Future studies are needed to confirm these results……Moreover, the medical conditions of patients might have an influence on their perceptions of patient privacy and satisfaction. Future studies are needed to explore these associations.”

The results confirm significant improvements in patient perception of “personal information overheard by others”, being “seen by irrelevant persons”, “unintentionally heard inappropriate conversations from healthcare providers”, and “providers’ respect for my privacy”. There was significant improvement in patient overall perception of privacy and satisfaction. There were statistically significant correlations between the intervention and patient overall perception of privacy and satisfaction on multivariate analysis.

I recommend the authors to discuss this result compared to other recent publications.
Thank you for this comment. The Discussion section has been revised. (Page 13 paragraph 1)

References are correct and consistent with the topics covered, but are dated. Therefore, I suggest to cite some more recent papers published on this topic, such as Lovato E. et al Humanisation in the emergency department of an Italian hospital: new features and patient satisfaction Emerg Med J. 2012 Jul 3. For the similarity of the topics covered and the study design, we believe that this recent Italian publication may be useful in the discussion of the results and to enrich the Bibliography.

Thank you for this comment.
The article has been cited and the Discussion section has been revised. (Page 12 Paragraph 3)

About "intervention", I believe that the authors have fully explained the actions undertaken, however I think it is appropriate to justify these choices with some recent references.

Thank you for this comment.
The Discussion section has been revised accordingly. (Page 12 paragraph 2)

Regarding the bibliography entry number 5, it is now possible to add the volume number and page [29 (6) :437-43].

Thank you for this comment. The bibliography has been corrected (this reference is now number 6).
Reviewer’s comments:

the methodology is not well defined, Interventions should be define clearly as others can repeat it.

Thank you for this comment.  
The Methods section has been revised. The intervention section has been summarized into Table 1.

discussion should be revised and more articles use for compare.

Thank you for this comment.  
The Discussion section has been revised.
Reviewer’s comments:

In addition, the methods section can be substantially condensed. Much of what is written under "Intervention" can be deleted.

Thank you for this comment.
The Methods section has been revised. The intervention has been summarized into Table 1.

It is not clear why only discharged patients were included and admitted patients excluded.

Thank you for this comment.
In our opinion, discharged patients are more likely to have the competence to complete the self-administered questionnaire. Moreover, the length of stay, which has an influence on patient perception of privacy and satisfaction, has been completed for discharged patients, who may then provide a more complete response.

Also, it is unclear why there was a two year gap between patients initially surveyed and those who completed the follow up survey. My assumption is that this was due to the intervention but this is not explicitly stated.

Thank you for this comment.
We have made a description of this in the Methods section as follows: (Page 8 paragraph 2)
“All of the changes were achieved gradually over the two years from 2008 to 2010.”