Reviewer’s report

Title: Assessing hospitals' clinical risk management: Development of a monitoring instrument

Version: 1 Date: 8 June 2010

Reviewer: Christine Jorm

Reviewer’s report:

Title: Assessing hospitals’ clinical risk management: Development of a monitoring instrument

Version: 1 Date: 7/6/2010

Reviewer: Christine Jorm

Is the question posed by the authors well defined?

Comment 1: This is a well written paper and considerable care has gone into the development of the monitoring instrument. This is however a ‘methods paper’ (no results from the hospitals are presented) and more policy and health system context is necessary for the point of the exercise to be made clear to readers. There is an amount of detail that would enhance the paper, but specific requirements are listed in my next comments.

Comment 2: I have recently reviewed a number of papers on new instruments to measure organisational aspects of S&Q where the authors have tried to avoid discussion of extant regulatory and monitoring processes. In this case the sentences below:

Therefore, we defined CRM as all structures, processes, instruments and activities which enable hospital employees to identify, analyze, contain and manage risks while providing clinical treatment and patient care [cf. 5, 6]. Due to this focus, aspects of overall hospital governance (e.g. financial or infrastructural risk management) or health policy issues (e.g. accreditation) were not included when developing the monitoring instrument, although they do influence patient safety.

What sort of regulation, reporting, inspection, accreditation (eg ISO) are in place for Swiss hospitals? Are these required under funding agreement with governments or insurers? Where would the developed instrument sit among others that currently exist? Is the instrument designed to provide comparative measurements for the benefit of a regulator?

Major Compulsory Revision

Comment 3: The current literature on hospital accreditation needs to be referenced and discussed (indeed it is more relevant than the safety literature that is discussed to provide support for CRM). This paper is about a tool to
measure organisational structure and activity. Are such tools generally valuable, and in what circumstances?

Major Compulsory Revision

Are the methods appropriate and well described?
Yes
Are the data sound?
Yes
Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes
Are the discussion and conclusions well balanced and adequately supported by the data?
Yes
Are limitations of the work clearly stated?
No, the paper would be improved by their expansion in two ways.

Comment 4: To be blunt, the whole argument could be summarized as follows: safety is a big problem, CRM is a way to improve safety, we asked risk managers to define what important aspects of CRM are, we then measured CRM by asking risk managers if they had these important aspects in place. This is a circularity about this (with no link back to measures of actual safety or quality), which is not uncommon in bureaucracy, but deserves discussion in an academic paper.

Major Compulsory Revision

Comment 5: Secondly the point that the hospital’s risk manager’s perceptions may not be accurate could be expanded. In addition any possible bias in completion of the instrument should be discussed. For instance if a RM thought that drawing attention to gaps may result in allocation of increased resources responses might be quite different to a situation where gaps might be held to represent a failure on the part of the RM!

Minor Discretionary Revision

Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Comment 6: Need reference to the hospital accreditation literature

Do the title and abstract accurately convey what has been found?
No
Comment 7: The following sentences in the abstract are not supported by data in the body of the paper:
It was widely accepted in the first application in all Swiss hospitals and acknowledged for its content and form. Continuing use of the instrument will contribute to further development of CRM at the governance, strategic and operational level.
Major Compulsory Revision

9. Is the writing acceptable?
Yes, high quality.

Comment 8: I realise that space is not an issue for BMC but this paper would be better if it was edited to reduce its length by about 25%.

Minor discretionary revision.

Level of interest: An article whose findings are important to those with closely related research interests

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'