Reviewer’s report

Title: The patient safety culture as perceived by staff at two different emergency departments before and after introducing a flow-oriented working model with team triage and lean principles: a repeated cross-sectional study

Version: 1 Date: 15 January 2014

Reviewer: Sean Berenholtz

Reviewer’s report:

Thank you for the opportunity to review and provide comments. Understanding effective strategies to improve patient safety culture as measured by the widely used HSOPSC survey is an important contribution to the existing literature.

I have few compulsory comments and suggestions for the authors to address.

Abstract and Background:
1. Consider modifying the statement about ‘… project that was aimed to enhance patient safety’ to include ‘in the ED’.
2. There was an abundance of interview citations that caused distraction while reading. While I appreciate the value of clinician quotes, I would ask the authors to revisit the results section to see if they would be comfortable tightening this up a bit and dropping some of the quotes.

Methods:
1. The description of the intervention and timeline is confusing. For example, the county hospital description includes several different extensions of the model. Consider modifying figure 1 to include more details, a time range rather than single point for the intervention (to reflect the model extensions) and add months to the x axis.
2. It is really difficult to understand who saw the patients before and after the interventions. The authors should also consider a figure to better describe how patient flow changed as a result of the intervention.
3. HSOPSC description. The authors say each dimension includes 2-4 items yet Figure 2 suggests dimension 15 only has one item. Please clarify.
4. Delete language re ‘statistically significant improvement in outcomes between baseline and follow up is described as a higher score or a positive score.
5. Data collection and statistical methods: tables 2, 3 have ‘n=xx’ which actually represents targeted providers (not # responses) as described in this section. Add rows to table 2, 3 to reflect # targeted providers and actual # responses.

Results:
1. The biggest missing data here are time to first contact with a physician and length of stay in the county hospital; total time visit and time to see a physician in
the university hospital. While the culture scores are the primary focus of the manuscript, the authors repeatedly say improvements in these measures were the primary goal of the interventions. Can the authors briefly provide any insights into these results??

Discussion:

1. Please edit existing language to say ‘improvement for the dimensions… can likely be explained by the QI project…’

2. Delete short paragraph beginning with ‘transforming care from the culture….’ And ending with ‘in addition, …. paramount for safe care’.

3. Limitations: the authors spend a ton of time speculating why culture scores improved, didn’t improve, or decreased’. I suspect the authors could have gained important, ‘real world’ insights by conducting focus groups with providers that were impacted by the QI project. Please clarify if any discussions with frontline staff occurred to gain this understanding or add a as limitation if not conducted.

Conclusions:

1. I don’t think the authors should downplay the results they achieved with language like ‘only minor changes’. Culture change is challenging and takes time. While we may not completely understand the causal relationship between the intervention and the changes in culture recognized, improvements in any domain are worth celebrating, exploring further to understand, and sharing in a peer-reviewed forum.

Again, thank you for the opportunity to review and provide comment.

**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.

**Declaration of competing interests:**

no competing interests