Author's response to reviews

Title: Measuring adverse events in Portuguese hospitals: a contribution to improving quality and patient safety

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Author's response to reviews: see over
Dear Executive Editor of the BMC Health Service Research.

Please find enclosed our revised manuscript, “Measuring adverse events in Portuguese hospitals aiming to improve quality and patient safety” by Paulo Sousa et al.,

All authors have approved this revised version of the manuscript.

We would like to thanks to the three reviewers for their comments that have helped us improve our manuscript. We hope that the changes we have made in accordance with your precious suggestions have greatly improved this last version making it suitable for publication in the BMC Health Services Research.

Yours faithfully,

Paulo Sousa

Assistant Professor of Public health
We will try to answer the comments of each reviewer by addressing each of the points.

Reviewer 1

Major compulsory revisions.

1. We have changed the title to “Measuring adverse events in Portuguese hospitals: a contribution to improving quality and patient safety”. This new title reflects the core of the manuscript;
2. This suggestion has been included in the Methods section. More information is given about the three hospitals that participated in the study;
3. We agree with this comment and have cut it from the text (Background Section). We think that now this section of the text and the title are aligned;
4. While Zegers et al. (2009) have included an oversample deceased patient to determine more precisely the occurrence of potentially preventable death in hospital, we have followed the Canadian Study Methodology and that aim was not included in our study;
5. More information about cost calculation has been introduced in the manuscript making it clearer with regards to sources and different expenses included, namely in the sections of Methods, Results and Discussion. Although cost calculation was not the aim of our study, we believe this additional data is important to reinforce that the problem is not only clinical but also economic and social;
6. Thank you for pointing out that mistake. We would like to point out that the previous percentage of 32.3% was related to those cases that in screening 1 had more than one criterion for AEs;
7. We would like to clarify that in our study from 365 cases that passed to screening 2, only 186 were confirmed as an AE (please refer to Results);
8. The Conclusion has been shortened while keeping the main ideas.

Minor Essential Revisions

1. Corrected;
2. Corrected;
3. Corrected;
4. Corrected;
5. Corrected;
6. Corrected;
7. Corrected.

Discretionary Revisions

1. Thank you, we have added these keywords;
2. Considering your comment on Kappa statistics, we have decided to review the entire document, specially the statistical analyses to present more detailed results. We have found that some Kappa values were not correct, because some filters were incorrectly applied. The results and conclusions do not change due to that, but the specific values are slightly different. We apologise for this mistake and we are grateful for the opportunity to correct them. He have also included the reference you have suggested;
3. See comment no. 4 on Major Compulsory Revisions.

Note: We would like to point out that the text has been fully edited.

Reviewer 2

1. Thank you for pointing this out, we have cut it from the document;
2. We fully agree with your suggestion;
3. A clearer identification of the sample has been inserted in the text (Methods Section);
4. All nurses and physicians attended a single meeting lasting 1-day. In this meeting, the aims, methodological strategy, concepts and criteria were presented and discussed with participants;
5. Pre-existing AE cases were reported in the field of observations and, therefore, were not included in the study but were discussed in each hospital. We would like to point out that this is a study of incidences (new cases) and not of prevalence;
6. Thank you for the correction;
7. This part of the manuscript has been cut from the final draft;
8. Figure 1 refers to percentage distribution. The title of the graph has been corrected;
9. We have included your comments;
10. We have included your comments.

Note: We would like to point out that the text has been fully edited.

Reviewer 3

1. This has been corrected and the final version is now more coherent;
2. This point has been raised by other Reviewer and changes have been introduced according to your suggestions:
3. We followed your suggestion;
4. We have cleared up this point;
5. We also agree that the estimation of clinical impacts of AEs is also another challenge due to the retrospective approach, quality of data in medical records and professional judgement. However, we have followed the Canadian, UK, Denmark and Dutch methodology.
6. Thank you for the correction;
7. These have been included in the paper in the Methods and Discussion Section;
8. The phrase has been changed and explained in the document;
9. The full nomenclature has been introduced in the manuscript (HAI - Health Acquired Infection).