Reviewer's report

Title: The Incidence of Adverse Events in an Italian Acute Care Hospital. Findings of a Two-stage Method in a retrospective cohort study.

Version: 2
Date: 23 May 2014

Reviewer: Giovanni Rabito

Reviewer's report:

- Major Compulsory Revisions
  None

- Minor Essential Revisions
  1. There are some typing errors that need to be corrected
  2. Which is the proportions of admissions studied?
  3. Could you provide the hospital median length of stay for units of discharge considered in the study? Reviewing only the short-stay patients could affect the random nature of the sampling.
  4. The figures mentioned in the Abstract Results should be aligned to the figures in the tables (table n.2 and n.3).
  5. Could you provide any explanation about the results obtained by the Charlson Index for the patient sample? Did it reflect the hospital case mix?
  6. In the selection of hospital discharges, did you consider readmission within 30 days as trigger?
  7. Authors used 18 screening criteria (RF1 and RF2) adapted by those of Vincent et al.; details about questionnaire are required in annex or may be as electronic supplement

- Discretionary Revisions
  1. Could you provide information about the average time spent for reviewing clinical records? The experience of hundreds of organisations has shown there is a propensity to review the easier case notes.
  2. The percentage of adverse events (AE) should be reported in the Abstract Results
  3. In the methods you could briefly specify if you adopt a specific path in the review process
  4. Did you assign and collect information about severity of AEs? It should be useful to know severity of AEs related to organizational risk factors
  5. Which specialties are included in the review? Which is the proportion of
inpatient care?

6. Did the specialities included in the review reflect the hospital practice?

7. In the abstract conclusion, it should be better to empathize the role of organizational factors. There seems to be a small discrepancy between your findings in the abstract conclusion and the discussion. In particular, in the discussion you wrote: “Relative to several intrinsic risk factors, the high frequency of AEs in patients admitted to ICU suggests that patient vulnerability could play a major role in generating AEs [18,19,30,14,3]. However, our study doesn’t show any association with comorbidity assessed by the Charlson Index. ....In conclusion on the basis of our results, it appears that organizational characteristics, taking into account the adjustment for comorbidity, are the main factors responsible for AEs while patient vulnerability played a minor role.” In the abstract conclusion, you wrote “high frequency of AEs in patients admitted to ICU suggests that patient vulnerability could play a major role in generating AEs, as well as the organizational context.”

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:

I declare that I have no competing interests