Author’s response to reviews

Title: Patient-related factors associated with an increased risk of being a reported case of preventable harm in first-line health care: a case–control study

Authors:

Rita Fernholm (rita.fernholm@ki.se)
Martin Holzmann (martin.holzmann@sll.se)
Caroline Wachtler (caroline.wachtler@ki.se)
Robert Szulkin (robert.szulkin@scanddev.se)
Axel Carlsson (axel.carlsson@ki.se)
Karin Pukk Härenstam (karin.pukk-harenstam@karolinska.se)

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In the new version the changes are marked and below we address the reviewer’s comments (as well as in the new cover letter):

Reviewer comment:

The objective was to evaluate not the patients but only some factors associated with safety incidentes reports.

Authors response:

Yes, thank you, corrected in abstract and background

Reviewer comment:

Authors are invited to make more detailed report of the pathologyes and processes of treatment description of patients.
Authors response:
Corrected under Methods and measurement.

Reviewer comment:
“The first database was the nationwide patient-reported harm database..”: Is it mandatory? Who reports? Patients? Doctors? Nurses? Health Facilities?

Authors response:
Corrected under databases

Reviewer comment:
“In this context, ‘serious’ indicates a patient safety risk that could lead to long-lasting non-negligible damage, to the patient needing significantly increased care, or to the patient’s death.” Meaning treatment, hospitalisation, sick-leave?

Authors response:
Yes: In Sweden, preventable harm, such as delayed diagnosis leading to harm or harm of treatment leading to hospitalisation or sick-leave, is compensated by…

Reviewer comment:
“We included all cases in which patients had experienced serious safety incidents or preventable harm, reported by healthcare or the patient to one of the two databases”: Why only these ones? What difference could appear if they all were taken in account?
Authors response:

We included all cases in which patients had experienced serious safety incidents or preventable harm, reported by healthcare from primary care or the reported by patients from primary care or the ED.to one of the two databases. We could not include other cases because these were the data sources we had access to. This study has some limitations, including unreported cases and the lack of a prospective design. Bias toward more serious cases may have also existed because of a threshold to report and because of the fact that there are an unknown number of cases that are not reported.

Reviewer comment:

“A non-preventable suicide was defined as that in which the patient had not contacted a health care provider before his or her death”: Could suicide be linked to medications? Or to not studied will to comit suicide?

Authors response:

Clarification: After assessment by the research team, cases that were assessed as non-preventable, such as non-preventable suicides, were also excluded (n = 96). A non-preventable suicide was defined as that in which the patient had not contacted a health care provider before the four weeks prior to his or her death. Therefore will to commit suicide was not possible to perform. If suicide was linked to medication we do not know, we lack data for that.

Reviewer comment:

“The socioeconomic status was evaluated by the education level and individual disposable income”: Nevertheless acute social problems, labour family or other social problems could hane intervened?

Authors response:

Yes a limitation is that we did not have access to data on social problems and social diseases that could har affected the outcome. Now mentioned in the manuscript.
Reviewer comment:

“Additionally, harm in the form of missed and delayed diagnoses among patients with psychiatric illnesses could increase their mortality”: what about problems driven from treatment?

Authors response:

In this material low, now mentioned in the manuscript: The most common type of harm was diagnostic errors and less common were suicide, medication error or harm by treatment.