Reviewer's report

**Title:** The Aftermath of Adverse Events in Spanish Primary Care and Hospital Health Professionals

**Version:** 2

**Date:** 18 December 2014

**Reviewer:** Gianfranco Damiani

**Reviewer's report:**

In this paper the authors aim to assess the impact of Adverse Events on health professionals in their working environment, both hospital and primary care settings. The topic chosen is up to date and could add interesting data on second victim effect, especially considering the primary care setting were more findings about this issue and the Adverse Event reporting system should be add.

The scientific question and the objective are clearly posed and well define by the authors, supported by reasonable explanation.

Methods are well described in the paper allowing to be reproduced; the paragraph subsections help the reader to better understand methods and instruments.

However, some considerations should be pointed out.

**Major revision**

About the target population; the authors estimated 1340 interviewees for a 99% CI from across the regions in proportion of their population, is not clear if the proportional population considered is “patient” population or “health workers” population, this could be translated in underestimating or overestimating the sample size.

When considering the professionals’ years of experience the authors set 3 ranges (<1; 1-3; >3) but it will be more accurate create different ranges since the 98.9% fit in the >3 range.

The authors should elaborate more on the decision of using two different scales for response options, “1 never to 4 always” and “0 never to 10 always” (please see table 4 and table 5).

Another limit of the study, that should be acknowledge, is about reporting near misses, adverse events and second victim effects indirectly occurred (questions 1-2-4-5 table 2); even if reporting indirectly an event can help to disclose “medical error” at the same time can overestimate the problem, how we can be sure that two health care workers don’t report the same event?

The authors should consider more accurately the limits of the online survey for selection and information biases as well as the possible recall bias that rise in recalling events and feelings in the last 5 years.
The result section is well constructed and data are reported properly, the reader can easily refer to them thanks to the tables as well, but I don’t feel completely confident in evaluating the statistic used in this study.

In the discussion section the authors stated that there is “hardly any differences between PC and hospital health staff in their responses as second victims, except in relation to the different causes and consequences of the most common AEs at each level of care” (please see line 289), anyway O’Beirne et al (please see ref.6) don’t focus their paper on a comparison between hospital and primary care; so more references should be include to sustain this inference, indeed O’Beirne recognized that incidents with minor or no harm still invoked emotional responses from the providers, but this was deduced only in primary care, while comparing adverse events from two settings should evaluate the magnitude of the event as well.

Conclusion are clearly summarised, but some conflicting dissonance from discussion should be further elaborated (please see line 319).

Minor revision
The writing is flowing but double check possible typing errors.

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

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**
'I declare that I have no competing interests'