

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	A COMPARISON OF CALLS SUBJECTED TO A MALPRACTICE CLAIM VERSUS "NORMAL CALLS" WITHIN THE SWEDISH HEALTHCARE DIRECT – A CASE CONTROL STUDY
AUTHORS	Ernesater, Annica; Engström, Maria; Winblad, Ulrika; Holmstrom, Inger

VERSION 1 - REVIEW

REVIEWER	Derx, Hay Netherlands University of Maastricht
REVIEW RETURNED	10-Jul-2014

GENERAL COMMENTS	<p>The subject is interesting and relevant as communication is a important part of patient-health carer relation. However, asking the right medical questions for every symptom and case and, very important as well, understanding the value of each answer and of the sum of all answers given, are as important as well. The authos writes about the use of a CDSS and yet, 13 patients died and 12 were admitted to ICU! My firtst concern would be; are the telenurses using the CDSS correctly? Did they ask the essential questions and what did they do with the advice given by the CDSS? If done correctly, are the questionsets in this CDSS reliable, are they validated? The author suggests now that asking open-ended medical questions might prevent malpractise cases but why then using a CDSS?</p> <p>In the abstract the author ends with a remarkable statement; 'Hence, these techniques'In science, we only can and should wonder whether we have found something that could explain something we analysed. But now it is as if the author claims; 'I have found the cause!'</p> <p>We know that a malpractise case also can be caused due to the way the telenurse spoke with the patient, or the patient has mal-experienced the communication but those cases seldom or not lead to death or admission! Nothing is written by the author on how the patient has perceived the consultation (was the advice acceptable?) and whether the telenurse has given a correct safetynet advice. But again,25 out of 33 cases end up with a severely medical event and still claiming that communication is the key to prevent this? No way.</p> <p>As said before; I miss information on the medical content. We use the TAS system for over 15 years and so far we had no malpractise claim due to missing medical information or incorrect interpretation. I miss the part on active advising, especially on safetynet instruction (see attached RICE list and articles). 25 out of 33 cases went severely ill! They must have been in a bad or dangerous state when they called. Therefor, in any malpractise case, a strict division</p>
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	<p>should be made between the medical and the commuciative part. Both parts should be investigated, and in the end the conclusions for both investigated parts can be studied and conclusions can be drawn for further education without claiming a correlation.</p> <p>The idea for this investigation is good, but I miss specific information about the use and reliability of the CDSS and I would prefer more modesty about the findings as the correlation between the findings and the causes of malpractise are certainly not proofed by this research. It might be indicated, that's all.</p>
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REVIEWER	Maria do Carmo Barros de Melo Federal University of Minas Gerais, Brazil.
REVIEW RETURNED	15-Jul-2014

GENERAL COMMENTS	<p>The aim of this study is to provide more suggestions on how to provide secure communication inside telephone advice nursing, comparing the communication patterns in calls undergo a claimed abuse and matched controls. But the authors do not present the suggestions of how to provide secure communication.</p> <p>It is necessary to describe the methodology in order to allow other researchers to repeat the study. The authors should have added a list of suggestions to increase the security of information transmitted at the end of the discussion.</p> <p>The paper is relevant, but major revisions are needed. It is necessary to review some parts as objectives, methodology and discussion.</p> <p>The purpose and methodology must be clear to readers. In discussion you have to present the suggestions mentioned in the goal displayed or change the objective.</p> <p>The purpose of this article is: offer more suggestions of how to provide secure communication inside telephone advice nursing, comparing the communication patterns in calls undergo a claimed abuse and matched controls. So I think you need to write a paragraph with suggestions on how to improve the safety of care by telephone to avoid errors. I wonder if the authors can make a list of suggestions in order to meet the objective.</p> <p>The methodology is well described but in a superficial way, so that no elements for the study to be reproducible.</p>
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REVIEWER	Elisabeth Holm Hansen Telemark University college, Norway and Haraldplass University college, Norway
REVIEW RETURNED	19-Jul-2014

GENERAL COMMENTS	<p>There has been research about this topic in Norway. eg Hansen, Elisabeth Holm ; Hunskaar, Steinar Understanding of and adherence to advice after tele-phone counselling by nurse: a survey among callers to a primary emergency out-of-hours service in Norway Scandinavian journal of trauma, resuscitation and emergency medicine, doi:10.1186/1757-7241-19-48, 2011 and Hansen, Elisabeth Holm ; Hunskaar, Steinar Telephone triage by nurses in primary care out-of-hours services in Norway: an evaluation study bases on written case scenarios</p>
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	<p>BMJ Quality & Safety , 7 sider, doi: 10.1136/bmjqs.2010.040824, 2011. In addition a thesis on telephone triage and monitoring activities in Ooh services. Nyen, Bjørnar ; Hansen, Elisabeth Holm ; Bondevik, Gunnar Tschudi</p> <p>Kvaliteten på sykepleieres håndtering av telefonhenvendelser til legevakt</p> <p>Sykepleien Forskning, vol 5, nr 3, s 221-6, 2010 Kvaliteten på sykepleieres håndtering av telefonhenvendelser til legevakt</p> <p>Nyen, Bjørnar ; Hansen, Elisabeth Holm ; Foss, Maia K ; Bondevik, Gunnar Tschudi</p> <p>Sykepleiernes håndtering av telefonhenvendelser på legevakt</p> <p>Sykepleien Forskning, vol 5, nr 2, s 130-6, 2010</p> <p>Especially the first study could be relevant for this paper</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer Name H.Derkx Comments to the Author		
I miss specific information about the use and reliability of the CDSS	We have included more information about the CDSS and its use in Sweden	Introduction P5 L 7 - P6, L 5
I miss the part on active advising; especially on safety net instruction (see attached RICE list and articles).	Active advising is within the RIAS- instrument(used in the present study) not as clearly described as within the RICE. However, it is partly shown in categories Ask for callers understanding and Ask for opinion. The attached RICE list is very interesting and perhaps in a future study this instrument could be used to provide richer descriptions on telenurses communication skills within the context of SHD.	Discussion P 12, L 17 and P 13, L 4-7
Nothing is written by the author on how the patient has perceived the consultation (was the advice acceptable?)	This is an interesting and important question. However, within the present study we did not have the permission from the Ethical Review board to contact the callers. Because of the highly sensitive material (13 patients' died and 12 were severely injured) the National Board of Health and Welfare as well as the Ethical Review board stipulated that no patient contact from the research team was allowed. However, follow up on callers acceptance to advice given is an interesting idea within a Swedish context and has recently been performed in a Norwegian context: <i>Hansen & Hunsaker Understanding of and adherence to advice after tele-</i>	

	<i>phone counselling by nurse: a survey among callers to a primary emergency out-of-hours service in Norway</i> <i>Scandinavian journal of trauma, resuscitation and emergency medicine 2011</i>	
Therefor, in any malpractice case, a strict division should be made between the medical and the commuciative part. Both parts should be investigated, and in the end the conclusions for both investigated parts can be studied and conclusions can be drawn for further education without claiming a correlation	The investigations of what caused the malpractice claims were made by the Swedish National Board of Health and Welfare (and not by the researchers) and information regarding this has been clarified within the introduction	Introduction P 5, L 22-25
I would prefer more modesty about the findings as the correlation between the findings and the causes of malpractice are certainly not proofed by this research. It might be indicated, that's all	Changes have been made in accordance with this suggestions made in the abstract and the discussion section	Abstract P 2, L 15-16 Discussion P 12, L 4-5
Reviewer Name Maria do Carmo Barros de Melo Comments to the Author		
The purpose of this article is: offer more suggestions of how to provide secure communication inside telephone advice nursing, comparing the communication patterns in calls undergo a claimed abuse and matched controls.	Changes has been made to the aim of the study New aim of the study is: "The aim of this study is to compare communication patterns in calls subjected to a malpractice claim with matched controls"	Abstract P 2, L 3-4 Introduction P 8, L 1-2
So I think you need to write a paragraph with suggestions on how to improve the safety of care by telephone to avoid errors. I wonder if the authors can make a list of suggestions in order to meet the objective	Changes has been made in the discussion section with some suggestions on how to avoid errors	Discussion P12, L 11-16 also P 13, L 1-7
The methodology is well described but in a superficial way, so that no elements for the study to be reproducible	Changes has been made and the text has been developed in the methods section	Methods P. 9, L 14 and P.10, L 1-3
Reviewer Name Elisabeth Holm Hansen Comments to the Author		
The authors should reflect that when talking about nurses in many of the studies referred, its not registered nurses, but medical secretaries (ie the Netherlands).	As we understand from the studies performed within the Netherlands, telephone triage is performed by "triagists", defined as a specially trained nurse or a sometimes a physician. In Sweden however, only registered nurses provide telephone advice nursing. We have tried to further clarify	Discussion P14, L 1-9

	<p>these differences between countries.</p> <p>The need for education and continuous feed-back have now been addressed within the discussion</p>	
<p>Table 1: How would you explain that in the cases there were significant more check of own understanding than in the controls?</p>	<p>This matter is addressed in the discussion on page X, line Y</p> <p><i>“These results could by signs of insecurity or the result of a conscious strategy to assure correctness? Further analysis using an in-depth qualitative analysis of this data is necessary to answer this question”</i></p>	<p>Discussion P 14, L 21-23</p>
<p>You write that its important to get more medical information to assess the patients situation. I strongly agree on that, but again- can we take for granted that nurses have enough skills and knowledges to use this information to make a safe and right decission?</p>	<p>The outcome e.g. safety and consistency of telenurses triage of callers need of care has been added within the introduction</p>	<p>Introduction P 5, L 21</p>
<p>There has been research about this topic in Norway. eg <i>Hansen, Elisabeth Holm ; Hunskaar, Steinar</i> <i>Understanding of and adherence to advice after telephone counselling by nurse: a survey among callers to a primary emergency out-of-hours service in Norway</i> <i>Scandinavian journal of trauma, resuscitation and emergency medicine, doi:10.1186/1757-7241-19-48, 2011</i> and <i>Hansen, Elisabeth Holm ; Hunskaar, Steinar</i> <i>Telephone triage by nurses in primary care out-of-hours services in Norway: an evaluation study bases on writen case scenarios</i> <i>BMJ Quality & Safety , 7 sider, doi: 10.1136/bmjqs.2010.040824, 2011.</i> Especially the first study could be relevant for this paper</p>	<p>We are thankful to the reviewer for the suggested articles and have added them within the discussion section</p>	<p>Discussion P 13 L 13-21 also P 14, L 1-6</p>

VERSION 2 – REVIEW

REVIEWER	Derkx, Hay Maastricht University, The Netherlands
REVIEW RETURNED	19-Aug-2014

GENERAL COMMENTS	<p>Compared with the previous article, I need a more scientific approach of the findings but still I have the impression that the author is very focused on the communication. So I still miss a well balanced approach in which also the CDSS is questioned. It is described now but I have no idea to what extent failure in the programm or in the use of it, has contributed to a malpractice. This is relevant as quite a lot of patiens were admitted or even died. Therefor I still hope that the author will leave out the word in the abstract; 'Hence,...', as she now suggests to have found something that explains malpractise but for me I wonder whether she has found it.</p> <p>I totally agree that good and professional communication is essential in any consultation in any stage of it, but without a compete and safe history taking, ther can be no good consultation (not in f2f or by phone).</p>
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REVIEWER	Elisabeth Holm Hansen Telemark University College/Haraldsplass University College
REVIEW RETURNED	27-Aug-2014

- The reviewer completed the checklist but made no further comments.