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Editors and Reviewers of World Journal of Surgical Procedures

01/26/2016

Ms. Ref. No.: 22846

Re: Submitting requested revisions on the manuscript: "Patient handoffs in surgery: Successes, failures, and room for improvement"

Dear Editor and Reviewers,

We would like to thank you for reviewing our manuscript and raising valid important points. In response to the requested revisions, the following changes have been made in the manuscript. We hope that we managed to address all the reviewers' points with the changes described below.

In this revision we have uploaded the revised manuscript with new additions in **yellow highlights**. A clean version was uploaded at the end of manuscript document as well.

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**Referee's comments**

**Reviewer 1 (00054001)**

The issue dealt in this review article is very important. Patient handoff from ward to ward, from hospital to hospital, or from doctor to doctor is daily practice but there have been

only a few reports describing the significance of it. This manuscript is well written and organized. If more specific examples are shown, it is easier to read and understand.

RESPONSE: Efforts were made to provide specific examples, such as the following, “Prioritizing whether a patient with sudden shortness of breath versus another patient in the emergency room with pneumoperitoneum from a perforated ulcer deserves the on call surgeon’s attention, all the while remember to check on yet another patient’s serial cardiac enzymes is an example of the difficulty of the night float system.”

And

“The on-call surgeon’s burdens can be tremendous, especially with cross coverage with trauma and / or acute care surgery. Any process to standardize the handoff process would presumably improve patient care, although these processes should be individualized to particular institutions.”

#### **Reviewer 2 504150**

The manuscript entitled. “Patients handoffs in surgery: Successes, failures, and room for improvement” by Ballard and colleagues is a thorough review and discussion. The paper is also well written and is a useful resource for the audience. However, the paper crucially does not bring new insights or novelty from the overview of the field and lacks some boldness in terms of clinical translation. In table 1, the authors list 7 published articles related with surgery. The authors should emphasize what are the unique points in handoffs in surgery as opposed to handoffs in internal medicine if there are some.

RESPONSE: Efforts were made to provide more specific focus on the surgical patient and suggest areas for new research, please see Reviewer 3 505440's section for some new additions and changes as described above.

### **Reviewer 3 505440**

The review is very important to current surgical literature. However, the authors keep stressing the lack of evidence which leaves the reader questioning the true benefit of the present review. Thus,

- 1) The authors need to focus on the data that exists in literature, extract the most information out of it and present it to the reader. In the concluding section allude to the paucity of data. At that point, they could then present specific unanswered scenarios that need a conscious research effort.

RESPONSE: Specific areas for future research were added in the concluding section. The following was added "Areas for future work include data-driven experimental studies that compare different techniques of handoffs and their effects on patient care."

- 2) There needs to be a paragraph at the beginning in which the authors should stress the importance of continuity of care (and the impact of adverse outcomes not only on patients but also health economics overall) as the prime basis for handoffs

RESPONSE: The following was added "With these work-restrictions and changes in health care economics and structure, there is a tendency towards more shift work, night team models, and cross coverage, thus reducing the continuity of care with the admitting physician or team.

While reduced work hours may improve lifestyle, patient management can be compromised by communication errors and patient unfamiliarity.”

- 3) The headings are not matched by sufficient data / information in the section, for instance, under the heading ‘Argument for standardization’, the authors should have described situations in akin to a handoff in which standardization has lead to a significantly improved outcome.

RESPONSE: This section title was changed to “Standardization of Handoffs” and Current status of handoff research and future areas for improvement was shortened to “Current and Future Handoff Research.” Other section titles were reviewed and we believe that the revised title do not overstep their content boundaries.

- 4) Every subsection needs to have a concluding short paraphrase of the literature along with the authors’ inference.

RESPONSE: All subsections had a short concluding statement added or moved from another part of the section.

- 5) Please see the comments beside every paragraph

RESPONSE: Duly noted and addressed.

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END OF REVIEWER COMMENTS  
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We sincerely thank the editor and reviewers for their time and efforts in reviewing our manuscript and improving its quality.