

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 36012

**Title:** Person-centered endoscopy safety checklist: development, implementation and evaluation

**Reviewer's code:** 00504187

**Reviewer's country:** Italy

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-08-31

**Date reviewed:** 2017-09-04

**Review time:** 3 Days

| CLASSIFICATION                                    | LANGUAGE EVALUATION  | SCIENTIFIC MISCONDUCT                          | CONCLUSION   |
|---|--|--|--|
| <input type="checkbox"/> Grade A: Excellent       | <input checked="" type="checkbox"/> Grade A: Priority publishing     | Google Search:                                 | <input checked="" type="checkbox"/> Accept             |
| <input type="checkbox"/> Grade B: Very good       | <input type="checkbox"/> Grade B: Minor language polishing           | <input type="checkbox"/> The same title        | <input type="checkbox"/> High priority for publication |
| <input checked="" type="checkbox"/> Grade C: Good | <input type="checkbox"/> Grade C: A great deal of language polishing | <input type="checkbox"/> Duplicate publication | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade D: Fair            | <input type="checkbox"/> Grade D: Rejected                           | <input type="checkbox"/> Plagiarism            | <input type="checkbox"/> Minor revision                |
| <input type="checkbox"/> Grade E: Poor            |  | <input checked="" type="checkbox"/> No         | <input type="checkbox"/> Major revision                |
|   |  | BPG Search:                                    |  |
|   |  | <input type="checkbox"/> The same title        |  |
|   |  | <input type="checkbox"/> Duplicate publication |  |
|   |  | <input type="checkbox"/> Plagiarism            |  |
|   |  | <input checked="" type="checkbox"/> No         |  |

## COMMENTS TO AUTHORS

This is an interesting paper concerning the safety checklist for endoscopy, which is indeed an adaptation of the WHO Surgical Safety Checklist. Any attempt to implement endoscopic examinations by such means is needed and is quite significant. The paper is well written, well prepared and the results carefully analyzed. Although, as the authors outline, a lack of solid validation is a limit of the study, the project should be encouraged and the improvement of identity check by physicians during the study is not only a good achievement but a proof that such instrument have a critical role in improving the outcome either of the examination or of the patient. Likely the importance of these attempts are not yet completely realized by physicians, as shown by the low number of them who attended the training and the lunch seminar. The number of patients who answered to the questionnaire is low and this outlines the difficulties of introducing

these new tools, a drawback which has been specified. However, the questionnaires themselves appear a little bit convoluted and not always easy to answer, especially for some patients. Although the safety list could be applied to every endoscopic examination, some endoscopic interventions are more complex and certainly need more than others an accurate preparation and explanation to the patient. A checklist is mandatory in my opinion especially for operative endoscopy.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 36012

**Title:** Person-centered endoscopy safety checklist: development, implementation and evaluation

**Reviewer's code:** 03029437

**Reviewer's country:** United States

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-08-31

**Date reviewed:** 2017-09-10

**Review time:** 10 Days

| CLASSIFICATION                                    | LANGUAGE EVALUATION   | SCIENTIFIC MISCONDUCT                          | CONCLUSION   |
|---|---|--|--|
| <input type="checkbox"/> Grade A: Excellent       | <input type="checkbox"/> Grade A: Priority publishing                 | Google Search:                                 | <input type="checkbox"/> Accept                        |
| <input type="checkbox"/> Grade B: Very good       | <input checked="" type="checkbox"/> Grade B: Minor language polishing | <input type="checkbox"/> The same title        | <input type="checkbox"/> High priority for publication |
| <input checked="" type="checkbox"/> Grade C: Good | <input type="checkbox"/> Grade C: A great deal of language polishing  | <input type="checkbox"/> Duplicate publication | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade D: Fair            | <input type="checkbox"/> Grade D: Rejected                            | <input checked="" type="checkbox"/> Plagiarism | <input type="checkbox"/> Minor revision                |
| <input type="checkbox"/> Grade E: Poor            |   | <input checked="" type="checkbox"/> No         | <input checked="" type="checkbox"/> Major revision     |
|   |   | BPG Search:                                    |  |
|   |   | <input type="checkbox"/> The same title        |  |
|   |   | <input type="checkbox"/> Duplicate publication |  |
|   |   | <input type="checkbox"/> Plagiarism            |  |
|   |   | <input checked="" type="checkbox"/> No         |  |

## COMMENTS TO AUTHORS

The notion that the patient should be more explicitly included in the checklist performance is innovative and should be further developed. It may be of most value in open access systems where the care givers of the day may not know the patient well. Although attractive the size of the study and the discrimination of the question asked the patient do not demonstrate its potential value. Apart from the active role of the patient the "checklist" is extremely close to the standard operating procedures mandated by regulators in the United States. Although doctors everywhere are notoriously independent if a time out with patient identification is not completed the technician does not hand the scope to the MD and the procedure does not begin. Similarly if the specimens are not labeled and double checked by both the MD and RN the patient never leaves the room. Consequently compliance is very high despite sometimes reluctant

physician training. Did the more rigorous checklist of work flow prevent any errors or complications? Were there a near misses? The size of study is too small to show meaningful differences or trends. Some difference in a concrete outcome even just accuracy of specimen would be helpful. Greater focus on the patient role and the patient perception of their role plus the potential positive contributions to team work would be valuable.