

Peer Review File

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Reviewer A

Comment1: Could you please provide further clarification regarding EPIC™ and EHRs?

This topic has also been addressed by me and the working group in the article "Risk analysis in healthcare organizations: Methodological framework and critical variables", and one that discusses infection management, an error that can be encountered in healthcare facilities, "Integrated System for the Proactive Analysis on Infection Risk at a University Health Care Establishment Servicing a Large area in the South of Italy".

Reply 1: EPIC™ has now been briefly described in a parenthesis. EHR is a generic term for all electronic health records. The possibility of applying an integrated risk management system in the administrative space has been raised with reference to Montella et al.

Change to text: (this is a single digital system comprising scheduling, clinical notes, imaging reports, laboratory results and medicines administration; it has been implemented in numerous large organisations) / Another area for potential translation of methods designed to reduce clinical risk is an integrated and pro-active approach to areas known to carry more risk.

Reviewer B

Comment 1. I recommend adding a methods section, specifically discussing the search, date of search, and inclusion/exclusion criteria.

Reply 1: Methods heading added with these details.

Comment 2: Please provide a discussion of strengths and limitations.

Reply 2: This has been added.

Changes in text: This review has limitations, including the author's lack of formal training in administration and the experiential approach taken to the focussed literature search, However, the clinical perspective provides a 'ward and clinic view' of administrative issues that are addressed with reference to patient safety, in which the author has more expertise.

Comment 3: In your main body under each section, I recommend providing separate paragraphs for the identification of the problem and the mitigation techniques/recommendations to increase clarity

Reply 3: Paragraphs have been separated where possible.

Comment 4: I recommend reformatting your Introduction paragraphs a bit to follow the narrative review structures as provided at <https://cdn.amegroups.cn/static/public/Narrative-Reviews-Structure-template.docx?v=1699986011197>.

- Background (What evidence is available to identify this as an important issue).
- Rationale/ Knowledge gap – What do we still not know that we should?
- Objective – What will this review provide?

o I think you provide great supportive evidence for the issue to be explored, but it needs a little reorganizing.

Reply 4: Introduction restructured.

Changes in text: See Introduction

Comment 5: Line 49-57. I recommend adding a definition of administration to this paragraph as it is hard to determine if you are referring to administrative workers or administrators within facilities.

Reply 5: The paragraph discussing this definition has now been highlighted under the subtitle, *Agreeing the definition of administration*.

Comment 6: Line 48-78. I recommend reworking this paragraph for clarity. I would recommend having two separate paragraphs, one detailing evidence to support A&C roles within patient safety/errors and the next detailing the difficulty in identifying the extent of the problem. Whether separated or combined, I recommend first providing evidence of an issue and then providing the reason the full extent is unknown.

Reply 6: The introduction has been rearranged and separated additional headings and other changes.

Changes in text: See Introduction.

Comment 7. Line 58-62. Recommend rewriting the sentence that begins with “Robert Francis”. Perhaps something like “In a report of poor care at Mid Staffordshire NHS Trust, Francis cites lack of administrative support, a new patient administration system, and deployment of A&C personnel to perform emergency room triage as potential causes.”

Reply 7: This change has been made.

Comment 8. Line 62-63. The sentence beginning with “Admin’ peppers the accounts...” I am unclear if this refers to the information above or below this sentence or is an aside. I recommend clarifying and/or adding a reference.

Reply 8: This sentence has been clarified.

Changes in text: In the Francis report, ‘Admin’ is mentioned frequently in the accounts of clinician.

Comment 9 Line 81 – “The King’s Fund, 2020”. This is not an organization that I am familiar with. I would recommend introducing it or leaving it out of the paragraph.

Reply 9: This has now been left out.

Changes in text: Deleted.

Comment 10. Line 83-87. Sentence beginning “In 2021,” is hard to follow. I am unfamiliar with the King's Fund, so I am unsure if the addition of that information needs to be added to this sentence. I would recommend either providing a short description of the King’s Fund or leaving the reference to it out of the paragraph to decrease reader burden.

Reply 10: As above, now deleted.

Comment 11. Line 87-90. This sentence is a bit difficult to read. Recommend restructuring the sentence or possibly splitting it into two.

Reply 11: Sentence has been split and shortened.

Changes in text: The National Voices report includes examples of frustration, delay and poor communication (inter-departmental, inter-Trust, or between patients and healthcare staff); it also includes one or two stories that could be categorised as significant harm if formally reported.

Comment 12. Line 89 – I am confused about how the report contains “one or two stories that could...” I recommend identifying the correct number of stories and changing it to that.

Reply 12: Specific number now omitted.

Comment 13. Line 90 – add reference at the end of the sentence.

Reply 13: This is the same report as referenced in previous sentence (10).

Comment 14. Line 91 – 98. I feel like the paragraph is a little incohesive. Perhaps your main point is something like “While only a few studies examine the A&C role or seek their views on patient safety, those who do provide evidence of its importance.” As stated, it seems like the paragraph’s purpose is to explain that there are not many studies; however, the paragraph refers to evidence.

Reply 14: This sentence has now been used.

Comment 15. Paragraph line 112-120. Recommend moving this information closer to the beginning.

Reply 15: I was unable to identify this part.

Changes in text: Nil.

Comment 16. Line 115 – Sentence starting “It is not, in the author’s view...” I recommend identifying a source that supports this rather than using author’s opinion.

Reply 16: ‘in the author’s view’ now deleted.

Changes in text: For the purposes of this review, it is not...

Comment 17. Line 121-130 – Move this to a methods section. I would also suggest adding a table describing the review process. If available, add dates (Dates of search, dates of included literature). Include inclusion and exclusion criteria (was it all studies, reports, etc.?). How did identify the grey literature? What search engines and reports?

Reply 17: Has been moved to ‘Methods’ and more detail added about searches.

Comment 18. Line 128-130 – Sentence beginning “The resulting areas...” in reference to the phrase “personal observations made in the workplace”, please explain this in more detail. Typically, narrative reviews do not include personal observations, especially within the literature results. If you would like to include personal observations, I would recommend including this in the introduction section when developing the problem and only including literature findings within the results/main body including those who support the observations. If acceptable to journal to include observations within the main body, they should be clearly identified as such.

Reply 18: ‘personal observations made in the workplace’ has now been omitted.

Comment 19. Line 134-136 – Sentence beginning “As medical conditions...” Please provide citation.

Reply 19: I believe this statement does not require a citation as it describes a common phenomenon.

Comment 20. Line 138-140 – Sentence beginning “In the best departments...” Please provide citation.

Reply 20: This subjective element has been removed.

Comment 21. Line 148-152 – Sentence beginning “Whereas doctors and nurses...” Please provide citation.

Reply 21: I am unable to provide this; it is quite common knowledge that individuals in these vocations often work for decades.

Comment 22. Line 162-167 – Sentence beginning “The need for safe NHS..” This sentence is cumbersome. I recommend rewriting this sentence for clarification and provide a citation.

Reply 22: Sentence simplified and citation added.

Comment 23. Line 182-186 – Sentence beginning “As more UK Trusts...” Recommend breaking into two sentences to reduce reader burden.

Reply 23: Sentence has been split.

Comment 24. Line 206-207 – Sentence beginning “A&C staff are unlikely to be able..” Provide source. Please clarify the connection between this statement and the rest of the paragraph. (Can this risk not be mitigated? Or will it require collaboration with other team members?)

Reply 24: The sentence has now been deleted.

Comment 25. Lines 231-239. Recommend rewriting the beginning of this paragraph to remove use of first-person and improve overall structure. I recommend providing a summary of the situation. Please provide a citation for the “to investigate clinical incidents by looking at the wider environment, the whole team or the whole organization” on line 238-239.

Reply 25: The example has been omitted and a citation provided (Dekker, S).

Comment 26. Line 250-251 – Sentence beginning “Clinical staff become accustomed..” provide citation.

Reply 26: Citation provided.

Comment 27. Line 255-256 – Sentence beginning “They did not come to this job expecting..” provide citation.

Reply 27: Sentence now deleted.

Comment 28. Line 262-277 – I feel like a discussion section including the “Solution” section would be appropriate here. I believe that you touched on solutions or mitigation techniques throughout the paper, so this would be a good area to highlight the main points and discuss the overall solutions you have stated.

Reply 28: ‘Solutions’ section now incorporated into a conclusion section.

Comment 29. Line 272-274 – Sentence beginning “In the UK, much store...” provide citation.

Reply 29: Citation added.

Reviewer C

Interesting and relevant review on the contributions and role of administrative and clerical staff in patient safety. I have several comments for the author to help improve the paper:

Comment 1. line 63: "wait in" meant to be "waiting"?

Reply 1: Corrected.

Comment 2. lines 110-111: sentence reads awkwardly, maybe there is a word missing?

Reply 2: Corrected.

Comment 3. lines 125-128: please provide a list of the search engines and database sources used in an appendix as these do not appear to be cited in the references

Reply 3: Now added in text.

Comment 4. line 154: the concept of organizational memory is important; encourage the author to incorporate additional insight from "The Field Guide to Understanding Human Error" by Sidney Dekker.

Reply 4: This reference has now been added.

Comment 5. line 177: should "examples" be "samples"?

Reply 5: Corrected.

Comment 6. please consider adding a comment on the impact of AI in the paragraph on "responding to change and innovation".

Reply 6: A paragraph with reference has been added.

Changes in text: Artificial intelligence would appear to offer opportunities in this area. Although most studies and opinion articles have focussed on direct clinical benefits (e.g., faster and more accurate diagnosis), there are likely to be positive impacts on hospital management and administrative work flows. These advantages may derive from earlier recognition of the correct allocation of patients, fewer attendances to hospital with increasing use of personal health records or worn devices ('internet of things') and reduced involvement in repetitive tasks.

Comment 7. lines 199-200: please consider also including a comment on mental health impacts of the negative/angry patient conversations regarding delays.

Reply 37: Revised.

Change in text: The resilience of A&C staff to the above circumstances is difficult to define and has not been studied specifically. A recent analysis of NHS staff sickness and absence, which included A&C staff (25% of the 15,400 staff included), compared absence rates with responses in annual staff surveys[37]. Non-clinical staff groups including A&C had higher absence rates than clinical groups, and these were associated with lower staff engagement scores and higher reported abuse by managers and colleagues. There is no data regarding the response of A&C staff to unhappy or rude patients whose cancellations or delays in care may prompt them to contact services. However, the author can attest to the fact that special arrangements including coaching and recommended scripts have been offered to support A&C staff who are working through periods of instability such as COVID-19 pandemic or, in the UK recently, industrial action.

Comment 8. line 227: recommend including a comment as to the importance of frontline staff inclusion in periodic reviews so that the efficiency discovered with shortcuts can be preserved when possible/safe.

Reply 8: Added sentence.

Change in text: This will align with ever-present financial pressures - both internal and governmental - to find efficiencies that results in savings. It will be important to engage A&C staff in periodic reviews of activity and changing demands to ensure that efficiencies are real and to plan future workforce strategies.

Comment 9. line 255-256: may be helpful to include a comment about the importance of managing expectations regarding risk in a healthcare adjacent role.

Reply 9: Sentence added.

Change in text: Prior orientation of A&C staff, during on-barding and induction, may help to alert them to their proximity to clinical risk.

Comment 10. line 269: please consider adding a comment regarding the limitations of an appreciation week in changing institutional culture

Reply 10: Revised.

Change in text: It is important however for these sentiments to be maintained throughout the year and to become normalised.

Comment 11. line 276: please consider specifying that the opportunity with using AI to assist with triage could allow A&C staff without clinical experience to more effectively triage.

Reply 11: Parenthesis added.

Change in text: (perhaps without requiring direct clinical involvement).

Comment 12. Table 1: Please add a footnote that expands all abbreviations. Clarify "risk of redundancies" - does these mean redundancies in staffing? In the row for champions, would suggest also including compensation as a challenge.

Reply 42: Clarifications and abbreviations added.