Comparison of Sittig et al (2020) and our JMIR submission

A reviewer questioned whether our paper adds anything beyond what is presented in (Sittig *et al.*, 2020) “*Current challenges in health information technology–related patient safety*”.

# Sittig et al (2020) challenges

Design and Development challenges

1. Developing models, methods, and tools to enable risk assessment
2. Developing standard user interface design features and functions
3. Ensuring the safety of software in an interfaced, network-enabled clinical environment
4. Implementing a method for unambiguous patient identification

Implementation and Use challenges

1. Developing and implementing decision support which improves safety
2. Identifying practices to safely manage IT system transitions

Monitoring, Evaluation, and Optimization challenges

1. Developing real-time methods to enable automated surveillance and monitoring of system performance and safety
2. Establishing the cultural and legal framework/safe harbor to allow sharing information about hazards and adverse events
3. Developing models and methods for consumers/patients to improve Health IT safety

# Our challenges

1. Difficult to conceptualise threats to patient safety from non-physical innovations.
2. Unclear how to sensibly integrate and interpret new and voluminous data streams.
3. Reactive regulatory– and standards–based approaches to safety.
4. Difficult to build and maintain trust in health information systems that are obscure and complex.
5. Emergent patient-safety consequences in health information systems.
6. Solutionism inappropriately simplifies problems and predicaments.

# Where we overlap

Below is a discussion of where CMI thinks that our paper overlaps what was already presented in (Sittig *et al.*, 2020).

* (Sittig *et al.*, 2020)‘s goal was “*to identify and briefly describe nine key, short-term (i.e. addressable within 3–5 years) challenges, identified through an iterative process by the authors*”, while our goal was to “*present a definition of Patient Safety Informatics that was informed by the workshop and existing literature, to discuss the challenges identified in the workshop, and to present recommendations to address the patient-safety concerns posed by them*”.
* Their opening paragraph intends to convey the same message as our introduction.
* They also advocate a socio-technical approach to alleviate the challenges.
* Slight overlap of recommended solutions, e.g.:
  + “*Developing proactive models…to enable risk assessment*” and our recommendation of safety cases, DCB0129 and DCB0160 for proactive safety management.

# How we might complement

Below is a discussion of where CMI thinks that our paper complements what was already presented in (Sittig *et al.*, 2020).

* We both use the word “challenge” but we mean different things. We present threats to patient safety posed by HIT, while (Sittig *et al.*, 2020) present goals that they have determined to be worthy to facilitate patient safety – “*All of these issues need exploration*”. Put another way, our paper presents the challenges we face while (Sittig *et al.*, 2020)’s paper presents the challenges we should undertake.

So, it could be argued that we are defining the problems, (Sittig *et al.*, 2020) are suggesting foci for action, and we are both suggesting tools and approaches that might resolve the patient safety problems.

* I would argue that the (Sittig *et al.*, 2020) paper deals with vision and strategy while our paper deals with tactics and operational delivery.

# Resubmission ideas

* Position (Sittig *et al.*, 2020) as a vision/strategy/call-to-action paper, present what we think are the underlying/motivating challenges/threats to patient safety, then expand on the recommendations of (Sittig *et al.*, 2020) with our own.

# References

Sittig, D. F. *et al.* (2020) ‘Current challenges in health information technology–related patient safety’, *Health Informatics Journal*, 26(1), pp. 181–189. doi: 10.1177/1460458218814893.