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Review report

Final title: Clinical audit of medical referral notes at Bangladesh Medical University Hospital

Title at submission: Clinical audit on medical referral notes: A comprehensive evaluation for quality improvement in healthcare support of Bangladesh Medical University

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clinical audit, medical referral notes, healthcare communication, quality improvement, interdisciplinary care.

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None

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Not applicable

Trial registration number
Not applicable

Reviewer A: MA Jalil Chowdhury, ORCID: 0009-0002-9048-3693

1. Comment Methods: Question arises against which standard set of criteria the audit of BMU's referral notes was done? Is there any standard criteria adopted in BMU, or these criteria adopted from out-source?

Response We followed the standard from existing referral note used in BMU hospital.(Line no 128)

2. Comment In result: It would have been better if the result would include
(a) how many urgent referral was responded urgently
(b) what is the average time for responding routine referrals
(c) how many faculties responded when rereferred to them and how many were attended by residents or other clinical staff?
(d) Who wrote the referral notes- faculties themselves, or residents on behalf of faculties and who signed the documents
(e) Who wrote the referral response - faculties themselves or the residents on behalf of them, and who signed the document

Response
a) Urgent referral responded urgently – 12.4% (Line no- 184)
b) Average time for responding routine referral- 24 hours (Line no-183)
c) Number of faculties responded- 92 (81.4%), Other staff- 21(18.6%)(line no -185)
d) It was not in our referral standard criteria. This is a limitation of our study, we will correct it in our next study (line no-133)
e) We have seen that most of the referrals were written by the residents and seen & replied by the faculties except in evening hours (line no-190)

Reviewer B: Jannatul Ferdous, ORCID: 0000-0003-0738-3983

3. Comment Overall this is better to consider as survey rather than a comprehensive evaluation.

Response Thank you for your suggestion. In line 89 from our first reference we have come to know that Clinical audits are systematic reviews of clinical practice aimed at evaluating and improving the quality of patient care by comparing current practices against established standards. For this reason we have no changed the title (line no 2)

4. Comment Is the any standard referral templates or predefined quality standardized templates as the author mentioned in line no 48 &99. If so it can be included in appendix.

Response Yes , there is a standard template in Bangladesh Medical University Hospital. We have included it in Appendix.

5. Comment In line no 87, the author has mentioned that audit-driven quality improvement initiatives lead to better patient outcome. It would be appreciated if some examples can be provided regarding this issue.

Response We have already mentioned in our several references (line no 105,106) that audit driven quality improvement lead to better patient outcomes.

6. Comment The author included both routine & urgent referral notes in line 106 but during inclusion, the possible urgent referral places/departments like Post-operative wards, HDU, ICU were not included. So, there is possibilities of the selection bias.

Response Thank you for your comment. We have collected the referral notes from the general indoor patients from where referral notes are sent to other departments, emergency department, CCU and ICU (line no- 129,130,)

7. Comment In line no 109 and 190, the author has mentioned about BMU's existing referral notes under audit criteria section. He is requested to add this/WHO recommendations for standard referral notes in appendeces.

Response We will add existing BMU referral notes in the appendix.

8. Comment In lines 115 and 161, it is mentioned that, 18.6% referral notes were responded by people other than faculty members. What was the reason behind that?

Response Thank you so much for your comment. The main reason is there is no duty roster for faculty members in the evening and night.

9. Comment In line 104, the sample size was taken as 113. How was the sample size calculated?

Response Sample size was not calculated . We have collected the referral notes in one month from our indoor patient departments. (line no 127)

10. Comment In line 151 and 202, the author recommend to use electronic system for referral notes. To my opinion, until establishment of that, at least a check-list can be followed.

Response Thank you so much for your comment. We have mentioned about checklist in conclusion (line no -235)

11. Comment In line 226, it is mentioned that no IRB was taken as routine hospital data were used, But I think as data were collected from several departments, at least consent/permission should be taken from those dept's head/chair. How the confidentiality of the data were maintained?

Response Thank you so much for your comment. We have taken permission from the Head of the Department (line no-263)

12. Comment From line no 232 to 287, in the referrence section, out of 21 referrences, 19 referrences were more than 10 years old. How will the author address this?

Response Thank you so much for your comment . There are paucity of references regarding Clinical Audit of referral notes in Bangladesh and globally as well . Even In Bangladesh Medical University Hospital, this is the first clinical audit regarding referral notes.

Reviewer E: **Tahmina Jesmin**, ORCID: 0000-0003-2787-3103

13. Comment Introduction

1. "Nine audit standards were adapted from BMU's (Line 37) existing referral notes." But regarding this audit standards /standard protocols , nothing have mentioned in introduction and methods
2. B. Author' s have mentioned the challenges in low- and middle-income countries (LMICs), but does not provide specific examples or data related to Bangladesh Medical University (BMU), which might be strengthen the context.
3. Author' s have tried to briefly mention the audit's purpose but does not clearly outline the specific objectives or expected outcomes of the study. Focused statement on the study's goals might improve clarity.
4. Authors have discussed global issues but does not sufficiently tie these challenges to the local context of BMU, which is the focus of the study (Line 95 and 96)

Response Introduction:

1. We have mentioned in method, There are Nine audit standards adopted from BMU's existing referral notes (line no-128)
2. There is no existing data or example in BMU. We have mentioned this in Introduction/Discussion (line no. 97–98)
3. Our clear objective is to identify common gaps in referral documentation and recommend intervention to improve quality of referral system (line no-123,124,125)
4. There is no existing clinical audit in BMU, for this reason we can not compare the challenge. We have mentioned this in Introduction/Discussion (line no. 124–126)

14. Comment Methods:

1. Sample size: Did not mentioned
2. The Inclusion Criteria were Inter-departmental referrals. But did not mention the reason to avoid Pediatrics and allied department.
3. Before starting this study did the researcher take IRB clearance and authority consent of respected department as Referral note is highly sensitive and in majority cases, counter sign has given by department chairman/ department head or senior professor. It is an ethical issue.

Response Methods:

1. Sample size- Sample size was mentioned. 113 (One hundred and thirteen) referral notes (line no-129)
2. n our next research we will include Paediatric & allied department.
3. As clinical audit is obtained from the existing medical records to improve the quality of the service and there is no human involved, name or designation of any individual is not mentioned in the study. Ethical approval was not required as referral notes were routine hospital data & the patient did not provided the data. But we have obtained the clearance from departmental chairman (line no 263)

15. Comment Discussion:

1. Author tried to identify deficiencies (e.g., incomplete clinical information, delayed responses) but does not search to find the underlying reasons for these gaps, (eg: resource constraints, training deficiencies, or systemic issues at BMU) .
2. Some points, such as the need for electronic systems and standardised protocols, are repeated multiple times, which could be streamlined for palatable reading.
3. Conclusion: It's well documented and perfect.
4. Please carefully examine all syntax and grammar errors in the text and correct them through a professional proof-reading agency.

Response Discussion:

1. We have discussed and tried to find out the deficiencies. We also tried to find the gaps & the recommendations is given in conclusion (line no -233)
2. Thank you sir. In discussion we have written the need for electronic system in only single time (line no-205).
3. Conclusion: Thank you sir.
4. We have checked it by Grammarly AI software (line no-252)

Responsible editor: **M Mostafa Zaman**, ORCID: 0000-0002-1736-1342

16. Comment Thank you for your comprehensive response. However, the following improvements are necessary:

1. Line numbers of the revised manuscript are necessary in your point-by-point response. This is to facilitate the reviewers and editors in locating the changes instantly.
2. The image quality of the referral note is very poor. We can not publish such a poor-quality note. Replace it with a high-resolution, undistorted image.

Response

1. Line numbers have been added to the point-by-point response (locating where the changes were done).
2. The image quality of the referral note is now good . We have sent a high-resolution undistorted image to publish as a supplementary file. All files have been submitted in this response.