



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2014_OR_10600
Title of the Manuscript:	Identification of Risk Factors for Development of Inpatient Exposure Keratitis

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
The authors addressed most of the comments and suggestions of the previous review within the revised manuscript and/or through their responses noted in the evaluation form. In the authors' response to the comment regarding quantifying the risk level by relating the observed numbers to the total number of ophthalmic consults in each situation they state that they "Agreed that it would helpful to know the total number of patients admitted to each unit during the time period of interest. However, this is beyond the scope of the Institutional Review Board approval for our study, as it would involve tallying admissions and discharges for all units of the hospital for all causes over a 3 year period. This puts it beyond the scope of our approval." While it is greatly appreciated that any study has limitations including parameters of IRB approval, it is unclear why the comparison cannot be made from data that was collected. The manuscript states, "The total number of ophthalmology consults placed for any reason by inpatient physicians was also recorded, in order to identify any trends in the overall utilization of ophthalmology services" (p 2, lines 74-76). Why do the authors feel that these data could not be used as a base line comparison?	During the data collection phase of the trial, the total number of inpatient ophthalmology consults was recorded and the numbers are as reported in the manuscript (722 consults placed during the 1st half, and 674 placed during the 2nd half of the Academic Calendar). However, if it was not a keratitis related consult, no additional information was collected after that point on that consult (therefore no information collected regarding the inpatient unit associated with non-keratitis consults). This was due to at least 2 reasons. The IRB approved us to do a chart review on exposure keratitis, but not to collect that additional information on other ophthalmology consults. In addition, the process of collecting the additional information from over 1000 charts would be very time and labor intensive and would not be feasible for a study of this nature (would likely require significant funding for staffing, etc).