Author’s response to reviews

Title: Helicopter Emergency Medical Services (HEMS) over-triage and the financial implications for major trauma centres in NSW, Australia

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Author’s response to reviews: see over
3rd April 2013

Dr Tom Rowles
Executive Editor, BMC Emergency Medicine

Dear Dr Rowles,

Re: Revision of original article – MS: 1632908222810326

Please find attached our revised original manuscript entitled ‘Helicopter Emergency Medical Services (HEMS) over-triage and the financial implications for major trauma centres in NSW, Australia’. We have responded to the concerns raised by reviewer 1 below.

Yours Sincerely,

[Signature]

Colman Taylor, on behalf of the authors.
Reviewer 1

Abstract:
The following statement remains in the abstract: “HEMS over-triage was estimated based on injury severity (including two thresholds: ISS#12 or #15) and hospital length of stay (LOS<24hrs).” It is just as confusing now as it was with the original paper. What is the difference between an ISS less than 12 and an ISS less than 15? It just does not make any sense. In terms of the hospital length of stay, it is a yes or no answer. Was the length of stay less than 24 hours or greater than 24 hours? The term “hospital length of stay” does not make sense.

My original query remains unanswered. “Page 2 (Abstract) “HEMS over-triage was estimated based on injury severity (ISS#12 or #15) and hospital length of stay (LOS<24hrs).” This does not make sense. The American College of Surgeons lists minor injuries as ISS < 15. How can you have both # 12 and # 15?”

On page 7 the authors use the following confusing statement, “we used the local definition of minor to moderate injury (ISS#12) as well as more generally used criteria in the HEMS literature (ISS#15 [18]). As the suitability of the ISS>15 threshold to represent major trauma remains controversial.” The obvious question is what happens to patients within ISS less than 12? Are they included in the ISS lesson 12 group or the assess lesson 15 group. Later in the same part of the paper they use mean ISS. This is very confusing and lacks consistency.

Our revised manuscript now includes only the local definition of minor to moderate trauma (ISS<12) and we have removed the analyses related to the ISS<15 threshold. Due to changes in patient classification that occur when adopting the current AIS version, a threshold of ISS>12 (using current AIS versions) is believed to perform similarly to a threshold of ISS >15 (using previous AIS versions).

I can’t find a single change in the manuscript based upon my first review.

We made multiple changes to the manuscript based on previous comments. Please refer to our original response letter.
References