Reviewer's report

Title: Quality Improvement Practices used by Teaching versus Non-Teaching Trauma Centres: Analysis of a Multinational Survey of Adult Trauma Centres in the United States, Canada, Australia, and New Zealand.

Version: 1
Date: 15 March 2014

Reviewer: Sandy Widder

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MAJOR COMPULSORY REVISIONS

1) Would have been interesting to examine the practices amongst the teaching and non-teaching centres to see if there was consistency and / or differences? Or even amongst the level 1, 2 and 3 centres? Find it hard to compare the teaching versus non-teaching centres directly as there are clear differences in the numbers, types of patients treated, resources, as well as likely cultural differences.

MINOR ESSENTIAL REVISIONS

1) There was mention that the trauma centres are engaged in QI by utilizing a wide variety of performance measures and improvement strategies. What are the strategies specifically? Was this commented on by any of the participants when contacted later?

2) What is the definition of a “teaching hospital”?

3) What is the definition of a “designated trauma team”? Is there a TTL? Is the TTL in house?

4) Are the number of individuals qualified in trauma training and/ or care equivalent between the teaching and non-teaching centres?

5) What is qualified as “timeliness of care” by the teaching centres? How does this differ from “triage” and “patient flow”? In my mind the latter would also contribute to timeliness of care as well.

6) Although there was data on the reporting of quality indicators, there was little data reviewing the true improvement process, i.e. how does one achieve optimal or standards of care if they are below?

7) Do any of these centres have government supported or hospital support for quality initiatives?

8) Were there any comments around whether or not there is a quality improvement office in each of the associated hospitals, and whether or not they are involved with improving some of the performance indicator and outcome measurements?

9) Is there standardization of some of the quality reporting, i.e. M+M rounds? What is the process involved after an adverse event is reported or suboptimal
quality indicators are demonstrated?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

No competing interests to declare.