Reviewer’s report

Title: Migrant-friendly Hospitals: a Paediatric Perspective Improving Hospital Care for Migrant Children

Version: 2 Date: 12 May 2013

Reviewer: Karl Krajic

Reviewer’s report:

Major compulsory revisions: None

Minor essential revisions:

1) Background/ Section Hospital care for paediatric migrants – a topic of relevance; paragraph 3: I do not understand the first sentence – “..as will concepts attributed to the migrant background of adult patients.” Check the meaning!

2) Same section, paragraph 4, first sentence: It would be useful to clarify what is understood by “non-medical service delivery aspects that are specific to the care of paediatric migrants.” A simple method would be to add in brackets what non-medical service delivery aspects (i.e. admission procedures,… etc.)

3) Section Methods, paragraph 4, 2nd line: I would suggest to use quotations marks for the “framework approach” mentioned – there might be different forms of “framework approaches”.

4) Section Results, 2nd paragraph, line 4 – is St.Gall correct – should it not read St.Gallen?

5) Section Results, part “Approaches chosen by hospitals”, “General approach” – 2nd paragraph, 2nd line: unclear who is meant by “..that are important to her:” who is her? The mothers? Nurses?

6) Section Results, part “The Seisss MFH – project and MFH-Criteria, 1st line: “Several participations..” – not rather “Several participants”? 3rd line: …expressed high satisfaction and however opinions varied… “; not quite clear sentence. 5th line: “While one participant explained this with… “ – explained what? Not quite easy to understand.

7) Section Discussion, Part “Paediatric non-medical service delivery-needs” 3rd line: “Results indicate that key actors (see Figure) have individual needs and face common...” Several remarks: Actors seem to have position-specific, but not primarily individual needs; it might be useful to connect with a “but face common..”. In addition, I would strongly suggest to add a bit more comments on figure 1 – it is complex, but hardly explained. If this proves too long, to complicated – I would rather leave out the figure and shortly summarise the main lines.

8) Section Discussion, Part Defining P-MFH, 7th paragraph “Considering the differences in PM-populations..”: The paragraph summarises some short
comments on the complex figure 2. Although the text provides clearer comments than the text on figure 1, I recommend to the authors to check if they can provide some further comments, making use of the complexity opened up by the figure – or make a decision to do with just a text, summarizing the main messages.

9) Conclusion: This part is extremely short and summarizes much less content than the “Conclusion” section in the abstract – I suggest to check if the “Conclusions” in the text should not be a bit more explicit – like the abstract text!

10) References: NEED TO BE THOROUGHLY CHECKED! Just some problems I stumbled across (I did not systematically check all references!!): Ref. 3: about principles of good practice – rather principles; Ref 6: In 2006.Sfm;2006 – what does that mean?; Ref 15: und Mitgration – rather: und Migration; Ref. 35 – Strasharpmayr should read “Straßmayr” – if this German “ß” causes major difficulties, it would also be acceptable to spell “Strassmayr”. It would also be good to be consistent in the use of capitals for the names of the journals – uses mostly, but not in Ref. 35

Discretionary Revisions

11) Background/Migrant Friendly Hospitals: 1st line: Just a tiny remark on the content, which is not essential to the rest of the text: It were not the partner hospitals that conducted the needs assessment and reviewed literature for effective interventions, but rather the scientific co-ordinating institution of the project (Ludwig Boltzmann Institute for the Sociology of Health and Medicine, Vienna) in collaboration with international experts and the hospitals.

12) Background/Migrant Friendly Hospitals, last line: As in many countries, paediatric medicine is mainly provided by paediatric departments of general hospitals, the fact that there are not paediatric hospitals present in the task force at a certain date does not imply there is no expertise in this direction involved. If the authors want to imply that this area is still underdeveloped in the MFH task force, they should be more precise or rather argue with the lack of specific recommendations for paediatric care; this would be more convincing to me.

13) Results – first paragraph, 4th line: Were the interviews with staff and parents conducted prior to the expert interviews – to improve knowledge base of co-ordinators? Or were they carried out in the framework of another project/process before?

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:

I have no competing interests.