Author's response to reviews

Title: Seasonal variation in orthopedic health services utilization in Switzerland: The impact of winter sport tourism.

Authors:

Klazien KMW Matter-Walstra (klazien.matter@memcenter.unibe.ch)
Marcel MW Widmer (marcel.widmer@memcenter.unibe.ch)
Andre AB Busato (andre.busato@memcenter.unibe.ch)

Version: 2 Date: 2 February 2006

Author’s response to reviews:

Reviewer Huiyun Xiang:
Minor essential revision 1)
Change sentence so it does not start with 70.8% into:
Of HSAo within the defined winter sport areas 70.8% show a seasonal, summer-winter peak hospital admission rate pattern and only 1 HSAo outside the defined winter sport areas shows such a pattern.
Minor essential revision 2)
Reference change #2 Qjm into QJM, reference #6 Bmj into BMJ

Reviewer Stefano Corra:
Major compulsory revision 1)
Explain 85HSAo and variability in hospital numbers. Text changes
From:
Using orthopedic discharge data, Switzerland can be divided into 85 orthopedic hospital service areas (HSAo), which contain at least 1 and a maximum of 27 hospitals.
To:
Using orthopedic discharge data and following the method described by Klauss et al.[16], Switzerland can be divided into 85 orthopedic hospital service areas (HSAo). In short, each discharge is labeled with a residence code called medstat (Switzerland is divided into 612 medstat regions), these medstat regions are then aggregated into HSAo according to hospital usage patterns. HSAo contain at least 1 and a maximum of 27 hospitals, with a high hospital density seen in HSAo including large major cities such as Zurich or Geneva to only one hospital in most rural HSAo.
Major compulsory revision 2)
Explain rationale for including non trauma related patients:
Added to the beginning of the Discussion:
Most of the ambulatory and stationary treated patients in winter resorts in Switzerland have head and extremity injuries that are mostly the result of ski/snowboard accidents (85%)[20]. An orthopedic dataset including trauma and non-trauma related diagnoses were used to evaluate to which extent these cases stress the overall hospital service utilization in such areas. We decided to include non-trauma (such as degenerative diagnosis) related diagnosis because the tourist population may as well contain (older) people with degenerative conditions. These tourists possibly will be at higher risk of having a winter condition related accident in winter sport than in flat land areas. An even better dataset would have included all hospitalized patients, but a dataset including all necessary variables was not available at the time of analysis.

Discretionary revisions:
The reviewer claims we do not take the national tourism into account in the study. However patients included in the study are mainly national (Swiss) and with "non-locals" are patients meant not living in the particular HSAo, which may be foreigners as well as national tourist. Therefore I do not understand the reviewers comment and will not implement any changes concerning this comment.