Reviewer's report

Title: Handling Health Promotion in Hospitals in diagnosis-related groups (DRGs): evaluation of systematic codes for health promotion activities in a multicentre project

Version: 2 Date: 26 March 2007

Reviewer: Gregory Ginn

Reviewer's report:

General
1. Is the question posed by the authors new and well defined?

I found the topic to be a new one. Although I am familiar with hospital based health promotion, I am not aware that any recordkeeping is being done that associates the health promotion with the DRG in the United States. Thus, I found the topic interesting and informative.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

Major Compulsory Revision:

I had some difficulty understanding the methods. My understanding is that a model has been created to record health promotion activities in a clinical setting and that this manuscript is a test of the model. I think I understand the individual test in local conditions, but I am less certain about the common test of international conditions. Two or three more sentences of explanation would probably remedy any problems. Could you give an example of how something might be misinterpreted in another locality and then explain how your procedures eliminated this possibility?

3. Are the data sound and well controlled?

I do not see any problem with the research design or the controls.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

I do not see any problem with the reporting and data deposition.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

Major Compulsory Revision:

Conclusions could be improved. Could the authors say something like the following paragraph?

Health promotion is an essential part of the value chain or clinical pathway. Moreover, there is no way that quality can be improved and costs contained without better recordkeeping. This model promises to improve recordkeeping and thereby facilitate analysis of records for evidence based medicine and policy analysis.

6. Do the title and abstract accurately convey what has been found?

Major Compulsory Revision

Please consider changing the title. In my opinion, the current title does not serve the manuscript well. Would the proposed title or some variant do better?

Current title:
Handling Health Promotion in Hospitals with diagnosis-related groups (DRGs): evaluation of systematic codes for health promotion activities in a multicentre project

Proposed title:

An Evaluation of a Model for Integrating the Coding of Hospital-based Health Promotion Activities with Clinical Activities using Diagnosis-related groups (DRGs)

The abstract seems adequate.

7. Is the writing acceptable?

The writing is generally acceptable, but here are some things to fix:

Minor Essential Revisions

In the abstract, change “simple” to “simple”.

In the first paragraph of the Background, consider changing “illness” to “disease”. Some people think that illness is feeling of the patient and disease is a more clinical term.

Clarify the use of the term “patient chain”. Is this the same as a “value chain” in a medical setting?

You have a typo for “programs” that comes out as “programs a”.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)