Reviewer's report

Title: Trauma center accessibility for road traffic injuries in Hanoi, Vietnam

Version: 1 Date: 18 March 2011

Reviewer: roomasa channa

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Major Compulsory Revisions

1. In Paragraph 2 of the results section, the authors report a maximum distance of 8.72 km from injury site and one of the trauma centers. It is hard to judge inaccessibility to trauma care based on this information alone. I would be interested in knowing the travel time to come to a fair estimate of whether it is worthwhile to spend time and effort developing an EMS. Given the short distances mentioned by the authors, it might be better to "scoop and run" rather than "stay and play" (Ref: Injury. 2009 Nov;40 Suppl 4:S23-6.)

2. In the last paragraph of the introduction, the authors state two objectives of the study: 1) geographical distribution of RTI and 2) accessibility to trauma center. I believe that without assessment of time the authors have not adequately met the second objective.

3. In paragraph 3, methods section, the authors mention the “direct distances”. I would like to know whether the distances reported are the shortest point to point distances on the software or the total distance a vehicle would have to travel to get from point A to point B. I think if the question is accessibility to trauma center, it would make more sense to report the latter.

4. The authors have reported some interesting findings e.g compared with RTI, road traffic fatalities occurred X km further from the Viet Duc hospital. I think the implication of this and other reported results should be discussed more extensively. Overall, the discussion needs to be written better. I do not understand how the fact, that males were involved in more distant injury sites, explains poor accessibility to trauma center as mentioned in paragraph 1 of discussion.

Minor Essential Revisions

The authors have used road traffic injuries and fatalities interchangeably in the beginning of the manuscript and in their objectives. However the results are regarding fatalities and injuries. I would suggest using one inclusive term throughout the manuscript.

Discretionary Revisions

1. In paragraph 1 of the results section, the authors mention that “1,490 cases” were reported. What does the word “cases” include here? Does it include road traffic injuries and fatalities? If yes, that point should be clarified.
2. In paragraph 2 of the results section, the authors state that cases tend to be “young”. The statement is too non-specific.

3. In paragraph 1 of the discussion section, authors should change: “To reduce RTIs/fatalities in Hanoi, we recommend additional measures to reduce the effects of road traffic incidents…” to “We recommend additional measures to reduce the effects of road traffic incidents…”

4. The conclusions should be more specific. Are the authors recommending the development of a pre-hospital care system or the development of a more efficient emergency transport system?

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

'I declare that I have no competing interests'