Reviewer's report

Title: Prehospital triage accuracy in a Criteria Based Dispatch centre and proposal for a common template for further studies

Version: 1 Date: 22 June 2015

Reviewer: Georgios Giannakopoulos

Reviewer's report:

Minor Essential Revisions

Dear editor,

Thank you for inviting me to review this article. It concerns an excellent piece of work and a well- and clearly written paper.

The authors describe a well known phenomenon in daily emergency care: triage errors. Due to the heterogeneity of the patients but also medical systems in (prehospital) emergency care it is very difficult to conduct a well designed study. Over- and undertriage will always be existing in every system. As the American College of Surgeons – Committee on Trauma states: An amount of 50% overtriage is necessary to minimize (< 10%) undertriage. I personally think that this can be stated for whole the emergency care. We must not forget that, as the authors correctly state in their conclusion, triage sensitivity and specificity are inversely related. Therefore we must be careful with reducing overtriage because of the danger of increasing undertriage.

The authors used the NACA score for evaluating the triage capabilities of their dispatch centre. It would be more useful to assess more outcome measures (ISS in trauma, LOS and in-hospital mortality). For a retrospective study as this, including a high amount of patients it would almost be impossible to collect all this data. Besides this, I wonder if it would change the accuracy of the dispatches.

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' below. If your reply is yes to any, please give details below.