Author’s response to reviews

Title: Pre-referral stabilization and compliance with WHO guidelines for trauma care among adult patients referred to an urban emergency department of a tertiary referral hospital in Tanzania

Authors:

Nanyori Lucumay (lucumaynanyori@gmail.com)
Hendry Sawe (hendry_sawe@yahoo.com)
Amour Mohamed (amour832011@gmail.com)
Erasto Sylvanus (kojogare@gmail.com)
Upendo George (ulovegeorge.n@gmail.com)
Juma Mfinanga (jumamfinanga@gmail.com)
Ellen Weber (ellen.weber@me.com)

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Author’s response to reviews:

COMMENT

Please use Road Traffic Crash rather than Road Traffic Accident throughout the manuscript

RESPONSE

Thank you for the comment this has been rectified. (Line 1-369)

COMMENT

Page 3, Line 17 & 18 "In Tanzania, deaths from road traffic accidents, which account for over forty percent of all injuries (11)." should read "In Tanzania, deaths from road traffic accidents account for over forty percent of all injuries (11)."

RESPONSE

Thank you for the comment this has been rectified Line-58-59
COMMENT

Also, this section should include a little more information on the WHO Essential trauma Guidelines. What are the principles involved? What is expected for each level of care and resource setting?

RESPONSE

Thank you very much for the comment; we have included more information on WHO essential trauma guidelines. Line 79-83 and 86-90

COMMENT

The study setting is poorly described. What exactly is the relationship between MNH, MHN-ED and the orthopaedic Institute? Are they an intertwined complex or are they separate entities.

In addition, what are the levels of care of trauma patients in Tanzania? It is necessary that the readers know this because in the result section (Pg 6, Lines 44-48), the authors refer to "levels of hospitals" and then went on to list types of hospitals instead.

Page 4, Line 19-23: The hospital has a bed capacity of 1500 and receives about 1500 inpatients per week. This implies that the turnover per week is equal to the exact number of beds in the hospital. How is this possible?

RESPONSE

Thank you for this comment, the relationship between MNH and MHN-ED and Orthopaedic institute has been clarified, and also the level of trauma care in Tanzania has been clarified. Line 99-108

COMMENT

Page 4, Line 43-45: "A research assistant consecutively enrolled patients 12 hours a day, 6 days a week alternating days and nights." This sentence is not clear. Why was the enrolment done for only 12 hours per day and only 6 days a week? Why alternating days and nights?

RESPONSE

Thank you for the comment.

To ensure representativeness of EMD population, we enrolled patients at different random alternate days and different times of the day. This also ensured efficient human resource use. This has further been clarified in the method section. Line 116-118
COMMENT

Page 5: data Analysis: It is no longer necessary to include the full meaning of SPSS. Just refer to it as IBM SPSS. Also, the first sentence should be in past tense.

RESPONSE

Thank you for the comment, this has been rectified. Line 135-137

COMMENT

Result

Table 1: Total of male & Female should be 367, and not 368

What percentage of the patients arrived within 6 hours, the golden period of injury care?

RESPONSE

Thank you for the comment, this has been rectified.

One patient’s gender was not analysed because it was not filled out during data collection, this has been highlighted in the table. Other parameters were captured and hence analysed, this has been clarified in the table.

We are unable to comment on the golden hour, since our study was not set to assess that. Line 373

COMMENT

Table 2: Confidence Interval is not appropriate for the statistic shown on this table.

Pg 6, Line 24: Change pts to patients

The paper alludes to situations where stabilization were improperly done, however, these were not highlighted in the paper. I recommend that the authors do this, otherwise, this should be stated as a limitation of the study.

RESPONSE

Thank you for the comment rectified. This has been highlighted in the limitation. Line 225-228, and 379
COMMENT

The study also seemed to indicate that the lowest cadre hospitals had better stabilization rate than the next cadre (Pg 6, Line 29-36). The authors should discuss this curious situation.

RESPONSE

Thank you for the comment. This has been highlighted in the discussion as suggested. Line 177-182

COMMENT

The pre-hospital and trauma care situation of Tanzania resembles that of my country of Nepal. Our ED, a part of the largest privately run tertiary centre in the country, receives cases in conditions not unlike the ones the authors describe. I empathise with the authors' anguish of not receiving referral cases with proper pre-hospital/ pre-referral management. It is also a well-established fact that pre-hospital splinting and immobilization techniques can be a major contributor to better patient outcomes.

RESPONSE

Thank you for the comment Noted

COMMENT

While extremity and C-Spine immobilization have been considered for the study, use or lack of spinal immobilization/ use of spinal boards for whole spine immobilization has been omitted. I am curious to know whether the omission is deliberate or if there were other limiting factors.

RESPONSE

Thank you for the comment

There were other limiting factors like availability of spinal boards and this has been pointed out in the discussion. Line 202-205

COMMENT

The study in itself justifies its outcome measures, however a more elaborate study with greater sample size, and eventual patient outcomes with presence or lack of immobilization as defining factors, would have been more useful.

RESPONSE
Thank you for the comment. Noted