Author’s response to reviews

Title: Experience gained from the implementation of the Saudi TraumA Registry (STAR)

Authors:

Jane Ford (jane.ford@monash.edu)
Abdulrahman Alqahtani (asaqahtani@moh.gov.sa)
Shatha Abuzinada (szinada@ksmc.med.sa)
Peter Cameron (peter.cameron@monash.edu)
Mark Fitzgerald (M.Fitzgerald@alfred.org.au)
Ahmed Alenizi (a.alenizi@ksmc.med.sa)
Dina Farjou (dina.farjou@monash.edu)

Version: 1 Date: 01 Nov 2019

Author’s response to reviews:

1st November 2019

Editorial Office

BMC Health Services Research

Dear Dr Pant, Professor Salamati and Editor,

Thank you very much for your assessment of our paper as potentially acceptable for publication, and for the opportunity to submit a revised manuscript. Please note the following responses to the reviewers’ comments.
Dr Puspa Raj Pant (Reviewer 1):

1. Although it fits well, the reference 2 (lines 3-5) gives a feeling that Trauma caused only by Road Traffic Crashes! Authors may wish to consider additional reference. Something to add from GACI and https://www.who.int/emergencycare/trauma/global_forum_meeting_report.pdf?ua=1

We understand this point and have taken your suggestion of using this particular reference. Please see the change in wording in the text of the Background section, lines 3 and 4, page 1; and also the addition of the reference in the References section, lines 183 to 185, page 9.

2. Understandably table 1 is not inline to the text because its large but I would suggest to signpost the Table Title only at appropriate place.

We agree that the placement of Table 1 in the text was not clearly marked. Please see the title inserted in the Methods section, line 35, page 2.

3. Table 2. Numbering of the criteria: #2, #3, #4 and #5 seems to be subheadings.

We have changed the listing of the inclusion criteria to more clearly reflect that the primary inclusion criteria is ‘1. Traumatic injury as the reason for acute care’, followed by the other additional criteria as bullet points. Please see the Methods section, line 47, page 2.

4. Table 3. why the ? used in the variable “? Traffic event”

The ‘? Traffic event’ field is a Yes/No question, the response to which triggers the activation of the Traffic Counterpart field. It is a database mechanism to enable data entry of a ‘Traffic Counterpart’ if the response entered to ‘? Traffic event’ is Yes. Conversely if the response entered is No, the Traffic Counterpart field is disabled and no data entry is allowed. Please see the clarification in the wording of the field in Table 3, line 107, page 5.
Table 3. Is "Traffic event" not a sub-category of "cause of injury", other descriptors should come as a subhead

Thank you for this suggestion. We agree ‘Traffic event’ is not a sub-category of injury, however in our database it is a mechanism to enable data entry into the ‘Traffic Counterpart’ field, and not a data point that requires a definition in the data dictionary. Please see our response to the previous comment, which explains its place in Table 3. The purpose of including it in the Completeness and Quality table is to demonstrate the error rate for the field incorrectly activating the ‘Traffic Counterpart’ field and thus exacerbating the ‘Traffic Counterpart’ error rate.

Table 3. The items in the table can be reorganised in a logical flow! e.g. place of injury should come under "injury location" etc

Thank you very much for drawing this to our attention, and please accept our apologies for not having ensured a logical flow initially. Please see the reorganised variables in Table 3 in the Results section, line 107, page 5.

Table 3. "Descriptions of other" it would be helpful if authors describe relative higher errors encountered in the Discussion section!

We understand that the error rates are significantly higher for the ‘Other’ variables and agree that further discussion would be useful. We took the liberty of inserting an explanatory paragraph in the Results section rather than the Discussion section as we felt that the table would benefit from the additional information. Please see the amended text in the Results section, lines 108 to 111, page 6.

Professor Peyman Salamati (Reviewer 2):

1- Considering table 3, I did not find the exact number of the MDS variables. The authors stated "evolving from an initial selection of 67 elements to the final listing of 83 elements." However, they presented only 21 variables in the table.
We acknowledge that the rationale for Table 3 is confusing. It was intended as a presentation of the error rates of selected variables of concern, rather than the whole MDS. These variables are highlighted as being of concern just prior to Table 3, in the Results section, lines 105 and 106, page 5. We have amended the title to more accurately describe the data in the table; please see the amended title at lines 107, page 5. We have also annotated the table with an explanatory paragraph that has been inserted in the Results section, lines 108 to 111, page 6.

2- Table 3 is not clear. In which column did the authors mention the percentage of the completeness? The authors stated "accuracy was out of scope. as we could not know..." In contrast, they presented some information about incorrect data and errors within the table.

Thank you for identifying this as an issue. We have clarified our definition of completeness and quality in the text in the Results section, lines 102 to 104, page 5. Also please see the amended column names in Table 3, line 107, page 5.

We agree that the sentence beginning ‘Accuracy was out of scope…’ was misplaced and unnecessary in this context. We have therefore deleted this sentence and sought to clarify the quality and cleaning regime by editing the text and tables accordingly.

3- In table 2, they can delete the items for number 3 (Length of stay  &lt; 3 ) and 4 ( Date of injury &gt; 1 week) in the table.

We have deleted Inclusion Criteria 3. ‘Inpatient admission ≥ 3 calendar days’ as we agree that it is a reiteration of Exclusion Criteria 3. ‘Length of stay  &lt; 3 calendar days apart from death and/or ICU admission’. We have also reorganised the Inclusion Criteria list to more clearly reflect that the primary criteria is ‘1. Traumatic injury as the reason for acute care’, followed by the other additional criteria as bullet points. Please see the Methods section, line 47, page 2.
Thank you for your suggestion that Exclusion Criteria 4. ‘Date of injury &gt; 1 week prior to admission to the first hospital’ could be deleted. However, the experience of the Victorian State Trauma Registry (VSTR) and the Alfred Health Trauma Registry (AHTR) has shown that the data available from these cases is minimal, and devalued by the length of time that has elapsed between the injury and the provision of clinical care. Thus, the burden of data collection outweighs the knowledge to be gained, and these cases are routinely excluded. We have therefore respectfully elected to retain this criterion in the table, to accurately express the standard population of interest for trauma registries in general, and the STAR in particular. Please see a further explanation of this rationale in the text in the Methods section, lines 44 to 46, page 2.

The authors are sincerely grateful for the reviewers’ insightful comments that have improved the quality of our paper. We appreciate your consideration of this resubmission of the edited manuscript.

Yours sincerely,

Jane Ford (Ms)  B.Sc (HIM) CAISS
Senior Registries Manager
Department of Epidemiology and Preventive Medicine
School of Public Health and Preventive Medicine
Monash University
Level 3 553 St Kilda Road
MELBOURNE 3004