Reviewer's report

Title: Strategies for Successful Trauma Registry Implementation in Low- and Middle-Income Countries - Protocol for a Systematic Review

Version: 0 Date: 19 Jun 2017

Reviewer: William Bosu

Reviewer's report:

General comments
1. The quality of the writing should be thoroughly improved. Authors should pay particular attention to grammar, tense harmony, punctuation etc.
2. Replace 'sparsity' with 'scarcity' on p.6
3. Some sentences should be reformulated to make them clearer e.g. lines 7-12 in the abstract's discussion on p.4; lines 33-38 on p.8
4. The introduction should be revised to present a stronger justification for the study
5. The word 'guarantee' on line 25 on p.7 is too strong.

Introduction and Abstract
6. More information should be provided on what are trauma registries, what are their benefits, their limitations. How have they improved policy or health care delivery in western countries as well as in some developing countries such as South Africa or Nigeria where such registries exist or have been documented?
7. What are the steps involved in implementing a trauma registry?
8. The figure five million injury-related deaths in LMICs (p.5 line 54) is not a rate. What are the rates per 100,000 population and how do they compare with HICs?
9. The abstract should be revised to include the knowledge gap that justifies why the systematic review is being conducted.
10. It is not necessary to identify the independent reviewers in the abstract.
Methods

11. The databases are relevant and comprehensive. The search strategy is well documented.

12. The definition of LMICs should be provided. The World Bank income classification group is widely used. Low- and middle-income countries, as used in the paper, should be distinguished from lower middle income countries. From the list of countries in the search strategy, upper middle income countries have clearly been excluded.

13. It is not clear why in Africa, only the countries in western Africa have been grouped as a sub-region, whereas those in the other sub-regions (northern, southern, central and eastern) have been listed individually.

14. The list of cities in the selected countries in some of the search strategies (PubMed Medline) is restricted and so its added value is questionable.

15. The key words employed in the search in other systematic reviews on trauma registry include "trauma databank*", "injury registry", "injury registries", "injury database*", and "injury databank*" (O'Reilly et al 2013) - terms that are not covered by the current search strategy.

16. Since the number of articles yielded by the search at each step has been provided, it is imperative to provide the date those searches were done so that they can be replicated.

17. The protocol should be re-organized. The inclusion and exclusion criteria could be presented using the PICOS framework.

18. The current formulation of the inclusion criteria implies that studies on barriers to the implementation of trauma registries in LMICs will be excluded.

19. Only one exclusion criterion is listed - studies conducted in HICs. As earlier mentioned, studies in UMICs have also been excluded.

20. Much of the paper - the search strategy, inclusion criteria and the discussion - is oriented towards a quantitative approach. Qualitative approach is only briefly mentioned in the analysis. Authors should therefore justify their inclusion of qualitative studies.

21. The protocol focusses almost exclusively on the guidelines and "recommendations" for "successful trauma registry implementation". It is gratifying to note that these terms are not included in the search strategy. One would expect to know about the characteristics of the trauma registry - e.g. age of registry, scope of cases covered, number of centres, how
maintained, cost, funding, management etc. it is out of the analysis of these characteristics, that the success factors and inhibitors could be identified.

22. The paper should report on what data will be extracted from the qualitative and quantitative studies. How will they be extracted, analysed and synthesized?

23. How will the quality of the papers included in the review be assessed?

24. The authors should pay more attention to the sequence of the systematic review. They should review their placement of the role of independent reviewers and arbitration in the event of discordance. The role of independent reviewers is typically in the selection of studies from the full-text review and in the evaluation of study quality.

Discussion

25. The paper ends somewhat abruptly. There could be a conclusion.

References

26. Some statements are presented as facts without supporting references (e.g. lines 48-51 on p.5; lines 25-28 p.6)

27. The reference with superscript 45 in the text on p.6 line 7 should be revised to 4,5. A reference manager would be helpful

28. The format of the references in the bibliography should be consistent e.g. abbreviated or full journal names, italicised or regular journal names, journal issue numbers, etc.

29. In reference 3 in the bibliography, the start and end pages of the quoted reference is the same

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