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The article [1] provides the information about the hospitalization costs for elderly (over 65 years old) trauma patients in Baotou, between January 2017 and March 2022. These data is of great interest not only to the scientific community but also to the policy markers, who are leading the reform of the health system. However, the communities may be better informed if the authors could further address the following issues:

- (1) In "Additional File 3", the authors provide the hospitalization cost distributions to medicine, material, nursing, examination, general medical services, general treatment handling, surgical, blood, and other costs. But those data are average for the ALL (1707) patients, including 1320 non-surgical patients, as well as 387 surgical patients. Because non-surgical patients did not have to pay the surgical costs, their surgical cost percentages are always 0, then the average for ALL patients is meaningless. It could be better that authors provide the distributions for non-surgical patients, and surgical patients, respectively.
- (2) The authors state on the article that "the datasets generated and/or analysed during the current study are not publicly available due to ethical approval restrictions involving the inclusion of potentially identifying or sensitive patient data". It may be a better open science practice to openly share the datasets after removing the sensitive data. The "identifying or sensitive patient data" was collected during the patient recruiting, but it was not used in the analysis, therefore, removing this kind of data from the datasets dose not affect the conclusion

of the study, and openly sharing them can allow the communities to apply these datasets in further studies.

[1] 10.1186/s12877-023-03729-0

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