Properly treated COVID-19 patients can make a quick recovery, while those with severe respiratory symptoms may require hospitalization. The study shows that hospitals in Czechia (and elsewhere) were not prepared enough to handle correctly the COVID-19 pandemic. Thanks to a mixed method (qualitative first, with literature review and interviews, and quantitative thanks to a questionnaire), it highlights different types of hospitals' limits and best practices regarding crisis management preparedness: in staff systems of rotations, in human resources and training, in medical supplies management, in infrastructure and material preparedness and it analyzed whether a crisis management plan existed prior to the crisis. It proposes recommendations in order to strengthen healthcare facilities' crisis resilience.

Strengths:
- A mixed method was used, with interviews to better understand the issue and then the elaboration of a questionnaire sent to hospitals
- The study is focused on acute facilities and shows an interesting broad picture of their crisis management’s strengths and limitations
- The discussion is well documented and compares the study results with the literature review, showing the Czech hospitals’ relative lack of crisis preparedness. It presents avenues for change, thanks to recommendations on staff management, medical supplies and equipment, data management, clinical hospitals’ organization (protocols for patients transfer for ex.).

Limitations:
- The response rate was quite low (30%) but it is consistent with usual response rates for this type of questionnaires
- We do not know whether the study is representative enough of acute facilities since only 30% of them participated in the study. It would be interesting to know a bit more the respondents' characteristics

Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

Statistical methods
No major or minor comments

Is the study replicable based on the method description?
The study seems replicable based on the method description.

Results
Minor comments
The author does not explain why only HVA risk assessment is studied in the questionnaire and no other risk assessment methods that are described in the introduction.

Line 217: the sentence "The alterations to processes of employee care (well-being, health and safety) are planned in 43.1% of the hospitals (n=28). In 67.9% of the cases (n=19), the changes will also include provision of psychological care. The changes in human resources management were reported in 41.5% of the hospitals (n=27)" is not clear enough.

Data interpretation
Minor comments
In Table 5 it would have been interesting to know which type of hospitals is concerned by the different responses (reported areas of change).

References
No major nor minor comments

PLEASE COMMENT

Q4 Is the title appropriate, concise, attractive?
The title is appropriate, concise and attractive enough.

Q5 Are the keywords appropriate?
The keywords are appropriate but HVA should be written entirely «hazard vulnerability analysis».

Q6 Is the English language of sufficient quality?
The English language is of sufficient quality.

Q7 Is the quality of the figures and tables satisfactory?
Yes.

Q8 Does the reference list cover the relevant literature adequately and in an unbiased manner?)
The reference list covers the relevant literature adequately and in an unbiased manner.

QUALITY ASSESSMENT

Q9 Originality

Q10 Rigor

Q11 Significance to the field

Q12 Interest to a general audience

Q13 Quality of the writing

Q14 Overall scientific quality of the study
Please make a recommendation based on your comments:

Minor revisions.