Reviewer’s report

**Title:** The Italian hospitals in the web: a cross-sectional analysis of the official websites

**Version:** 1  **Date:** 17 December 2009

**Reviewer:** Robert A Logan

**Reviewer’s report:**

This is an interesting study that potentially is a contribution to the consumer health informatics adoption literature. The setting is commendably different than most consumer health informatics adoption metrics and the research seems to provide a benchmark prototype that might be adaptable by future researchers in Italy and perhaps other nations. As a result, I recommend possible future publication in BMC Medical Informatics and Decision Making -- contingent on some revisions, most of which are intended to augment the manuscript’s contextual framework, possible generalizeability, discussion of methods and findings, as well as the study’s utility for future research.

Suggested major compulsory revisions:

In the methods section, please list the outcome variables you plan to report. Please list the independent variables (apparently the category of hospital) and the dependent variables (apparently either individual items or sectional organization within the instrument). This sets up an organization that is easier to follow when you report the findings in the next section. Please explain if the n=89-item ‘codebook’ is derived from existing instruments. If not, please defend the creation of a new instrument. Other than intercoder reliability, the omission of reliability/validity tests regarding the instrument should be discussed as one of the study’s limitations. Conversely, the development of a new instrument is one of the study’s innovations and contributions to the literature. So, please provide some counsel about the instrument’s future use to readers in the discussion section -- and similarly disclose its limitations.

In the findings section, please follow the systematic reporting of outcome variables by section, as listed in the methods section. While I salute the authors’ instincts to provide descriptive statistical information, I suggest the provided tables could be reduced and reflect the study’s most important aggregate findings as reported within the text by section. A list of the 89-item (codebook) data set divided into outcome variables could be provided in one table of all findings.

Suggested discretionary revisions:

While the authors note this is the first study of hospital consumer health informatics adoption in Italy, I suggest they reinforce this discussion within the manuscript’s background and discussion sections. For example, more discussion
in the manuscript’s background section would provide a context to understand why a descriptive analysis is appropriate at a time when descriptive analyses are redundant in some other settings (or would not be seen as a comparably significant contribution to the literature). Indeed, the descriptive approach in this study is appropriate in Italy because there appears to be no benchmark research. Please briefly explain the need to create an Italian benchmark (or baseline) at this time in the history of consumer health informatics literature within the manuscript’s background section.

Similarly, in the manuscript’s discussion section (or the conclusion), I hope the authors might provide a few suggestions for future researchers regarding how Italian and researchers in other nations might use the benchmark prototype provided here. For example, if the authors were advising a similar study in Denmark (or any nation where there has not been a baseline survey) in terms of measurement what would you suggest? Remember, you (the authors) are now the experts in how to do a benchmark/baseline study in a nation where none has occurred, so, please help others do the same, and please advise those who might do follow up research in Italy.

Also, I suggest the authors provide a little more context about the generalizeability, or uniqueness, of the study’s setting. The authors commendably attempt to compare how the study’s core findings are somewhat consistent or inconsistent with statistics about the pace of hospital consumer health informatics adoption in other nations. However, I suggest the authors enhance the study’s context by briefly addressing whether a descriptive study based in Italy may or may not reflect adoption trends in other nations. For example, I suggest that in the study’s background section the authors might add a few more paragraphs about the Italian health care system, Internet access, socio-demographic characteristics, national acceptance of other high technology innovations, etc. These additions might suggest whether a consumer health informatics study in Italy might be generalizeable (to help predict the experience in similar nations), or whether Italy is unique. I encourage BMC’s editors provide the authors with the editorial freedom to make a case in the background section why an assessment of Italian hospital adoption of consumer health informatics may or may not provide insights that would be helpful in gauging the pace of hospital adoption of similar consumer health informatics within similar nations. In the discussion section (or conclusion), I urge the authors to return to this topic and add some paragraphs that note how they project the pace of Italian hospital-generated consumer health informatics resource adoption along Rogers’ diffusion of innovations curve, or its possible influence on some other nations. I urge the authors to augment their discussion why a snapshot of the pace of Italian hospital acceptance of consumer health informatics is a contribution to the possible understanding of global adoption patterns.

Minor essential revisions

I suggest the paper undergo a round of vigorous editing for language use. The manuscript contains occasional missing words, awkward sentences, and similar,
minor editing flaws. I should add that the English use within this manuscript is commendable compared to some international submissions I have recently reviewed. In deference to the authors’ effort, I will not point out specific examples. Instead, I think it is more productive to suggest a round of editing occur between BMC’s senior editors and the authors.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare I have no competing interests