Author's response to reviews

Title: Has information technology finally been adopted in Flemish intensive care units?

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Author's response to reviews: see over
To the Editor,

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Dear editor,

We would like to thank you and the reviewer for the continuing feedback allowing us to further improve our manuscript: “Has information technology finally been adopted in intensive care units? A survey and review of the literature” by K Colpaert, S Vanbelleghem, C Danneels, D Benoit, K. Steurbaut, S. Van Hoecke, F. De Turck and J. Decruyenaere.

We adapted the manuscript according to the referees' comments and took the specific comments into account. Additionally, the manuscript has been very extensively revised by a professional English translator.

Below is a detailed description of how the additional referee comments were taken into account:

Please feel free to contact us with any additional questions or remarks.

Sincere regards,

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Reviewer #1 (Morris):

**GENERAL COMMENTS:**

This version of the manuscript is much improved. I believe this report could be a contribution, in spite of the limitations of the surveys. However, there are still awkward English phrases present. In addition, the discussion could be more thematically focused. I believe the continued use of acronyms is distracting and reduces the value of this report.

We are grateful for the continuing positive feedback, which continuously improves the quality of our manuscript. We adjusted the report regarding the acronyms, and decreased the number of it. Furthermore we reorganized the discussion, and shortened it by 35%.

**SPECIFIC COMMENTS:**

1. **P 2 Para 3 Line8-9:** Implementation of an intensive care information systems is not the same as achieving a paperless ICU. The authors should clarify this statement.

   We agree, and changed the sentence as following:

   Half of the tertiary non-academic hospitals and all university hospitals have implemented an ICIS, general hospitals are lagging behind with 8% implementation, however.

2. **P 5 Para 1 Line 1:** "study on..." and **P6 Para 1 Line 1** "to take the decision by the ICU management..." make me suspect this manuscript has not been carefully read and reviewed by a native English speaker. These are awkward English statements.

   We adjusted the paragraphs as follows:

   For the above reasons it is advisable to study the current level of intensive care computerization, both for general and dedicated specialized IT applications used in the ICU.

   Furthermore, we have explored the main benefits and obstacles for taking the decision to implement an ICIS as perceived by ICU directors.

3. **P 7 Para 1 Line 9:** change "of" to "or."

   We changed the sentence accordingly.

4. **P 10 Para 1 Line 3:** 5 ICUs were scheduled to go live in 2009. If they can, the authors should report how many actually did so.

   We contacted all 5 ICUs, and 4 out of 5 actually did implement an ICIS. One ICU decided to postpone the implementation due to financial problems. We adjusted the discussion as follows:

   However, these adoption rates can be an overestimation, as many intend to implement an ICIS, but fail to do so. Therefore, in August 2010, we contacted the 5 Flemish ICUs of our study once more. In the 2008 survey these ICUs had expressed their plans to implement an ICIS in the near future (i.e.
Only one out of these 5 ICUs delayed the project due to financial reasons, which gives an actual ICIS implementation rate in Flanders of 25.3% (16/63).

5. **P 10 Para 3 Line 1**: Indent the first line. Omit the work "Astonishingly." The results section of the paper should include a succinct report of the data. Commentary is better put in the discussion section. The same is true of "surprisingly" in P 12 Para 2 Line 2.

We changed the two sentences accordingly.

None of the seven ICUs from the 2005 survey which intended to adopt an ICIS within the following 3 years, actually did so.

The regular use of data extraction tools for management or scientific purposes is still limited (4 out of 12),...

6. **P 11 Para 4 Line 3**: The phrase "enough evidence to argument the cost/benefit of ICISs" makes me suspect the manuscript has not been carefully read and reviewed by a native English speaker. This is awkward English.

This phrase is once more reviewed and adjusted by the professional translator, and adjusted as follows:

However, around 80% of ICU directors doubt whether there is enough evidence to ensure the cost/benefit of an ICIS.

7. **P 13 Discussion**: the discussion appears rambling. It is not easy to read and understand. It appears to be a compilation of observations and comparisons. I would prefer a discussion integrated around themes. I think readers would find a thematic organization more understandable. I sense the following themes might be useful as a means of coordinating the discussion:
   1-Variability in use of ICU computer systems (both national, geographic, hospital type-academic vs. others, ICIS components used).
   2-Incentives and disincentive to use of ICIS.
   3-Study limitations.
   I think the discussion can be significantly shortened without loosing value.
   Refocusing the discussion into thematic sections should enable clarification and shortening.

We agree that the discussion could be improved, and therefore adjusted it according to your advice. We also substantially shortened the discussion by 35%.