Reviewer's report

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

Version: 3 Date: 2 August 2010

Reviewer: Alan Morris

Reviewer's report:

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.

SPECIFIC COMMENTS:

P 2 Para 3 Line 8-9: Implementation of an intensive care information systems is not the same as achieving a paperless ICU. The authors should clarify this statement.

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.

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

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.

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.

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.

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 losing value. Refocusing the discussion into thematic sections should enable clarification and shortening.

**Level of interest:** An article whose findings are important to those with closely related research interests

**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 that I have no competing interests