Reviewer's report

Title: Impact of fast-track discharge from cardiothoracic intensive care on family satisfaction

Version: 1  Date: 16 March 2015

Reviewer: Marina Pieri

Reviewer's report:

Major essential revisions

Dr Omar and colleagues present the results of their study concerning the impact of fast-track discharge from cardiothoracic intensive care on family satisfaction. The study involved 255 family members and overall was well conducted. However this topic has not a strong clinical impact, and does not address information relevant to improve the patients’ outcomes. For this reason I think that these data may be worth publication, but are more suitable for a brief communication/report oder a letter to the editor, instead of a research article.

The definition of fast track discharge from ICU is the discharge within 24 hours of admission. I do not agree completely, as discharge within 24 hours necessarily implies that a patient has not complications therefore it is not based only on the presence of a fast track protocol.

Is there any other definition of fast track discharge in literature which is not affected by the eventual occurring of complications?

Please clearly state inclusion and exclusion criteria in the methods. The authors talk about “eligible families”….but eligibility criteria are not clear.

Many readers may be not familiar with the SCCMFNAQ score: please add a table explaining the score

Line 154-55: the authors used a pilot group of 20 families to assess the reliability and validity of the questionnaires... which is the rational for this validation? Is the score is already validated in literature, why was this step performed? How was this validation performed?

An important aspect affecting satisfaction of the families of patients admitted to the ICU is the time allowed for visits. In some ICUs there is a limited time per day for the relatives of the patient to speak with clinicians and to see their family member (for examples 1-2 hours a day). On the contrary, in the so called “open ICUs”, there is no limitation of time, and the families can make a visit to the patients in every hour of the day. I think this element may strongly affect the family’s level of satisfaction.

How are the visits organized in your ICU? Is there a limited time for the families to see the patients? Please describe this aspect in the methods and address this
issue in the discussion.

The authors state among recommendation and future directions that “Senior physicians should relay information to families to maximize satisfaction levels.” This sentence cannot be justified, and has no rational. The authors well explain why the families may prefer receiving information from a senior doctor, and that makes sense. However, this practice should not be openly encouraged: young doctors are not necessarily worse than senior doctor (this is a preconcept of the relatives of the patients). On the contrary, future efforts should be aimed at educating the families that age of the physicians transferring the clinical information is not a relevant variable, and at the same time younger doctor should be better trained in communication with the patients’ families.

Please expand the limitation sessions.

Minor essential revisions

The text requires extensive english revisions. I list the most relevant corrections, but revision of the text by a native english speaker is strongly recommend.

Line 86-87: I don’t understand the meaning of the sentence. Please rephrase
Line 103-105: the sentence is not clear, please revise english language.
Line 240-45: English is not correct. Please rewrite
Line 257-8: it is not clear...please rephrase.

Table 2: explain TISS score

**Level of interest:** An article of limited interest

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests