Reviewer's report

Title: A clinical decision support tool to screen health records for contraindications to stroke thrombolysis-a pilot study

Version: 2
Date: 28 August 2015

Reviewer: Damian Borbolla

Reviewer's report:

This is an interesting study, where the authors assessed the efficacy of a CDS tool to detect tPA contraindication in stroke patients' EHRs. The paper is well written, easy to follow and to understand, but some improvement are recommended.

The research question is clearly stated in the objectives of the study. As the authors are proposing perform an evaluation in a lab environment, using mock patients' medical records. I think this could be considered a pilot or feasibility study, and I think this fact should be clear in the title, or in the study objectives (or in both parts).

Methods section should be improved; more information about how the intervention was developed and integrated to the EHR should be added to the methodology. I suggest adding graphics of the stool, with one or two screenshots showing the intervention in the paper. Authors should also include how the sample was calculated and how participants were recruited in the study. And for the analysis they should also include how timing difference was evaluated, because only contraindications detection was mentioned there.

Results should be reorganized, for example the cases could be described in methods, explaining how they were developed. Results should focus on the main finding related to research questions. How results are presented should be improved, adding counts information, SD and other dispersion important metadata, not only the percentages.

The conclusion should be reformulated, explaining that this was a pilot study and to support what the authors affirm in the conclusion they should perform an effectiveness study with real patients and in a real environment.

Other minor suggestions:

In the background, authors mentioned meaningful use and US regulations to justify the study, but the evaluation is performed in a Hospital in Taiwan, so I think this should be reviewed.

In the introduction last paragraph the authors mention setting and intervention, which are repeated later in the methods, I suggest deleting or reformulate this paragraph.

Keywords should be changed for more representative ones, also respecting
NLM-Pubmed MeSH terms, examples could be: Decision Support Systems, Clinical; Decision Making, Computer-Assisted; Hospital Information Systems; Medical Records Systems, Computerized.

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

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

**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