Reviewer's report

**Title:** A multifaceted feedback strategy alone does not improve the adherence to organizational guideline-based standards. A cluster randomized trial in intensive care

**Version:** 2  **Date:** 7 February 2015

**Reviewer:** Lisa Lubomski

**Reviewer's report:**

**Major Compulsory Revisions**

1. The intervention was implemented by intensivists and nurse leaders in the ICU. How much latitude do these professionals have regarding decision making that could result in improved nurse to patient ratios and bed occupancy?

2. The literature shows that improved ICU bed occupancy is aided by the availability of intermediate care areas that care for patients who may no longer be in need of ICU level care but whose acuity requires a higher level of care than is provided on general medical/surgical floors. What is the distribution/availability of these intermediate care areas in the hospitals included in the study?

3. One aspect of nurse to patient ratios is the ICU nurse staffing levels. Did the hospitals included in the project have adequate nurse staffing (that is, availability) to allow for latitude in modifying nurse to patient ratios? Did the nurse and physician leaders in these institutions have latitude to adjust nurse staffing to meet the guideline?

4. The authors suggest that efforts to improve bed occupancy rate and nurse to patient ratios may require an intervention with practical tools for improvement and longer follow-up. This is likely very true. Do they have any suggestions for which types of improvement tools might be useful and should be considered in future research efforts?

5. The authors indicate that "trust in data" was a barrier to effective use of the data reports to improve practice. This is likely true. However, effective QI often requires a transdisciplinary team that uses data as a guide to the development, improvement, and maintenance of effective interventions. Other than the metric of whether an ICU had a ICU quality manager were they teams able to develop or did they have existing transdisciplinary QI teams?

**Minor Essential Revisions**

1. The intervention was implemented by intensivists and nurse leaders in the ICU. How much latitude do these professionals have regarding decision making that could result in improved nurse to patient ratios and bed occupancy?

**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.