Author’s response to reviews

Title: What hinders the uptake of computerized decision support systems in hospitals? A qualitative study and framework for implementation

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SECOND ROUND OF REVISION

Dear Editor,

Please find attached the revised version of the article entitled “What hinders the uptake of computerized decision support systems in hospitals? A qualitative study and framework for
implementation.” We would like to thank you again for the opportunity to revise our paper. Through the changes, we aimed to clarify its contribution to the implementation literature. Please find below our response to each of the comments raised by the Editor.

1) Some further attention to the use of terminology is required……Doctors as craftsmen: can a less gendered term be used? The use of the term severe/serious barrier versus those of lesser importance requires clarification…..

We substituted the term craftsmen with the word “artisans” to eliminate any gendered qualification. Moreover, we explained the rationale for categorizing usability/technical issues as less severe than the barriers identified in the first three positioning (see Findings, page 8, second paragraph): “Since these [usability-related] barriers do not impinge on professionals’ power, status and identity, they are likely to be easier to tackle with sufficient technical support.”

2) The authors should also address the requirement for a conceptual theoretical framework comment (reviewer 1). Given the range and sophistication of conceptual and theories about the adoption and implementation of technologies it is essential that this research is located in and clearly articulates the current study in a conceptual /theoretical framework and to link this very clearly to the suggested implementation framework the authors are proposing. This is essential in terms of identifying clearly what is novel about the implementation of the CDSS in hospital contexts.

The newly written background section (1.1: Existing theories on the uptake of information technology and scientific evidence) provides a clearer theoretical framework for the study. Table 1 summarizes the main theoretical approaches on the uptake and spread of healthcare information technologies. The rest of the section goes on to discuss some of the most widely acknowledged obstacles to the use of scientific evidence in clinical practice.

The redrafted discussion clarifies how our framework fits in the existing implementation literature (i.e. how it resonates with existing frameworks and what novelties it introduces). See especially page 15, 4th and 5th paragraphs. We also integrated concepts from existing theories on the adoption of technology into our framework so as to describe how to progress towards more effective CDSS uptake from each described position (see page 14 and 15). We hope that these additions will allow a deeper understanding of the implementation of CDSSs in hospital contexts.