Reviewer’s report

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

Version: 0 Date: 02 Jun 2017

Reviewer: Meire Almeida

Reviewer's report:

Dear authors,

The manuscript presents an interesting subject, the uptake of computerized decision support systems in hospitals, contributing for the understanding of barriers and how to overcome them. However, there are some requirements for revision in the manuscript that I consider necessary. I suggest you address my concerns bellow:

BACKGROUND:

- It seems that there is a little confusion about the references. The first reference is the number 4, rather than 1. The references 1-3 are in the Box 1, and these references (1-3 in the Box 1) seem to relate to the references of the editor's letter. Please, review them. Box 1 looks important, since it presents the evidence for the implemented innovation, (the Computerised Decision Support System - CDSS). As the references are confusing, I didn't understand if Box 1 was a part of the manuscript or the letter. So, in my opinion, Box 1 should be in the manuscript, but the references must be corrected. Another suggestion would be the adoption of SQUIRE (Standards for Quality Improvement Reporting Excellence), a publication guideline for quality improvement reporting. SQUIRE was developed in an effort to reduce uncertainty about the information deemed to be important in reports of healthcare improvement and to increase the completeness, precision and transparency of those reports (Ogrinc G, et al. SQUIRE 2.0: revised publication guidelines from a detailed consensus process. BMJ Qual Saf 2015).

- In my opinion, the importance of implementation and use of Computerised Decision Support Systems (CDSSs) should be more debated in the background. I think Eletronic Health Record's benefits and the importance of scientific evidence in routine practice should be discussed by the authors. These topics seem to point that the use of CDSSs may improve both, clinical and process healthcare. Although this is a common justification for researchers
in the area of quality improvement, the topic may not be very familiar to other professionals. I think you should talk about it.

METHODS

- 2.2 A grounded-theory approach: I would like to know more about what contextual factors, features, conditions and outcomes were collected.

- Participants: According to authors, the method used to collect data through interviews was the same to the different participants included (end-users of the CDSS, nurses and doctors; information technology staff; senior leaders). Please, rewrite it explaining this section and including more information about it. Is there any justification for the same factors to be collected between different participants? If there is, it's important to clarify. If there isn't, it's important to discuss.

- Table 1: Why are there different numbers of physicians, leaders and IT staff? What was the criteria for inclusion? Was there any refusal? Is there another explanation? Please, clarify it in the manuscript.

DISCUSSION

The paragraph written after the figure 2 on page 14 is very important. In my opinion, it is relevant because it points the six positions not necessarily progressive or linear, nor they overlap the point of view of individual participants, independent of the moment of CDSS implementation in the service. However, understanding that the various stages of technology implementation in different settings of this study may be a bias in uptake of CDSS, I suggest you include some discussion about this in this section. I believe that this discussion is fundamental for the enrichment of the study.

Level of interest
Please indicate how interesting you found the manuscript:

An article of importance in its field

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published
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