

Dear Editors and Reviewers,

World Journal of Critical Care Medicine

Re: World Journal of Critical Care Medicine Manuscript NO: 71082

Dear Sir/Madam

Attached please find the revised manuscript based on the comments from the reviewers and the editors. We hope that this manuscript will add to the existing knowledge of current critical care practices around the world. We thank the editors and reviewers for their thoughtful comments and opportunity to revise our manuscript. Please find point-by-point responses to the editor and reviewer comments below. We want to thank you for the consideration of our work and hope that our manuscript is now suitable for publication in your esteemed journal.

Thank you,

Salim Surani, on behalf of all authors

**Reviewer #1:**

Specific comments to Authors: Thank you for the opportunity to review this timely article on an important topic. The authors carried out a cross-sectional, multinational, survey-based study whose purpose was the formation of a multidisciplinary, diverse team of skilled researchers who established the “Global ICU Needs Assessment (GINA) Research Group.” The study is well-written as well as is relevant. Also, this study brings some interesting results and new insights as a potential contribution to the field. By understanding the nature of ICU practices on a global scale, administrative leaders can create long-term strategies for improved research and quality improvement measures. This study sets a novel benchmark in sharing insights on key areas of critical care by highlighting the state of ICUs across different countries and understanding the trends in contemporary health systems. By defining gaps in knowledge, resources, and protocols, this study can facilitate the development of best practice strategies and thereby lay a strong foundation for critical care provision worldwide. Therefore, I believe that this is a novel paper with a topic that will be great interest for WJCC readers.

**Response:** We thank you so much for the reviewer comment and grading.

**Reviewer #2:** Thanks for inviting me to read this study. This study assessed by survey the variation in practice in critical care settings across all health systems. They reported several important findings: • Most physicians have 31-40 years (29.8%), are males (65.3%), and have < 10 years of experience (50.4%). • Most ICUs are mixed medical-surgical (76%), have between 11-20 ICU beds (31.4%), and are Closed ICU (56.2%). • Most ICUs have patient: nurse ratio of 2:1 (33.9%), 24 hours in-house intensivist (58.7%) and certified intensivist (85.3%). • Some critical care protocols have a wrong adherence; such as palliative care/end of life (43.8%), delirium (66.9%), early mobility (68.6%), and hypothermia after cardiac arrest (61.2%). • The predominant diagnosis was sepsis (87.6%) and respiratory failure ((88%). This is an important study because its findings allow the health system to improve ICU resources and create strategies to optimize critical care.

**Response:** We thank you so much for the reviewer comment.

**Q1:** However, the authors should perform a stratified analysis by region, this describes the variation in practice in critical care that I believe is the main aim of their study.

**Response1:** Thank you for highlighting this opportunity. Given not all regions are represented in our survey study, we may not have enough representation from several regions. We have included this in our limitations section, "A final limitation to our study is that we did not stratify our data into geographical regions to evaluate differences from region to region. Further research could aim to delineate this data."

**Q2:** Abstract: This section must be improved. The aim study is not clear. The methods must describe which variables will be evaluated. Also, includes that some critical care protocols have a wrong adherence.

**Response2:** Thank you for your feedback. We have adjusted the methods section of the abstract to reflect the aim of this study, “We aimed to survey sites regarding ICU type, availability of staffing, and adherence to critical care protocols”.

**Q3:** Introduction: as described, the aim study is ambiguous, this must be clarified.

**Response3:** Thank you for your response. We have added the aim of the study in the last paragraph of the introduction study as well, “We aimed to delineate the sort of critical care practices that are found worldwide and their characteristics, including staffing, ICU resources, and adherence to protocols.”

**Q4:** Methods: this section must be divided into three sections for a better understanding; such as study design, description of variables or outcomes, and statistical analyses. All evaluated variables must be described.

**Response4:** We thank the reviewer for this comment. The methods section now includes subheadings titled “Study Design”, “Study Variables” and “Statistical Analyses” for better understanding.

**Q5:** I cannot find the survey in supplementary material.

**Response5:** We thank the reviewer for bringing this to our attention. The resubmission includes our survey as part of the supplementary material.

**Q6:** Tables:

- the abbreviations used must be described
- please, included SD or IQR.

**Response6:** We thank the reviewer for highlighting the use of abbreviations. The revised manuscript now reflects the same.

**Q7:** Discussion: • this section is well written. The authors claimed that “Considering that this was a multinational study, it is important to note that local practices and resources may vary between different regions. A lack of resources may limit the total number of beds available, or even result in a lower number of monthly admissions (9) in a given center relative to other regions. Because financial resources may influence how patients are triaged or how the healthcare organization is structured (10), it is important to keep this in mind when evaluating multi-center data from different countries” this statement is very important. The authors should perform stratified analyzes by each region (South America, Europe, Australia). These findings will improve their study since they describe the different practices among regions.

**Response7:** Thank you for your feedback. We have added this as a limitation to our study, “A final limitation to our study is that we did not stratify our data into geographical regions to evaluate differences from region to region. Further research could aim to delineate this data.”

**Re-reviewer**

Thanks for inviting me to read this study. I thank the authors that have considered my comments. They have satisfactorily addressed all my comments and questions, and the article has been significantly improved.

**Response:** Thanks for your comments.