BMJ Best Practice

Leadership in clinical decision support: improving access at the point of care

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Context

BMJ Best Practice provides clinical decision support that is evidence based, continually updated and practical. It is provided by the BMJ Knowledge Centre. The target audience is healthcare professionals who make clinical decisions – this includes senior and junior doctors in primary and secondary care as well as nurses and allied healthcare professionals (such as pharmacists).

Issue

Clinical decision support must be provided at the point of care if it is to have maximum impact. This means that healthcare professionals must be able to access the content on any device, at all times, and in any place that they have to make clinical decisions. Our users gave us feedback that internet access or Wi-Fi was not always reliable at their workplace and so an offline app was required.

Assessment of issue and analysis of its causes

We conducted extensive quantitative and qualitative market research among our users to discover what they would like from a new BMJ Best Practice app. We looked at feedback to our existing resources and conducted focus groups and one-to-one interviews with our users. These included representative members of our target audiences in primary and secondary care.

Intervention

In light of the feedback received through both quantitative and qualitative evaluation, we build a new BMJ Best Practice app that was based explicitly on user needs. This included a resource that could be downloaded quickly onto any mobile device; that would use minimal space on such a device; that would contain all the features of the live website version of the resource; and that would enable users to find answers to their clinical decision support questions within seconds. Through a process of continual improvement involving the senior leadership team we launched a new app that would better satisfy user needs.

Strategy for improvement

We launched the new BMJ Best Practice app in 2017. We continually monitored user feedback to the new app via the App Store and Google Play. We continually made incremental improvements to the app in light of this feedback. All team members (including those from the content, product, technical and marketing teams) were involved in the continual improvement process.

Measurement of improvement

We measured the effect of the improvement by monitoring qualitative and quantitative feedback to the app. The app is now receiving a rating of 4.7 out of 5. We have also analysed qualitative feedback. This feedback is now overwhelmingly positive.

Current App store ratings

iOS ★★★★★ 4.8

Android ★★★★★ 4.8

Impact

Qualitative feedback to the app shows that users are now able to use BMJ Best Practice at the point of care and that they are using the tool when treating patients in acute settings. Users are also finding the tool to be a quick method of getting an answer to their clinical question and they especially appreciate content that is continually updated.

Lessons learnt

We have learned the importance of the leadership team basing all improvements on the stated content or technology needs of users. We have also learned that this is an ongoing process. Users regularly tell us of any problems that they now have with the app (often these are technological challenges – such as problems logging in or downloading the app in the first place). We then communicate with users to tell them that we have fixed or plan to fix any problems that they have.

Messages for others

When setting out on this work, we had a clear aim to achieve digital leadership in online clinical decision support. We have found that this can only be achieved by basing all plans on the needs of doctors on the frontline who are responsible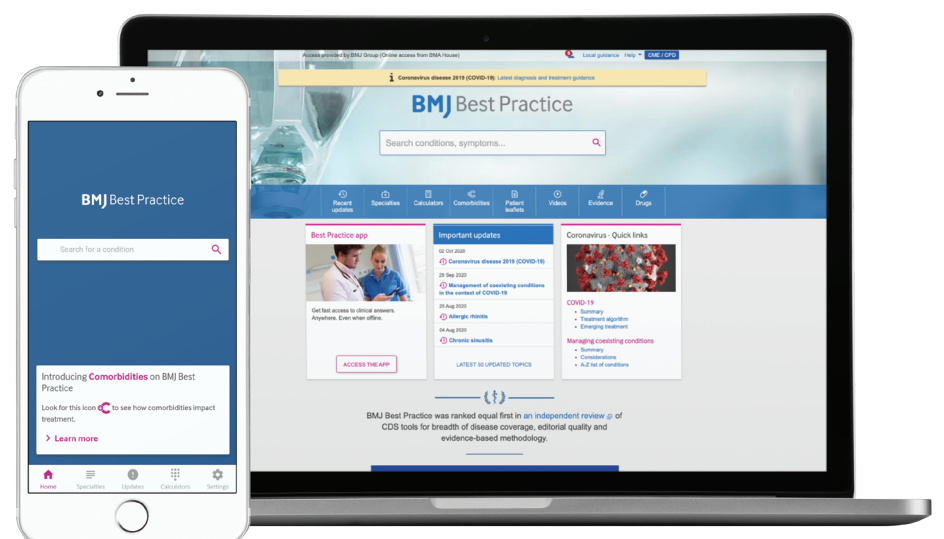 for delivering evidence-based care to patients. This in turn can only be achieved by ensuring the leadership team listens to and responds to these needs.

Involvement of stakeholders, such as patients, carers or family members

We have asked patients and lay people to look at the content on BMJ Best Practice to see if they thought that it used patient-respectful language and/or would encourage doctors who use it to engage in shared decision making with patients. Feedback from this group has been used to continually improve the content on the app.