

BMJ Best Practice

BMJ Best Practice: the role of clinical decision support in quality improvement

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Agenda

- Patient perspective
- Implementing evidence-based medicine
- BMJ Best Practice
- Comorbidities Manager
- Challenges in quality improvement (QI)
- Use of BMJ Best Practice in QI / LHS
- Your input throughout
- Patient perspective

Patient perspective - BMJ patient advocates say “the voice of patients

- Important but commonly overlooked
- Maybe more important in patients with multiple illnesses
- Needs are very specific”



The voice of patients

- “I really want my healthcare team to understand that **they can't just treat one thing**, I now have four health conditions. Each medication may have a knock-on with the others, I went through a really painful time when **my cancer meds interfered with my arthritis** which then **caused a really dark depression**. It took me and my family a long time to recover mentally and physically. So when I see a healthcare professional, they need to have some knowledge of kidney cancer, ankylosing spondylitis, epilepsy, depression **and ME!**”
- “Focuses too narrowly on the medical and biochemical elements of care, without adequate acknowledgement that patients are human, with **their own views**”
- "A system needs to be developed that will meet the needs of **different people with different backgrounds**"
- "Have had **poor communications** with medical teams in the past. Communication could be improved."

Acknowledgement: Jools Symons. ABC of multimorbidity.

Evidence-based medicine



1996

Sackett described evidence-based clinical decision as also taking into account clinical expertise

2009

Satterfield et al.
Three core components within the context of the organisation.



150,000 articles/month
10,000's RCTs/year



On average it takes **17 years** for new clinical knowledge to become routine practice.

Balas EA, Boren SA. Managing clinical knowledge for health care improvement In: Bemmel J, McCray AT, editors. Yearbook of Medical Informatics 2000

More problems with EBM ...

- The evidence-based 'quality mark' has been misappropriated by vested interests
- Statistically significant benefits may be marginal in clinical practice
- Inflexible rules and technology driven prompts may produce care that is management driven rather than patient centred
- Evidence-based guidelines often map poorly to complex multimorbidity
- Lack of personalisation of evidence
- Too much mechanical rule following
- No shared decision making
- Lack of resources for multimorbidity.

Greenhalgh et al. Evidence based medicine: a movement in crisis?

Clinical Decision Support and Healthcare Professional Education

Learning knowledge

- No single person can keep up.

Future HCP education

- Some core knowledge
- Learning knowledge-searching skills
- 24/7 access to point-of-care clinical decision support tools via mobile devices and online learning resources
- **Ability to integrate into EHRs, curricula, QI work, Learning Health Systems.**





BMJ Best Practice

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- Specialties
- Calculators
- Patient leaflets
- Multimedia
- About us
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BMJ Best Practice takes you quickly and accurately to the latest evidence-based information, whenever and wherever you need it.

Our step by step guidance on diagnosis, prognosis, treatment and prevention is updated daily using robust evidence based methodology and expert opinion. We are the only Point of Care tool to support the management of single conditions and patients with more complex comorbidities. We support you to treat the whole patient.

Get our award-winning app

Whether you're on the ward, at home, or studying, the BMJ Best Practice app gives you trusted decision support information in an instant.

With the BMJ Best Practice app, you can get offline access to the clinical information you need. The app is provided for free to those who have a personal subscription to BMJ Best Practice or have access provided by their institution.



It's no understatement to say that this app (and the website) is responsible for getting me through medical school. Our med school provides free access





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[Cureus](#). 2023 May; 15(5): e38863.

Published online 2023 May 11. doi: [10.7759/cureus.38863](https://doi.org/10.7759/cureus.38863)

PMCID: PMC10257064

PMID: [37303343](https://pubmed.ncbi.nlm.nih.gov/37303343/)

The Implementation of a Rib Fracture Pathway at a Small District General Hospital to Improve Patient Care

Monitoring Editor: Alexander Muacevic and John R Adler

[Justin Collis](#),^{✉1} [Barnaby Farquharson](#),¹ [Shirley Chan](#),¹ and [Richard Dickson-Lowe](#)¹

▶ [Author information](#) ▶ [Article notes](#) ▶ [Copyright and License information](#) ▶ [PMC Disclaimer](#)

Abstract

Background and objective

Rib fractures are common presentations to the emergency department following blunt thoracic

Based on BMJ BP - didnt start from scratch!



What is BMJ Best Practice?

A generalist point of care tool particularly useful for junior doctors, multidisciplinary teams, specialists working outside of their specialty and GPs.

It is uniquely structured around the patient consultation with advice on symptom evaluation, test ordering and treatment approach.

- Ranked one of the best clinical decision support tools for health professionals worldwide*
- Scored highest in an independent study of diagnostic decision support tools**

* JMIR - Providing Doctors With High-Quality Information: An Updated Evaluation of Web-Based Point-of-Care Information Summaries

** Evaluating online diagnostic decision support tools for the clinical setting

World class clinical decision support

Differential diagnosis

BMJ Best Practice scored highest in an independent study of diagnostic decision support tools*. It is considered the:

“ *Most appropriate tool for the clinical setting* ”

Providing Doctors With High-Quality Information

Ranked one of the best clinical decision support tools for health professionals worldwide



Focusing on what's important to healthcare professionals



Speed – Find answers quickly and accurately



Practical - information for use at the point of care



Assurance - Trusted clinical evidence, Important updates



Access - available anywhere, anytime

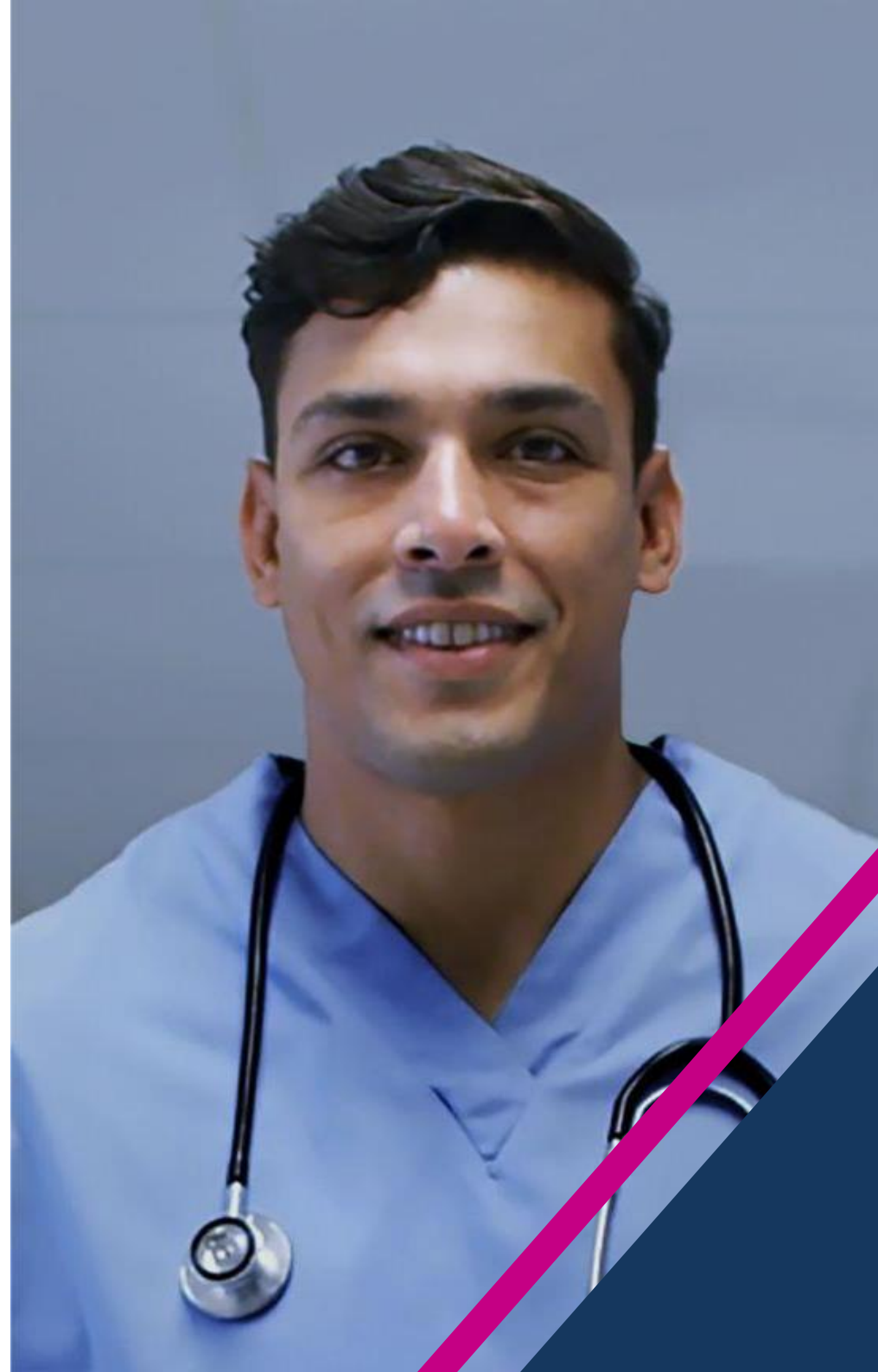
In addition to the challenge
of keeping up with
evidence...

there is also a problem with
... Comorbidities

Comorbidities in the acute setting

Most patients in the acute setting have more than one medical condition, but clinical resources only focus on single conditions.

When comorbidities aren't taken into account, patients get **suboptimal care** leading to **worse clinical outcomes**. Comorbidities also associated with **longer lengths of stay**.



Impact of comorbidities on patients

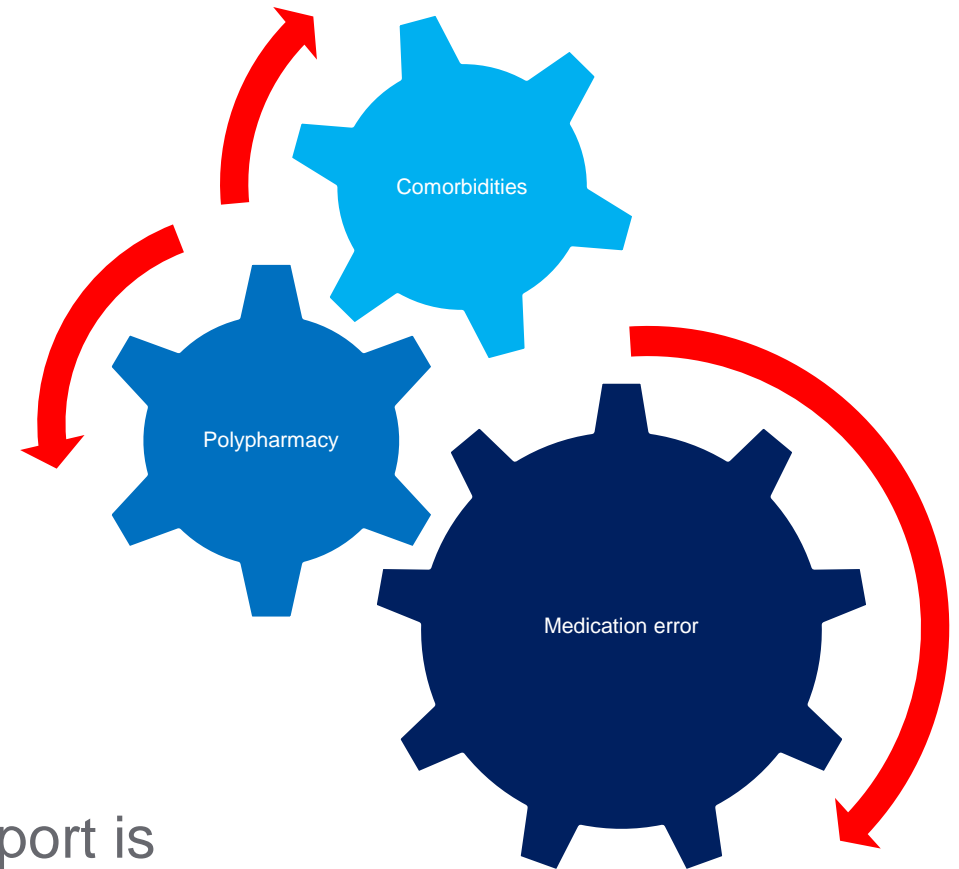
- Lower quality of life
- Lower physical function
- Poor emotional well-being
- Uncertainty and lack of control
- Polypharmacy and poor adherence
- Multiple doctors and multiple appointments
- Confused communications
- And more ...

Impact of comorbidities on quality of care

- Not enough evidence

But

- Comorbidities – polypharmacy (sometimes > 8 drugs)
- Polypharmacy - medication error
- Physicians involved in caring for these patients report that current decision support is inadequate to optimize benefits and minimize harms in these patients with complex needs



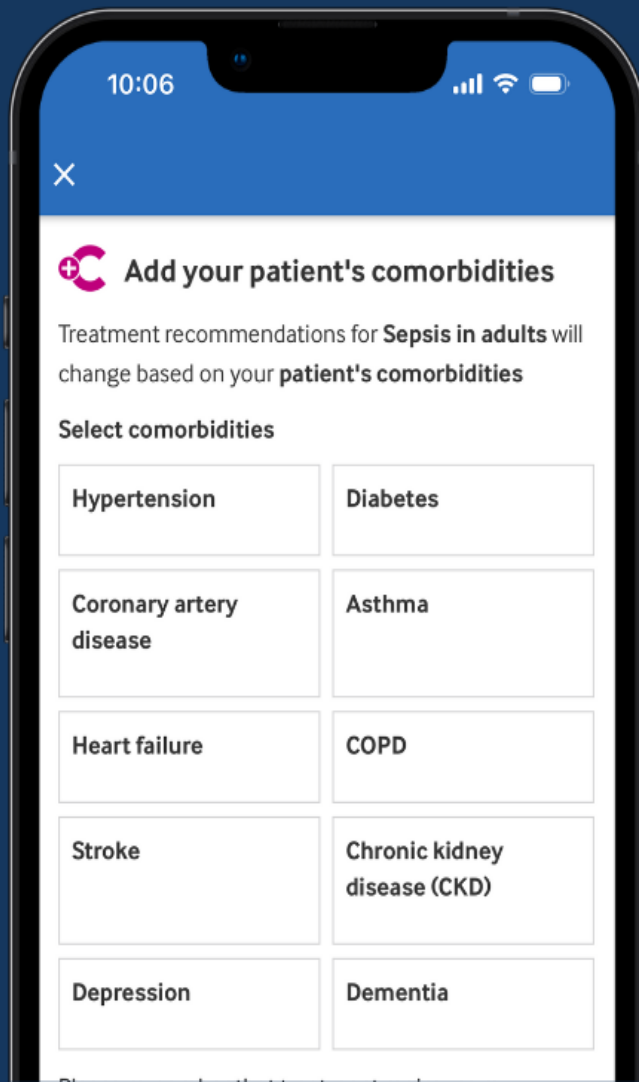
Briefing: Understanding the health care needs of people with multiple health conditions

Nobili A, Marengoni A, Tettamanti M et al. Association between clusters of diseases and polypharmacy in hospitalized elderly patients: results from the REPOSI study. *Eur J Intern Med* 2011; 22: 597–602.

Barber ND, Alldred DP, Raynor DK, Dickinson R, Garfield S, Jesson B, Lim R, Savage I, Standage C, Buckle P, Carpenter J, Franklin B, Woloshynowych M, Zermansky AG. Care homes' use of medicines study: prevalence, causes and potential harm of medication errors in care homes for older people. *Qual Saf Health Care*. 2009 Oct;18(5):341-6.

Sinnott C, McHugh S, Browne J, Bradley C. GPs' perspectives on the management of patients with multimorbidity: systematic review and synthesis of qualitative research. *BMJ Open* 2013

The Comorbidities Manager



- Prompts users to consider a patient's comorbidities when accessing treatment information on an acute topic
- Add the patient's comorbidities and get a tailored management plan instantly
- Supports healthcare professionals to treat the whole patient when managing acute conditions.
- **Treat with confidence to improve patient outcomes.**



Treating each disease in a patient as if it exists in isolation will lead to less good outcomes and complicate and duplicate interactions with the healthcare system. Training from medical school onwards, clinical teams, and clinical guidelines, however, all tend to be organised along single disease or single organ lines.”


Christopher J M Whitty
Chief Medical Officer for England

Combinations



+500
combinations per
topic

Treatment algorithm

 **Add your patient's comorbidities** for tailored treatment recommendations ^

 **If your patient is pregnant or a child, do not select comorbidities using this tool. Use the standard algorithm and seek specialist advice on comorbidities.**

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart failure | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Chronic kidney disease (CKD) | <input type="checkbox"/> Stroke | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> COPD | |
| <input type="checkbox"/> Coronary artery disease | <input type="checkbox"/> Asthma | |

OTHER CONSIDERATIONS

- Suspected frailty
- Current smoker

38,300+
treatment algorithm
combinations

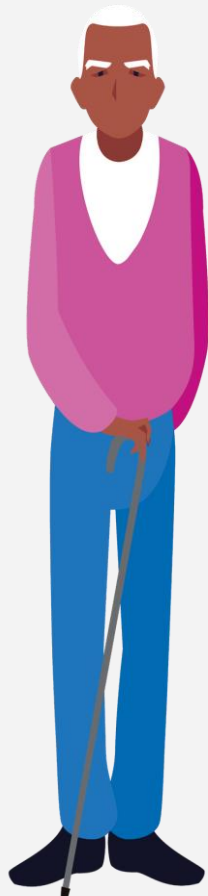
The only CDS tool designed
to address comorbidities

Clinical scenario

Clinical scenario - Pulmonary embolism



Pulmonary embolism + chronic kidney disease



Patient presents

A 65-year-old man presents to the emergency department with **acute onset of shortness of breath** of 30 minutes' duration. Initially, he felt faint but did not lose consciousness. He is complaining of **left-sided chest pain** that worsens on deep inspiration. He has a history of **chronic kidney disease**.

Two weeks ago he underwent a **total left hip replacement** and, following discharge, was on bed rest for 3 days due to poorly controlled pain. He subsequently noticed swelling in his left calf, which is tender on examination.

His current vital signs reveal a heart rate 112 bpm, BP 145/85 mmHg, and an O₂ saturation on room air of 91%. **CTPA confirms the clinical suspicion of pulmonary embolism.**

Clinical scenario - Pulmonary embolism



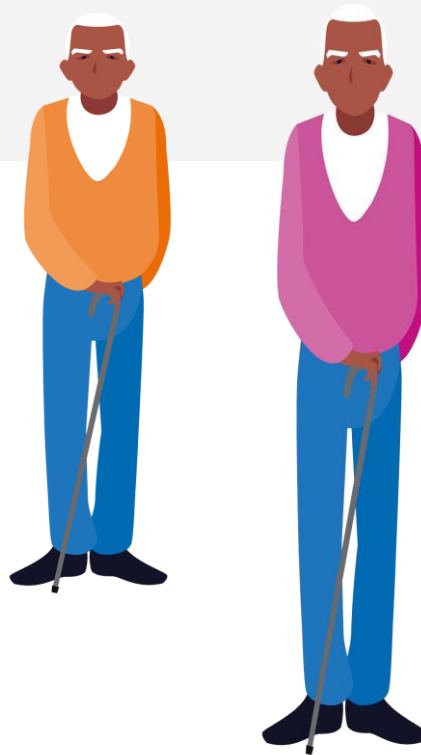
Pulmonary embolism + chronic kidney disease

Clinical scenario A

(Comorbidities not actively considered)

PE managed correctly but CKD missed.
Standard treatment given for PE.

- ✘ Wrong anticoagulant chosen. Increased risk of bleeding.
- ✘ Full dose of anticoagulant started. Bleeding episode.
- ✘ Renal function not checked or monitored. AKI develops.
- ✘ Renal team called in late. Patient in renal failure.



Clinical scenario B

(Comorbidities Manager used)

PE and CKD managed correctly. Patient starts to recover from PE - CKD remains well managed.

- ✔ Correct anticoagulant chosen. So reducing risk of bleeding.
- ✔ Dose of anticoagulant adjusted. Further reducing risk of bleeding.
- ✔ Renal team informed. With review if needed.
- ✔ Baseline renal function checked. At admission.
- ✔ Renal function kept under continuous review.

Clinical scenario - Pulmonary embolism



PE + CKD



Patient outcome

As a result of not treating the patient's comorbidities, the patient in scenario A becomes seriously unwell - with renal failure and bleeding

He is admitted to the intensive care unit and spends an additional 6 days in hospital than the patient in scenario B (3 in a HDU bed and 3 on a normal ward).



From the patient's perspective, he has had a **prolonged hospital stay, inconvenience, bleeding, worsening of renal function, and distress.**



Clinical scenario - Pulmonary embolism



PE + CKD



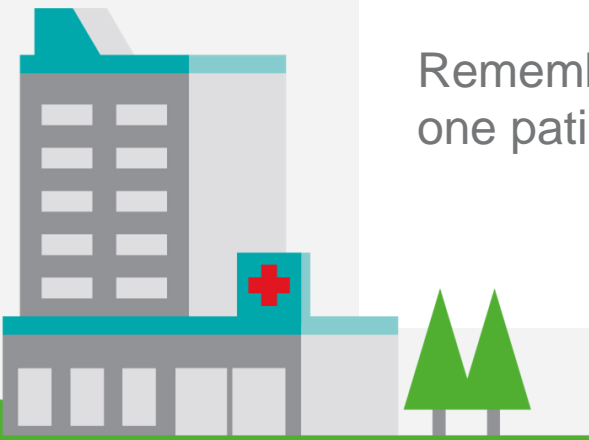
Costs

The extra cost associated with the patient in scenario A's prolonged length of stay includes:

- The number of bed days and the type of bed days
- 3 HDU bed days + 3 normal bed days

Total cost: **£5K**

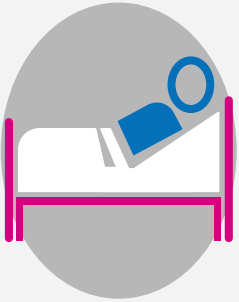
Remember - this is just one comorbidity added to one acute condition for one patient.



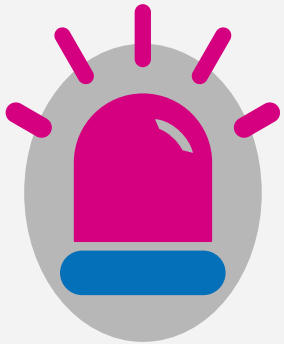
Clinical scenario - Pulmonary embolism



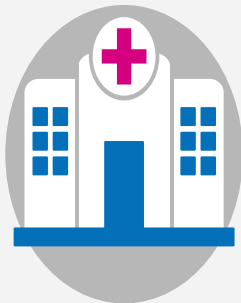
PE + CKD



Incidence of AKI in patients with PE is approx 15%. Patients who developed AKI had a 30-day mortality of 20.2% compared with 5.1% for the group without AKI



Median length of stay is longer in patients with PE and CKD/end-stage renal disease than in those with normal kidney function.



In-hospital, PE mortality higher for persons with end-stage renal disease and CKD is significantly more ($P < 0.001$) compared with persons with normal kidney function.

Integration options

Illustrative Patient Record System

The screenshot shows an EHR interface for a patient named Hailey Smart (DOB: 02/12/1975, Allergy: Penicillin). The interface is divided into several sections:

- EHR** (top left)
- Actions** (left sidebar): Referral, Clinical documentation, Care pathway, Results, Medication, BMJ Best Practice. Below this is a search bar for BMJ Best Practice with the text "Search conditions, symptoms...".
- Vitals** (center): "Today's Temperature" graph showing a peak at 12:00 labeled "Rx clarithromycin".
- Problems** (right sidebar): COPD, Type 2 Diabetes, Hypertension.
- Orders** (right sidebar): Chest X Ray, Full Blood Count, Urea and Electrolytes.


Level 1: General link to BMJ Best Practice front page

Level 2: Embedded BMJ Best Practice search

Level 3: Diagnosis specific links - HL7 Infobutton

Gout

 View PDF

 Ver contenido en español

OVERVIEW	THEORY	DIAGNOSIS	MANAGEMENT	FOLLOW UP	RESOURCES
Summary	Epidemiology Aetiology Case history	Approach History and exam Investigations Differentials Criteria	Approach Treatment algorithm Emerging Prevention Patient discussions	Monitoring Complications Prognosis	Guidelines Images and videos References Patient leaflets Evidence

Last reviewed: 9 Mar 2024

Last updated: 17 Nov 2022

Summary

 Local guidelines

Trust guidance

BMJ Group (Online access from BMA House) urges you to prioritise the following local guidelines:

[ACR guideline for management of Gout](#)

Published by: American College of Rheumatology

Last published: 2020

Gout is characterised by acute onset of severe joint pain, with swelling, effusion, warmth, erythema, and or tenderness of the involved joint(s).

Arthrocentesis with synovial fluid analysis shows strongly negative birefringent needle-shaped crystals under polarised light.



Differentials

- Pseudogout (calcium pyrophosphate deposition disease)
- Septic arthritis
- Trauma

More Differentials

Guidelines

- [Gout: diagnosis and management](#)
- [Treatment of gout](#)

More Guidelines

Local information is clearly highlighted within the topics.



Search conditions, symptoms...



Patient leaflets

Patient leaflets provide concise easy to read summaries to reassure patients and carers and help them make informed, shared decisions with healthcare professionals.

Search for patient leaflets

6

6-in-1 vaccine (diphtheria, hepatitis B, Haemophilus influenzae type B, polio, tetanus, whooping cough)

Now available to download and share from the app.

FEEDBACK

BMJ Best Practice podcasts are freely available to all.



144 episodes

The BMJ Best Practice podcast publishes interviews with clinical experts, aimed at healthcare professionals and students with an interest in

BMJ Best Practice Podcast

BMJ Podcasts

Health & Fitness
★★★★★ 3.9 • 61 Ratings

[Listen on Apple Podcasts ↗](#)



26 FEB 2024

Sepsis in adults



Sepsis is common. In 2018, more than one million US Medicare patients were admitted to hospital with sepsis. And complications are serious - from renal failure to ARDS to DIC. So what if anything can we do to ensure that it is diagnosed and managed correctly? To answer this and other important...

[▶ PLAY](#) 26 min

12 FEB 2024

Acne vulgaris



Acne is a common condition. The Global Burden of Disease estimates the prevalence of acne to be

Purpose of BMJ Best Practice - improve quality

Problems with QI

- Too many small-scale time-limited activities
- Project-based approach
- Wheel reinvention
- Improvement evaporation
- Magic bullets
- Not sharing
- Many hands - “autonomous, highly distributed and heterogeneous yet interdependent actors”
- Not adhering to pdsa cycles or not doing them properly
- Doing a QIP > improving quality
- QI as “patch ups”



Improving quality improvement

When you add comorbidities

- Small-scale time-limited activities - won't work
- Project-based approach - holistic care is not a “project”
- Magic bullets - single interventions will not work
- Uniprofessional projects - we need teams
- Not joining things up - wristbands
- QI as “patch ups” - improving management of single conditions - when so many patients have multiple conditions.



Quality improvement

In the context of complexity

- Programmatic approach - supported by resources
- Organisational and systems strengthening
- Scale from start
- Integrate
- Interprofessional
- Strategic but allow localisation
- Transparency and explicability
- Knowledge and skills training



Overcoming challenges in quality improvement

A lot to do!

- Problem description - comprehensive coverage
- Available knowledge - comprehensive coverage
- Rationale - foundational knowledge

- Intervention - part of an intervention
- Measurement of the intervention - basis for measurement tool

But ... BMJ Best Practice



RIQI 2022

Research, Innovation and Quality Improvement

This certifies that

**William J. Waldock , Kieran Walsh, Cindy
Supan and Callum Chapman**

Displayed the following poster at RIQI 2022 on 7th July 2022

**A multidisciplinary, patient education and empowerment
approach to improve fluid balance in patients on a
cardiology ward**

Used BMJ BP
and PILs - didn't
start from scratch!

Lesley Watts
CEO

Dr Roger Chinn
Chief Medical Officer

In partnership with



Comorbidities: task



How does the issue of multimorbidity present a challenge to quality improvement and patient safety in your organisation?

What have you done to tackle the challenge of patients with comorbidities so far?

Nominate a spokesperson, take notes and report back.



Article
Text



Article
info



Citation
Tools



Share



Rapid
Responses

Quality improvement report

Improving turnaround times for HLA-B*27 and HLA-B*57:01 gene testing: a Barts Health NHS Trust quality improvement project

Emma White ¹,  Nathan Proudlove ², Delordson Kallon ¹

Correspondence to Emma White; Emma.white36@nhs.net

Abstract

Among other tests, Barts Health NHS Trust clinical transplantation laboratory conducts two important gene-detection tests: human leucocyte antigen (HLA)-B*27 ('B27', associated with the diagnosis of ankylosing spondylitis) and HLA-B*57:01 ('B57', associated with prediction of abacavir hypersensitivity disorder). The turnaround time (TaT) from sample receipt to return of results is important to clinicians and their patients but was not monitored. Furthermore, we anticipated an imminent increase in demand from a forthcoming pathology service merger, together with long-term increases with the rise of personal



PDF



PDF +
Supplementary
Material



XML

PDF

Help

Used BMJ BP to
verify their
standard of care

Interprofessional

BMJ Best Practice

“Across clinical learning environments, a limited number of residents, fellows, and faculty members participated in interprofessional, interdisciplinary, systems-based improvement efforts, such as patient safety event reviews and analyses”.

Challenges and Opportunities in the 6 Focus Areas: CLER National Report of Findings 2018 Kevin B. Weiss, MD; John Patrick T. Co, MD, MPH, CPPS, FAAP; James P. Bagian, MD, PE; on behalf of the CLER Evaluation Committee J Grad Med Educ (2018) 10 (4s): 25–48. Clinical learning environment review



Article
Text



Article
info



Citation
Tools



Share



Rapid
Responses

BMJ Quality Improvement Programme

Weight a minute - iatrogenic paracetamol toxicity is preventable by utilisation of well-designed drug charts

[Amad Khan](#), [Kathryn Flavin](#), [Jason Tsang](#)

Correspondence to

[Amad Khan](#) amadnaseer@gmail.com

Abstract

Iatrogenic Paracetamol toxicity is a potentially life-threatening yet avoidable cause of acute liver failure. Unfortunately, several cases have recently been reported nationally (1,2). The impetus behind our project was a recent case of iatrogenic Paracetamol induced hepatotoxicity within our trust, a London-based District General Hospital. According to the British National Formulary, for adults weighing 10-50kg the intravenous (IV) dose is 15mg/kg every 4-6hours (max. 60mg/kg daily), not the usual 1 gram QDS oral dose which is applied irrespective of weight (3). We audited 100 adult patients in April 2013 and re-audited in



PDF



PDF +
Supplementary
Material

PDF

Help

Used BMJ BP to build the evidence for their intervention

Evidence?

BMJ Best Practice

“Across studies, two thirds of studies reported having used evidence to identify an effective intervention”

Hempel, S., Bolshakova, M., Turner, B.J. et al. Evidence-Based Quality Improvement: a Scoping Review of the Literature. J GEN INTERN MED 37, 4257–4267 (2022).



Volume 31, Issue
Supplement_2
December 2023

Article Contents

JOURNAL ARTICLE

Compliance with Glasgow Modified Alcohol Withdrawal Scale Guidelines within Emergency Medicine Utilising Electronic Prescribing Protocols **FREE**

S Dobie, H Hayburn

International Journal of Pharmacy Practice, Volume 31, Issue Supplement_2,
December 2023, Pages ii16–ii17, <https://doi.org/10.1093/ijpp/riad074.020>

Published: 30 November 2023

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CITATIONS



VIEWS



ALTMETRIC



More metrics information

Email alerts

Article activity alert

Advance article alerts

Used BMJ BP to
develop the
evidence base of
the standard

Compliance with pathways and protocols

BMJ Best Practice

“Compliance is a key challenge, with studies showing that compliance with pathways can be as low as 50% to 70%.”

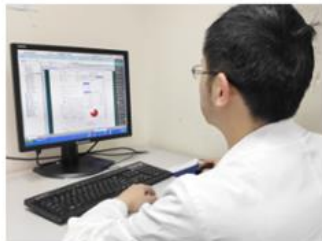
Rotenstein LS, Kerman AO, Killoran J, et al. Impact of a clinical pathway tool on appropriate palliative radiation therapy for bone metastases. *Pract Radiat Oncol.* 2018;8(4):266-274.

Kubal T, Letson DG, Chiappori AA, et al. Longitudinal cohort study to determine effectiveness of a novel simulated case and feedback system to improve clinical pathway adherence in breast, lung and GI cancers. *BMJ Open.* 2016;6(9):e012312.

Yu PP. Oncology clinical pathways: a form of governance? *J Oncol Pract.* 2018;14(3):144-146.

Published on 20.1.2020 in Vol 8, No 1 (2020): January

📄 Preprints (earlier versions) of this paper are available at <https://preprints.jmir.org/preprint/16912>, first published November 05, 2019.



Accuracy and Effects of Clinical Decision Support Systems Integrated With BMJ Best Practice–Aided Diagnosis: Interrupted Time Series Study

Liyuan Tao ¹ ; Chen Zhang ² ; Lin Zeng ¹ ; Shengrong Zhu ² ; Nan Li ¹ ; Wei Li ² ; Hua Zhang ¹ ; Yiming Zhao ¹ ; Siyan Zhan ^{1,3} ; Hong Ji ² 

Citation

Please cite as:

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PMID: 31958069
PMCID: 6997922

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Article

Authors

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Metrics

• [Abstract](#)

Abstract

Improved accuracy and timeliness of diagnosis

 Support

Integration options

Illustrative Patient Record System

The screenshot displays a patient record for Hailey Smart (DOB: 02/12/1975, Allergy: Penicillin). The interface is divided into several sections: **EHR** (with a search bar for BMJ Best Practice), **Actions** (Referral, Clinical documentation, Care pathway, Results, Medication, BMJ Best Practice), **Vitals** (Today's Temperature graph showing a peak at 12:00 labeled 'Rx clarithromycin'), **Problems** (COPD, Type 2 Diabetes, Hypertension), and **Orders** (Chest X Ray, Full Blood Count, Urea and Electrolytes).

Level 1: General link to BMJ Best Practice front page

Level 2: Embedded BMJ Best Practice search

Level 3: Diagnosis specific links - HL7 Infobutton

Integrated - not stand alone



Volume 110, Issue
Supplement_7
September 2023

Article Contents

JOURNAL ARTICLE

493 Audit of Antibiotic Prescriptions in Appendicectomies and Adherence of Surgeons to National and Local Trust Guidelines: Preoperative and Postoperative

FREE

A Al-Balah, A Iskandar, H Yousof

British Journal of Surgery, Volume 110, Issue Supplement_7, September 2023
znad258.111, <https://doi.org/10.1093/bjs/znad258.111>

Published: 30 August 2023

CITATIONS



VIEWS



ALTMETRIC



More metrics information

**Action plan
included BMJ
BP content**

alerts

ivity alert
article alerts

Adherence to guidelines

BMJ Best Practice

“The median proportion of self-reported adherence to guideline recommendations is 36% (30–56%). Evidence suggests that a considerable variation is observed in the pattern of “leakage” in the utilization of clinical guidelines at different steps: awareness, agreement, adoption, and adherence”

Almazrou SH, Alfaifi SI, Alfaifi SH, Hakami LE, Al-Aqeel SA. Barriers to and Facilitators of Adherence to Clinical Practice Guidelines in the Middle East and North Africa Region: A Systematic Review. *Healthcare (Basel)*. 2020 Dec 15;8(4):564.



Disability and Rehabilitation

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/idre20>

Increased physiotherapy capacity reduces duration of tracheostomy in situ, reduces hospital length of stay and improves functional outcomes for people with an acquired brain injury (ABI): a service review

Laura Spicer, Elisa Stephenson, Lindsey Tate, Laura van Hille, Madeleine

BMJ Best Practice

- They used BMJ Best Practice to categorise the type of brain injury and the severity
- “A mean improvement was found for patient outcomes; time with a tracheostomy in situ reduced by 11 days and the length of hospital stay reduced by 19 days.”
- Cost of tracheostomy - about 4K per day

BMJ EDUCATIONAL INITIATIVE FOR BUILDING CAPABILITIES OF HEALTHCARE PROFESSIONALS IN THE COUNTRY OF GEORGIA

Establishment of a CDS large-scale Platform



BACKGROUND

In 2016 - the BMJ educational initiative was introduced for healthcare professionals throughout the country

The GG stakeholders: Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, National Center for Disease Control and Public Health (NCDC), Tbilisi State Medical University, David Tvildiani Medical University

ASSESSMENT OF PROBLEM AND ANALYSIS OF ITS CAUSES

Imperfect CME / CPD system in the country; lack of updated clinical decision tools for GPs to quick diagnostics; need for increasing evidence-based experiences and capacity for doctors; need for introduction of effective distance learning tools, access to internationally recognized latest resources, deficiency of English language skills in elder generation of doctors.

INTERVENTION

EFFECTS OF CHANGES

Along with introduction of the BMJ CDS platform in Georgia, the need for accessing the translated sources became crucial, thus, it was decided to establish Georgian language BMJ portal, which up to date includes nearly 25 % of BMJ overall resources (Best Practice and Best Learning topics) and has become accessible for already 2621 individual users.

The National Coordination Board was established on the basis of the decree of the Minister of Health and composed by the representatives of the Ministry (healthcare and regulatory department), National Center for Disease Control and Public Health, Medical Universities. The mission of the Board is to politically support, to plan and coordinate the BMJ activities in Georgia and support platform institutionalization in the country.

The CDS platform is potentially becoming a prerequisite of establishment of mandatory CME / CPD system in Georgia.

Improving the process of reporting infectious diseases in LTD “Geo Hospitals”

Authors:

Eka Rukhadze
MD, PhD – The Head of Medical Quality Assurance Division

Mikheil Tserodze
MD – Manager of Infection Control and Epidemiology.

Sophie Chumburidze
MD – Epidemiologist

1. Problem

Timely reporting of infectious diseases is fundamental to identify outbreaks and provide public health interventions. However, according to Ministry of Labour, Health and Social Affairs in 2014 only 60% of infectious disease cases were captured by surveillance system.

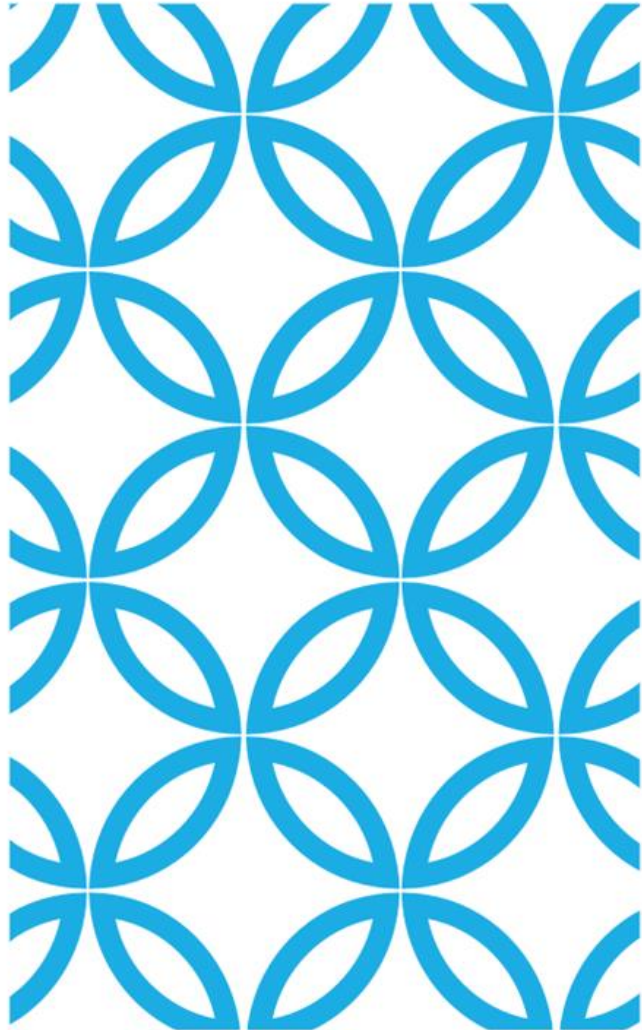
2. Assessment of problems

- Facilities did not use standard procedures of reporting;
- Responsibilities for collecting of data on notifiable infectious diseases had not been allocated;
- Existing official form required only reporting the date (not the time) of the diagnosis, which makes calculating compliance with this requirement impossible.

3. Intervention

- We mandated all epidemiologists and infectious disease specialists in the 14 facilities pass all levels of the online BMJ Learning course Infectious Diseases - Especially Dangerous Pathogens

**Aligned CDS
(BP), HSS, CME,
QI**



OUTCOMES OF QIP – AWARENESS OF BMJ BEST PRACTICE GUIDANCE ON CUTANEOUS DRUG REACTIONS

Kriti Sharma IMT 3, Nawal Al Daqqaq IMT 2

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BRIEF REPORT

A pilot study to evaluate the usefulness of an innovative digital point-of-care information system for the management of multiple chronic conditions

Derry, Joseph¹; Sandars, John²; Brown, Jeremy²; Walsh, Kieran³; Quinn, Alison¹

[Author Information](#) 

Education in the Health Professions ():10.4103/EHP.EHP_22_23, February 09, 2024. | DOI: 10.4103/EHP.EHP_22_23 


Outline


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Quality improvement

In the context of complexity and comorbidities

- “Despite all the rhetoric about ‘system-based’ approaches and balancing measures, **most QI projects are focused on a single condition or pathway**, and **they do not always consider the whole range of possible effects** on whole organisations or systems they might produce.
- “One checklist or sticker might well be a good thing, for example. But too many – the problem known as polyformacy – may start to produce unwanted effects. QI projects tend to focus on single, relatively well-bounded processes, often (though not always) focused on a single condition.”

Mary Dixon-Woods

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6399637/>



BRIEF REPORT | [Open Access](#) |

Rapid translation of clinical guidelines into executable knowledge: A case study of COVID-19 and online demonstration

John Fox , Omar Khan, Hywel Curtis, Andrew Wright, Carla Pal, Neil Cockburn, Jennifer Cooper, Joht S. Chandan, Krishnarajah Nirantharakumar

First published: 18 June 2020 | <https://doi.org/10.1002/lrh2.10236> | Citations: 2

SECTIONS

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Abstract

Introduction

We report a pathfinder study of AI/knowledge engineering methods to rapidly formalise COVID-19 guidelines into an executable model of decision making and care pathways.



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Comorbidities: task

Q

How would you use a tool like this?

How would you use it in QI work?

What about integration of tools into your electronic patient record?

Nominate a spokesperson, take notes and report back.

Overcoming challenges in quality improvement

BMJ Best Practice

- Problem description - comprehensive coverage
- Available knowledge - comprehensive coverage
- Rationale - foundational knowledge

- Intervention - part of an intervention
- Measurement of the intervention - basis for measurement tool

Overcoming challenges in quality improvement

BMJ Best Practice

- Primary / secondary / tertiary care
- Doctors, nurses, pharmacists, physiotherapists, radiologists, lab staff, allied healthcare professionals
- Both junior and senior
- In general practice, infectious disease, orthopaedics, cardiology, rheumatology, addiction medicine, general surgery, toxicology, nutrition, emergency medicine, radiology, neurology, ophthalmology, hepatology, and public health

The voice of patients

“I’ve had a number of health concerns recently, it’s been one thing after another. A good healthcare professional for me is one who puts me at ease, listens and really hears, is genuinely empathic, **thinks about what is going to work for me** and is not dismissive of my opinions. Honesty regarding their knowledge and ability to refer to others is also vital.”

“It is lovely to see that the BMJ want doctors to focus on **empowering patients** and strengthening the doctor-patient relationship.”





BMJ Best Practice

Thank you for listening.

Any questions?



Dr Kieran Walsh

kmwalsh@bmj.com | bestpractice.bmj.com