

**Submission Id:** 5499

**Title**

*Clinical reminder alert fatigue in healthcare: a systematic literature review using qualitative evidence*

**Priority 1 (Research Category)**

Healthcare Services, Delivery, and Financing

**Presenters**

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**Abstract**

o Context or Objective: Attempts to support GPs in delivering consistent and high-quality care have involved increasing numbers of integrated clinical reminders (CRs). These consist of alerts describing the consequences of making a certain decision and prompts that remind the user to perform a task that promotes desirable clinical behaviours. Although intuitively their benefit appears obvious, their injudicious use can unnecessarily increase cognitive load, distract from patient communication, and ultimately be ignored, creating “alert fatigue” to the detriment of safe, effective, and high-quality care. (Prospero registered RD42016029418). o Study Design and Analysis: This review will focus on the use of CRs in primary care settings. It aims to identify, summarise, and synthesise the available qualitative research on the barriers and enablers to the use of CRs including the fatigue experienced from their overuse. The analysis was informed by the Non-adoption, Abandonment and challenges of Scale-up, Spread and Sustainability (NASSS) framework developed by Greenhalgh et al (2017).

o Setting or Dataset: Review of studies consisting of semi structured interviews and focus groups. conducted in primary care exploring the perspective or experience of providers using alerts or reminders either as a standalone study or as part of mixed methods design within primary care. o Population Studied: Primary care providers defined as healthcare professionals (to include doctors of all specialities and number of years of training, nurses, and allied health professionals). o Intervention/Instrument: Clinical reminders i.e., computer-based alerts for a range of conditions as well as localised prompts based on performance and initiatives. o Outcome Measures: The formation of a qualitative understanding of clinical reminders themes around the use of alerts within CCDSS in primary care. o Results: Nine papers included in the review: Key findings were that clinicians understood their benefit particularly with ageing patients with polypharmacy. Over alerting was a key reason for reminders to be ignored, as was a lack of trust in the evidence base and the knowledge of individual patients. Adherence to reminders can be improved by greater specificity and improved visual design and content. o Conclusions: Primary care providers can be supported in meeting the needs of increasing numbers of complex patients with better designed and more specific clinical reminders.