

Barriers and facilitators in using a Clinical Decision Support System in Falls Clinics for Older People: a European Survey

European Geriatric Medicine

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Supplement 1: Overview of origin barriers/facilitators

Barrier	Facilitator
Technical issues[1–4]	Benefit patient care[5–10]
Indicated reason [11]	Easy to use[10,12–14]
Advice not clear[10,15–17]	Work more efficiently[5,8–10,18–20]
No relevant alerts[6,7,21–29]	Fits workflow[11–13,26,28,30]
Add patient data[30]	Easily accessible[27]
Costly[4,27,31–33]	Feeling supported in clinical decision-making[34, 35]
Interrupts workflow[12,18,19]	Fall risk estimation accurate[1, 26]
Privacy issues[4,36]	Easy to learn[10, 20]
Legal issues[4,36]	Technical support[4, 25, 37]
High frequency alerts[6,18,21–23,29]	Receiving training[3, 5, 9, 12, 15, 17, 25, 26, 34]
No additional information available[6,17,38,39]	Customized CDSS[14, 21, 30, 40–43]
Affects autonomy[20,26]	Personalize alerts[7, 28]
Repeat. same alerts[15]	Support hospital board[3,14,37,44]
Advice not adoptable with one mouse click[16,30,39,45]	Recommended by colleagues[26]

Only online[9]	Used by colleagues[26]
My lack of motivation[5]	
My resistance to change[31]	

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