

MOVING FROM DIAGNOSTIC ERROR TO DIAGNOSTIC SAFETY

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DECLARATION OF INTEREST

- None

THIS MATTERS TO ME!



WHY WE STARTED OUR WORK

- Increased numbers of incidence reports where diagnostic errors could be seen
- Increased numbers of RCA that showed diagnostic error as an important cause of health care injuries

WHAT DOES IT COST?

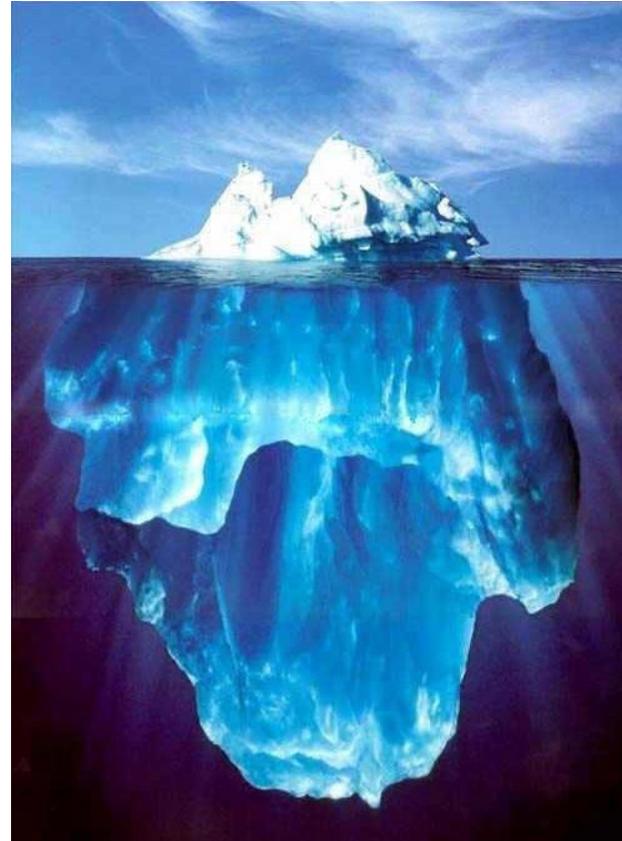
1.1 million €

- Analysis of 44 patients 2018-2020:
Approximate cost for Region Kronoberg, including care at tertiary hospital and compensation to the patient from our insurance company

7.8 million € (2 patients)

- Societal costs:

AND THAT IS JUST THE TIP OF THE ICEBERG



DIAGNOSTIC FAILURE

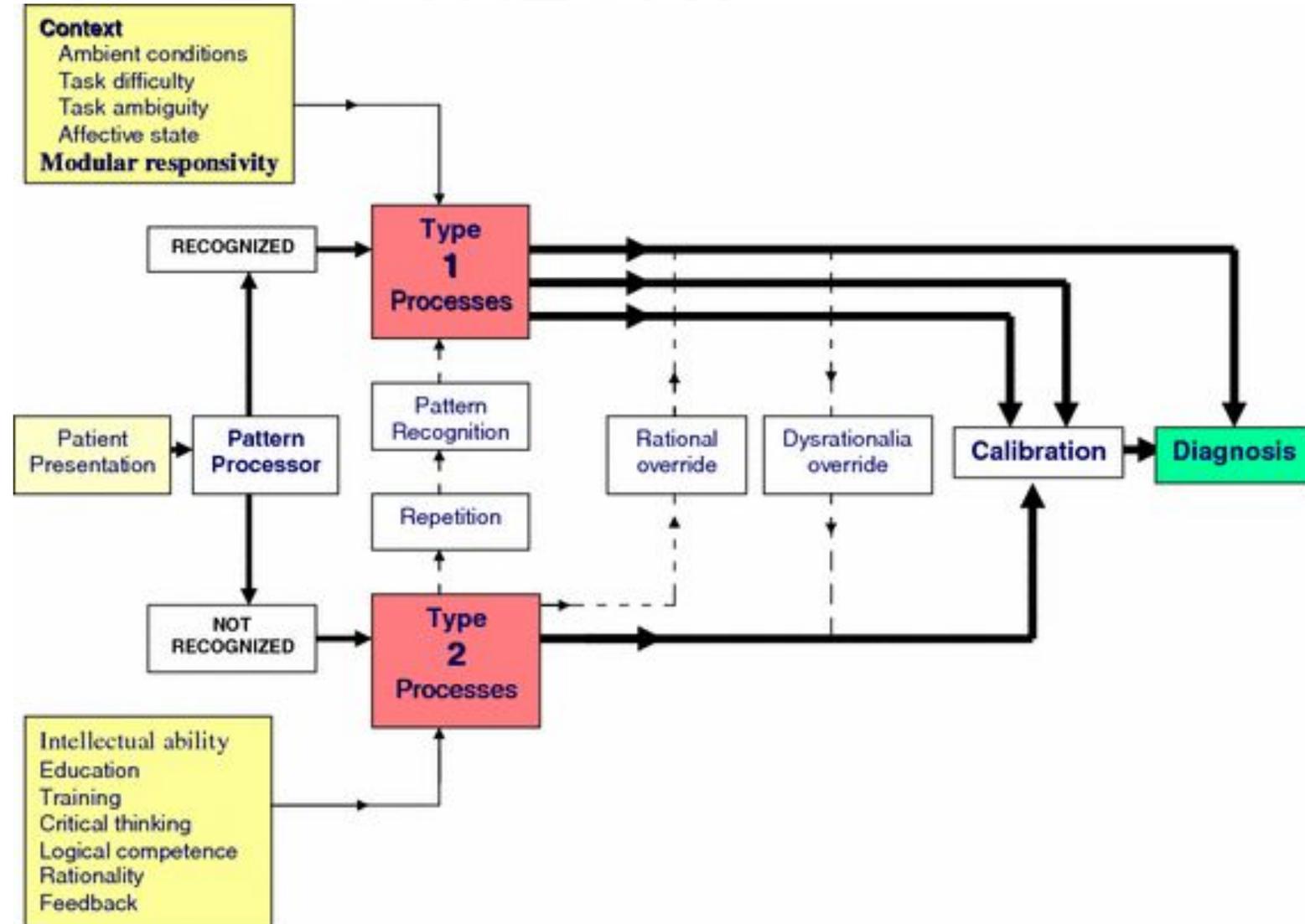
- The National Academy of Medicine's (formerly the Institute of Medicine) definition of diagnostic error as the failure:
 - to establish an accurate
 - and timely explanation of the patient's health problem(s) or
 - to communicate that explanation to the patient.

“

EDUCATION IS NOT
THE LEARNING OF FACTS,
BUT TRAINING THE MIND
TO THINK.”

- ALBERT EINSTEIN

DUAL PROCESS THEORY



CAUSES OF DIAGNOSTIC FAILURE

- Cognitive reasons
- System factors
 - Decisions during complexity and uncertainty
- Lack of knowledge

DIAGNOSTIC SAFETY

- WHAT IS IT AND WHAT IS IT NOT?

Diagnostic safety includes:

- Formulate a diagnostic plan that decreases the risk of premature closure.
- Awareness of the time required for the plan to reduce the risk of a delayed diagnosis.
- Awareness of cost.
- Seek an explanation to the complaints/ symptoms of the patient
- Awareness of the risk of diagnostic error.

Diagnostic safety does not mean

- Investigate all possible diagnosis from the beginning
- Ordering all available tests just to be safe.
- Ordering all clinical investigations just to be safe.
- Investigate symptoms / conditions that are not going to be treated

WE SHALL IMPROVE THE DIAGNOSTIC SAFETY

Diagnostic error/failure



Improved diagnostic safety

Safety I

Safety II

IMPROVED DIAGNOSTIC SAFETY ACCORDING TO SAFETY II

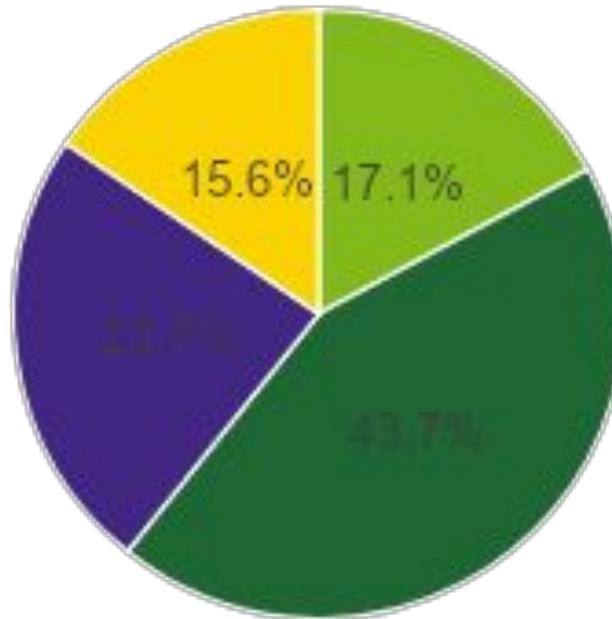
- Efficient teamwork
- Diagnostic process
- Informed and engaged patients
- Cognitive improvement
- Psychological safety
- Learning

ACTIONPLAN REGION KRONOBERG

- Survey.
 - Baseline measurement of experienced knowledge regarding diagnostic safety
 - Use free text answers as basis for improvement work
 - New survey planned for September 2022

SURVEY RESULT

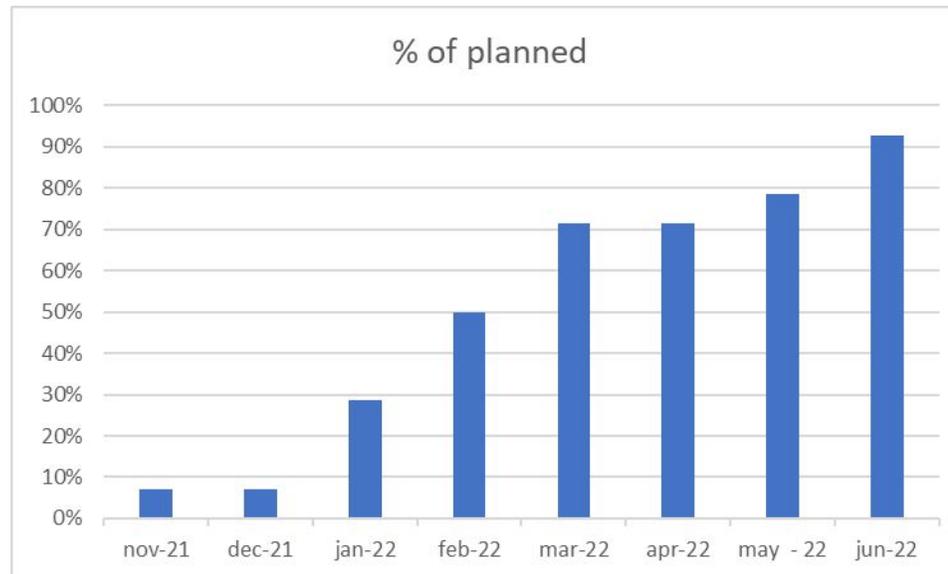
Do you have adequate knowledge about diagnostic safety?



■ Have adequate knowledge ■ Have some knowledge ■ Have no knowledge ■ Don't know if I have knowledge

ACTIONPLAN REGION KRONOBERG

- Lecture/discussion by chief medical officers to doctors in the organisation.
- Lecture/discussion with other medical professions
- Digital lectures published in the learning management system



ACTIONPLAN REGION KRONOBERG

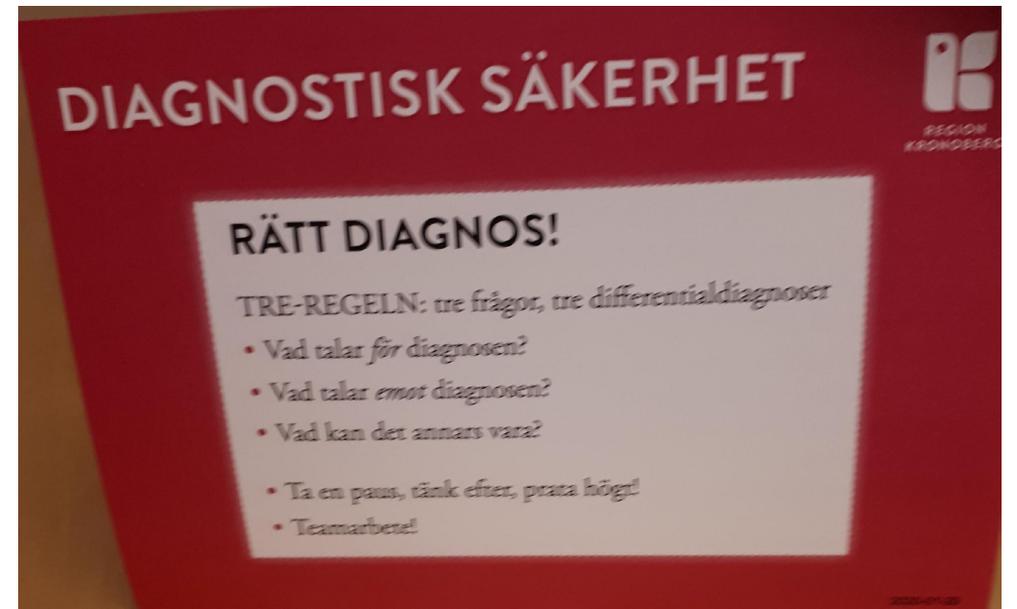
- Follow-up regarding RCA
- Education in Safe Communication.
- Compliance to recommended documentation guidelines

ACTIONPLAN REGION KRONOBERG

- Reduce labresults not signed in the medical records
- Staff doing RCA educated in the concept of diagnostic safety.
- Incident reports regarding diagnostic errors compiled regularly

ACTIONPLAN REGION KRONOBERG

- Distribute the folder "Diagnostic Safety"
- Decision support in the Electronic Medical Report



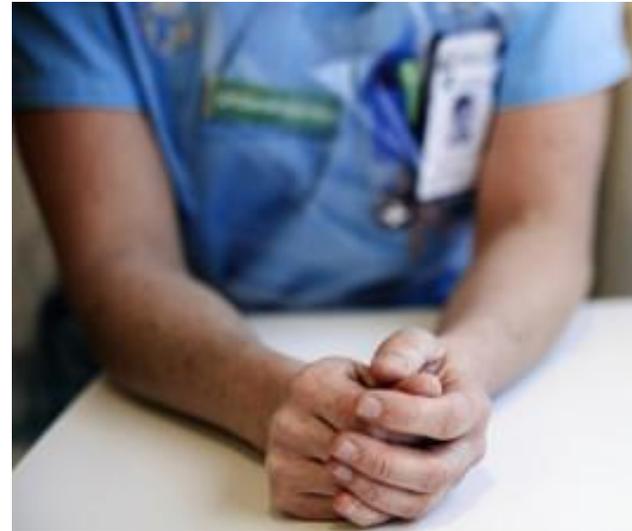
CORRECT DIAGNOSIS

- Rule of three: three questions, three alternate diagnosis
 - What evidence can you find that support your diagnosis?
 - What evidence can you find that does not support your diagnosis?
 - What else can it be that you don't want to miss?
- Take a pause, think again, talk with someone even if you're only talking to yourself!
- Teamwork!

PATIENT INVOLVEMENT

- Folder distributed to patients with advice for their own involvement in their safety
 - Before, during and after contact with health care
- The importance of patient engagement included in all activities

TOGETHER WE CAN DO IT!



DIAGNOSTIC SAFETY

- Accurate
- Communicated
- Timely

SAFETY II AND SOME SAFETY I

- Concentrate on doing it right
- But don't forget why it can go wrong



**REGION
KRONOBERG**