NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

Improving Diagnostic Quality & Safety/ Reducing Diagnostic Error: Measurement Considerations Project: Web Meeting 7

The National Quality Forum (NQF) convened a web meeting for the Improving Diagnostic Quality & Safety/Reducing Diagnostic Error: Measurement Considerations Project on June 30, 2020.

Welcome and Review of Meeting Objectives

Meredith Gerland, NQF Director, opened the meeting and welcomed participants before providing opening remarks and reviewing the meeting objectives, which included:

- Provide an overview of the Draft Report
- Discuss broad-scope, comprehensive recommendations
- Provide an opportunity for comment on the Draft Report

Overview of the Draft Report

Meredith Gerland proceeded to discuss the Draft Report. Meredith noted that NQF shared a preview copy of the Report with the Committee. Meredith shared that NQF is in the process of incorporating the Committee's feedback, which included additional evidence, references, and content-related suggestions. Meredith proceeded to provide an overview of the Draft Report, sharing that the Report will begin with a brief executive summary, followed by background information outlining the scope and impact of diagnostic error as well as the project objectives. Meredith shared that the Report will then summarize the Environmental Scan findings before leading into the Use Cases. Meredith noted that the final section of the report will outline broad-scope, comprehensive recommendations, followed by a conclusion and a series of appendices.

Meredith continued the discussion by reviewing the Report in greater detail. Meredith shared that the project is intended to build upon the 2017 Diagnostic Quality and Safety Measurement Framework, focusing specifically on the Diagnostic Process and Outcomes domain. Meredith outlined the project objectives, which include examining the Diagnostic Process and Outcomes domain to identify any necessary updates and developing practical guidance for the application of the domain, which is presented through Use Cases that demonstrate how the Framework can be operationalized and detailed recommendations for the reduction of diagnostic error.

Meredith proceeded to discuss the Diagnostic Process and Outcomes domain. The domain consists of a series of subdomains, including Information Gathering and Documentation, Information Integration, Information Interpretation, Diagnostic Efficiency, Diagnostic Accuracy, and Follow Up. Meredith noted that NQF did not identify the need for any modifications to be made to the subdomains based on the Environmental Scan, as the scan reaffirmed the existing subdomains. Meredith shared that the Environmental Scan also reaffirmed the cross-cutting themes from the 2017 Measurement Framework, which include patient engagement, impacts of electronic health records (EHR) on diagnostic quality and safety, transitions of care, the opportunity for medical specialty societies to provide guidance, interprofessional education and credentialing. The Environmental Scan identified one new theme, which

is the importance of advancing science in diagnostic error. Meredith noted that the Environmental Scan also identified new measurement concepts and measures related to the Diagnostic Process and Outcomes Domain, which will be included in the Final Report.

Meredith continued the discussion by providing a high-level overview of the Use Cases. Meredith noted that the Draft Report includes four Use Cases: Use Case 1: Cognitive Error—Missed Subtle Clinical Findings, Use Case 2: System Error—Communication Failure, Use Case 3: Cognitive Error—Information Overload, and Use Case 4: Cognitive Error—Dismissed Patient. Meredith proceeded to briefly describe the Use Case approach, noting that each Use Case includes a narrative describing the error and how the error relates to the subdomains within the 2017 Measurement Framework, a table highlighting causal factors, diagnostic challenges, and solutions, and three case exemplars depicting the error in practice. Meredith described how the case exemplars are presented in the Report by displaying a snapshot of a narrative describing the details of the case followed by a narrative of the case-specific challenges and solutions. Meredith shared that each Use Case also includes a narrative describing the potential impacts of the highlighted solutions on patient safety, as well as measurement considerations. Meredith then provided a high-level summary of the content presented within each Use Case. For each Use Case, Meredith reviewed causal factors, which include clinician, system, and condition/disease factors, noting that the condition/disease factors include individual patient-level factors in the Draft Report. Meredith then reviewed solutions, impacts on patient safety, and measurement considerations for each of the Use Cases at a high-level.

Discussion on Comprehensive Recommendations

Jesse Pines, NQF consultant, proceeded with a discussion on the broad-scope, comprehensive recommendations included in the Draft Report. The recommendations are to apply to the Diagnostic Process and Outcomes domain of the Framework, measure and reduce diagnostic error, and measure and improve patient safety. Jesse shared that the recommendations are organized into three categories: training, teamwork, and technology. Jesse proceeded to describe the recommendations included in each category. Jesse shared that the training category includes recommendations to educate clinicians to listen to patients and engage patients to provide feedback and share information, deploy clinician education on specific types of diagnostic errors, and integrate information about technology into training programs. Jesse reviewed the recommendations in the teamwork category, which include expanding the clinical team to support a culture of teamwork, and increasing information sharing across teams and organizations to facilitate efficient care delivery. Jesse shared that the recommendations around technology include integrating clinical protocols into EHR platforms, using technology tools, such as e-triggers, to reduce error, and implementing measures to identify, remediate, and prevent errors in real time.

Jesse proceeded to facilitate a discussion around the proposed recommendations. The Committee discussed expanding the education recommendations to include education for clinicians who are entering the field, rather than solely focusing on education for practicing clinicians. The Committee also suggested including recommendations to empower patients to be active participants in the diagnostic process by implementing policies and procedures that support patient engagement. Committee members suggested incorporating active words, such as empower, engage, and encourage, within these recommendations so that they resonate with clinicians. The Committee also shared the importance of including patients in the co-design of the diagnostic process using various methods to collect patient input through techniques like patient surveys and shadowing. The Committee discussed reducing diagnostic error through clinician education by promoting training approaches that address gaps in knowledge or performance (e.g., remedial course training, simulation-based training, modules). The Committee also provided recommendations for incorporating training on technology, including educating clinicians and patients on the use of EHRs and involving clinicians in the design of EHRs to ensure the system design aligns with the needs and interests of patients. The Committee cited the importance of emphasizing appropriate use of technology to improve diagnostic reasoning. The

Committee discussed including recommendations around providing education on the use of artificial intelligence (AI), as the utilization of AI will become more prevalent in the healthcare setting in the future. The Committee also highlighted the importance of educating clinicians on system capabilities specific to their care delivery setting to promote informed decision making during the diagnostic process.

The Committee then continued on to discuss the recommendations around teamwork. The Committee discussed ideas around information sharing, citing the need for a feedback process that would allow teams to learn from diagnostic outcomes. The Committee suggested creating learning systems wherein various departments within healthcare organizations (e.g., quality and patient safety departments) review incidents related to misdiagnosis and share the information with clinicians.

The Committee then discussed the technology recommendations. Committee members recommended expanding these recommendations to include broader health information technology vendors, including Artificial Intelligence (AI) vendors, whenever EHR vendors are mentioned.

During the recommendations discussion, NQF and Committee members discussed how the Report includes recommendations for applying the Framework as well as for measuring and reducing diagnostic error. NQF reiterated the goals of the project and shared how this project focuses on the application of the Framework in addition to specific measures and measurement recommendations. Committee members shared feedback that tying the recommendations more closely to measurement will help stakeholders recognize the relationship between measuring and reducing diagnostic error and applying the Measurement Framework. Committee members also suggested incorporating visual icons to denote the correlation between the recommendations and related subdomains.

Meredith concluded the discussion by opening the call for additional feedback on the entire Draft Report. No additional feedback was offered. Meredith thanked the Committee for their engagement and input during the web meetings, and for providing feedback on the Draft Report through the Google Doc platform. Committee Co-chairs, David Andrews and David Newman-Toker, also thanked the Committee and expressed their appreciation for the Committee's participation and NQF's work in developing the Draft Report.

Public Comment

Meredith opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

Udobi proceeded to outline next steps, sharing that the Draft Report will be available for public comment from July 14 to August 14, 2020. Udobi concluded by sharing that the next and final web meeting will be held on September 14, 2020 from 1:00 PM to 3:00 PM ET.