

Diagnostic Safety Toolkit: Preface

Introduction to the Toolkit

A 43-year-old woman with a history of ulcerative colitis is admitted with a flare to a major academic medical center. As part of her diagnostic evaluation, she undergoes a colonoscopy that reveals severe, active inflammation of the rectosigmoid colon, extending to the splenic flexure.

During the procedure, a biopsy of a polyp is obtained and sent for histological analysis. The patient is treated with high-dose steroids and her immunosuppression regimen modified, and she is discharged home two days after the procedure (on a Sunday). All her outpatient care is in another health care system. The discharge summary from the hospitalization states that the anatomic pathology result is pending.

The patient's symptoms improve, and she follows up two weeks later with her primary gastroenterologist and treatment is continued. Six months later, she presents with left lower quadrant cramping and bright red blood per rectum. A repeat colonoscopy now reveals a friable mass in the descending colon, which is biopsied. The result returns while she remains in the hospital, revealing adenocarcinoma.

As this diagnosis is discussed with the patient, she says "What did that biopsy from six months ago show? I never heard a result but thought no news was good news."

Background

Transitions of care are ubiquitous in modern health care in the United States. These transitions are too often associated with harm from incomplete or ineffective communication of clinical information, leading to poorer health outcomes for patients, and frustration and burnout for health care providers.

One of the most high-risk transitions of care is from acute care settings to post-acute care settings, especially when the diagnostic evaluation may not be complete at the time of a patient's discharge from the acute hospital setting. The volume and complexity of information to be communicated at hospital discharge is significant. This leaves multiple opportunities for confusion, omission, waste, and harm. Such breakdowns contribute to the unacceptably high burden of diagnostic errors in the United States, with significant costs in terms of human life, suffering, and excess expenditures.

Many different types of information must be communicated during care transitions, including:

- Medication reconciliation information.
- Laboratory testing information.
- Radiology testing information.
- Follow-up care-coordination-related information.

While comprehensive, highly reliable approaches are needed for all these various types of information, focused pilot interventions may serve as illustrative examples from which to learn valuable lessons.

What is the goal of this project?

The goal of this project is to help begin conversations in academic medical centers (AMCs) about how clinical information is reliably communicated around care transitions. AMCs serve a vital role in providing care and training the next generation of health care professionals. The processes trainees employ and experience during their training leave indelible imprints on them for the rest of their careers.

The tools in this guide are meant to facilitate discovery and discussion among AMC clinicians and leaders regarding institutional approaches to ensure high-reliability processes for communicating diagnostic testing results across transitions of care. While some AMCs have leveraged extensive effort and resources to ensure that diagnostic testing results are communicated efficiently and reliably, many vulnerabilities remain. These tools are meant to catalyze AMCs' journey toward better diagnostic safety and quality by stimulating conversation, evaluating processes, and encouraging standard work.

What can our organization expect?

By using the tools provided in this toolkit, leaders, educators, and learners at AMCs will be able to participate in conversations and internal organizational assessment to better understand current processes, and identify strategies for improving diagnostic test follow-up across transitions of care.

While other resources aimed at addressing the described gaps have been developed, they have not focused specifically on AMCs and their complex, vital quadripartite mission — providing excellent care, making research discoveries, educating future health care providers, and collaborating with patients, families, and communities. Another consideration to address is how the associated complexities can enhance and/or mitigate vulnerabilities in diagnostic test follow-up and communication across transitions of care.

This toolkit will stimulate and convene conversation among leaders from clinical care and education through a series of vignettes that present common – yet problematic – diagnostic test follow-up scenarios. Participants will use these vignettes to begin to delve deeply into their local institutional processes around diagnostic test follow-up and communication by answering the question: *What would we do if this were a patient in our health system?*

After these initial conversations, participants at AMCs will be invited to complete a process map and policy inventory about one or more diagnostic test follow-up processes. We anticipate that participation in this project at a local level will take a period of approximately six months with monthly, interdisciplinary meetings and asynchronous work that engages multiple stakeholders across the institution, with the goal of identifying steps for improvement.

Who will need to be involved?

The success of this project on a local institutional level will be directly related to the depth and breadth of stakeholder involvement. We anticipate that a local “champion” will spearhead and convene much of the work.

This champion will require subject matter expertise as well as the ability to facilitate meetings, meet project deadlines, and ensure broad stakeholder engagement. It is highly recommended that leadership of the organization (such as the chief medical officer, chief operations officer, or another leader) is aware of and supportive of this individual in this role, as well as the project overall.

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