

# **Diagnostic Excellence Pilot Survey**

## **Domain 2: The Diagnostic Process**

**Hard Copy**

**Domain 2: The Diagnostic Process**

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## **Domain 2: The Diagnostic Process**

### Welcome to the Recognizing Excellence in Diagnosis Pilot

Thank you for participating in the Recognizing Excellence in Diagnosis Pilot. The Pilot includes two components:

1. **Pilot Survey** – The Pilot Survey is designed to assess your hospital’s familiarity with and progress towards implementing the recommended practices published in the [Recognizing Excellence in Diagnosis: Recommended Practices for Hospitals](#) report published by Leapfrog in July 2022. Each hospital participating in the pilot is assigned either the sixteen recommended practices from Domain 1: Leadership Structures & Systems or the thirteen practices from Domain 2: The Diagnostic Process.
2. **SIDM Playbook Testing** – The SIDM Playbook is designed to help hospitals implement one of the recommended practices in the report focused on patient engagement. Each hospital participating in the pilot that has a Patient Family Advisory Council (PFAC) is asked to review the Playbook, which has three parts, and to provide feedback on the usability, clarity, and effectiveness.

To get started on the Pilot Survey, please carefully review the instructions, definitions of terms, implementation scale, and questions in the [Hard Copy of the Survey](#). The questions in the Hard Copy of the Survey match the questions in the Qualtrics Survey exactly.

To get started on the SIDM Playbook Testing, please review the three resources and feedback form with instructions: [SIDM Playbook Testing](#).

#### **Important Notes:**

1. Your hospital has been assigned to **Domain 2: The Diagnostic Process**. Only those questions specific to Domain 2 are included in the Hard Copy and Qualtrics Survey.
2. Leapfrog will only accept responses to the Pilot Survey submitted via Qualtrics, a secure online data collection tool. Access Qualtrics using the customized Survey link emailed directly to your hospital’s contact.
3. Leapfrog will not score or publicly report responses to the Pilot Survey. The responses will be used in confidential benchmarking reports for pilot participants and aggregated for a national report published in March 2023.
4. The Pilot Survey (and customized Survey link) will close at midnight EST on **December 31, 2022**. If your hospital does not submit the Pilot Survey via Qualtrics by December 31, you will not receive a confidential benchmarking report or be included in the national report.

Visit our website for more information about the Recognizing Excellence in Diagnosis program:

<https://www.leapfroggroup.org/influencing/recognizing-excellence-diagnosis>.

Contact the [Help Desk](#) if you have any questions.

## Instructions for Participating in the Pilot Survey

**Note 1:** Please carefully review these instructions and the [Instructions for Qualtrics](#) before you begin.

**Note 2:** Each question in Qualtrics must be completed before you can submit the Pilot Survey. Once you submit the Pilot Survey, you will not be able to go back and make updates to your responses.

1. Prepare - Download and review Leapfrog's [Recognizing Excellence in Diagnosis: Recommended Practices for Hospitals](#).
2. Form a Pilot Survey Team – Identify and recruit individuals at your hospital that are knowledgeable about any effort or intervention to reduce or prevent [diagnostic errors](#) (e.g., risk managers, quality directors, clinicians from the ED, radiology, lab, ICUs, nurses, pharmacists, members of your hospital's PFAC, board members, and others).
3. Review Materials – Send your team a Hard Copy of the Pilot Survey so they can review the questions, definitions, and implementation scale and let them know how you will collect information from them to determine your hospital's progress on each recommended practice using the implementation scale (e.g., lunch meeting, Zoom poll, etc.).
4. Collect Responses – Once your team has reviewed the questions, definitions, and implementation scale, collect, and process their feedback. This information should be used to record responses to the questions in the Hard Copy of the Pilot Survey. If you receive conflicting information, resolve the conflicts before you start recording responses (i.e., one team member reports “not under consideration” and another reports “exploring and preparing”). We recommend that you complete the Hard Copy before entering the responses into Qualtrics.
5. Complete the Pilot Survey via Qualtrics – Now that the Hard Copy of the Pilot Survey is completed, you are ready to access Qualtrics using the customized Survey link sent to your hospital's contact. Can't find the link? Contact the [Help Desk](#). Be sure to review the [Instructions for Qualtrics](#) before you start.
6. Reminders –
  - a. You do not need to collect any data.
  - b. You do not need to collect any documentation.
  - c. You should answer the questions based on your individual hospital's implementation progress. Do not answer the questions based on efforts or interventions being planned or implemented at other hospitals, outpatient clinics, or physician practices in your health system.
  - d. If you have questions, contact the [Help Desk](#).

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### Instructions for Using Qualtrics

**Note 1:** If your hospital's name, address, and CCN is not displayed correctly on the Profile page in Qualtrics, **STOP** and contact the Help Desk immediately. We may need to send you a new customized link.

1. Each question in Qualtrics is required and should be completed in numerical order.
2. However, if you need to navigate back to a previous question to update a response, you can do so by using the left arrow button at the bottom of the screen and then use the right arrow button to advance forward.



3. As you enter responses into Qualtrics, they will be automatically saved. You can close your browser and re-use the customized link to access Qualtrics repeatedly until you submit your responses. Use the arrow keys at the bottom of the screen to advance pick up where you left off.
4. Once you have completed each numbered question, you will be prompted to confirm that you are ready to submit the Survey via Qualtrics. If you select "YES, I have reviewed my responses and am prepared to submit," you will be taken directly to a page where you can print your responses. **DO NOT CLOSE THE BROWSER** until you print your responses on the next page. You will not be able to access Qualtrics after you submit the Survey.

 Please use the Back/Left Arrow Key at the bottom of your screen to review your previous responses.

Have you reviewed your survey responses, and are you prepared to finalize your submission?

WARNING: Once you select "YES, I have reviewed my responses and am ready to submit" and proceed to the next page, you will not be able to return to Qualtrics. Remember to print your responses using the link on the following page.

YES, I have reviewed my responses and am prepared to submit.

NO, I need to go back and review my responses



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5. After submitting the Survey via Qualtrics, you will be able to print your responses. Use the “Download PDF” link to print the questions and responses. A PDF copy of your responses will also be e-mailed to the primary survey contact for your records. You will not be able to access Qualtrics after you submit the Survey.

Below is a summary of your responses

[Download PDF](#)

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### Definitions of Terms Used in the Pilot Survey

Please review the definitions of terms used in the Pilot Survey with your team before you begin. These terms are hyperlinked throughout the questions.

**Care team:** A group of healthcare professionals who collectively take responsibility for a set of patients. Care teams blend multidisciplinary skills, focusing insights of several people rather than a single clinician on each patient's problems (adapted from [AHRQ](#)).

**Clinicians:** Healthcare professionals qualified for clinical practice (providing direct care to patients). Clinicians include physicians, nurses, pharmacists, or other allied health professionals (adapted from [CMS](#)).

**Diagnostic error:** An event where one or both of the following occurred, with harm or high potential of harm to the patient:

- Delayed, wrong, or missed diagnosis: At least one missed opportunity to pursue or identify an accurate and timely diagnosis based on the information that existed at that time
- Diagnosis not communicated to the patient: Accurate diagnosis was available but was not effectively communicated to the patient or family

This definition is adapted from the definition of a “diagnostic safety event” from the [2021 AHRQ Common Formats for Event Reporting – Diagnostic Error](#).

**Diagnostic excellence:** Making and communicating a correct and timely diagnosis using appropriate resources while maximizing patient experience and managing uncertainty.

**Diagnostic process:** A process that starts with the patient's first engagement with the health care system and ends with clinicians either communicating a timely and correct diagnosis or learning from a diagnostic error or near miss that contributed to the patient's clinical outcomes. In that timeframe, clinicians and others involved in caring for the patient gather information, integrate and interpret that information, formulate a diagnosis, communicate the diagnosis to the patient, and develop a plan of care based on the diagnosis (adapted from the National Academy of Medicine's [Improving Diagnosis in Health Care](#), 2015).

**Escalation of care:** The transfer of a patient to a higher level of care. For example, transferring a patient from a medical unit to a telemetry unit or from a telemetry unit to a critical care unit.

**Rapid response:** An urgent, team-based re-evaluation of a patient whose clinical condition is deteriorating. A “rapid response” can be initiated by the clinical staff (typically nurses or respiratory therapists) and in some hospitals, by the patient or family.

**Family caregiver:** Any relative, partner, friend or neighbor who has a significant personal relationship with, and provides a broad range of assistance for, a person receiving medical care or long-term care services such as an older person, a child, or an adult with a chronic or disabling condition. These individuals may be primary or secondary caregivers and live with, or separately from, the person receiving care (adapted from the [Family Caregiver Alliance](#)).

**Patient and Family Caregiver Advisory Council:** A patient and family advisory council (PFAC) is an organization of current and former patients, family members and caregivers that works together to advance best practices at a hospital or healthcare organization. Volunteer patients and families

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collaborate with employees (clinical, administrative and support) to provide guidance on how to improve the patient and family experience (adapted from [Johns Hopkins Medicine](#)).

**Recommended practices:** Practices for which there is some clear rationale (recommended by subject matter experts and/or peer-reviewed literature) that links the practice to improvements in the diagnostic process and/or diagnostic outcomes in hospitals.

**Senior administrative leaders:** Individuals responsible for hospital-wide departments or services (e.g., Chief Executive Officer, Chief Administrative Officer, Chief Nursing Officer, Chief Medical Officer).

**Others involved in the diagnostic process:** Healthcare professionals that include, but are not limited to, radiologists, pathologists, laboratory personnel, and others.



## The Implementation Scale

Please review the implementation scale used in the Pilot Survey with your team before you begin. This implementation scale is repeated for each recommended practice.

1. Not under consideration – No one at our hospital has initiated any discussions about implementing this practice.
2. Exploring and Preparing – One or more individuals at our hospital have discussed the practice and started engaging additional staff and senior administrative leadership around implementation of some or all elements of this practice.
3. Planning and Resourcing – Our hospital has an implementation strategy, and the necessary resources (staff and budget) are in place to implement some or all elements of this practice in the next 12 months.
4. Implementing and Operationalizing – Our hospital has recently implemented some or all elements of this practice in one or more departments or units.
4. Fully Implemented and Evaluating Impact – Our hospital has fully implemented ALL elements of the practice in ALL applicable departments or units (e.g., both in the emergency department AND all applicable inpatient or outpatient units) or hospital-wide and is monitoring our progress and outcomes.

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### Technical Assistance

The [Help Desk](#) is available to provide your hospital with technical assistance and answers to questions Monday-Friday from 9:00 am to 5:00 pm ET. Help Desk support staff typically respond to inquiries within 1-2 business days (see [Help Desk Holiday Schedule for planned closures](#)).

Help Desk tickets can be submitted electronically at <https://leapfroghelpdesk.zendesk.com>. You will receive a confirmation email and response from [support@leapfroghelpdesk.zendesk.com](mailto:support@leapfroghelpdesk.zendesk.com). **To ensure that you receive our emails, please work with your IT Team to add the following to your safe sender list:**

- @leapfrog-group.org
- @leapfroghelpdesk.zendesk.com
- @em4073.leapfrog-group.org
- IP address: 159.183.167.150

## Domain 2: The Diagnostic Process

### Profile

If your hospital's name, address, and CMS Certification Number are not displayed correctly in Qualtrics, please contact the [Help Desk](#).

<b>Organization Name</b>
<i>Pre-populated in the Qualtrics survey by Leapfrog</i>
<b>Address (Street, City, State, Zip Code)</b>
<i>Pre-populated in the Qualtrics survey by Leapfrog</i>
<b>CMS Certification Number (CCN)</b>
<i>Pre-populated in the Qualtrics survey by Leapfrog</i>
<b>Leapfrog ID</b>
<i>Pre-populated in the Qualtrics survey by Leapfrog</i>

<b>Contact Name</b>
<i>Required</i>
<b>Title</b>
<i>Required</i>
<b>Email Address</b>
<i>Required</i>
<b>Phone Number</b>
<i>Required</i>

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**Pilot Survey Questions**

Respond to each of the following questions based on your hospital’s implementation progress at the time you are submitting the Pilot Survey.

**Recommended Practice 2.1A**

<p><b>1. As it specifically relates to reducing errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient), what is your hospital’s progress in implementing practice 2.1A?</b></p> <p>Practice 2.1A: <a href="#">Clinicians</a> and <a href="#">others involved in the diagnostic process</a> are trained in the use of evidence-based tools and strategies to collect complete and accurate personal health information from patients and <a href="#">family caregivers</a> to facilitate a timely and accurate diagnosis.</p> <p><i>If “not under consideration,” continue to question 2. Otherwise, move on to question 1a.</i></p>				
<i>Not under consideration</i>	<i>Exploring and Preparing</i>	<i>Planning and Resourcing</i>	<i>Implementing and Operationalizing</i>	<i>Fully Implemented and Evaluating Impact</i>

**1a: Was the following resource or strategy used on your path to implement Practice 2.1A? If you used a resource or strategy not listed here, select “Other” and provide a brief description.**

**Select all that apply.**

<b>O</b>	Our hospital trains <a href="#">clinicians</a> and <a href="#">others involved in the diagnostic process</a> to use AHRQ’s <a href="#">Toolkit for Engaging Patients to Improve Diagnostic Safety</a> , including the 60 Seconds To Improve Diagnostic Safety training, which prepares <a href="#">clinicians</a> to practice deep and reflective listening for one minute at the start of a patient encounter.
OTHER	_____

**Domain 2: The Diagnostic Process**

Recommended Practice 2.1B

<p><b>2. As it specifically relates to reducing errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient), what is your hospital’s progress in implementing practice 2.1B?</b></p> <p>Practice 2.1B: The hospital ensures that their EHR captures the correct diagnosis by having a process in place to review, update and correct inaccurate diagnoses on “problem lists” and elsewhere in the EHR.</p> <p><i>If “not under consideration,” continue to question 3. Otherwise, move on to question 2a.</i></p>				
<i>Not under consideration</i>	<i>Exploring and Preparing</i>	<i>Planning and Resourcing</i>	<i>Implementing and Operationalizing</i>	<i>Full Implementation and Evaluation</i>

**2a: Were any of the following resources or strategies used on your path to implement Practice 2.1B? If you used a resource or strategy not listed here, select “Other” and provide a brief description.**

**Select all that apply.**

<input type="radio"/>	<a href="#">Clinicians</a> throughout the hospital encourage their patients to review their problem list online to identify errors that need correction and provide instructions for patients to report errors so they can be corrected.
<input type="radio"/>	<a href="#">Clinicians</a> in inpatient units, including critical care units, review problem lists with patients while on rounds and make corrections in real-time in the EHR.
<input type="radio"/>	Our hospital has a protocol that outlines what information to include on the problem list (and what to leave out), what to do with outdated information, and who is responsible for the list’s accuracy.
<input type="radio"/>	Our hospital uses an EHR capable of linking a problem on the problem list to its supporting progress notes, administrative data, and clinical data such as test results and symptom documentation.
<input type="radio"/>	Our hospital uses evidence-based guides to instruct <a href="#">clinicians</a> on the proper use of “copy and paste,” such as the Emergency Care Research Institute (ECRI)’s <a href="#">Toolkit for the Safe Use of Copy and Paste</a> .
OTHER	_____

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Recommended Practice 2.1C

<p><b>3: As it specifically relates to reducing errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient), what is your hospital’s progress in implementing practice 2.1C?</b></p> <p>Practice 2.1C: Patients and <a href="#">family caregivers</a> whose preferred language for medical information differs from their <a href="#">care team</a> are provided with a professional medical interpreter (available 24 hours a day, 7 days a week), either on-site, via telephone, or via videoconferencing, to assist with obtaining complete and accurate health information from the patient and communicating complete and accurate information back to the patient.</p> <p><i>If “not under consideration,” continue to question 4. Otherwise, move on to question 3a.</i></p>				
<i>Not under consideration</i>	<i>Exploring and Preparing</i>	<i>Planning and Resourcing</i>	<i>Implementing and Operationalizing</i>	<i>Fully Implemented and Evaluating Impact</i>

**3a: Were any of the following resources or strategies used on your path to implement Practice 2.1C? If you used a resource or strategy not listed here, select “Other” and provide a brief description.**

**Select all that apply.**

<input type="radio"/>	If available, our hospital matches patients whose preferred language for medical decision-making is not English with a certified bilingual <a href="#">clinician</a> during diagnostic encounters.
<input type="radio"/>	Our hospital ensures that the <a href="#">clinicians</a> responsible for the patient’s diagnosis have immediate access to professional medical interpreters to assist with obtaining the patient’s medical history and communicating further plans and diagnostic information back to the patient.
<input type="radio"/>	Our hospital contracts with a medical interpreter service provider that offers phone and/or video interpretation 24 hours, 7 days a week that <a href="#">clinicians</a> can access through a phone number or through a secure application on their personal device or a hospital-provided device.
<input type="radio"/>	Our hospital makes video interpretation devices highly accessible to <a href="#">clinicians</a> by making them widely available throughout the hospital.
<input type="radio"/>	Our hospital employs virtual translation services to provide medical interpretation when on-site interpreters are not available.
OTHER	_____

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Recommended Practice 2.2A

<p><b>4: As it specifically relates to reducing errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient), what is your hospital’s progress in implementing practice 2.2A?</b></p> <p>Practice 2.2A: The hospital has access to a radiologist 24 hours a day, 7 days a week, either onsite or remotely, to read and interpret urgent and emergent imaging studies and provide timely input on imaging test selection.</p> <p><i>If “not under consideration,” continue to question 5. Otherwise, move on to question 4a.</i></p>				
<i>Not under consideration</i>	<i>Exploring and Preparing</i>	<i>Planning and Resourcing</i>	<i>Implementing and Operationalizing</i>	<i>Fully Implemented and Evaluating Impact</i>

**4a: Were any of the following resources or strategies used on your path to implement Practice 2.2A? If you used a resource or strategy not listed here, select “Other” and provide a brief description.**

**Select all that apply.**

<input type="checkbox"/>	Our hospital has intramural teleradiology arrangements (staff radiologists are available to read and interpret images from home) in place for all routine imaging (adult and pediatric) whenever a staff radiologist is off-site to allow for 24 hours, 7 days a week access to a radiologist.
<input type="checkbox"/>	Our hospital has extramural teleradiology arrangements (contracted radiologists are available to read and interpret images) in place for all neuroimaging and specialty imaging (pediatric imaging at a general hospital) that allows for 24 hours, 7 days a week access to a radiologist.
<input type="checkbox"/>	Our hospital has a program of ongoing review to evaluate the accuracy of the teleradiology provider, the accuracy of their readings and any diagnostic discrepancies, and a mechanism for providing feedback to the teleradiology provider.
OTHER	_____

**Domain 2: The Diagnostic Process**

Recommended Practice 2.2B

<p><b>5: As it specifically relates to reducing errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient), what is your hospital’s progress in implementing practice 2.2B?</b></p> <p>Practice 2.2B: The hospital has a quarterly process by which radiologists and pathologists identify cases where a pathology finding (e.g., biopsy, cytology, or autopsy results) is discrepant with clinical and/or imaging impressions and then jointly review and reconcile any discrepant findings.</p> <p><i>If “not under consideration,” continue to question 6. Otherwise, move on to question 5a.</i></p>				
<i>Not under consideration</i>	<i>Exploring and Preparing</i>	<i>Planning and Resourcing</i>	<i>Implementing and Operationalizing</i>	<i>Fully Implemented and Evaluating Impact</i>

**5a: Was the following resource or strategy used on your path to implement Practice 2.2B? If you used a resource or strategy not listed here, select “Other” and provide a brief description.**

**Select all that apply.**

<b>o</b>	Our hospital holds a quarterly conference where pathologists and radiologists review all biopsies of a certain case type and produce a single integrated report resolving any discrepant findings.
OTHER	_____



**Domain 2: The Diagnostic Process**

Recommended Practice 2.2C

<p><b>6: As it specifically relates to reducing errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient), what is your hospital’s progress in implementing practice 2.2C?</b></p> <p>Practice 2.2C: The hospital conducts a risk assessment of commonly misdiagnosed high-risk conditions in the ED to ensure it has access (on-site or remotely) to the clinical expertise and technologies needed to achieve timely and accurate diagnosis.</p> <p><i>If “not under consideration,” continue to question 7. Otherwise, move on to question 6a.</i></p>				
<i>Not under consideration</i>	<i>Exploring and Preparing</i>	<i>Planning and Resourcing</i>	<i>Implementing and Operationalizing</i>	<i>Fully Implemented and Evaluating Impact</i>

**6a: Were any of the following resources or strategies used on your path to implement Practice 2.2C? If you used a resource or strategy not listed here, select “Other” and provide a brief description.**

**Select all that apply.**

<input type="radio"/>	Our hospital provides rapid access to experts in stroke diagnosis and appropriate diagnostic technologies. The hospital maintains 24 hours, 7 days a week access to neurological consultants (on-site or teleneurology) and neuroimaging (especially MRI). The hospital also deploys novel diagnostic tests (e.g., video-oculography) to facilitate remote eye movement assessment for posterior strokes.
<input type="radio"/>	Our hospital has a protocol for using teleneurology in the diagnosis of epilepsy. This protocol enlists experienced specialists in epilepsy and neurophysiology in reading EEG records in real-time where these experts would otherwise be unavailable.
OTHER	_____

**Domain 2: The Diagnostic Process**

Recommended Practice 2.2D

<p><b>7: As it specifically relates to reducing errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient), what is your hospital’s progress in implementing practice 2.2D?</b></p> <p>Practice 2.2D: The hospital integrates knowledge resources into the clinical workflow to help <a href="#">clinicians</a> improve their diagnosis in real-time for cases where there is diagnostic uncertainty and educates and incentivizes (e.g., through a performance evaluation) <a href="#">clinicians</a> to use these resources.</p> <p><i>If “not under consideration,” continue to question 8. Otherwise, move on to question 7a.</i></p>				
<i>Not under consideration</i>	<i>Exploring and Preparing</i>	<i>Planning and Resourcing</i>	<i>Implementing and Operationalizing</i>	<i>Fully Implemented and Evaluating Impact</i>

**7a: Were any of the following resources or strategies used on your path to implement Practice 2.2D? If you used a resource or strategy not listed here, select “Other” and provide a brief description.**

**Select all that apply.**

<input type="radio"/>	Our hospital provides all <a href="#">clinicians</a> with online access to UpToDate, Micromedex, or equivalent medical knowledge resources.
<input type="radio"/>	Our hospital ensures that clinical decision support is available for <a href="#">clinicians</a> considering which, if any, diagnostic tests or imaging studies may be appropriate.
<input type="radio"/>	Our hospital ensures that all clinical staff have access to one or more decision support resources during the <a href="#">diagnostic process</a> .
<input type="radio"/>	Our hospital has a program to incentivize the use of medical knowledge and clinical decision support resources and monitors the efficacy and use of that program.
OTHER	_____

**Domain 2: The Diagnostic Process**

Recommended Practice 2.2E

**8: As it specifically relates to reducing errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient), what is your hospital’s progress in implementing practice 2.2E?**

Practice 2.2E: The hospital trains [clinicians](#) to optimize clinical reasoning in the [diagnostic process](#). This includes training on:

- Critical thinking,
- Avoiding and recognizing cognitive and affective bias, and
- Utilizing organizational resources (e.g., team input, second opinions, decision-support tools for diagnosis) to improve diagnostic performance.

*If “not under consideration,” continue to question 9. Otherwise, move on to question 8a.*

<i>Not under consideration</i>	<i>Exploring and Preparing</i>	<i>Planning and Resourcing</i>	<i>Implementing and Operationalizing</i>	<i>Fully Implemented and Evaluating Impact</i>

**8a: Were any of the following resources or strategies used on your path to implement Practice 2.2E? If you used a resource or strategy not listed here, select “Other” and provide a brief description.**

**Select all that apply.**

<input type="checkbox"/>	Our hospital has a training program that highlights the importance of clinical reasoning and the cognitive process.
<input type="checkbox"/>	Our hospital utilizes one or more of the Society to Improve Diagnosis in Medicine’s checklists, mnemonics, and decision support tools in the <a href="#">Clinical Reasoning Toolkit</a> to improve clinical reasoning.
<input type="checkbox"/>	Our hospital has implemented “ <a href="#">Take 2: Think Then Do</a> ” program (or equivalent) to emphasize the value of a two minute “time out” for reflection to improve diagnosis.
OTHER	_____

**Domain 2: The Diagnostic Process**

Recommended Practice 2.2F

<p><b>9: As it specifically relates to reducing errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient), what is your hospital’s progress in implementing practice 2.2F?</b></p> <p>Practice 2.2F: The hospital deploys evidence-based clinical pathways for diagnosis in the ED and measures the consistency of their implementation and their impact on diagnostic performance (e.g., post-ED hospitalizations or mortality).</p> <p><i>If “not under consideration,” continue to question 10. Otherwise, move on to question 9a.</i></p>				
<i>Not under consideration</i>	<i>Exploring and Preparing</i>	<i>Planning and Resourcing</i>	<i>Implementing and Operationalizing</i>	<i>Fully Implemented and Evaluating Impact</i>

**9a: Were any of the following resources or strategies used on your path to implement Practice 2.2F? If you used a resource or strategy not listed here, select “Other” and provide a brief description.**

**Select all that apply.**

<input type="radio"/>	Our hospital engages ED <a href="#">clinicians</a> to review and adopt one or more published national guidelines that address high-risk conditions and monitor the quality of care before and after via the ACEP Clinical Emergency Data Registry.
<input type="radio"/>	Our hospital has protocols in place to ensure ED staff follow appropriate evidence-based guidelines for stroke diagnosis, particularly posterior circulation stroke, such as the <a href="#">American College of Emergency Physicians guideline</a> on evaluation of adult patients with suspected transient ischemic attack (TIA).
<input type="radio"/>	Our hospital deploys clinical care pathways that help <a href="#">clinicians</a> consistently implement such guidelines and implements measures of stroke hospitalizations following ED treat-and-release visits to facilitate ongoing monitoring of diagnostic performance.
<input type="radio"/>	Our hospital shares clinical pathways with other hospitals in our region.
<input type="radio"/>	Our hospital has protocols in place to ensure that staff follow appropriate evidence-based guidelines for diagnosing sepsis, such as the <a href="#">Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2021</a> .
OTHER	_____

**Domain 2: The Diagnostic Process**

Recommended Practice 2.3A

<p><b>10: As it specifically relates to reducing errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient), what is your hospital’s progress in implementing practice 2.3A?</b></p> <p>Practice 2.3A: The hospital has a written policy that outlines the protocol(s) <a href="#">care team</a> members should take when handing off patients with diagnostic uncertainty to the <a href="#">care team</a> assuming responsibility for the next phase of care, including different units within the same hospital (e.g., emergency department to inpatient unit, hospital to skilled nursing facility, general hospital to free-standing pediatric hospital, hospital to primary care physician, to and from intensive care units, between specialty services, etc.).</p> <p><i>If “not under consideration,” continue to question 11. Otherwise, move on to question 10a.</i></p>				
<i>Not under consideration</i>	<i>Exploring and Preparing</i>	<i>Planning and Resourcing</i>	<i>Implementing and Operationalizing</i>	<i>Fully Implemented and Evaluating Impact</i>

**10a: Were any of the following resources or strategies used on your path to implement Practice 2.3A? If you used a resource or strategy not listed here, select “Other” and provide a brief description.**

**Select all that apply.**

<input type="radio"/>	Our hospital implements evidence-based tools and resources to improve both verbal communication (e.g., <a href="#">AHRQ’s TeamSTEPPS® for Diagnosis Improvement</a> or <a href="#">IPASS</a> ) and electronic communication (e.g., based on a self-assessment from <a href="#">ONC-sponsored SAFER Guide for Clinician Communication</a> ).
<input type="radio"/>	Our hospital regularly convenes a group of <a href="#">clinicians</a> and administrators from neighboring facilities (e.g., nursing homes, primary and specialty care offices) to review and improve documentation and communication of uncertainty in diagnoses so the receiving facility can take the appropriate next steps.
<input type="radio"/>	Our hospital has a written policy documenting the protocol to transition the patient’s care to a primary <a href="#">care team</a> that includes written communication of the most likely diagnosis and its degree of certainty.
OTHER	_____

**Domain 2: The Diagnostic Process**

Recommended Practice 2.3B

**11: As it specifically relates to reducing errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient), what is your hospital’s progress in implementing practice 2.3B?**

Practice 2.3B: For patients discharged home from the hospital or the ED with an uncertain diagnosis, or where potential diagnoses involve high-risk conditions, the hospital has a protocol that ensures patients receive both of the following:

- Discharge summary notes with available test results and any test results that are pending, and instructions on when the patient should follow-up, and
- Explicit, condition-specific instructions, in the patient’s preferred language for medical decision-making, on what to watch out for, when to return to the hospital, and how to get timely follow-up care, if needed.

*If “not under consideration,” continue to question 12. Otherwise, move on to question 11a.*

<i>Not under consideration</i>	<i>Exploring and Preparing</i>	<i>Planning and Resourcing</i>	<i>Implementing and Operationalizing</i>	<i>Fully Implemented and Evaluating Impact</i>
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**11a: Were any of the following resources or strategies used on your path to implement Practice 2.3B? If you used a resource or strategy not listed here, select “Other” and provide a brief description.**

**Select all that apply.**

<input type="radio"/>	Our hospital has amended our patient discharge protocol to add specific elements for uncertain or potentially high-risk diagnoses, which outlines the steps and instructions described in the practice statement.
<input type="radio"/>	Our hospital periodically conducts patient focus groups to ensure our protocol, as executed, is effective in helping patients and their <a href="#">family caregivers</a> obtain test results that were pending at discharge and understand how and when to seek the next phase of care.
<input type="radio"/>	Our hospital has amended our patient discharge protocol to ensure discharge instructions are made available to the patient in the patient and/or <a href="#">family caregiver</a> ’s primary language.
OTHER	_____

**Domain 2: The Diagnostic Process**

Recommended Practice 2.3C

**12: As it specifically relates to reducing errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient), what is your hospital’s progress in implementing practice 2.3C?**

Practice 2.3C: The hospital has a process and protocol in place to ensure that patients are discharged from the ED or hospital with both:

- A list of their lab and imaging test results and
- A list of any pending test results and written instructions, in the patient’s preferred language for medical decision-making, on how to obtain those results.

*If “not under consideration,” continue to question 13. Otherwise, move on to question 12a.*

<i>Not under consideration</i>	<i>Exploring and Preparing</i>	<i>Planning and Resourcing</i>	<i>Implementing and Operationalizing</i>	<i>Fully Implemented and Evaluating Impact</i>
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**12a: Were any of the following resources or strategies used on your path to implement Practice 2.3C? If you used a resource or strategy not listed here, select “Other” and provide a brief description.**

**Select all that apply.**

<input type="radio"/>	Our hospital implements a rigorous follow-up system for test results pending at discharge with a clear hierarchy of <a href="#">clinicians</a> responsible for acting on results as they come in.
<input type="radio"/>	Our hospital has a standard set of clear instructions for patients to obtain pending test results, using input from patients and <a href="#">family caregivers</a> , representatives from Laboratory Medicine and Radiology, and representatives from the ED and other relevant hospital departments (e.g., hospitalists).
<input type="radio"/>	Our hospital monitors test results pending at discharge before and after implementation of the new discharge instructions to ensure more patients are obtaining their pending test results once they are discharged home.
<input type="radio"/>	Our hospital implements an automated email or text message system that notifies patients when their pending test results are ready. Discharge instructions note that patients can expect the email notification.
OTHER	_____

**Domain 2: The Diagnostic Process**

Recommended Practice 2.3D

<p><b>13: As it specifically relates to reducing errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient), what is your hospital’s progress in implementing practice 2.3D?</b></p> <p>Practice 2.3D: The hospital has a written policy that outlines the responsibilities of each <a href="#">care team</a> member to ensure all critical and subcritical test results, including those pending at discharge, are viewed by the appropriate <a href="#">care team</a> and communicated to the patient in an appropriate timeframe based on the result.</p> <p><i>If “not under consideration,” continue to question 14. Otherwise, move on to question 13a.</i></p>				
<i>Not under consideration</i>	<i>Exploring and Preparing</i>	<i>Planning and Resourcing</i>	<i>Implementing and Operationalizing</i>	<i>Fully Implemented and Evaluating Impact</i>

**13a: Were any of the following resources or strategies used on your path to implement Practice 2.3D? If you used a resource or strategy not listed here, select “Other” and provide a brief description.**

**Select all that apply.**

<input type="radio"/>	Our hospital models its policy after the U.S. Department of Veterans Affairs national policy for the safe communication of test results to patients and <a href="#">clinicians</a> , which includes national standards on timeliness of test result communication and informs performance measurement and quality improvement programs implemented across our system.
<input type="radio"/>	Our hospital uses a similar system to the Kaiser Permanente Southern California’s “SureNet” system, which uses an algorithm to proactively identify patients that are overdue for a follow-up of abnormal tests.
<input type="radio"/>	Our hospital reviews and adopts <a href="#">recommended practices</a> on test result communication and follow-up found in the ONC-sponsored <a href="#">SAFER Guides</a> .
<input type="radio"/>	Our hospital utilizes ECRI’s <a href="#">Closing the Loop Toolkit</a> to communicate all patient data and health information requiring an action to the correct individuals so the appropriate next step can occur.
<input type="radio"/>	Our hospital manages incidental findings by adopting an electronic system to assist with tracking and following-up of <a href="#">clinician</a> recommendations.
<input type="radio"/>	Our hospital adheres to the safety actions outlined in The Joint Commission <a href="#">Quick Safety Issue 52</a> to improve communication of test results and ensure patients understand any required next steps based on their results.
OTHER	_____



Additional Questions (optional)

<b>From your perspective, which single practice will drive the greatest improvement in reducing errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient) at your hospital?</b>
<b>From your perspective, which single practice will have the least impact on reducing errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient) at your hospital?</b>
<b>What are the main barriers your hospital faces in implementing one or more of the recommended practices?</b>
<b>What would accelerate the implementation of one or more of the recommended practices?</b>
<b>Who was part of the team that completed the Pilot Survey? (titles/roles, not individual names)</b>

## **Domain 2: The Diagnostic Process**

### Register for a Roundtable Discussion

Pilot participants are invited to participate in a roundtable discussion to provide Leapfrog with additional feedback on the recommended practices included in the Pilot Survey and/or the Society to Improve Diagnosis in Medicine (SIDM) with additional feedback on the SIDM Playbook. These roundtables are optional, but all participants are welcome.

Use the links below register.

**Pilot Survey Roundtables – These roundtables will focus on the recommended practices included in the Pilot Survey:**

- January 17 at 2:00 PM EST  
[https://leapfroggroup.zoom.us/meeting/register/tZYvcuyogTlvGtb\\_7JBkbTw9MXLoyWpeeGIH](https://leapfroggroup.zoom.us/meeting/register/tZYvcuyogTlvGtb_7JBkbTw9MXLoyWpeeGIH)
- January 19 at 11:00 AM EST  
<https://leapfroggroup.zoom.us/meeting/register/tZYrduqvqDgsH9CJL23glweZo2OjxnE1LSJO>
- January 25 at 2:00 PM EST  
<https://leapfroggroup.zoom.us/meeting/register/tZwsf--qqz4pHNXK4UUzijiwta4OIEOxNPZB>

**SIDM Playbook Roundtables – These roundtables will focus on the SIDM Playbook for PFAC engagement:**

- January 23 at 11:AM EST  
<https://leapfroggroup.zoom.us/meeting/register/tZEqceyrrjwvGdYnzJLaKGbWDYkQsurJ06WE>
- January 24 at 1:00 PM EST  
<https://leapfroggroup.zoom.us/meeting/register/tZUvduyprijwuHtUr7ReEUorMmYAdm6DpvDX9>

Thank you for participating in the Recognizing Excellence in Diagnosis Pilot Survey.

You will receive a confidential benchmarking report in March. In the meantime, if you have any questions, want to register for a different roundtable session, or need a PDF copy of your responses, please contact the [Help Desk](#).