Leapfrog Diagnostic Excellence Pilot Survey

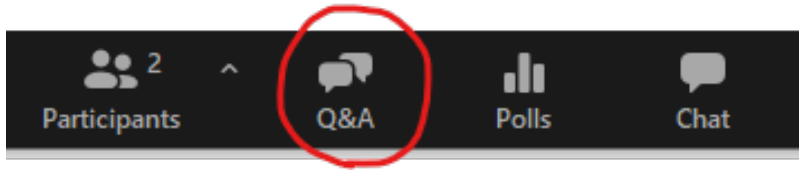
Recognizing Excellence in Diagnosis
A Program of The Leapfrog Group

GORDON AND BETTY MOORE FOUNDATION

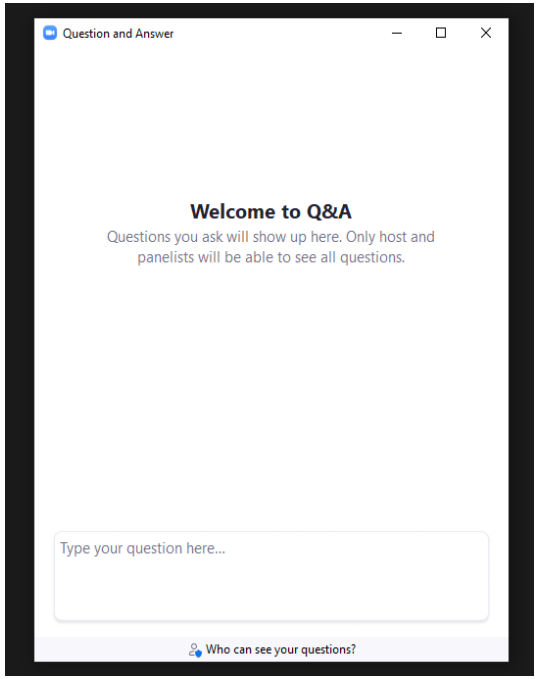
THE LEAPFROG GROUP

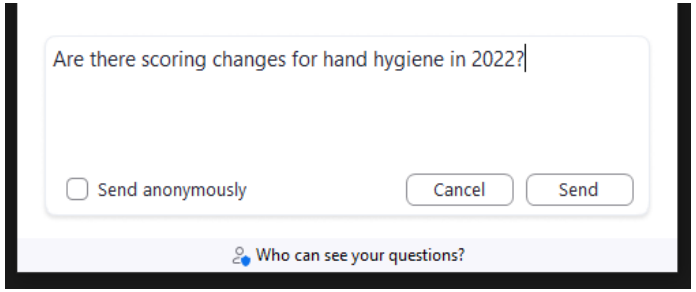
Q & A

Participants will be able to ask questions throughout today's presentation. Please select the Q & A icon at the bottom of your screen to type your questions.



Once the icon has been selected a Q & A box will appear for you to type your questions.





All participants will be able to view all questions during the duration of the webinar.

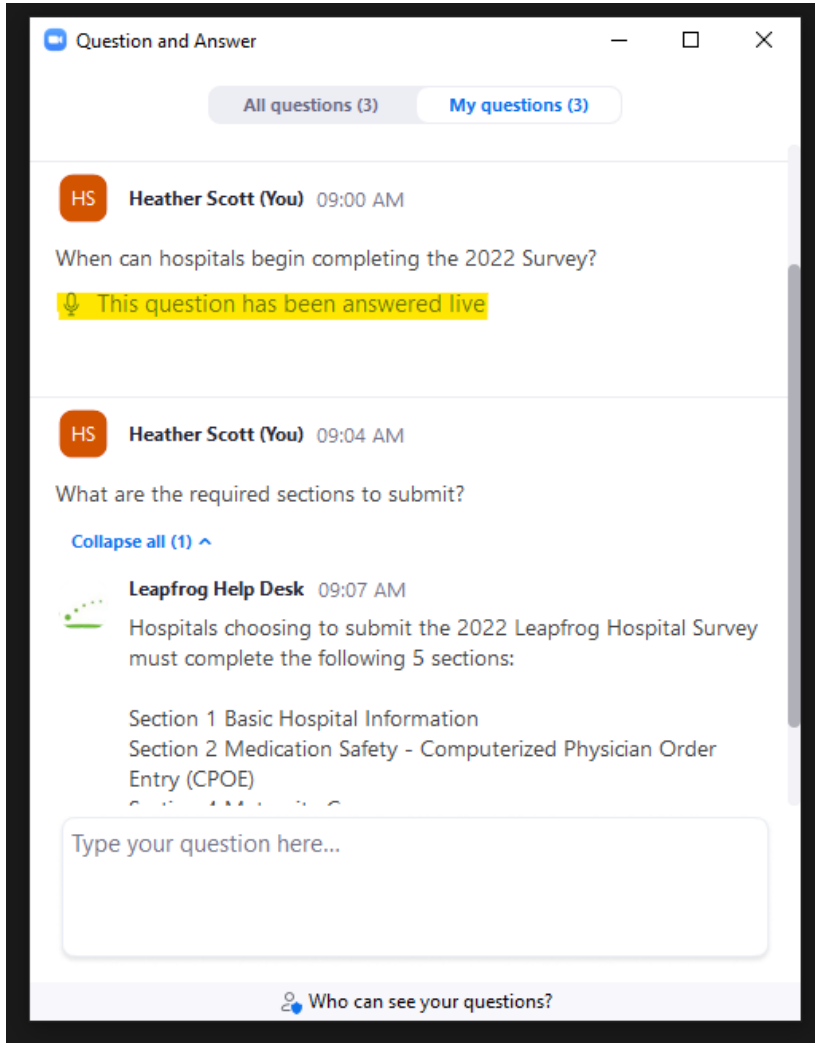
THELEAPFROGGROUP
Giant Leaps for Patient Safety

Q & A

As your questions are submitted you will be receiving answers from a member of our team in real time.

Please pay close attention as some questions may be answered live.

** IMPORTANT NOTE:
Please reserve the chat for technical issues only.



THELEAPFROGGROUP
Giant Leaps for Patient Safety

Overview of Leapfrog's Recognizing Excellence in Diagnosis Project

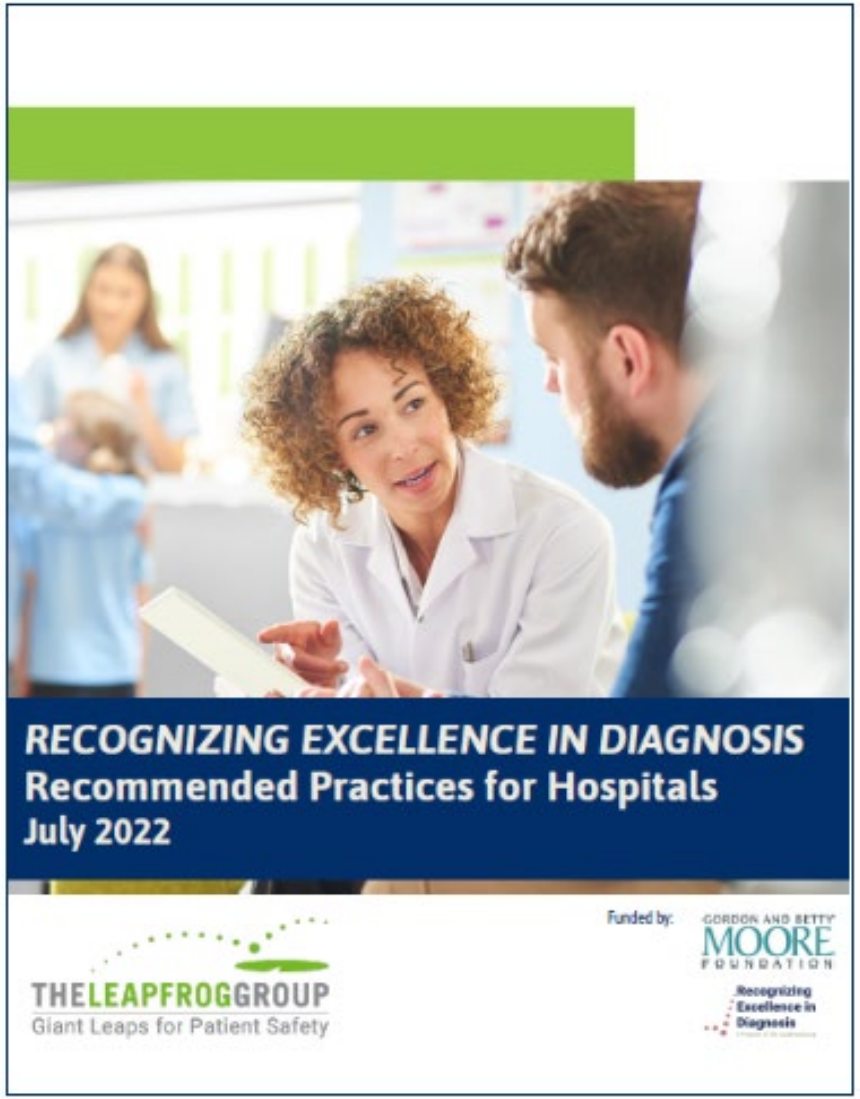
- In 2020, Leapfrog received a grant from the Gordon and Betty Moore Foundation to implement a new project aimed at reducing harm to patients from diagnostic errors
- The project has several important milestones:
  - Publish a report of recommended practices to reduce harm to patients from diagnostic errors
  - **Assess hospital implementation of the practices via a national pilot survey**
  - Analyze and publish findings from the national pilot
  - Use the findings from the national pilot and any newly published literature to develop a new section of the Leapfrog Hospital Survey in 2024
  - Engage employers and purchasers, patients and families, and other stakeholders around diagnostic safety and quality

THELEAPFROGGROUP
Giant Leaps for Patient Safety

Recommended Practices for Hospitals

The *Recognizing Excellence in Diagnosis: Recommended Practices for Hospitals* report was published on July 28 after an intensive year-long effort that brought together the nation's leading experts on diagnostic excellence, including physicians, nurses, patients, health plans, and employers.

The multi-stakeholder group reviewed the evidence and identified 29 evidence-based actions hospitals can implement now to protect patients from harm or death due to diagnostic errors.



THELEAPFROGGROUP
Giant Leaps for Patient Safety

Recommended Practices for Hospitals

The 29 recommended practices included in the report are divided into two domains:

- Domain 1: Organizational Leadership & Systems
- Domain 2: The Diagnostic Process

Each of the domains is further divided into relevant subdomains that represent specific areas where measurement can be applied to improve diagnostic safety and quality.

Each of the domains includes one or more recommended practices as well as a description of the evidence-base, resources and strategies, and in some cases, a featured implementation example.

Example

Domain 2: The Diagnostic Process

Subdomain: Processes and structures are in place to effectively communicate diagnostic information to patients and ensure timely and complete hand-offs during transitions of care

Practice Statement: The hospital has a process and protocol in place to ensure that patients are discharged from the ED or hospital with 1) a list of their lab and imaging test results and 2) a list of any pending test results and written instructions to obtain those results.

Example

Rationale: A test result is a critical piece of diagnostic information. Missed test results can lead to a missed diagnosis, or a missed opportunity to correct an erroneous diagnosis. The risk of a missed test result is magnified for patients in transition from hospital to home. A systematic review of 12 studies concluded that up to 16% of patients released from the ED and 23% of patients discharged from inpatient care will have laboratory test results pending. In one study, 41% of medical inpatients had one or more test results (laboratory or imaging) pending at discharge, over 40% of the results were abnormal, and 9% required action, importantly, the patients' physicians were unaware of 62% of the test results.

Often, test results pending at discharge are not mentioned in the discharge summary. The clinician(s) who assume the patient's care in the post-discharge ambulatory setting may not be aware that these tests were ordered and will not see the results because they are routed back to the hospital-based physician. It is critical to ensure patients know where and when to obtain these results.

Example

Resources and Strategies:

- The hospital implements a rigorous follow-up system for test results pending at discharge with a clear hierarchy of clinicians responsible for acting on results as they come in.
- The hospital develops a standard set of clear instructions for patients to obtain pending test results, using input from patients and family caregivers, representatives from Laboratory Medicine and Radiology, and representatives from the ED and other relevant hospital departments (hospitalists).
- The 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.
- The 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.

Featured Implementation Example

Kirsten Edler, MSN, CRNP, CPPS, CPHQ, Frederick Health Hospital, Frederick, MD

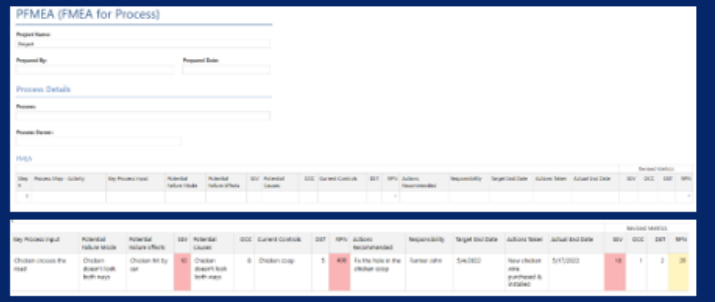
Kathy J. Weishaar MD, MMM, FHM, Frederick Health Hospital, Frederick, MD

Calling Patients for Test Result Follow-Up

During the height of the COVID-19 pandemic, ED staff at Frederick Health Hospital noticed a dangerous pattern: patients afraid of being exposed to COVID-19 were leaving the ED after tests were performed, but before they saw a physician who could give them their test results and appropriate discharge instructions. In response, the hospital conducted a Failure Mode and Effects Analysis (FMEA) and identified that one issue with patients leaving the unit before an official discharge was not knowing what tests(s) had been completed, what the results were, and where to find pending test results.

To mitigate this patient harm risk, the hospital partnered with the ED and Service Excellence Department to implement a protocol wherein clinically trained staff, including nurses and pharmacists, call the patient to close the loop and notify them of any test results that were pending at discharge and communicate the appropriate next steps. The Service Excellence Department developed scripting to communicate test results and enhance standard message delivery.

In addition, the success of this program also depended on collaboration with the Registration Department. The team refined their process to ensure the accurate collection of telephone numbers and email addresses, they helped patients register for the patient portal. Kirsten Edler led the FMEA team in the implementation of the new protocol.


PFMEA (FMEA for Process)

- **Process Map - Activity:** A step in a process.
- **Key Process Input:** The source of variability at each process step.
- **Potential Failure Mode:** The ways that the process can fail for each key input. An input can have multiple failure modes.
- **Potential Failure Effects:** The output results of each failure mode. A failure mode can have multiple failure effects.
- **SEV** (severity rating): The severity of the output on each step. Use a 1 to 10 scale, where 10 is high severity and 1 is low severity. To mitigate potential legal issues, carefully define high severity outputs.
- **Potential Causes:** The causes of the failure mode.
- **OCC** (occurrence rating): How frequently the cause is likely to occur. Use a 1 to 10 scale, where 10 is highly frequent and 1 highly infrequent.
- **Current Controls:** The way that the failure cause or mode is detected or controlled (for example, a poka-yoke device).
- **DET** (detection rating): The ability of each control to detect or to control the failure cause or mode. Use a 1 to 10 scale, where 10 is poor detection or control (the cause is almost never detected before the failure) and 1 is high detection or control (the cause is almost always detected before the failure).

Evaluate the RPN to identify the risks.

- **RPN:** The product of the **SEV**, **OCC**, and **DET** scores. A high **RPN** score indicates a more severe, more frequent, or less controlled problem. Always investigate a failure effect that has a high severity, regardless of its **RPN** value.
  - After you correct the failure, enter new **SEV**, **OCC**, and **DET** values to recalculate the **RPN**. You can record up to two sets of improvements, which is adequate for most situations.

THELEAPFROGGROUP
Giant Leaps for Patient Safety

Funded by the Gordon and Betty Moore Foundation

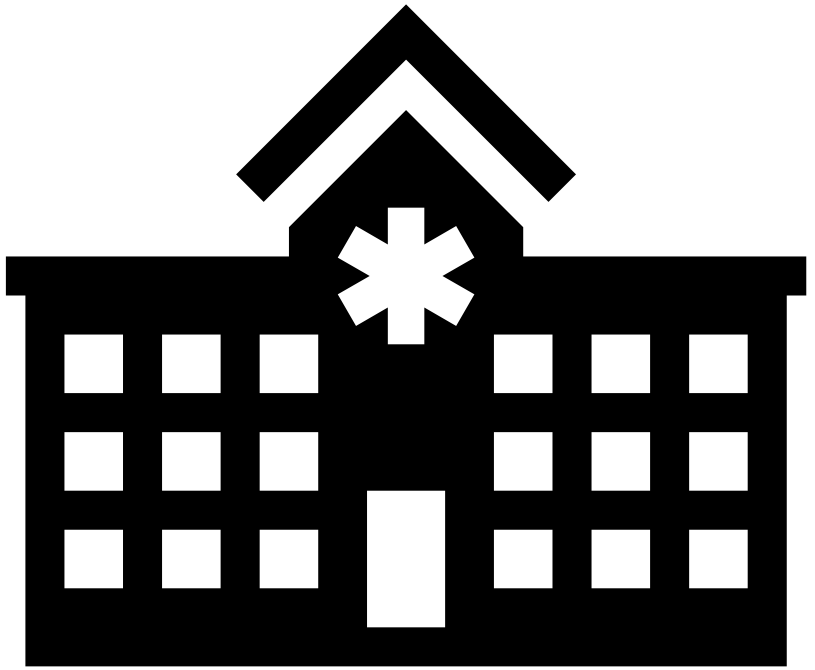
National Pilot

THELEAPFROGGROUP

Eligibility

Seeking 100 diverse hospitals that participate in the Leapfrog Hospital Survey

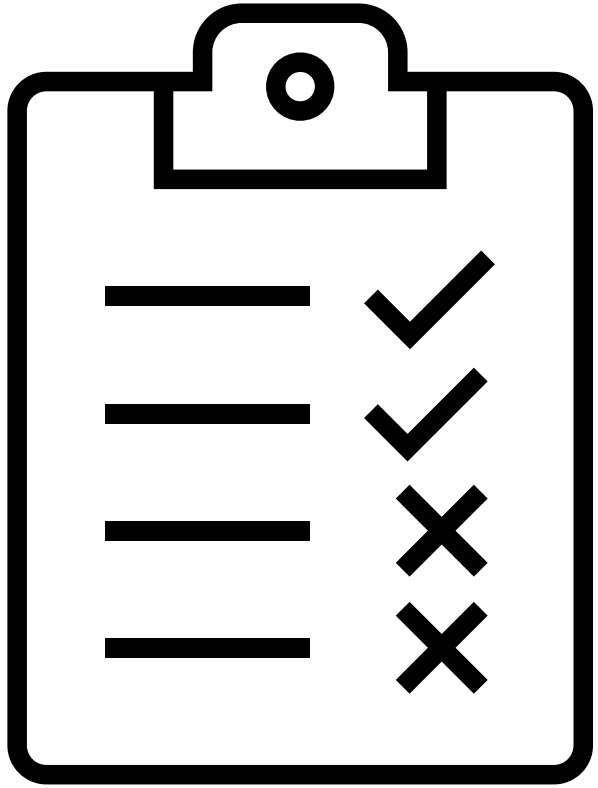
- Rural/Urban
- Teaching/Non-teaching
- Pediatric



THELEAPFROGGROUP
Giant Leaps for Patient Safety

Pilot Requirements

- Tell us you want to join by September 16
- Participate in a 1-hour pilot orientation webinar in October
- Complete the Diagnostic Excellence Survey via Qualtrics
- Optional:
  - Participate in a round table after pilot survey has been submitted
  - Test new tool to help hospitals implement one of the practices



THELEAPFROGGROUP
Giant Leaps for Patient Safety

Example Question Structure – Practice Implementation

Question 1:

Practice 1.1A Establish goals for patient engagement, communication, and teamwork

Senior administrative leaders establish separate goals for engaging patients, improving communication between patients and their care team, and promoting better communication and teamwork between members of the care team to improve diagnosis and:

1. Share these goals with the Board and throughout the organization.
2. Communicate progress towards meeting these goals at least annually to the Board.
3. Include progress towards meeting these goals in the senior administrative leaders' annual performance reviews, incentives, or compensation.

What is your hospital's progress in implementing practice 1.1A?

Not under consideration	*Exploring and Preparing*	*Planning and Resourcing*	*Implementing and Operationalizing*	*Full Implementation and Evaluation*

Example Question Structure – Resources and Tools

Question 1a:

In implementing and operationalizing practice 1.1A has your hospital utilized one or more of the following **resources and strategies?** If you used a resource or strategy not listed here, select "Other" and provide a brief description [limited to 150 characters].

Select all that apply.

o	Senior administrative leaders set goals to partner with the hospital's Patient and Family Advisory Council (PFAC) to identify and work towards resolving diagnostic safety and quality issues, including implementing PFAC recommendations on engaging patients in their own diagnosis (e.g., following up on pending test results at discharge, interacting with the patient portal, reporting diagnostic concerns). Leaders can refer to SIDM's *PFAC Guide for Hospital and Health System Leaders,* which includes best and promising practices for structuring, recruiting, onboarding, and operating a PFAC.
o	Senior administrative leaders set a goal to involve a PFAC member in another hospital-wide or departmental committee working to improve diagnostic safety and quality.
o	Senior administrative leaders use *AHRQ's Guide to Patient and Family Engagement* or *AHRQ's Toolkit for Engaging Patients to Improve Diagnostic Safety* to set goals related to implementing recommended strategies that align with organizational priorities and needs related to patient engagement.
o	Senior administrative leaders use the American Institutes for Research *Roadmap for Patient and Family Engagement in Healthcare* or the Patient Safety Foundation's *Actionable Patient Safety Solution: Person and Family Engagement* to design and implement programs to improve patient engagement at the hospital.
o	Senior administrative leaders use *AHRQ's TeamSTEPPS® for Diagnosis Improvement* to set goals for staff training and implementing strategies that align with organizational priorities and needs related to communication and teamwork between members of the care team.
o	Senior administrative leaders establish goals to measure and improve nurse and clinical pharmacist perceptions of being a valued member of the diagnostic team. For example, the rate at which nurses and clinical pharmacists actively participate on rounds could be measured.
o	Senior administrative leaders monitor and display (e.g., internal newsletter or intranet) run-charts that track percentage of staff trained using one or more of the AHRQ resources listed above or track other established goals.
OTHER	_____

Example Question Structure – Free Text

Additional Questions

From your perspective, which single practice will drive the greatest improvement in diagnostic safety and quality at your hospital?
List all 29 Practices

Form your perspective, which single practice will have the least impact on improving diagnostic safety and quality at your hospital?
List all 29 Practices

Are there *OTHER* practices that would improve diagnosis that you currently use or recommend for inclusion in future surveys?
Open text response

THELEAPFROGGROUP
Giant Leaps for Patient Safety

Test New Tool to Help Hospitals Implement Practice 1.1A: Establish goals for patient engagement, communication, and teamwork

Practice	Senior administrative leaders establish separate goals for engaging patients, improving communication between patients and their care team, and promoting better communication and teamwork between members of the care team to improve diagnosis and: • Share these goals with the Board and throughout the organization. • Communicate progress towards meeting these goals at least annually to the Board. • Includes progress towards meeting these goals in the senior administrative leaders' annual performance reviews, incentives, or compensation.
Strategy	Senior administrative leaders set goals to partner with the hospital's Patient and Family Advisory Council (PFAC) to identify and work towards resolving diagnostic safety and quality issues, including implementing PFAC recommendations on engaging patients in their own diagnosis (e.g., following up on pending test results at discharge, interacting with the patient portal, reporting diagnostic concerns).
Tool to Help Hospitals	PFAC Facilitator Guide and Presentation Template to kick-start engaging the PFAC in diagnostic safety and quality projects

Value in Pilot Participation

- Have early input on practices that will be included on the 2024 Leapfrog Hospital Survey
- Benchmark your current performance against other pilot hospitals (aggregate results will be published)
    - Hospitals will receive a free benchmarking report
- Build on existing efforts to improve diagnostic safety and quality

THE LEAPFROG GROUP
Giant Leaps for Patient Safety

National Report on Results of Pilot Survey

- Leapfrog will report aggregate findings
- No hospital or health system will be identified
- Findings will be used for development of new section of 2024 Leapfrog Hospital Survey

THELEAPFROGGROUP
Giant Leaps for Patient Safety

Timeline for Hospitals

- August – September 16
  - Learn about pilot – must commit by September 16
- October 2022
  - Participate in 1-hour orientation webinar
- October - December 2022
  - Complete Dx Survey via Qualtrics
  - Test new training tool
- January 2023
  - Participate in virtual round tables (optional)
- March 2023
  - Leapfrog will publish national report on findings – aggregate results ONLY

THELEAPFROGGROUP
Giant Leaps for Patient Safety

Next Steps

- Volunteer by **September 16** by contacting the Help Desk at helpdesk@leapfrog-group.org
- Review the Recognizing Excellence in Diagnosis: Recommended Practices for Hospitals report
- Find project updates at https://www.leapfroggroup.org/influencing/recognizing-excellence-diagnosis

THE LEAPFROG GROUP
Giant Leaps for Patient Safety

Volunteer

- Submit a ticket to the Help Desk at https://leapfroghelpdesk.Zendesk.com
- Click "Submit a request" at the top right of the Leapfrog Help Desk homepage.
- Make sure to select the following drop-downs when submitting a ticket:
  - Form: Leapfrog Hospital Survey
  - Hospital Survey Issue: Diagnostic Pilot Survey
- Provide the name of your hospital and CCN
- In the question field, please note that you would like to sign up for the Pilot Survey
- Help Desk tickets are responded to within 1-2 business days.