Diagnostic Feedback to Reduce Error and Improve Diagnostic Performance

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Diagnostic error is defined as the failure to establish or communicate an accurate and timely explanation of a patient's health problem. Unfortunately, diagnostic errors are not uncommon – affecting an estimated 12 million people each year in the US alone ¹.

Providing feedback to clinicians and organizational leaders about diagnostic performance is an essential intervention to reduce diagnostic errors.² **Recalibration**, the process of a clinician becoming aware of his or her diagnostic abilities and limitations through feedback, enables the clinician to gauge current diagnostic accuracy, and improve future performance. **Diagnostic errors** harm patients and organizational health care quality – posing both patient safety and medico-legal risks. Diagnostic errors:

- Account for 6-17% of hospital adverse events ³
- Are the leading type of paid medical malpractice claims (28.6%)³
- Account for the highest proportion of total medical malpractice payments (35.2%)³

A call to action for hospitals, health systems and clinical practice.

In 2015 the National Academies of Sciences, Engineering, and Medicine recommended that all healthcare organizations: "Implement procedures and practices to provide systematic feedback on diagnostic performance to individual health care professionals, care teams, and clinical and organizational leaders." ³

Yet, adoption of diagnostic feedback at scale remains limited. <u>GoodDx.org</u> can help.

The limited awareness of tools that support and potentially automate aspects of diagnostic performance feedback has been a major barrier to adoption. <u>GoodDx</u> removes that barrier by providing an online library of curated resources for diagnostic performance feedback.

GoodDx.Org is available today, to support your efforts in providing diagnostic performance feedback.

You can use <u>GoodDx</u> to search for diagnostic performance feedback resources that match your needs, and you can interact with peers who have used these resources to address similar problems. If you're a patient safety officer, a quality officer, department head, or individual clinician – find resources that can be used at your organization. If you're an educator or patient, find resources to encourage your healthcare providers to use. Whatever your need, <u>GoodDx</u> offers the first free-to-use online library of diagnostic feedback resources for you to consider implementing in your system.

Join us.

We are a community of healthcare professionals who care deeply about improving diagnostic performance in clinical practice. We invite you to join colleagues in using <u>GoodDx</u>. You can find resources suited to your organization's needs and catalyze the adoption of diagnostic feedback to improve patient care and mitigate risk.

<u>GoodDx.org</u> was created as a public good by leaders from the following organizations:



^{1.} Singh H, Meyer AN, Thomas EJ. BMJ Qual Saf. 2014;23(9):727-731.

 Committee on Diagnostic Error in Health Care, Board on Health Care Services, Institute of Medicine, The National Academies of Sciences, Engineering, and Medicine. Improving Diagnosis in Health Care. (Balogh EP, Miller BT, Ball JR, eds.). National Academies Press (US); 2015.

Zwaan L, El-Kareh R, Meyer AND, Hooftman J, Singh H. J Gen Intern Med. 2021;36(10):2943-2951.