



Workplan Review

11:00 a.m.	Update: Diagnostic Taxonomy for adverse event reporting Progress with RLDatix, SIDM, NQF, AHRQ <ul style="list-style-type: none">• NQF webinar did not talk about measurement at all<ul style="list-style-type: none">○ Mainly talked about training practitioners better- widely missed the boat• Randy has been connected with AHRQ's Jeff Brady- Director For Center for Quality and Patient Safety<ul style="list-style-type: none">○ Pretty far along in comment for public reporting and includes diagnostic error○ Releasing version for public comment in September/October○ WPSC Pass around to our constituents for additional comments○ AHRQ is a lot closer to doing this work than was originally thought○ Once they have the draft it would be appropriate to follow up with conversation○ Several measures within the document• Randy to send AHRQ link to Steve & Kinsey for group distribution• NQF Reducing Diagnostic Error: Measurement Considerations http://nqf.informz.net/z/cjUucD9taT05NTA1OTg3JnA9MSZ1PTExMDY0MjU1NDMmbGk9Nzk0NDE4OTg/index.html	Randy Moseley
11:10 a.m.	Update: Implementing 5 tools from SIDM that our organizations would use This activity is on hold. <ul style="list-style-type: none">• <i>Other items have taken precedence</i>	Randy Moseley
11:15 a.m.	Discussion: Develop a diagnostic educational program	Group

1. Discuss progress on educational program with WSHA & Kaiser Permanente.

- *Update*

- Think about content for webinar programs
- Kaiser Permanente seemed quite excited about what they've learned, and they are way in front of the pack on this
- KP representatives- Ron Loo (physician), Maricuz Garavito, Mimi Hugh from Southern California region
- Someone from Karen's region would be a welcome addition to the webinar series
- Implementing Surennet is something KP Washington would aspire too
 - KP Washington is on Datix system and do track diagnostic error within the system. They created a self-built category
- Confluence inquired locally about capturing diagnostic in system and was told it would be incredibly labor intensive
- RLDatix is in process of merging and updating entire system and process- hoping to build it into system level of content
- KP Washington tracking virtual method and COVID in system- started in Feb.
- What is impact of COVID on misdiagnosis? Performance problems with diagnostic tests and rapid push into telemedicine
- COVID- moving target, no established standard
 - Any baseline for misdiagnosis? Patients have lingering COVID symptoms for months and they go ignored
 - Comes down to measuring and looking at data to see if misdiagnosis and what can be done- but you must collect the data
 - Patient committee at SIDM thought about taking on project- have not moved on it

- *Determine plan, promotion, etc.*

- Surennet 3-hour presentation at IHI- can we break down into 3-part webinar series
 - Focus on- How did they do this and what were highest yield items put on system for tracking
 - Learn the nuts and bolts of how they built Surennet, how they picked items for tracking and how is it working
- Karen- taking information and putting it on safety dashboard to report out. Taking a look back at events over past 5 years, determine common themes- usually some sort of delay and then can look forward on how to make improvements now
- Contact **Adrienne Westwood (? didn't fully catch name)**- overseeing patient safety fellow, aspiring to get to Surennet, working on how to capture diagnostic error, local system to report into, report sentinel events into national database
- Can we include Washington region in educational series? Happy to participate, just not as far along with Surennet
- Surennet is one part of educational plan – KP Washington is happy to share what they have

2. *Discuss diagnosis safety in telemedicine*

- Here is some preliminary information on telemedicine and misdiagnosis that came out yesterday:
 - **Article** -<https://www.ahrq.gov/news/blog/ahrqviews/using-telemedicine.html>

- **Brief** - <https://www.ahrq.gov/patient-safety/reports/issue-briefs/teledx.html> Determine topic priorities and discuss content
 - Not sure if we can contribute meaningfully in COVID space
 - Room for us in space would be surge in telemedicine- webinar on pitfalls of telemedicine
 - Yanling recently watched a webinar about people's shared experience on misdiagnosis during COVID
 - Recently published articles dealing with this— maybe WPSC can speak with authors to see if they are interested in presenting on this
 - Telediagnosis project that SIDM is doing- might be people on advisory team from other organizations
 - Io to pursue that and keep group in loop
 - Randy to pursue authors of articles for webinar
- 3.
- *Update on speakers - Steve*

11:40 a.m. Discussion: Patient visit prep tools

Group

1. Where do we go with this?
 - Push for provider education – one webinar on what they did and why, did it help?
 - Virtual medicine- training module for providers
 - Karen and colleagues working a lot on virtual diagnosis pitfalls and what are patient safety aspects, what do providers need to think about in conducting the visit, risks to organization if you don't do it well, how do you do all these things? A lot of different angles you can take with this
 - Engaging patients in the process with Matt Headley, currently in the process of creating visit prep tool
 - Co-creation of diagnosis, physician depends on narrative coming from patient; how to engage with them, and patient help the physician have all the information they need to make the best diagnosis
 - How someone used shared decision making in their practice to reduce diagnostic error- make it a very specific component for webinar
 - Usually SDM is implemented once a diagnosis has been made and need to determine medically appropriate option that best fits patients' values- not necessarily for diagnosis

11:50 a.m. Next steps

Randy Moseley

- Pursue webinar series on Surenet system & Shared experience for provider education with KP Southern California
 - Work towards finding a patient component for webinar series
- Telemedicine webinar not Kaiser Permanente exclusive
 - Randy and Io to pursue possible webinar speakers
- WSHA to consider what WPSC is proposing and make sure they are not duplicating work and programs
- WPSC & WSHA to co-brand webinar series- propose back to KP directly to see what their bandwidth and capacity for webinar series in the fall is

- WPSC to find out exactly what Kaiser Permanente has that they can pull together quickly, another conversation should happen.
 - Karen to be part of the conversation
- Ongoing conversation with SIDM, etc... on data taxonomy