

WPSC Action Planning Subcommittee: Improving the Diagnostic Process 2020 Year End Summary

Tactic	Approach	Actions we took	Status
<p>Tactic 1: Raise awareness of the burning platform & define and measure the problem in a qualitative way</p> <p>This tactic has been sunset as we have completed our activities.</p>	<ul style="list-style-type: none"> Focus on specific aspects that are often missed in the diagnostic process. Organize community events. 	<ul style="list-style-type: none"> Develop educational Webinar Series. Engaged and became active in Society to Improve Diagnosis in Medicine (SIDM). Held diagnostic patient safety round table. Collected educational material. 	<p>Initial awareness campaign was content rich. The work of creating awareness and promoting the issue still exists.</p> <ul style="list-style-type: none"> The 4-part Diagnostic Improvement Webinar Series was a success, culminating with Mark Graber and Sue Sheridan presenting at conference. All recordings of the webinars are on the WPSC website. The April 23rd round table at UW had 11 organizations and 21 people attend. Dr. Moseley volunteered his time and \$ to attend the SIDM annual conference and represented WPSC. His connections created the opportunity to interact and recruit the top names in the field to help us.
<p>Workgroup recommendation for Tactic 1: <u>sunset this tactic</u>. However, consider doing a round table either in central/eastern Washington, possibly at Confluence, inviting members from the Northwest Rural Health Network. Alternatively we could explore hosting this remotely via Zoom.</p>			
Tactic	Approach	Actions we took	Status
<p>Tactic 2: Develop a focus through collaboration & evidence-base</p>	<ul style="list-style-type: none"> Develop a toolkit of tools and resources around best practices. Keep up to date through partnerships and events. 	<ul style="list-style-type: none"> Redesigned website to accommodate diagnostic toolkit and resources. Participate in events relevant to diagnostic improvement. 	<p>This tactic is just beginning. The website is up and running but has not collected tools and resources.</p> <p>Randy attended the 2019 SIDM conference in November. He used the opportunity to arrange partnerships and speakers for webinars. He was able to contact his colleagues at Kaiser Permanente who offered to field faculty for a webinar or perhaps a series of webinars describing Kaiser's SureNet system.</p>

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Workgroup recommendation for Tactic 2: <u>Continue in 2020.</u>			
Tactic	Approach	Actions we took	Status
Tactic 3: Promote collaborative diagnosis (including patient/family)	<ul style="list-style-type: none"> • Work to promote Shared Decision Making. • Work to promote collaborative diagnosis and beyond that, help patients understand how best to prepare for visits and collaborate and engage with their providers. 	<ul style="list-style-type: none"> • The fall WPSC Webinar Series was dedicated to Shared Decision Making and planned with the Bree’s SDM workgroup. • September, Shared Decision Making 101: Understanding Shared Decision Making. This webinar featured an overview of the Bree Collaborative’s recommendations for Shared Decision Making. • October, Shared Decision Making 102: Adopting Shared Decision Making. This webinar covered some tips, best practices and firsthand advice for adopting SDM using the findings of the Bree Collaborative's Shared Decision Making workgroup and others. • November, Shared Decision Making 103: Elevating Shared Decision Making. 	Although this is more of a future tactic, there was some significant activity. Steve Lovell provided several examples of patient decision making tools to the workgroup. The WPSC diagnostic workgroup coordinated with the Bree Collaborative’s Shared Decision Making workgroup and proved the positive benefits of coordinating similar patient safety campaigns between sister FHCQ programs.
Workgroup recommendation for Tactic 3: <u>Continue in 2020.</u>			