Core Elements of Hospital Diagnostic Excellence

Assessment Tool Additional Examples

AHRQ — Agency for Healthcare Research and Quality

CMS — CENTERS FOR MEDICARE & MEDICAID SERVICES

CDC — U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

The Hospital Diagnostic Excellence (DxEx) program assessment tool is a companion to the CDC Core Elements of Hospital Diagnostic Excellence. This tool provides additional examples of how to implement the Core Elements. The Core Elements are intended to be an adaptable framework that hospitals can use to guide efforts to improve diagnosis in the hospital. Thus, not all examples listed in the Core Elements (and below) may be necessary and/or feasible in all hospitals. The assessment tool can be used periodically (e.g., annually) to document current program infrastructure and activities and to help identify items that could improve the effectiveness of the diagnostic excellence program. Consider listing specific details, such as points of contact or facility-specific guidelines with the date, in the "comments" column as a reference for the hospital diagnostic excellence program. Additionally, consider listing specific examples used in your hospital in the comments section.

HOSPITAL LEADERSHIP AND ACCOUNTABILITY

Example	Established at Facility	Comments
1. Our hospital leadership has outlined diagnostic excellence (DxEx)--related duties in job descriptions and annual performance reviews for program leads and key support staff.	Yes No	
2. Our hospital supports only evidence-based diagnostic services and avoids using testing as a revenue driver (e.g., we do not adopt full-body MRI or "liquid biopsy" cancer screening tests without evidence of patient benefit).	Yes No	
3. Our hospital has integrated DxEx activities into other quality improvement and patient safety efforts.	Yes No	
4. Our hospital leadership has clear expectations for the program leaders for responsibilities and outcomes.	Yes No	
5. Our hospital leadership supports training and education for program leaders and hospital staff (e.g., attending diagnosis-specific training courses and meetings).	Yes No	
6. Our hospital leadership supports participation in local, state, and national DxEx quality improvement collaboratives.	Yes No	
7. Our hospital leadership ensures that staff from key support departments (outlined in the Core Elements) have sufficient time to contribute to DxEx activities.	Yes No	

Example	Established at Facility	Comments
8. Our hospital leadership assures the support of key DxEx program members, such as a quality/safety professional, a nurse, a data analyst, and an informatics expert.	Yes No	

PATIENT, FAMILY, and CAREGIVER ENGAGEMENT

Example	Established at Facility	Comments
Engage patients and families as partners in diagnostic decision-making 9. Our hospital has implemented processes and tools to support shared decision-making in the diagnostic process.	Yes No	
10. Our hospital includes patients and families in advisory committees related to quality and patient safety and ensures diversity in their representation.	Yes No	
11. Our hospital provides patients with tools to help them communicate complete and accurate health information to the care team.	Yes No	
12. Our hospital provides information about test results pending at discharge, instructions for obtaining those results, and whom to contact if the results still need to be provided.	Yes No	
13. Our hospital explains the relevance of key diagnostic tests (e.g., AST and ALT related to liver disease).	Yes No	
Encourage patients and families to monitor health and information changes and bring forward concerns and questions about diagnosis. 14. Our hospital facilitates the review of records and test results in the portal.	Yes No	

Example	Established at Facility	Comments
15. Our hospital has created safe and accessible systems for patients, families, or caregivers to report diagnostic safety events.	Yes No	
16. Our hospital includes questions that assess concerns about diagnosis in patient experience surveys.	Yes No	
Respond to patient, family, and caregiver concerns 17. Our hospital has implemented an evidence-based communication and resolution program, such as AHRQ's Communication and Optimal Resolution (**CANDOR**) toolkit on communicating diagnostic safety events and harms.	Yes No	

ACTION

Example	Established at Facility	Comments
Diagnostic Stewardship 18. Our hospital has improved the diagnostic pathway to optimize laboratory tests or diagnostic imaging, including daily labs, troponin testing, or chest CT scans.	Yes No	
19. Our hospital requires laboratory expert review of orders for complex tests such as human genetic or pathogen metagenomic testing before completion.	Yes No	
20. Our hospital provides access to measures of test accuracy that support clinical reasoning, such as diagnostic sensitivity and specificity or population-specific positive or negative predictive values over analytic laboratory measures alone.	Yes No	
21. Our hospital provides easy access to reference materials, checklists, and resources for diagnosis.	Yes No	

Example	Established at Facility	Comments
22. Our hospital provides comprehensive menus of diagnostic tests online or linked to the EHR and laboratory website for easy accessibility.	Yes No	
Strengthen systems and processes to support accurate and timely diagnosis **23.** Our hospital has implemented processes for all tests that include tracking procedures to ensure fail-safe communication.	Yes No	
24. Our hospital has developed a process map to determine vulnerabilities related to the total testing process, from test ordering to delivering results to patients.	Yes No	
25. Our hospital has implemented policies and standardized workflows to communicate critical test results, and we assess adherence to these policies over time.	Yes No	
26. Our hospital has developed and formalized a "diagnostic time out" process for clinicians and patients experiencing prolonged uncertainty in diagnosis.	Yes No	
Identifying and learning from diagnostic safety events. **27.** Our hospital monitors EHR data to identify patients at high risk for diagnostic safety events (e.g., using electronic triggers followed by medical record reviews using the revised Safer Dx Instrument).	Yes No	
28. Our hospital uses aggregated diagnostic safety data to identify patterns that suggest areas of improvement, including inequities.	Yes No	
29. Our hospital has implemented actions and interventions based on lessons learned from diagnostic safety events to ensure sustainability.	Yes No	

Example	Established at Facility	Comments
30. Our hospital provides feedback to involved clinicians and team members about diagnostic processes (e.g., test use) and outcomes (e.g., feedback and monitoring for mismatch between test order and clinical question or feedback on diagnostic safety events).	Yes No	
31. Our hospital reviews key points learned from diagnostic safety events during clinical conferences, such as Grand Rounds and Tumor Boards.	Yes No	
32. Our hospital conducts a risk assessment of commonly misdiagnosed high-risk conditions in the Emergency Department (or other high-risk settings).	Yes No	

EDUCATION

Example	Established at Facility	Comments
33. Our hospital considers simulation-based training to improve feedback on diagnostic accuracy.	Yes No	
34. Our hospital educates clinicians about the value of evaluating and learning from diagnostic safety events as a part of clinical reasoning.	Yes No	
35. Our hospital educates providers on leveraging the knowledge and skills of other professionals on the care team when making a diagnosis.	Yes No	
36. Our hospital provides education on reflective practice skills, including a healthy skepticism of certainty in diagnosis and reconsidering diagnosis when patients do not respond to therapy as expected.	Yes No	
37. Our hospital provides education for clinicians about overdiagnosis and incidental findings as harms from screening or diagnostic testing.	Yes No	

Example	Established at Facility	Comments
38. Our hospitals orient learners to resources that can be used for regular, brief skill-building in diagnostic reasoning (e.g., brief digital learning activities).	Yes No	

TRACKING AND REPORTING

Example	Established at Facility	Comments
Diagnostic Stewardship		
39. Our hospital monitors types of diagnostic imaging testing if they are a target of diagnostic stewardship (e.g., MRI of the spine, CT chest) and, if possible, rates of inappropriate use.	Yes No	
Strengthen systems and processes to support accurate and timely diagnosis		
40. In our hospital, the laboratories examine and report turnaround time (TAT) for commonly used tests.	Yes No	
41. Our hospital monitors and intervenes in instances of test results reported to the wrong clinician or a clinician who has left the service or has yet to be received by the clinician following the patient.	Yes No	
42. Our hospital tracks receipt and action taken on recommendations for follow-up of incidental imaging findings.	Yes No	
Identifying and learning from diagnostic safety events		
43. Our hospital tracks the number of diagnostic safety concerns reported by clinicians and patients.	Yes No	
44. Our hospital identifies the frequency of diagnostic safety events using electronic trigger tools followed by reviews of medical records using the Revised Safer Dx Instrument.	Yes No	

Example	Established at Facility	Comments
45. Our hospital tracks the number of root cause analysis (RCA) on diagnostic safety events that identified problems that needed correction.	Yes No	
46. Our hospital tracks patient-reported diagnostic concerns over time to understand trends.	Yes No	

Abbreviations:

AHRQ: Agency for Healthcare Quality Research and Quality

ALT: Alanine aminotransferase test

AST: Aspartate aminotransferase test

CDC: United States Centers for Disease Control and Prevention

CT scan: Computed Tomography scan

DxEx: Diagnostic Excellence

EHR: Electronic Health Record

MRI: Magnetic Resonance Imaging

PCR: Polymerase chain reaction

RCA: Root Cause analysis

TAT: Turnaround time

UTI: Urinary Tract infection