

## Reducing Diagnostic Errors in Emergency Medicine

MedPro Group claims data show that diagnostic errors – including failure to diagnose, delay in diagnosis, and misdiagnosis – are the most common cause of emergency medicine malpractice claims.

Analysis of 10 years of claims<sup>1</sup> reveals that more than two-thirds of all emergency medicine claims (68 percent) involve diagnosis-related allegations. Further, these allegations account for 77 percent of total dollars paid for defense and indemnity costs.

Diagnosis is a complex process, which is further complicated by the fast-paced nature of the emergency department setting. To offset these issues, emergency medicine providers can proactively implement risk strategies that address common weaknesses in the diagnostic process, such as cognitive biases, system deficiencies, and documentation errors. The following list offers suggestions for managing diagnostic risks within the emergency department setting.

1

Gather information from the patient, family, and/or caretaker about the patient's history of the present illness/condition, past medical history, and family and personal/social history.

2

Review the patient's available health records for any previous inpatient, emergency department, and outpatient visits.

3

Screen patients for potential risk factors, atypical presentations, and associated symptoms to avoid a narrow diagnostic focus.

4

Document the physical evaluation and differential diagnoses (including why certain diagnoses were considered, dismissed, or ruled out). Verify that documentation supports the clinical rationale for the diagnosis and treatment plan.

5

Utilize evidence-based guidelines, clinical pathways, and standardized approaches for cardiac conditions, strokes, intracranial bleeds, gastrointestinal issues, etc. Consider adopting the [diagnostic team framework](#) to support clinical reasoning and decision-making.

6

Be aware of common cognitive and affective biases and how they might negatively affect clinical judgment. Learn about various techniques to address biases, such as situational awareness, metacognition, perspective-taking, emotional regulation, and partnership-building.

7

Evaluate how clinical decision support systems and other technologies, such as electronic health record alerts, can support the diagnostic process and team communication.

8

Ensure timely ordering of tests and consultations to prevent problems associated with ruling out or documenting abnormal findings.

9

Ensure your organization has comprehensive test tracking and referral tracking procedures that include protocols for thorough review of imaging studies, sign off of studies, and following up with patients.

10

Ensure prompt communication and documentation of relevant findings from consultations and referrals. Communication mechanisms should take into account patients' location (e.g., in the emergency department, admitted to the hospital, transferred to another facility, or discharged).

11

Adhere to organizational protocols for patient handoffs and care transitions, including expectations for verbal and written communication.

12

Thoroughly review the health record at each patient encounter to stay informed of the most recent clinical information.

13

Adhere to processes for following up on radiology discrepancies and communicating test results received after discharge.

14

Reconsider differential diagnoses of returning patients, patients who show no signs of improvement, and patients who are intoxicated or seeking drugs.

15

Prior to discharge, reevaluate patients who have abnormal vital signs and/or lab results.

16

Use team drills and situational simulations to improve teamwork and communication between all providers in the emergency department.

## Endnote

<sup>1</sup> MedPro emergency medicine closed claims, 2007-2016.

This document should not be construed as medical or legal advice. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

MedPro Group is the marketing name used to refer to the insurance operations of The Medical Protective Company, Princeton Insurance Company, PLICO, Inc. and MedPro RRG Risk Retention Group. All insurance products are underwritten and administered by these and other Berkshire Hathaway affiliates, including National Fire & Marine Insurance Company. Product availability is based upon business and regulatory approval and may differ among companies.

© 2018 MedPro Group Inc. All rights reserved.