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MaineHealth Performance Improvement

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Diagnostic Certainty

Ross N Isacke Maine Medical Center

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A department of Maine Medical Center

Problem/Impact Statement

In HM, there is no way to reflect back on one's thoughts regarding diagnostic certainty at admission when performing self reflection nor a way to convey diagnostic certainty in the medical record to partners.

Scope

Physician partners in hospital medicine, hospital medicine APPs as well as our learners: Internal medicine, medicine/pediatrics, and family medicine residents performing admission H&Ps to MMC.

Goal/Objective

Expand the use of the diagnostic certainty tool in epic that was introduced in FY 19 and study effects on work prioritization, length of stay, readmission, morbidity/mortality and self-reflection.

Baseline Metrics/Current State

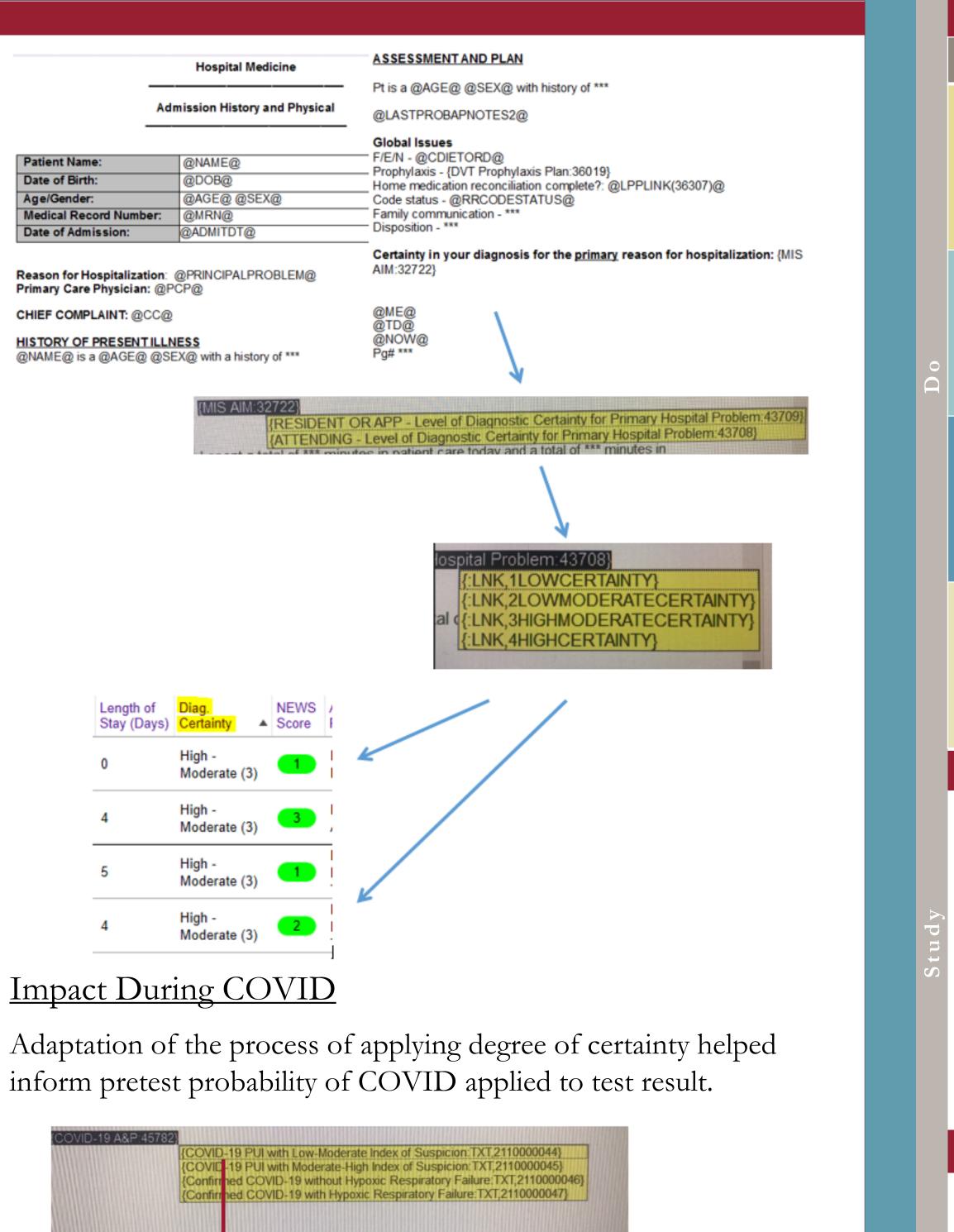
Baseline State:

- No standardized history and physical template in use in hospital medicine.
- Numerous different documentation standards
- No way to convey degree of certainty in diagnosis at time of admission via the medical record
- No way reflect back on one's thoughts regarding diagnostic certainty at the time of admission when performing self-reflection activities.
- No self-reflection activities on tolerance of diagnostic uncertainty

Root Cause Analysis			
	There is no way to convey degree of certainty in dx at time of admission via the medical record		
	Why?		
	There is no tool to convey this		
	Why?		
	The EMR as well as the workflow of the inpatient physician is not optimized to convey certainty		
	Why?		
	The process of generating and testing differential diagnosis is highly variable		
	Why?		
	What goes into generating dx certainty is poorly understood and depends on a number of factors		
	Why?		

Diagnostic Certainty

MMP Hospital Medicine FY 20 Drs. Bob Trowbridge, Ross Isacke, Brian King



Suspected COVID-19 virus infection Assessment & Plan COVID-19 Testing obtained due to symptoms which could be consistent with coronavirus infection. Based on current clinical status, if testing is negative, index of suspicion for active COVID-19 infection is low enough that repeat testing would likely not be warranted. DDx Considered: PNA, ILD

VS

COVID-19 Testing obtained due to symptoms highly suggestive of coronavirus infection. Based on current clinical status, if testing is negative, index of suspicion for active COVID-19 infection is high enough that repeat testing will likely be warranted.

Countermeasures			
y When & Status*	Who	Deliverable	
End Q1	HM Quality, Physician Informatics	Build reporting tool for low/moderate/high diagnostic certainty for individual providers. This tool will require individual list of charts, graphical breakdown of how providers are breaking down certainty.	
End Q2	MMP HM Physicians	Providers perform periodic self reflection on outcomes based on clinical diagnostic impressions	
End Q3	HM Quality, MMP HM Physicians	Global review and assessment for further study. (Addition of COVID component)	
End Q4	HM Quality	Review for publication/prepare poster	

Outcomes

Review:

- Review of self-reflection questionnaires
- Further survey regarding how knowledge of personal dx certainty influences self-review
- Further survey regarding how knowledge of partner's dx certainty influences patient care
- Further study tool's impact on care

Next Steps

Plan For Spread/Next Steps:

- Discuss with residency programs ongoing surveys with each incoming class re tolerance of diagnostic uncertainty
- Discussions with other departments MMC residents rotate on regarding use of diagnostic certainty tool
- Review for potential publication