

Appendix B.

Revised Safer Dx Instrument

1	2	3	4	5	6	7	
Strongly Disagree			Neutral		Strongly Agree		
ITEM	SCORE						
1	The documented history was suggestive of an alternate diagnosis, which was not considered in the diagnostic process.						
2	The documented physical exam was suggestive of an alternate diagnosis, which was not considered in the diagnostic process.						
3	Data gathering through history, physical exam, and review of prior documentation (including prior laboratory, radiology, pathology, or other results) was incomplete, given the patient's medical history and clinical presentation.						
4	Alarm symptoms or "red flags" (i.e., features in the clinical presentation that are considered to predict serious disease) were not acted upon.						
5	The diagnostic process was affected by incomplete or incorrect clinical information given to the care team by the patient or their primary caregiver.						
6	The clinical information (i.e., history, physical exam, or diagnostic data) should have prompted additional diagnostic evaluation through tests or consults.						
7	The diagnostic reasoning was not appropriate, given the patient's medical history and clinical presentation.						
8	Diagnostic data (laboratory, radiology, pathology, or other results) available or documented were misinterpreted in relation to the subsequent final diagnosis.						
9	There was missed follow-up of available or documented diagnostic data (laboratory, radiology, pathology, or other results) in relation to the subsequent final diagnosis.						
10	The differential diagnosis was not documented OR the documented differential diagnosis did not include the subsequent final diagnosis.						
11	The final diagnosis was not an evolution of the care team's initial presumed diagnosis (or working diagnosis).						
12	The clinical presentation at the initial or subsequent presentation was mostly typical of the final diagnosis.						
13	In conclusion, based on all the above questions, the episode of care under review has a missed opportunity to make a correct and timely diagnosis.						

Reprinted with permission from Singh, et al. Recommendations for using the Revised Safer Dx Instrument to help measure and improve diagnostic safety. *Diagnosis (Berl)*. 2019;6(4):315-323.

Appendix B, cont'd

How To Review a Case for Learning Opportunities Using the Revised Safer Dx Instrument

Important: Before analyzing cases, reviewers should read the original manuscript that describes the development and use of the Revised Safer Dx Instrument, which is freely available:

Singh H, Khanna A, Spitzmueller C, Meyer A. Recommendations for using the Revised Safer Dx Instrument to help measure and improve diagnostic safety. *Diagnosis (Berl)*. 2019;6(4):315-23. doi:[10.1515/dx-2019-0012](https://doi.org/10.1515/dx-2019-0012).

WHAT YOU WILL NEED TO BEGIN:

- Approval to access medical records and patient identifiers for conducting this improvement activity
- Revised Safer Dx Instrument
- Additional case review tools (optional)

1

ENSURE THAT YOU AND ANY OTHER REVIEWERS HAVE A SHARED UNDERSTANDING OF DIAGNOSTIC ERROR

- Keep the fundamental question in mind: could something different have been done to make the correct diagnosis earlier?
- Make your judgments about clinicians' decision making and diagnostic reasoning based on the information they had available at the time.
- Look for missed opportunities not only by clinicians but also by the care team, system, and patients.

2

IDENTIFY THE EPISODE OF CARE TO EVALUATE

- Usually involves all the care a patient received over a given period of time for a specific health problem they present with.
- Can span multiple encounters, including inpatient, emergency, and outpatient visits, or focus on a sole encounter such as a hospitalization.

3

REVIEW THE CHART WITH A FOCUS ON DIAGNOSTIC PROCESS RATHER THAN THE ULTIMATE OUTCOME

- Start by evaluating the clinical encounter (history, exam, tests ordered), as well as the initial presumed diagnosis or working differential diagnosis.
- Read through the chart to understand how the diagnostic processes and reasoning evolved rather than focusing on the ultimate accuracy of the diagnosis or any potential adverse outcome.
- Also look at progress notes, test results, referrals, consultant notes, and other documents that informed the diagnosis.
- Use current literature or guidelines to evaluate the diagnostic process.

Appendix B, cont'd

How To Review a Case for Learning Opportunities Using the Revised Safer Dx Instrument

4

ANSWER THE PROMPTS IN THE REVISED SAFER DX INSTRUMENT TO MAKE A DETERMINATION ABOUT MISSED OPPORTUNITIES

- Prompts 1-12 ask you to evaluate the diagnostic processes at various stages such as history taking, physical exam, diagnostic testing, consulting, and clinical reasoning.
- The higher you score each prompt, the more likely you think there was a missed opportunity for diagnosis at this stage of the process.
- Prompt 13 asks you to look at the case as a whole and come to a final judgment as to whether there was a missed opportunity for diagnosis.
- Do not try to add up the numbers of each question to make any type of overall score. The questions are only to help you think through each item so you can make an overall assessment at the end with prompt 13.
- Write a few sentences to add context and explain your reasoning for your answer to prompt 13.