Closing Gaps in Research ~ Organizations and Healthcare Diagnoses
Pragmatic Considerations for Getting from Here to There

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Perspective
MedStar Health ~ FY 2015

- 10 Acute Care Hospitals ~ over 200,000 admissions & observations
- 300+ Ambulatory Care sites ~ over 4.5 million outpatient visits
- 1,800 Employed Physicians; 4,800 affiliated physicians
- 31,000 Associates including 1,100 residents and fellows
- We are a “new” diversified delivery network
Corporate Quality and Safety

• New corporate department in 2011
• National leader recruited to build department
• Initial developmental focus: “Patient Safety”
• 2014 ~ Clinical Quality added as concerted focus
• Goal: World Class Quality/Patient Safety
• Patient First
Reality: What is Important to Leaders?

- Patient Safety
- Clinical Evidence
- Regulatory Compliance
- World Class Clinical Quality Outcomes
- Pay for Performance
Where We Want to Go~ Where do we Begin?

- Systemness
- Look to the Evidence
- Crawl before we walk
- Walk before we run
- Data that are valid, reliable, important and action oriented
The National Quality Strategy unites efforts to improve health and health care for all Americans. The above graphic provides a high-level view of how the National Quality Strategy works to provide better, more affordable care for the person and the community.
8 Goals to Improve Diagnosis and Reduce Diagnostic Error

**GOAL 1** Facilitate more effective teamwork in the diagnostic process among health care professionals, patients, and their families

**GOAL 2** Enhance health care professional education and training in the diagnostic process

**GOAL 3** Ensure that health information technologies support patients and health care professionals in the diagnostic process

**GOAL 4** Develop and deploy approaches to identify, learn from, and reduce diagnostic errors and near misses in clinical practice
8 Goals to Improve Diagnosis and Reduce Diagnostic Error

**GOAL 5** Establish a *work system* and *culture* that supports the diagnostic process and improvements in diagnostic performance

**GOAL 6** Develop a *reporting environment* and *medical liability system* that facilitates improved diagnosis through *learning from diagnostic errors and near misses*

**GOAL 7** Design a *payment* and *care delivery environment* that supports the diagnostic process

**GOAL 8** Provide *dedicated funding for research* on the diagnostic process and diagnostic errors
Three Pragmatic Challenges and Priorities for Organization Focused Research

1: How to tie NAM recommendations to existing work
   Dx Error is not “new”~ next phase of existing work
   Patient Centered Care
   HRO
   Just Culture

2. Methods to engage administrators and practitioners in opportunities with potential for greatest impact ~ and least resistance
   Financial impact
   Stories of harm
Three Pragmatic Challenges and Priorities for AHRQ Research Agenda

3 “Making Research Relevant”

- ROI for Researcher in Residence Model
- Small scale pilot studies
  - Mining clinical data for dx opportunities
  - Effective closed loop communication with clinicians
  - Exploring pay for performance impact
  - Role of Patient and Family Advisory Councils