



## The diagnosis: Managing and following up on investigations

Diagnostic error is a leading medical-legal risk, accounting for approximately one-third of the CMPA's legal cases.

### The statistics and what they mean for CMPA members\*



**25%**

of CMPA cases with a diagnostic issue were associated with the management and follow-up of investigations.

#### In these cases



**34%**

of patients died



**23%**

of patients had major or catastrophic clinical outcomes

Factors that contributed to a diagnostic failure and difficult defence included:

**25%** faulty systems

**23%** inadequate documentation of the patient's condition and treatment plan in the medical record

**17%** miscommunication between physicians or with patients

\*Based on a 5-year study of closed CMPA legal, medical regulatory authority (College), and hospital cases.

#### → CONSIDER THIS...

A woman undergoes an ultrasound-guided core biopsy of a breast nodule identified by mammogram. A pathologist reports invasive ductal carcinoma. A week later, the patient calls her family physician's (FP) office for the biopsy result and the administrative assistant tells her that the FP has seen and signed off on the report. The patient assumes the result is normal and does not book a follow-up appointment.

Eight months later at the patient's next regular physical, the FP discovers that the abnormal biopsy result was not conveyed. He informs her and immediately refers her to a surgeon.

A College complaint ensues and the College concludes that when the FP became aware of the abnormal biopsy result, he should have promptly arranged an appointment to discuss the result. They note that it is his responsibility to ensure an adequate office system is in place for timely follow-up when required. As a result of College findings, the FP implements a flagging system for all important test results.

#### → ISSUES TO CONSIDER

The most likely conditions associated with a delayed, missed, or wrong diagnosis related to inadequate management and follow-up of investigations were cancers (most commonly breast and lung), injury (e.g. fractures), and cardiovascular conditions (such as dissecting aortic aneurysm and myocardial infarction). Expert opinion in these cases was critical of the following:

- inadequate follow-up of diagnostic test results, often due to a faulty test management system
- not ensuring that appropriate follow-up appointments were arranged
- not following up on missed or cancelled appointments
- not reviewing key information in the patient's medical record
- not documenting assessments or the management plan in the medical record

In 20% of management and follow-up cases, patients were prematurely discharged from hospital most often before significant test results were reviewed or when further investigation was warranted.



Continued

## ACTION FOR SAFER MEDICAL CARE **The diagnosis: Managing and following up investigations**

### → RISK REDUCTION REMINDERS

The following risk management suggestions for physicians are based on the experts' opinions in the cases reviewed:

- Have a reliable system in place to help ensure results of investigations are received, reviewed, and followed up in a timely manner.
- Have clear policies and procedures in place for advising patients of abnormal test results, even after patients are discharged.
- When a patient returns with the same or worsening symptoms, re-evaluate the diagnostic assumption.
- Document the care provided in the medical record, including the patient's history, physical findings, provisional and differential diagnoses, investigations, and discharge or follow-up instructions.

### → LEARN MORE BY ACCESSING THESE RESOURCES

**CMPA Good Practices Guide:**

*Managing risk > The diagnostic process*

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