The Society to Improve Diagnosis in Medicine (SIDM) appreciates the opportunity to comment on the proposed measure Avoid H.A.R.M. -ED Stroke/Dizziness measure. SIDM is the only multistakeholder organization that focuses solely on reducing harm from diagnostic errors, and improving the quality, safety, and equity of diagnosis in healthcare. Diagnostic errors, defined by the National Academy of Medicine as inaccurate, delayed or uncommunicated diagnoses, affect millions of Americans each year and are responsible for nearly 100,000 premature deaths in U.S. hospitals annually, likely accounting for more iatrogenic harm than all other medical errors combined. Estimates of the waste associated with diagnostic error exceed $100 billion each year, and include overuse of unnecessary and expensive tests or procedures, diagnostic delays leading to treating sicker patients in more advanced disease states, and wasted treatments for diseases patients do not actually have. Yet, as the NAM has noted, diagnostic error has been a "blind spot" in public policies aimed at improving quality, safety and value in health care. We appreciate that many national measurement organizations are learning and prioritizing measures that can focus and drive more accurate, timely and efficient diagnosis, and save many lives.

Why this is an important area for measurement:

Early Detection of Stroke: Among medical conditions whose missed or delayed diagnosis results in serious patient harm, stroke ranks #1, with women and minorities at ~20-30% increased odds of stroke misdiagnosis and patients 18-44 years old are at roughly 7-fold increased odds. Stroke is a leading cause of mortality and long-term disability worldwide. Early detection and prompt treatment are crucial for improving patient outcomes and reducing the burden of stroke-related complications. By focusing on the subset of patients presenting with benign dizziness, which may include symptoms overlapping with stroke, this clinical outcome measure provides a targeted approach to identify potential cases of stroke that may have been initially misdiagnosed or overlooked.

Diagnostic Accuracy and Patient Safety: Diagnostic errors in the ED can have severe consequences, including delayed or inappropriate treatment, increased morbidity, and even mortality. By tracking the rate of patients admitted for stroke within 30 days of an ED visit for benign dizziness, this measure highlights the importance of accurate and timely diagnosis, thereby ensuring patient safety and reducing the potential for adverse events resulting from misdiagnosis or delayed treatment.

The Need for the Measure:

Enhancing Clinical Decision-Making: Benign dizziness and stroke can present with similar symptoms, making accurate diagnosis challenging in the ED setting. By implementing this clinical outcome measure, healthcare providers can gain valuable insights into the incidence of stroke among patients initially diagnosed with benign dizziness. This information can help inform clinical decision-making processes, improve risk stratification, and enhance appropriate referrals and consultations with specialists.

Quality Improvement and Patient-Centered Care: Measuring the rate of patients admitted for stroke following a benign dizziness diagnosis contributes to quality improvement initiatives in healthcare. The data obtained from this measure can be used to identify gaps in diagnostic processes, promote learning, and implement targeted interventions to improve patient

outcomes. By addressing potential diagnostic errors, healthcare providers can deliver more effective, patient-centered care, ensuring that patients receive the necessary diagnostic evaluations and appropriate treatment promptly.

Conclusion:

The proposed clinical outcome measure, tracking the rate of adult patients admitted for stroke within 30 days of an ED visit for benign dizziness, holds significant importance in terms of diagnostic safety/quality and patient-centered care. By focusing on this specific patient population, healthcare providers can improve the accuracy of stroke diagnosis, reduce potential diagnostic errors, enhance clinical decision-making, and ultimately improve patient outcomes. Implementation of this measure will contribute to the ongoing efforts to optimize diagnostic processes, improve patient safety, and provide high-quality care in emergency medicine.

Thank you again for the opportunity to express our strong support for endorsement of this measure.

Sincerely,

Jennie Ward-Robinson, Ph.D.
CEO
Society to Improve Diagnosis in Medicine