

Malpractice Insurers Medical Error Prevention Study MISSED/DELAYED DIAGNOSIS DATA FORM

Subject Number (FOR OFFICE USE ONLY)

Date of Review

Insurance Company Code Number

Claim Number

Reviewer ID #

MISSED/DELAYED DIAGNOSIS-RELATED ERROR: An error(s) in the outpatient setting resulting either from (1) error in diagnosis which caused delay in appropriate treatment or needed surgery; or (2) a failure to act or follow-up on diagnostic test results. These error(s) can include system-attributable, clinician-attributable and patient-attributable causes.

1. Please categorize the type of clinical diagnosis that was either missed or delayed?

Yes	No	Missed or Delayed Diagnoses
<input type="radio"/>	<input type="radio"/>	Myocardial Infarction
<input type="radio"/>	<input type="radio"/>	Aneurysm
<input type="radio"/>	<input type="radio"/>	Embolism
<input type="radio"/>	<input type="radio"/>	Fracture
<input type="radio"/>	<input type="radio"/>	Appendicitis
<input type="radio"/>	<input type="radio"/>	Infection
<input type="radio"/>	<input type="radio"/>	Breast Cancer
<input type="radio"/>	<input type="radio"/>	Brain Cancer
<input type="radio"/>	<input type="radio"/>	Colorectal Cancer
<input type="radio"/>	<input type="radio"/>	Hematologic Cancer
<input type="radio"/>	<input type="radio"/>	Gynecological Cancer
<input type="radio"/>	<input type="radio"/>	Prostate Cancer
<input type="radio"/>	<input type="radio"/>	Liver and Gastric Cancer
<input type="radio"/>	<input type="radio"/>	Other (specify): _____

- 1a. Was there a family history of the clinical condition for which the diagnosis was missed/delayed?
- Yes
 - No
 - ND

Setting:

2. What was the principal setting of the missed/delayed diagnosis-related error(s)? (Note **one** only)
- Emergency room
 - Mental health facility
 - Skilled nursing facility/rehabilitation facility
 - Nursing home
 - Ambulatory surgery
 - Outpatient procedure facility
 - Physician's office (including telephone/mail communication with a patient)
 - Community/retail pharmacy
 - Home health care
 - Interventional radiology/catheterization laboratory
 - Pathology/clinical laboratory
 - Endoscopy/procedure room
 - Patient's home
 - Other (out of hospital): _____
 - ND (out of hospital)

- 2a. Was the principal setting of the error(s) adult or pediatric?
- Adult
 - Pediatric
 - Both
 - ND

If the Missed/delayed diagnosis occurred exclusively in hospital =====> STOP

Personnel Involved:

3. Please identify all personnel involved in the error(s) and rate the importance of their contribution:
(See scale below)

Personnel Involved (Specialty code list)				Contributory Role Rating (See scale below)	
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SCORING

Contributory Role:	1-----2-----3-----4-----5
	Somewhat Important Moderately Important Highly Important

4. Did some behavior by the **patient** contribute to the missed/delayed diagnosis?
- Yes
 - No
 - ND

Time Sequence:

5. With the benefit of hindsight, when was the **first opportunity** to begin the process of making this diagnosis?

(Note the **earliest date** found)

Date:

/ /
DD MM Y Y Y Y

ND

If relevant, the earliest time

Time:

24-hr format

ND

- 5a. When would it have been **reasonable** for a provider to make the diagnosis?
 (A range is acceptable)

Date:

/ / [- / /]
D D M M Y Y Y Y D D M M Y Y Y Y

Unable to answer due to insufficient data

ND

Time:

24-hr format

Not relevant considering timeline of missed/delayed diagnosis

ND

- 5b. When was the **final diagnosis** made?
(Note the **earliest date** found)

Date:

o / /
D D M M Y Y Y Y

- o ND

Time:

o 24-hr format

- o Not relevant considering timeline of missed/delayed diagnosis

- o ND

- 5c. Who was responsible for making that final diagnosis?

- o A provider noted in Q3:
(See Question 3 and **identify one** based on ordered number, (i.e. 1 through 6). If more than one provider made the diagnosis, choose the leading diagnostician)

- o If not a provider in Q3, please specify provider specialty code:
(Specialty code list)

- o ND

6. Please note all pre-existing medical conditions (**not** including the diagnosis alleged to have been missed)

Yes	No	Pre-Existing Medical Conditions
<input type="radio"/>	<input type="radio"/>	Anemia
<input type="radio"/>	<input type="radio"/>	Asthma, emphysema, chronic bronchitis
<input type="radio"/>	<input type="radio"/>	Arthritis or rheumatism
<input type="radio"/>	<input type="radio"/>	Back problems (including spine and disc)
<input type="radio"/>	<input type="radio"/>	Cancer, diagnosed in past three years
	<input type="radio"/>	Depression
<input type="radio"/>	<input type="radio"/>	Diabetes
<input type="radio"/>	<input type="radio"/>	Digestive problems (including ulcer, colitis, and gall bladder)
<input type="radio"/>	<input type="radio"/>	Heart trouble (angina, CHF, and CAD)

<input type="radio"/>	<input type="radio"/>	High blood pressure (hypertension)
<input type="radio"/>	<input type="radio"/>	HIV illness or AIDS
<input type="radio"/>	<input type="radio"/>	Kidney disease
<input type="radio"/>	<input type="radio"/>	Liver problems (including cirrhosis)
<input type="radio"/>	<input type="radio"/>	Stroke
<input type="radio"/>	<input type="radio"/>	Other (specify): _____

Origin of the Missed or Delayed Diagnosis:

Please complete the following series of questions and consider that a missed /delayed diagnosis-related error(s) might be due to multiple factors. The factors addressed in this section are:

Care not sought in a timely manner

History/physical examination

Failure to order diagnostic/laboratory tests

Diagnostic/laboratory tests ordered but not performed (i.e. at all, or in a timely manner)

Diagnostic/laboratory tests not performed correctly

Diagnostic/laboratory tests not interpreted correctly

Diagnostic/laboratory tests not received

Diagnostic/laboratory results not transmitted to the patient

Inappropriate/inadequate follow-up plans

Patient non-compliance

7. **Rate the *likelihood* that an initial delay by the patient in seeking care contributed to the error(s):**

0	0	0	0	0	0
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely	Somewhat Likely			Highly Likely

If the likelihood rating is < 3 (i.e. 0, 1, or 2), skip to question 8

- 7a. Why didn't the patient seek care in a timely manner?
(Select **all** that apply)

- Patient didn't realize that he/she should seek care
- No health insurance
- No access to suitable provider (defined as: no suitable providers identified within the community setting)
- Lack of transportation
- Didn't think it was necessary
- Couldn't get appointment
- Forgot to arrange an appointment
- Had an appointment, but didn't show

- Had an appointment, but provider postponed/cancelled
- Other (specify): _____
- ND

8. **Rate the *likelihood* that a failure to obtain an adequate (or any) medical history contributed to the error(s):**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely		Somewhat Likely		Highly Likely

If the likelihood rating is < 3, skip to question 9

8a. Why wasn't an appropriate medical history obtained?
(Select **all** that apply)

Patient related:

- Didn't schedule appointment
- Couldn't schedule appointment
- Missed appointment
- Cancelled appointment
- Failure of patient to provide accurate medical history
- Language barrier
- Patient declined
- Other (specify): _____
- ND

Provider related:

- Cancelled/postponed appointment
- Failure to elicit relevant information
- Lack of sufficient time
- Lack of knowledge
- Poor documentation
- Failure of communication between provider and patient
- Other (Specify): _____
- ND

9. **Rate the *likelihood* that an inadequate (or no) physical examination contributed to the error(s).**

0	0	0	0	0	0
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely	Somewhat Likely		Highly Likely	

If the likelihood rating is < 3, skip to question 10

- 9a. Why wasn't an adequate physical examination performed?
(Select **all** that apply)

Patient related:

- Didn't schedule appointment
- Couldn't schedule appointment
- Missed appointment
- Cancelled appointment
- Language barrier
- Patient declined
- Other (specify): _____
- ND

Provider related:

- Incomplete physical examination
- Lack of sufficient time
- Lack of knowledge
- Poor documentation
- Failure of communication between provider and patient
- Other (specify): _____
- ND

10. **Rate the *likelihood* that failure to order appropriate diagnostic/laboratory tests contributed to the error(s).**

0	0	0	0	0	0
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely	Somewhat Likely		Highly Likely	

If the likelihood rating is < 3, skip to question 11

- 10a. Why weren't diagnostic/laboratory tests **ordered**?
(Select **all** that apply)

Patient related:

- Didn't schedule appointment
- Couldn't schedule appointment

- Missed appointment
- Cancelled appointment
- Language barrier
- Patient declined
- Other (specify): _____
- ND

Provider related:

- Cancelled/postponed appointment
- Failure of communication between provider and laboratory staff
- Failure of communication among members of laboratory staff
- Failure of communication among providers
- Failure of communication between provider and patient
- Lack of sufficient time
- Did not believe tests were required
- Lack of knowledge
- Poor documentation
- Other (specify): _____
- ND

- 10b. What was the main diagnostic/laboratory test in question?
(Select **all** that apply)

Radiographic:

- CT
- MRI
- X-ray
- Mammogram
- Ultrasound
- Bone scan
- VQ scan
- Other (specify): _____

Blood Work:

- Arterial blood gas
- Chemistries (including glucose, liver and kidney function tests)
- Hematologies (CBC)
- Blood cultures
- Coagulation tests (PT, PTT)
- Cancer testing (CA125, PSA, CEA)
- Other (specify): _____

Other:

- Urinalysis/culture
- EKG
- Echocardiogram
- Cardiac catheterization
- Colonoscopy/flexible sigmoidoscopy
- Stool guaiac cards
- EGD/Barium swallow
- Biopsy
- Other (Specify): _____
- ND

11. **Rate the *likelihood* that adequate diagnostic/laboratory tests being ordered but not performed contributed to the error(s):**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely		Somewhat Likely		Highly Likely

If the likelihood rating is <3, skip to question 12

- 11a. Why weren't the diagnostic/laboratory performed?
(Select **all** that apply)

Patient related:

- Patient didn't know
- Didn't schedule appointment
- Couldn't schedule appointment
- Missed appointment
- Cancelled appointment
- Instructions unclear
- Instructions not followed
- Language barrier
- Patient declined
- Other (specify): _____
- ND

Provider related:

- Not aware that the test(s) not performed
- Cancelled/postponed appointment
- Equipment failure
- Inexperienced staff
- Failure to provide pre-test instructions
- Inadequate follow-up plan

- Error in clinical judgment
- Misinterpretation of clinical test results
- Failure of communication between provider and laboratory staff
- Failure of communication among laboratory staff
- Failure of communication among providers
- Failure of communication between provider and patient
- Wrong patient
- Wrong test
- Other (specify): _____
- ND

11b. What was the main diagnostic/laboratory test in question?
(Select **all** that apply)

Radiographic:

- CT
- MRI
- X-ray
- Mammogram
- Ultrasound
- Bone scan
- VQ scan
- Other (specify): _____

Blood Work:

- Arterial blood gas
- Chemistries (including glucose, liver and kidney function tests)
- Hematologies (CBC)
- Blood cultures
- Coagulation tests (PT, PTT)
- Cancer testing (AFP, CA125, PSA)
- Other (specify): _____

Other:

- Urinalysis/culture
- EKG
- Echocardiogram
- Cardiac catheterization
- Colonoscopy/flexible sigmoidoscopy
- Stool guaiac cards
- EGD/Barium swallow
- Biopsy
- Other (specify): _____
- ND

12. Rate the *likelihood* that diagnostic/laboratory tests not performed correctly contributed to the error(s):

0	0	0	0	0	0
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely		Somewhat Likely		Highly Likely

If the likelihood rating is < 3, skip to question 13

- 12a. Why weren't diagnostic/laboratory tests performed correctly?
(Select **all** that apply)

Patient related:

- Didn't schedule appointment
- Couldn't schedule appointment
- Missed appointment
- Cancelled appointment
- Language barrier
- Patient declined
- Other (specify): _____
- ND

Provider related:

- Cancelled/postponed appointment
- Equipment failure
- Inexperienced staff
- Mislabeled specimen
- Failure to provide pre-test instructions
- Error in clinical judgment
- Failure of communication between provider and laboratory staff
- Failure of communication among laboratory staff
- Failure of communication among providers
- Failure of communication between provider and patient
- Wrong patient
- Wrong test
- Other (specify): _____
- ND

- 12b. What was the main diagnostic/laboratory test in question?
(Select **all** that apply)

Radiographic:

- CT
- MRI
- X-ray
- Mammogram
- Ultrasound
- Bone scan
- VQ scan
- Other (specify): _____

Blood Work:

- Arterial blood gas
- Chemistries (including glucose, liver and kidney function tests)
- Hematologies (CBC)
- Blood cultures
- Coagulation tests (PT, PTT)
- Cancer testing (AFP, CA125, PSA)
- Other (specify): _____

Other:

- Urinalysis/culture
- EKG
- Echocardiogram
- Cardiac catheterization
- Colonoscopy/flexible sigmoidoscopy
- Stool guaiac cards
- EGD/Barium swallow
- Biopsy
- Other (specify): _____
- ND

13. Rate the *likelihood* that incorrect interpretation of diagnostic/laboratory tests contributed to the error(s):

○	○	○	○	○	○
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely	Somewhat Likely			Highly Likely

If the likelihood rating is < 3, skip to question 14

- 13a. Who was responsible for the **incorrect interpretation of the diagnostic/laboratory results?**
(Specialty code list)

Specialty code:

Specialty code:

Specialty code:

No specialty (i.e. Non clinician) specify: _____

- 13b. Why weren't the diagnostic/laboratory tests interpreted correctly?
(Select **all** that apply)

Provider related:

- Cancelled/postponed appointment
- Equipment failure
- Inexperienced staff
- Failure to provide pre-test instructions
- Error in clinical judgment
- Misinterpretation of clinical test results
- Failure of communication between provider and laboratory staff
- Failure of communication among laboratory staff
- Failure of communication among providers
- Failure of communication between provider and patient
- Wrong patient
- Wrong test
- Other (specify): _____
- ND

14. **Rate the *likelihood* that the responsible provider not receiving diagnostic/laboratory test results contributed to the error(s):**

0	0	0	0	0	0
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely	Somewhat Likely			Highly Likely

If the likelihood rating is < 3, skip to question 15

- 14a. Why didn't the responsible provider receive the diagnostic/laboratory test results?
(Select **all** that apply)

Provider related:

- Cancelled/postponed appointment
- Equipment failure
- Inexperienced staff
- Failure to provide pre-test instructions
- Inadequate follow-up plan
- Error in clinical judgment
- Failure of communication between provider and radiology/laboratory staff
- Failure of communication among laboratory staff
- Failure of communication among providers
- Failure of communication between provider and patient
- Wrong patient
- Wrong test
- Providers relocated or changed
- Information lost by mail/clinic
- Inadequate test result tracking system in clinic
- Other (specify): _____
- ND

- 14b. What was the result?
(Note **one** only)

- Normal, no further follow-up required
- Normal, yet additional follow-up required
- Abnormal, immediate attention required
- Abnormal, additional follow-up required
- ND

15. **Rate the *likelihood* that diagnostic/laboratory results not transmitted to the patient contributed to the error(s):**

○	○	○	○	○	○
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely		Somewhat Likely		Highly Likely

If the likelihood rating is < 3, skip to question 16

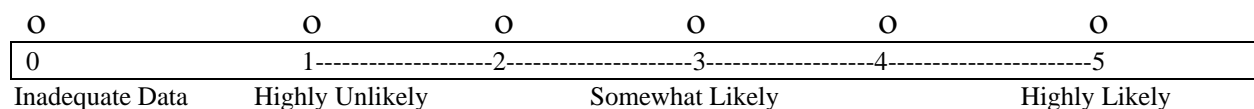
15a. Why weren't the diagnostic/laboratory test results transmitted to the patient?
(Select **all** that apply)

- Responsible provider did not have test results
- Normal value, no need to communicate
- Provider forgot (inadequate tracking system)
- Patient missed appointment
- Patient lost to follow-up (wrong address, no address...)
- Language barrier
- Other (specify): _____
- ND

15b. What was the result?
(Note **one** only)

- Normal, no further follow-up required
- Normal, yet additional follow-up required
- Abnormal, immediate attention required
- Abnormal, additional follow-up required
- ND

16. **Rate the *likelihood* that an inappropriate/inadequate follow-up plan contributed to the error(s):**



If the likelihood rating is < 3, skip to question 17

16a. Why was the follow-up plan inappropriate/inadequate?
(Select **all** that apply)

- Follow-up plan not documented
- Provider didn't think further follow-up was necessary
- Provider selected inappropriate interval for follow-up
- Provider lack of knowledge re: clinical condition
- Patient lost to follow-up (wrong address, no address...)
- Miscommunication between patient and provider(s)
- Miscommunication between providers
- Unclear patient symptoms/history
- Follow-up appointment not scheduled
- Other (specify): _____
- ND

17. Rate the *likelihood* that a failure to refer contributed to the error(s):

0	0	0	0	0	0
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely		Somewhat Likely		Highly Likely

If the likelihood rating is < 3, skip to question 18

17a. To whom **should** the referral have been made?
(Specialty code list)

Specialty code:

Specialty code:

Specialty code:

No specialty (i.e. Non clinician) specify: _____

17b. Why was the referral not made?
(Select **all** that apply)**Patient related:**

- Didn't schedule appointment
- Couldn't schedule appointment
- Missed appointment
- Cancelled appointment
- Language barrier
- Patient declined
- Other (specify): _____
- ND

Provider related:

- Cancelled/postponed appointment
- Failure of communication between provider and laboratory staff
- Failure of communication among members of laboratory staff
- Failure of communication among providers
- Failure of communication between provider and patient
- Lack of sufficient time
- Did not believe tests were required
- Lack of knowledge

- o Poor documentation
- o Other (specify): _____
- o ND

18. **Rate the *likelihood* that the failure of a requested referral to occur contributed to the error(s):**

0	0	0	0	0	0
0	1-----2-----3-----4-----5				
Inadequate Data	Highly Unlikely		Somewhat Likely		Highly Likely

If the likelihood rating is < 3, skip to question 19

18a. To whom was the referral made?
(Specialty code list)

Specialty code:

Specialty code:

Specialty code:

o No specialty (i.e. Non clinician) specify: _____

18b. Why did the requested referral visit **not** occur?
(Select **all** that apply)

Patient related:

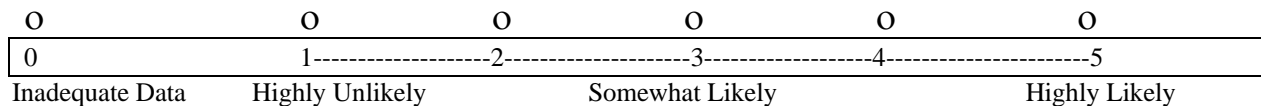
- o Patient didn't know
- o Didn't schedule appointment
- o Couldn't schedule appointment
- o Missed appointment
- o Cancelled appointment
- o Instructions unclear
- o Instructions not followed
- o Language barrier
- o Patient declined
- o Other (specify): _____
- o ND

Provider related:

- o Not aware that the test(s) not performed
- o Cancelled/postponed appointment

- o Equipment failure
- o Inexperienced staff
- o Failure to provide pre-test instructions
- o Inadequate follow-up plan
- o Error in clinical judgment
- o Misinterpretation of clinical test results
- o Failure of communication between provider and laboratory staff
- o Failure of communication among laboratory staff
- o Failure of communication among providers
- o Failure of communication between provider and patient
- o Wrong patient
- o Wrong test
- o Other (specify): _____
- o ND

19. **Rate the *likelihood* that failure of the referred-to clinician to convey relevant results to the referring clinician contributed to the error(s):**



If the likelihood rating is < 3, skip to question 20

19a. What was the specialty of the clinician to whom the referral was made?
(Specialty code list)

Specialty code:

Specialty code:

Specialty code:

o No specialty (i.e. Non clinician) specify: _____

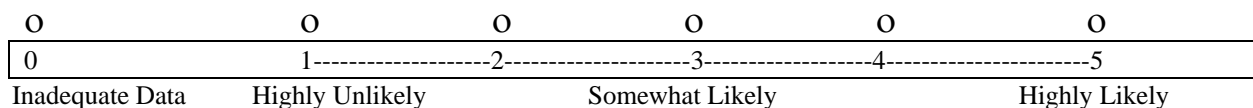
19b. Why weren't the results transmitted?
(Select **all** that apply)

Provider related:

- o Cancelled/postponed appointment
- o Equipment failure
- o Inexperienced staff
- o Failure to provide pre-test instructions

- Inadequate follow-up plan
- Error in clinical judgment
- Failure of communication between provider and radiology/laboratory staff
- Failure of communication among laboratory staff
- Failure of communication among providers
- Failure of communication between provider and patient
- Wrong patient
- Wrong test
- Providers relocated or changed
- Information lost by mail/clinic
- Inadequate test result tracking system in clinic
- Other (specify): _____
- ND

20. **Rate the *likelihood* that patient non-compliance with the follow-up plan contributed to the error(s):**



If the likelihood rating is < 3 or greater, STOP

20a. How was the patient non-compliant?
(Select **all** that apply)

- Didn't schedule appointment
- Couldn't schedule appointment
- Missed appointment
- Cancelled appointment
- Missed/cancelled tests
- Non-adherence to medications
- Other (specify): _____
- ND

20b. Why was the patient non-compliant?
(Select **all** that apply)

Patient related:

- Language barrier
- Patient declined/refused
- Lack of knowledge of plan
- Other (specify): _____
- ND

SPECIALTY CODES*MMM. Unknown***Generalist Physicians***

101. Generalist/Primary Care (includes: Internal Medicine, Hospitalist, General Practice, Family Practice, General Primary Care)

Specialist Physicians*

201. Cardiology	212. Geriatrics
202. Hematology/Oncology	213. Genetics
203. Nephrology	214. Occupational Medicine
204. Neurology	215. Physical Medicine & Rehab/Psychiatry
205. Rheumatology/Immunology	216. Obstetrics/Gynecology
206. Gastroenterology	217. Anesthesiology
207. Dermatology	218. Pediatrics/Neonatology
208. Endocrinology	219. Radiology/Imaging
209. Pulmonary Disease	220. Pathology
210. Infectious Disease	221. Emergency Medicine
211. Intensive Care	222. Psychiatry

Surgeons*

301. General Surgery	306. Vascular Surgery
302. Orthopedic Surgery	307. Neurosurgery
303. Cardio/Thoracic Surgery	308. Plastic Surgery
304. Ophthalmology	309. Urology
305. ENT	

***For Fellows list relevant 3-digit code and place "F" in 4th box, for Residents list relevant 3-digit code and place "R" in 4th box, and for Interns list relevant 3-digit code and place "I" in 4th box.**

Nursing Professionals

401. Registered Nurse
 402. Licensed Practical Nurse
 403. Nurse Practitioner/Clinical Nurse Specialist
 404. Nurse Midwife
 405. Nurse Anesthetist

Other Professional Services

501. Dentistry/Oral Surgery	510. Naturopathy (by MD/DO)
502. Substance Abuse Treatment	511. Naturopathy (by non-physician)
503. Physical Therapy	512. Massage Therapy (by MD/DO)
504. Occupational Therapy	513. Massage Therapy (by non-physician)
505. Speech Therapy	514. Homeopathy (by MD/DO)
506. Acupuncture (by MD/DO)	515. Homeopathy (by non-physician)
507. Acupuncture (by non-physician)	516. Physician Assistant
508. Chiropractic (by MD/DO)	517. Pharmacist
509. Chiropractic (by non-physician)	518. Patient Care Assistants
	519. Other health professional

Trainee

601. Medical student
 602. Nursing Student (graduate or undergraduate)
 603. Student of other health profession

