



# Implementing Diagnostic Excellence Across Systems: What You Need to Know

April 2, 2025

# Objectives

- Provide an overview of the tools involved in the Implementing Diagnostic Excellence Across Systems (IDEAS) Initiative;
- Review how your organization can participate; and
- Highlight the benefits of participating in this initiative.

# Today's Presenters



**Kim Werkmeister, MS, RN, CPHQ, CPPS**  
**Convergence Health**  
**Senior Vice President Improvement and Implementation**

A nurse leader with over 25 years of experience, Ms. Werkmeister is a national expert in the reliable implementation of patient safety and process improvement strategies. She has worked as an improvement leader and clinical educator for Cynosure Health and the Hospital Quality Institute and various Hospital Improvement Innovation Networks. Her areas of expertise include the reduction of venous thromboembolism, adverse drug events, readmissions, hospital-associated infection prevention, sepsis mortality reduction, failure to rescue, patient and family engagement, and maternal/child safety. Werkmeister has developed numerous patient safety and quality improvement toolkits, certification courses, and virtual educational program. She is chair of the Patient and Family Advisory Council at Mission Hospital in California. Previously, Werkmeister directed quality and patient safety at two California hospitals.



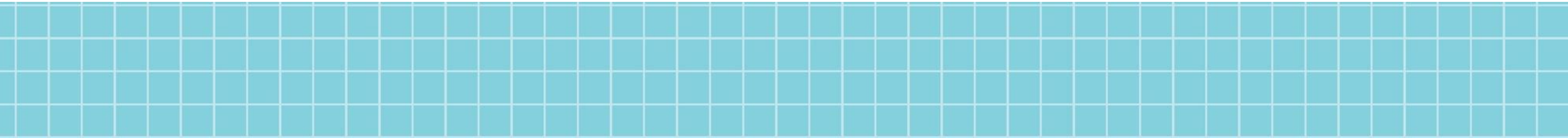
**Alex Stack, MPH, CSSBB**  
**Convergence Health**  
**Improvement Advisor and Director, Programs and Strategic Initiatives**

Ms. Stack is an Improvement Advisor with Cynosure Health and a talented leader and change agent with a passion for transforming systems in ways that improve the health and wellbeing of individuals and communities. She has more than a decade of quality improvement experience in primary care and hospital systems specializing in practical adult learning systems. Alex's strengths include multi-stakeholder collaborations, continuous quality improvement, curriculum design and delivery, innovation, strategic planning, project and program management. Alex has over 8 years of experience driving change in academic, non-profit acute care and community clinic settings.

# Implementing Diagnostic Excellence Across Systems (IDEAS) Project

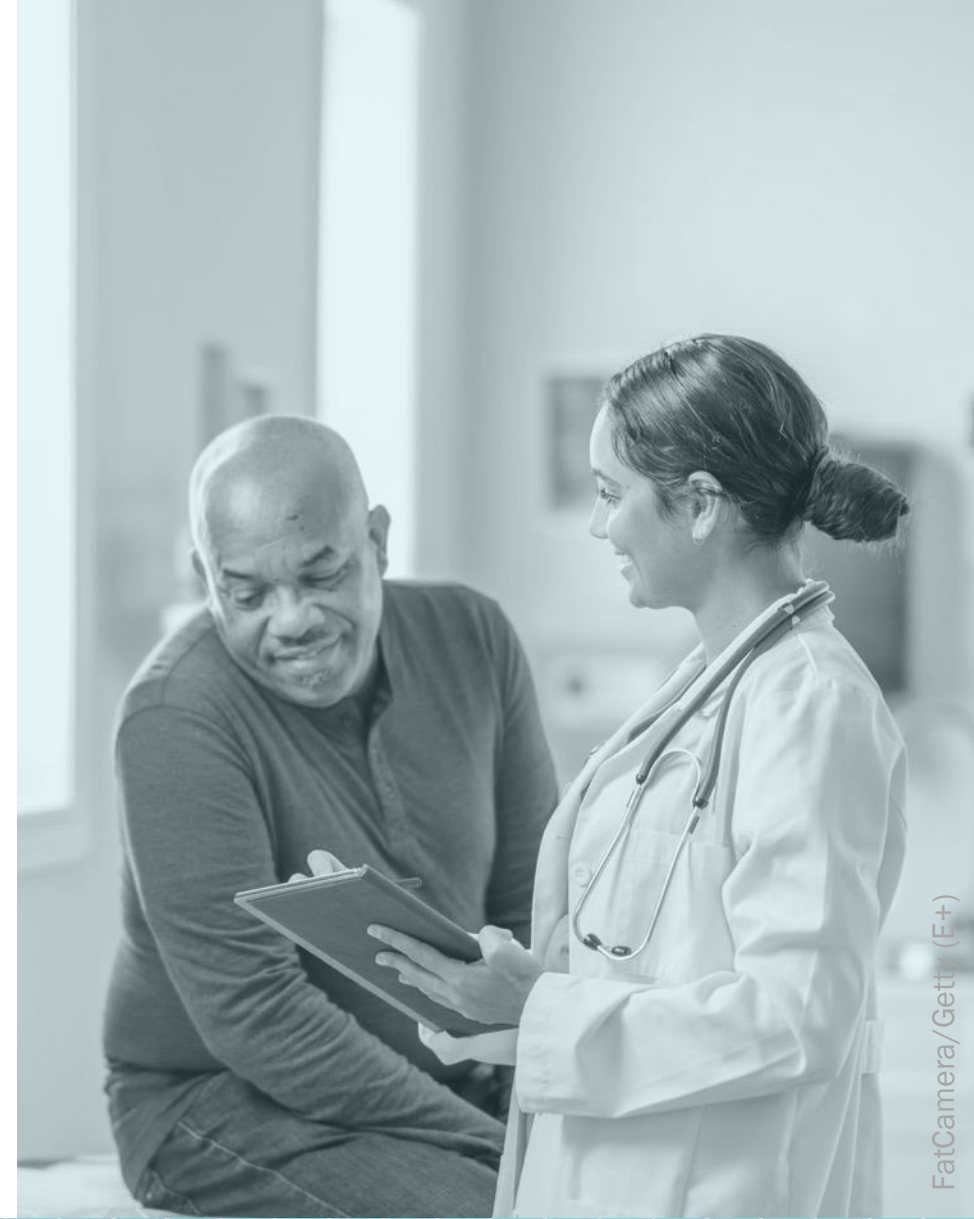
# About the IDEAS Project:

- The goal is to implement and test three AHRQ-developed diagnostic safety resources across 150 sites.
  - Toolkit for Patients to Improve Diagnostic Safety
  - Measure Dx
  - Calibrate Dx
- This project is designed to support and enhance the work that you are already doing!
- Sites get to choose “how” they want to test and implement one or more of the tools.
- Aligns with:
  - [Diagnostic Excellence – Age-Friendly Health Systems Seed Grant Program](#)
  - [Diagnostic Excellent in U.S. Rural Healthcare: A Call to Action](#)
  - [State of the Science and Future Directions To Improve Diagnostic Safety in Older Adults](#)



# Benefits:

- Flexible training for all sites including resource-specific materials and tip sheets
- CE credits and ABMS-approved MOC credits
- Eligible for MIPS credits
- Meets new requirement in the CMS Patient Safety Structural Measure
- Hands-on assistance including dedicated email for questions and “office hours” with content experts
- Learning Collaboratives with other participants
- Feedback on the impact of the intervention (available to participants at end of study)
- \$1,500 stipend per site





## Some stats:

- It is estimated that 33 percent of diagnostic errors result in patient injury, 57 percent of these failures occur in ambulatory care, the predominant mode of care delivery in rural settings.
- Rural residents are also at a greater risk of death from frequently misdiagnosed diseases such as cancer and chronic respiratory disease.
- While urban physicians might experience routinization due to a high volume of repetitive procedures, rural community physicians and teams could display gaps in expertise due to low patient volume.
- Researchers found that increasing age was often associated with lower diagnostic accuracy and resulted in both overdiagnosis and underdiagnosis of these common conditions.



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# Overview of the Tools



**Toolkit for Patients To Improve Diagnostic Safety**



**Measure Dx**



**Calibrate Dx**

## SETTING



Office-based setting



Any healthcare setting



Any healthcare setting

## USERS



Clinicians and their patients



QI or patient safety teams



Individual licensed clinicians whose scope of practice includes diagnosis



# Resource-specific considerations for participation

March 2025



## Toolkit for Patient Engagement

- Two to three clinician participants to use the resource in routine practice
- Participate in data collection activities for the evaluation
- Involvement of administrative office staff to collect brief, anonymous patient surveys

June 2025



## Measure Dx

- QI team with (1) a clinical lead with diagnostic expertise and (2) a quality manager with operations expertise
- Participate in data collection activities, many of which could be done during QI meetings or scheduled activities

August 2025



## Calibrate Dx

- Four to six clinician participants who perform quarterly reviews of a sample of their own cases
- Complete brief quarterly surveys and provide feedback on the resource
- Clinician access to electronic health record data for case reviews

# What this could look for you...

## Toolkit for Patients to Improve Diagnostic Safety

- Rural health, primary care, urgent care clinic, or other outpatient service
- Test with the first 5 patients a day for a week, test first 2 scheduled patients, every other day, etc.
- Cohort patients and test by diagnosis type (e.g., behavioral health, asthma, diabetes, SUD, etc.)
- Leverage PFAC and patient volunteers to test tool and give feedback

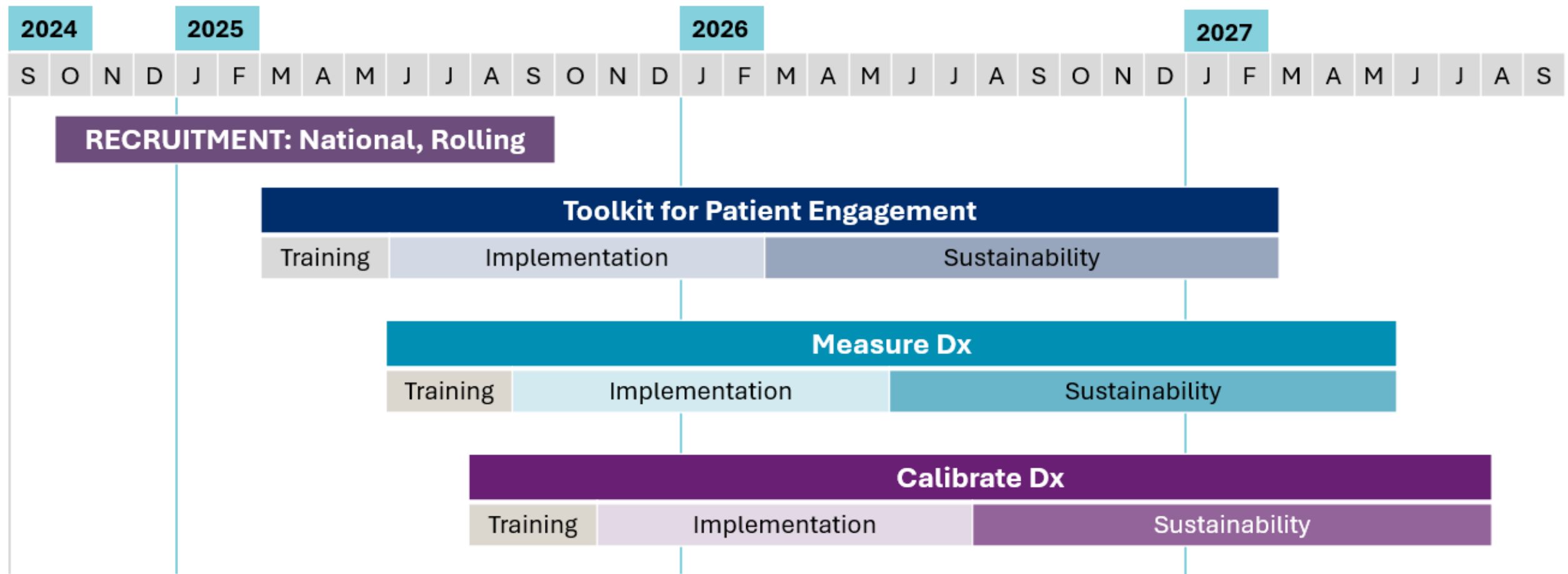
## Measure Dx

- Use this as a platform to look at social drivers of health
- Use funds to support a department specific internal research project (e.g., abnormal test results lacking timely evaluation, unexpected hospitalization after an ED or primary care visit, AUD Care, etc.)
- Leverage interns, students, modified duty, and other staff.

## Calibrate Dx

- Use as a tool to engage hospitalist groups
- Supplement resident or physician extender educational programs
- Use as part of a lunch & learn or M&M program
- Use to enhance peer review process

# Implementation is on a staggered basis; timeline may adjust to accommodate recruitment



# **At the outset, we encourage participating sites to:**

- Commit to this 2-year effort (1-year implementation and 1-year sustainability/minimal effort)
- Secure executive support
- Identify site participants; engage in minimal project and data collection activities
- Identify a site champion to help coordinate project activities and communicate with the project team
- Identify site-specific contacts who can help troubleshoot privacy, security, or confidentiality barriers



# Timeline of Activities for Toolkit Implementation, Sustainment, and Evaluation

			Toolkit for Patient Engagement																												
			Recruitment			Training and Implementation												Sustainability													
			2024			2025												2026										2027			
Who	What	How Often	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F
Site leads/ Site champions <sup>a</sup>	Safer Dx Checklist	Once					●	●																							
	Patient Safety Culture Survey	Once					●	●																							
	Clinical Sustainability Assessment Survey	Once																●	●												
	Short implementation progress assessments	Monthly						●	●	●	●	●	●	●	●	●	●	●	●												
Participating clinicians	Training on Patient Toolkit use	Once						●	●																						
	4-item Demographics Survey	Once					●	●																							
	45-minute interview	Twice								●	●					●	●														
	Brief 8-item Survey	Five times					●			●			●			●			●												
	Learning Collaborative meetings (virtual <sup>b</sup> )	Monthly						●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Patients	Brief 7-item Survey	Five times					●			●			●			●			●												
	30-minute interview	Twice								●							●														

NOTE: Sites will ideally be signed up two months before training begins. Recruitment is rolling up to February 2025, so the timing of initial training and start of implementation may vary by site. Dots indicate timing of an activity within one month. Dots connected by a line indicate a span of time in which an activity may happen.

<sup>a</sup> Site leads establish and ensure the site's participation through implementation and obtain leadership support. Site champions help coordinate project activities at the site, engage participating clinicians, and serve as liaison between the project team and site-level activities.

<sup>b</sup> Optional.



# Next Steps:

- If you and others are interested in learning more, please take a minute to fill out this [form](#). We'll work with you one on one to:
  - Answer any questions you might have
  - Schedule a time to meet with others in your organization
  - Identify which tool might be right for you
  - Help you enroll
  - And more!
- Check out the project website here: <https://www.ahrq.gov/ideas-project>
  - One pages
  - Tools
  - Link to enroll



**PATIENT  
SAFETY**