Safety-netting advice – a way to avoid harm from diagnostic errors

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No conflicts of interest

AT THE CLINIC

15 MIN EARLIER

Discuss with your neighbour:

HAVE YOU EXPERIENCED VISITS LIKE THIS ONE?

The burden of diagnostic error

- Global
  - →Singh H et al, The global burden of diagnostic errors in primary care. BMJ Qual Saf. 2017
- Sweden
  - →Fernholm R et al, Diagnostic errors reported in primary healthcare and emergency departments European Journal of General Practice. 2019

44 %

Fernholm R et al, European Journal of General Practice, 2019.

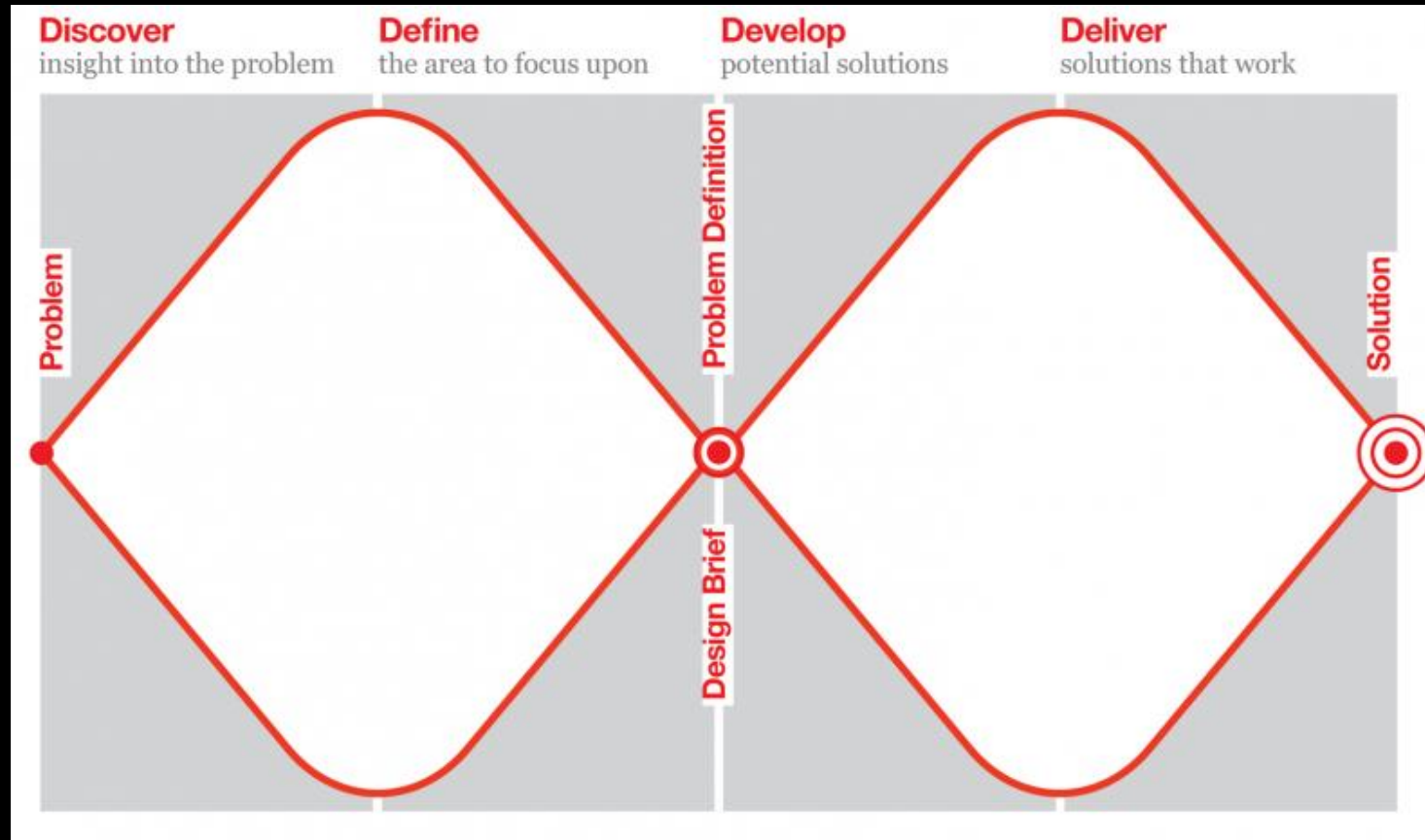# REFLECTIONS FROM A PATIENT´S PERSPECTIVE…

Safety-netting

Be open about that the diagnosis is not 100% certain

Tell the patient what to expect if the diagnosis is correct,

what look out for if it is not,

and when and where to seek advice again

Safety netting from a co-design perspective

Discover — insight into the problem
Define — the area to focus upon
Develop — potential solutions
Deliver — solutions that work

Problem · Problem Definition · Design Brief · Solution

Co-designing Safety-netting

- Focus groups and interviews with doctors and patients
- Two main themes: Delineating the meaning and purpose of safety netting and sharing strategies for applying safety-netting

Co-design process 2021

Important aspects of safety-netting in the clinic

What does safety netting mean to me?

Co-designing a structure for safety-netting advice

- To be taken seriously
- Communication and partnership
- Openness about diagnostic uncertainty
- What happens next, what do I look for, where can I seek care?
- Actionable advice
- Intergration in current practices

May 17th	May 24th

June 11th

May 21st	May 27th

What are important aspects to include in Safety-netting training?

Straw model of a course

- Patient agency
- Diagnostic thinking
- Teach-back
- Role playing
- Pracical exercises
- Concrete suggestions on how to apply
- Implementations support for the clinical units

Further development of safety-netting materials and design of web-based education

Safety-netting training

BACK AT THE CLINIC

Discuss with your neighbour:

WHAT DIFFERENCES IN THE CONVERSATION DID YOU NOTICE?

Do we understand each other?
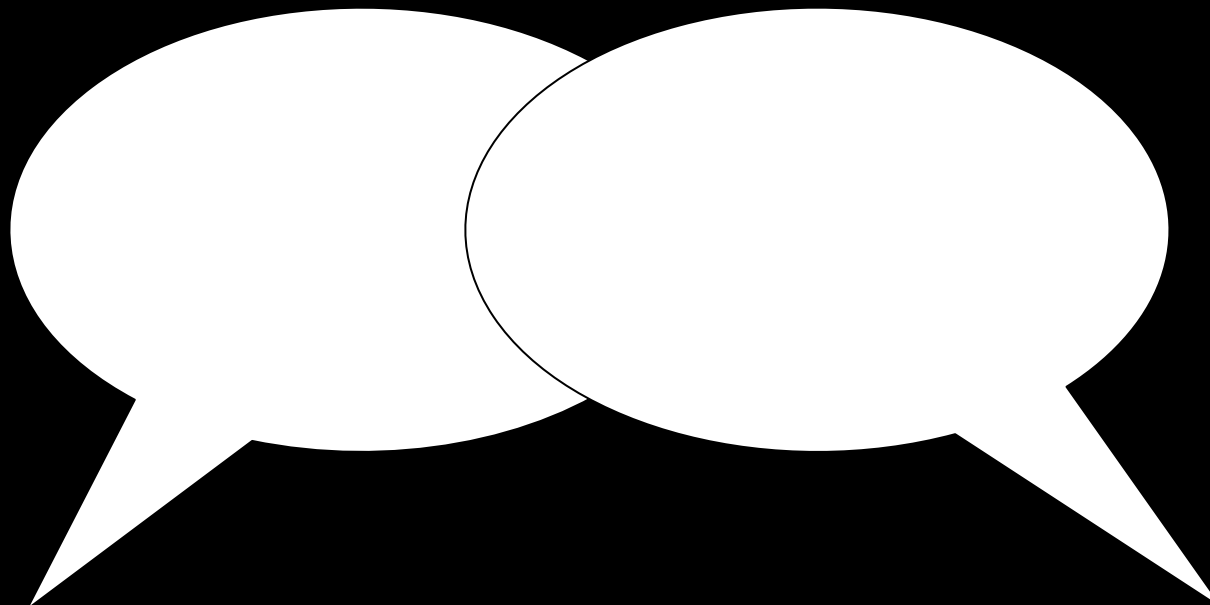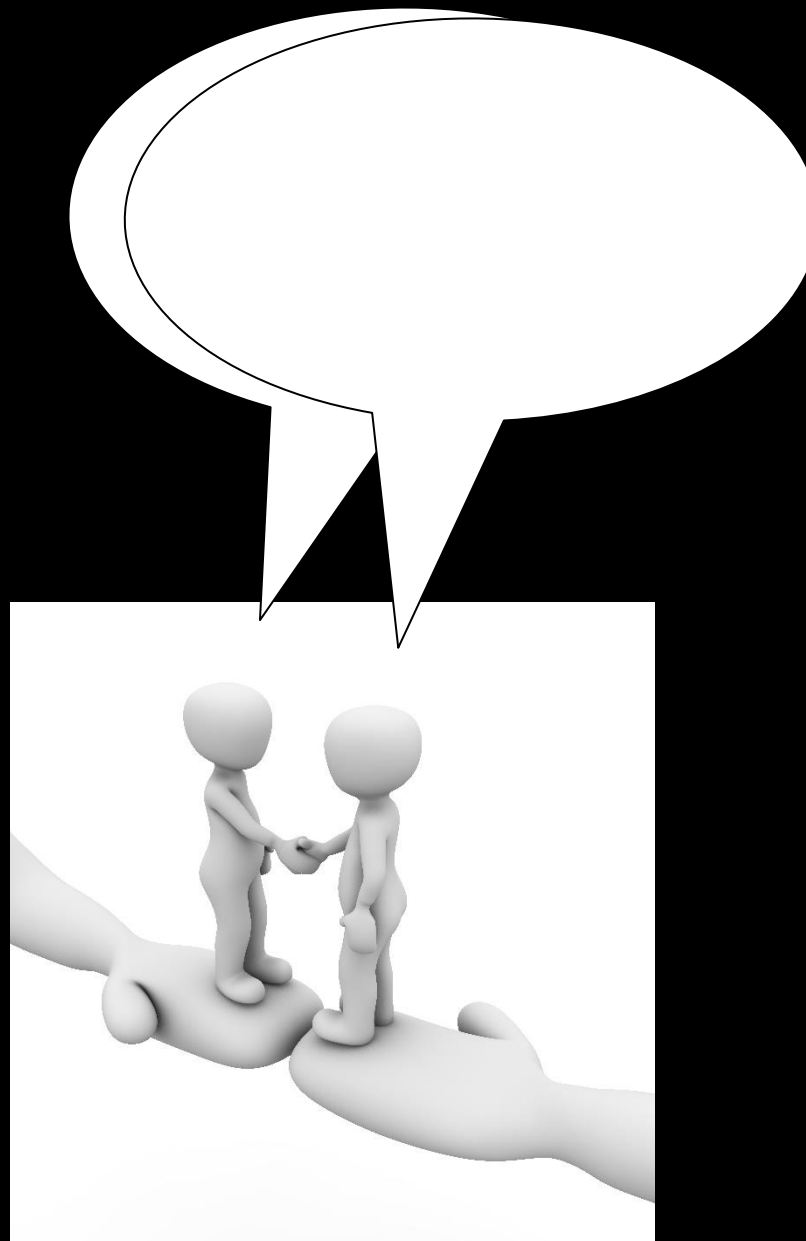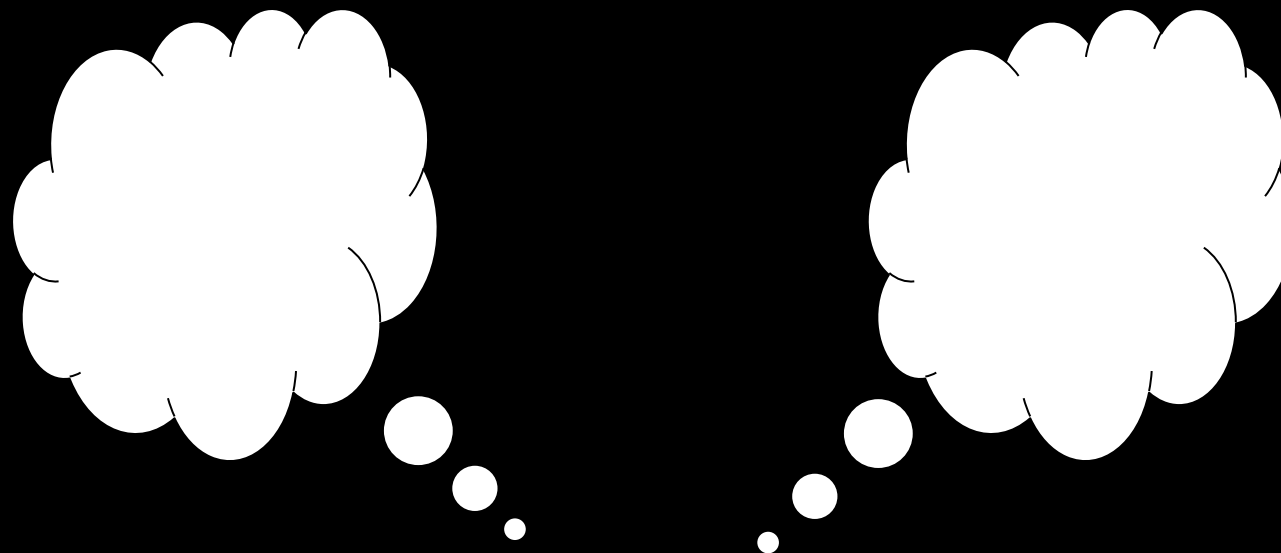
Teach-back!

BE SAFE, safety-netting:

See the uncertainty – and be open about it

Anticipate course of events – communicate what can be expected (ok to stay at home)

Flags – tell what to look out for (red flags, come back)

Engage – by teach-back, do we have the same understanding of the above?

PRACTICE SAFETY- NETTING

- In groups of three:
  - →One plays the part of the patient seeking care for fever since 4 days
  - →One plays the role of the clinician
  - →One person observes
- The clinical assessment and labs in the situation do not indicate serious illness at this point and the plan is for the patient to go home
- Apply the safety netting algorithm in your conversation
- Take turns if you have the time
- Reflect on the experience together

If you want- take a picture of this slide

PRACTICE SAFETY-NETTING

- The patient:
  - You are X years old and healthy. The last 4 days you have been ill with a fever (38.5 degrees centigrade). You have experienced some nausea and dizziness and today you seek care at an out of hours service.

- The clinician:
  - You have taken the history and assessed the patient. Apart from the fever, at this point, there is no sign of a serious infection. You have decided that this is most likely a viral infection and that the patient can go home.

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"Medicine is a science of uncertainty, and an art of probability"

William Osler

"Doubt is not a pleasant condition, but certainty is an absurd one"

Voltaire

Safety-netting to avoid harm

25/05/2023