

Recommendations issued for enhancing ICU diagnostic safety

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(HealthDay)—Identifying and reducing diagnostic errors in the intensive

care unit (ICU) should be a top priority, according to a perspective article published in the Aug. 1 issue of the *Annals of the American Thoracic Society*.

Paul A. Bergl, M.D., from the Medical College of Wisconsin in Milwaukee, and colleagues highlighted the problem of diagnostic error in the ICU and discussed areas that warrant further exploration.

The authors note that diagnostic errors result from cognitive failures or systems-based failure; often both occur together. Diagnostic errors occur in 5 to 20 percent of physician-patient encounters. Numerous factors can increase the risk of [diagnostic errors](#) in critically ill patients, including the complexity of critical care and difficulty interviewing or conducting physical examinations on the patients. The harms of diagnostic error may be amplified in [critically ill patients](#), resulting in morbidity and mortality, as well as a large economic burden. An ICU-centric approach is recommended for diagnostic error that emphasizes learning from missed opportunities in the diagnostic process. To enhance diagnostic safety in the ICU, recommendations include enhancing recognition of potential errors, increasing teamwork and patient-centeredness in the diagnostic process, providing feedback on the diagnostic process, and expanding the role of health information technology.

"In our quest for excellence in caring for the critically ill, let us make reducing diagnostic error a top priority," the authors write.

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