WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY T.A. COLES OF ST. HELIER SOUTH
QUESTION SUBMITTED ON MONDAY 12TH FEBRUARY 2024
ANSWER TO BE TABLED ON MONDAY 19TH FEBRUARY 2024

Question

"Regarding misdiagnosis within Health and Community Services will the Minister detail –

(a) how instances of misdiagnosis are recorded;
(b) what procedures are in place to prevent misdiagnoses from being repeated; and
(c) whether the number of misdiagnoses is compared with other jurisdictions, and if so, how they compare?"

Answer

(a) When a misdiagnosis is recognised, it is being recorded in incident reporting system called Datix. Datix is commonly used in healthcare organisations. The Datix entry may be completed by any member of staff who recognised the misdiagnosis, for example as a result of a complaint or any mechanism where concern is raised. The recording of a misdiagnosis in Datix will trigger a review, via the Quality and Safety team and elevation to the Serious Incident review panel (SIRP). This committee meets weekly and would initiate an investigation, a report, feedback and actions, from a subsequent panel review, to carry forward learning and ensure the individual is educated and where necessary further training provided.

(b) Through the process of feedback from an investigation and the subsequent report, in isolated cases of misdiagnosis it may be appropriate to undertake a local review, with those involved, into specific factors that may have led to the misdiagnosis. This would enable learning and identify measures that could be taken to prevent a similar process occurring again. This would occur as part of the Serious Incident process.

The use of the Datix system allows tracking of similar incidents in HCS to be monitored by the Quality and Safety team. If there were repeated or sustained misdiagnosis, identified under one individual, then it would be appropriate to review whether the individual should continue to practice.

If deemed a risk to patient safety, it would be appropriate to stop an individual involved in repeated misdiagnosis from working to protect patients, allow investigation into their practice, and, where possible educate and support the individual.

(c) There is no current mechanism for reviewing the number of misdiagnoses against other jurisdictions. It could be possible but there is no comparator at this time.