# Primary-care Research in Diagnosis Errors (PRIDE) Learning Network

## WELCOME TO THE PRIDE LEARNING NETWORK CASE SUBMISSION PORTAL

The PRIDE Learning Network has been established by the Brigham and Women’s Hospital Center for Patient Safety Research, Betsy Lehman Center, and the Harvard Medical School Center for Primary Care with the support of the Gordon and Betty Moore Foundation for the collection, aggregation, and sharing of anonymous diagnostic error cases. *De-identified* cases submitted to the PRIDE Learning Network will be confidentially reviewed and discussed by experts, and case-based insights and lessons will be widely disseminated to help reduce diagnostic errors and improve patient care.

## HOW TO COMPLETE THIS FORM AND SUBMIT YOUR CASE

**Please follow the instructions** (below) in completing each of the Case Submission items. Step by step instructions on how to securely transmit your completed case to us are included at the end of this document.

A Frequently Asked Questions (FAQ) document is available here: <https://www.betsylehmancenterma.gov/assets/uploads/PRIDE-FAQ.pdf>

## CONFIDENTIALITY AND PRIVACY

The Betsy Lehman Center is a non-regulatory state agency with a broad legislative mandate to improve patient safety and reduce preventable medical harm in Massachusetts. By law, information collected by the Center is not a public record, is confidential, and may not be subject to subpoena or discovery in any proceeding. As part of the PRIDE Learning Network, the Center is serving as both a co-convener of the Network and as the collector of confidential case information. This arrangement preserves the confidentiality of the cases and ensures that the Learning Network can fulfill its desired outcomes. In addition, case submitters are requested to remove all patient and clinician identifying information. Secure information technology mechanisms are in place to protect all data during submission, review and processing, and discussion. All PRIDE Network case discussants are required to sign confidentiality agreements. Only anonymous case information will be included in case summaries prepared for public dissemination.

# PRIDE Case Study Submission Form

|  |
| --- |
| **Important Note:** **Only *de-identified*** **case information should be submitted through this portal.** Identifying information is *not* being requested for patients or clinicians, and is not necessary to learn important lessons from these cases to reduce diagnostic errors. |

*\*Mandatory items*

|  |  |
| --- | --- |
| **Submitting Source\***(choose one) | Case Source name or informationwill **NOT** be shared or used during the case discussion and will be removed from the database entirely after case review has been completed. |
|  | **Medical malpractice insurer**[ ]  CRICO[ ]  Coverys[ ]  MMIC [ ]  Other:      **Hospital**[ ]  Brigham Health[ ]  Mass General[ ]  Baystate[ ]  Beth Israel Deaconess[ ]  Cambridge Hospital[ ]  Tufts NEMC [ ]  Maine Medical Center [ ]  Other:      **Second opinion organization**[ ]  Best Doctors[ ]  Other:       | **Primary care ambulatory care network** [ ]  Brigham Health[ ]  Beth Israel Deaconess[ ]  Cambridge Health Alliance[ ]  Other:      **Massachusetts Coalition for the Prevention of Medical Errors member organization**Please specify organization:     [ ]  **Society for Improving Diagnosis in Medicine (SIDM)** **Case Submissions by Individuals**[ ]  PRIDE Network members (personal cases)[ ]  Non-PRIDE Network/General Public |  |
|  |
| **Submitting Person\*** | Needed for any clarifications or follow-up questions. Submitting Person name or informationwill **NOT** be shared or used during processing for case discussion and will be removed from the database entirely after the case review has been completed. |
|  | Submitter’s name:       | Submitter’s email:       |  |
|  |
| **Diagnosis (Final/Correct)\*** | Please enter what the patient’s final/correct diagnosis was. |
|  |       |  |
|  |
| **Year of Event\*** | If patient care spanned multiple years, please indicate the first year of care in which diagnosis error(s) occurred. |
|  |       |  |
|  |
| **Narrative Summary\***Please recount the relevant events leading up to and following the error (including patient outcomes). To ensure cases are de-identified, ***do not include******any* *patient or clinician identifying information***, such as names, medical record numbers, addresses, etc. Also, do not include specific treatment/encounter dates. Instead of dates, please preserve the timeline for the narrative by replacing them with general time references, such as “two weeks later”, “one year after presentation”. |
|  |       |  |
|  |
| **Outcomes**Please describe patient outcomes (including patient harms, if any) related to the event. |
|  |       |  |
|  |
| **Contributing Factors/Issues/Pitfalls** | If your organization has identified or would like to designate any contributing factors/issues or pitfalls (clinical situations where patterns of, or vulnerabilities to errors result in missed, delayed or wrong diagnosis), please include here. |
|  |       |  |
|  |
| **Corrective Suggestions, Measures, and Prevention** | If your organization has taken any action and/or you have ideas or suggestions for prevention of this error, please include here. |
|  |       |  |
|  |
| **Other Comments** | Please include any other comments you may have on the case. |
|  |       |  |
|  |
|  |
|  |
| **To be completed by PRIDE Team** |
| De-identified Case ID: |

|  |
| --- |
|       |

 |

## HOW TO SECURELY UPLOAD YOUR COMPLETED CASE

SAVE this completed Word document, Then:

If you are SUBMITTING A CASE FOR THE FIRST TIME, you will first need to set up an account for uploading:

1. Send an email to pride.datatransfers.blc@state.ma.us from your work or personal email address stating that you have a PRIDE CASE STUDY FORM to submit
2. Expect two return emails from "Interchange (MassIT)." One will contain a user name; the other a temporary password
3. Go to <https://ics.mass.gov/DynIC> and log in
4. Change your password
5. Follow instructions in Step 2, below to now submit your case.

If you are SUBMITTING A CASE FOR A SUBSEQUENT TIME:

1. Go to <https://ics.mass.gov/DynIC/>and log in (using the login account info you setup above)
2. Use the Transfer tab to upload your case
	1. Write PRIDE CASE STUDY FORM in the "Transaction name" field
	2. Write pride.datatransfers.blc@state.ma.us in the "Recipient Emails" field
	3. Use of the "message" field is optional
	4. Use the “Choose File” Button (in the “Upload Documents” section) to upload this completed CASE Submitter Word file (i.e., this Word document).
	5. Click the "Send Files" button at the bottom of the page
3. You should then see a message that the file was
“Successfully sent to: pride.datatransfers.blc.state.ma.us”

## THANK YOU FOR SUBMITTING A CASE!

The PRIDE/BLC Learning Network staff will be reviewing your case to ensure that all identifiers have been removed, and will get back to you if there is a need for any clarifying information.

PRIDE/BLC staff will then be reviewing the case for potential learning and sharing through contributions to aggregate analyses and/or review at case discussion meetings. Due to time constraints, only a limited number of cases will be selected for case discussion meetings; however, all cases submitted will be incorporated in our aggregated databases and reports to create value in understanding diagnostic error and its prevention.