DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-MPP-MSD-P006 (01)	
TITLE/DESCRIPTION: **DIAGNOSTIC DISCREPANCY COMMUNICATION AND VALIDATION PROCESS**			
EFFECTIVE DATE: May 15, 2025	**REVISION DUE:** May 14, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 1 of 6
APPLIES TO: DIS, NICIS, Laboratory, Nursing Services Division, Medical Services Division		**POLICY TYPE:** Multi disciplinary	

PURPOSE:

1. To outline the process for identifying, documenting, and resolving diagnostic discrepancies.
2. To ensure timely communication between diagnostic services (e.g., laboratory, radiology, pathology) and referring clinical teams.
3. To promote transparency, collaboration, and patient safety through validated multidisciplinary consensus.

DEFINITIONS:

Diagnostic Discrepancy: Any inconsistency or conflict between two or more diagnostic results or between clinical findings and diagnostic reports that may affect the final diagnosis or treatment plan.

Referring Physician: The medical professional requesting or relying on the diagnostic service to guide patient care.

Result Validation Team: A group composed of the referring physician, involved pathologist or radiologist, and relevant specialists.

Critical Discrepancy: A discrepancy that may lead to a significant change in diagnosis, urgent treatment, or risk to patient safety if not resolved.

RESPONSIBILITY:

Referring Physician, Diagnostic Personnel (Lab, Radiology, Pathology), Total Quality Division, Nursing Staff, Department Chairperson

POLICY:

A. Identification of Diagnostic Discrepancy

1. Any member of the healthcare team—including physicians, nurses, diagnostic personnel, or allied health professionals—who identifies conflicting diagnostic information shall report the discrepancy to the attending physician immediately.
2. Discrepancies may include, but are not limited to:
   - Divergent laboratory or imaging findings addressing the same clinical concern.
   - Inconsistencies between clinical signs/symptoms and diagnostic test results.
   - Contradictory findings between external diagnostics (e.g., outside imaging/laboratory) and in-house results.

B. Notification and Documentation

1. The individual who identifies the discrepancy shall complete the Diagnostic Discrepancy Notification Form and submit it to both the Total Quality Division and the referring clinical

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team.

2. For time-sensitive or clinically urgent discrepancies, verbal notification shall be made to the attending physician and Total Quality Division within 4 hours, followed by written documentation.
3. The discrepancy is recorded in the patient's medical record, including:
   - Nature of the discrepancy
   - Date and time identified
   - Action steps taken

C. Formation of a multidisciplinary Result Validation Team

A formal Result Validation Team shall be convened to address discrepancies that may alter patient management. The team shall be composed of

- Referring or attending physician (Team Lead)
- Department Chairperson
- Diagnostic specialist (radiologist, pathologist, or laboratory consultant)
- Clinical specialist (e.g., infectious disease, cardiology, oncology) when applicable
- Nursing representative (optional based on clinical relevance)
- Total Quality Division Head (facilitator and process auditor)
- Medical Director

D. Review and Consensus Process

1. A Diagnostic Discrepancy Review Meeting (virtual or in-person) shall be conducted within 24–48 hours of discrepancy identification.
2. During the meeting, the team shall:
   - Review the patient's full clinical context, all related diagnostics, and external records
   - Analyze potential causes, including:
     - Analytical or technical errors
     - Interpretation variance
     - Incomplete data
     - Disease evolution or atypical presentation
   - Decide on the most probable diagnosis or recommend repeat/re confirmatory testing.
3. Outcomes shall be recorded in the Diagnostic Discrepancy Review Summary detailing:
   - Agreed-upon final or provisional diagnosis
   - Associated clinical risks and safety measures
   - Action plan and timelines

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- Assigned team responsibilities for follow-up

E. Communication to Patient and/or Family

1. The attending physician is responsible for communicating the updated or confirmed diagnosis to the patient and/or next of kin in a respectful, honest, and timely manner.
2. This communication shall include:
   - The nature of the diagnostic discrepancy
   - The revised or confirmed diagnosis
   - Implications for treatment or additional investigations
   - Timeframe for next steps and any changes in care plan
   - Opportunity for the patient/family to ask questions
3. Documentation of the conversation shall be entered into the patient's EMR or chart and countersigned by the patient or next of kin to acknowledge receipt and understanding.

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F. Roles and Responsibilities

Role	Responsibilities
Referring Physician	Lead case review, communicate to patient/family
Diagnostic Personnel (Lab, Radiology, Pathology)	Provide interpretation, recommend follow-up
Total Quality Division	Track incident, ensure compliance, conduct root cause analysis
Nursing Staff	Assist in documentation, coordination, and patient notification
Department Chairperson	Ensure policy implementation and support timely reviews

G. Monitoring and Audit

- The Department shall maintain a Diagnostic Discrepancy Logbook for all reported cases.
- Monthly audits shall review:
  - Time to resolution
  - Documentation completeness
  - Repeat incident frequency
  - Compliance with communication protocols
- Findings are submitted quarterly to the Total Quality Division and Medical Director's Office.

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PROCEDURE (SOP): N/A

WORK INSTRUCTION: N/A

WORK FLOW: N/A

FORMS:

1. MSD-F043-Diagnostic Discrepancy Notification Form
2. MSD-F044-Discrepancy Review Summary Template
3. MSD-F045- Discrepancy Tracking Log Book

EQUIPMENT: N/A

REFERENCES:

1. Accreditation Canada. (2022). Leadership Standards – Communication and Information Sharing.
2. WHO. (2020). Diagnostic Errors – Patient Safety Curriculum Guide.
3. Agency for Healthcare Research and Quality (AHRQ). (2019). Improving Diagnosis in Health Care.

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APPROVAL:				
	Name/Title	Signature	Date	TQM Stamp
Prepared by:	**ALVIN C. AGUSTIN, MD** COMET, Chairman		4/24/25	
Reviewed by:	**WENDY MAE D. GOMEZ** Accreditation & Documentation Manager		4/23/25	
Approved by:	**RODEL J. LLAVE** Total Quality Division Head		4/24/25	
	JESSA CHRIS R. NEGRE Chief Medical Technologist		4/25/25	
	CHERYL O. TRINIDAD DIS Consultant		4/28/25	
	HANNAH KHAY S. TREYES Chief Nursing Officer		5/5/25	
	ROSARIO D. ABARING Ancillary Division Head		5/7/25	
	JOSE PEPITO B. MALAPITAN, MD Medical Director		5/9/25	
	MA. ANTONIA S. GENSOLI, MD VP-Chief Medical Officer		5/13/25	
Final Approved by:	**GENESIS GOLDI D. GOLINGAN** President and Chief Executive Officer		5/15/25	

TQD

CONTROLLED DOCUMENT