



Gníomhaireacht Bainistíochta an Chisteáin Náisiúnta  
National Treasury Management Agency

An Ghníomhaireacht um Éilimh ar an Stát  
State Claims Agency

# The Real Cost of Diagnostic Error

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#SCALearning25

# The Real Cost of Diagnostic Error

Presented by  
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Patients for Patient Safety  
Ireland

# Hello, my name is Maureen...

A little bit about:

- Me
- Patients for Patient Safety Ireland (PFPSI)
- My Family
- My reasons why...

# I would like you to meet my husband, Gabriel....

Gabriel is a genuinely good  
man known by many titles:

'Son'  
'Uncle'  
'Dad'  
'Friend'

'Brother'  
'Husband'  
'Grandad'  
'Biker'

and he is my everything for  
over 40 years.

*But most of all he is a  
Warrior!*



# How does the Health Service 'connect' with Gabriel?

He is referred to generally as a 'service user' or a 'patient' but also has been referred to as 'bed number' or 'PID No.' or as the 'complex acetabular fracture case'. All are identifiers but are not supporting a personal connection as to who he *actually* is.

This categorising does not reflect the person and their lives and can make a them feel disconnected, unimportant and anonymous.



# How can a Diagnosis Error still occur with all the Health Service resources and experience?

Correct and timely diagnosis is the first step to preventative interventions and effective treatment. It requires collaboration involving patients, families, caregivers, health workers, health care leaders and policy-makers.

Whether the error is a:

- Missed diagnosis
- Incorrect Diagnosis
- Delayed Diagnosis
- Miscommunicated Diagnosis

the implications can be profound and can worsen patient outcomes - potentially leading to prolonged or severe illness disability, or even death.

Along with the Financial and resource costs in Health Service - the most significant cost is to the patient and their families in living with the ensuing consequences.

# How can Diagnostic Errors be reduced?

Involve the patient more.

- Listen to the patient tell you what is normal for THEM when information gathering– it is frustrating to be dismissed or not listened to. Imagine that it is your Gran or Dad or child – ask questions in a way that can be easily answered and understood.
- Avoid Unconscious bias as it can direct the HCP to only think a certain way. Many patient outbursts are due to frustration of not being listened to, understood or heeded.
- A diagnosis conversation is often delivered in an efficient but clinical manner and involves medical terminology. Speak in as clear a manner as possible and ask the patient / family to speak back to ensure that they have a clear understanding of the conversation.
- Partner with patients around design and delivery of diagnostic services from the beginning.

# Please recall Gabriel at every patient encounter and hear this message...

I am not a box to be ticked, not a note on your tablet screen.

I am a person with dreams still breathing, a story not yet complete.

Help me, don't handle me. Support me, don't smother me.

I want the space to stumble, the courage to rise again.

Let me choose the colour of my day, even if it clashes.

Let me try the path I see, even if it leads to stumbles.

For freedom is not in safety alone. It is in the risk of falling, the pride of standing tall again.

See me, hear me, walk beside me. I am not your task, I am a person.

*Credit to : @EDDMprogramme*

# Thank you!



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