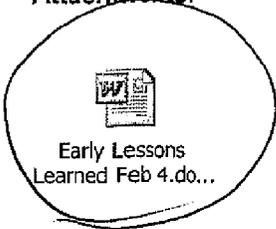


Joyce Penney

From: Bennett, Pam [pbennett@gov.nl.ca]
Sent: Wednesday, February 06, 2008 10:04 AM
To: Susan Gillam; Boyd Rowe; Karen McGrath; Louise Jones
Cc: Joyce Penney; Barbara Parsons; Suzanne Payne; Theresa Blake
Subject: IMPORTANT: PLEASE PRINT OFF FOR 12:00 NOON CONFERENCE CALL

Attachments: Early Lessons Learned Feb 4.doc



-----Original Message-----

From: Keats, Don
Sent: Wednesday, February 06, 2008 9:57 AM
To: Bennett, Pam
Subject: Fw:

Sent Via BlackBerry

----- Original Message -----

From: Thompson, Robert
To: Keats, Don
Sent: Wed Feb 06 09:29:16 2008
Subject:

"This email and any attached files are intended for the sole use of the primary and copied addressee(s) and may contain privileged and/or confidential information. Any distribution, use or copying by any means of this information is strictly prohibited. If you received this email in error, please delete it immediately and notify the sender."

Early Lessons Learned and Preliminary Responses – For Discussion
Draft – February 5, 2008

1. Data management and tracking

- Better data management and tracking could have provided greater certainty that all negative ER/PR cases were identified and sent to Mount Sinai on a timely basis, and would have aided the patient communication process.
- Preliminary response:
 - establish a new policy for DHCS and RHAs that whenever there is an adverse event that requires contact, testing or treatment for a group of patients, a single official is to be charged with clear organization-wide responsibility for directing patient contact and data management, and that person must have access to an appropriately skilled data manager trained to use or design an information system which can acquire comprehensive data for all events in the response process, provide timely reports, and can be audited ;
 - approve a budget allocation for 2008/09 to address:
 - i. Clinical Consolidation to a single platform (laboratory, diagnostic imaging, medical records, admissions, nursing order entry, pharmacy and patient care inquiry);
 - ii. Enterprise Content Management and Document Management;
 - iii. Decision Support.

2. Quality assurance and monitoring in the immunohistochemistry laboratory

- Since 2005, the recommendations of a peer review have been implemented, including the adoption of external review procedures. Two external reviews were completed in 2007 (CCHSE and QMPLS).

Preliminary response:

- The recommendations of these reviews should be implemented, with budgetary appropriations.
- The government should commit to legislation that would make laboratory accreditation a mandatory requirement as is currently the case in Ontario.
- Adopt a policy which clarifies where the authority resides for quality control for tests for which there is a single testing site in the province. A mechanism for the testing site to specify standards, QA and monitoring for all steps in the test should be established.

- The Task Force on Adverse Health Events should be asked to explore the topic of how tests are regulated or monitored where national or industry standards do not exist for such tests.

3. Communication protocols

- Communication protocols are needed for adverse events that have an impact on large groups of people. The principles to be observed include a patient's right to know and a patient's right to participate in the management of their own care. Other important principles of large group events include, as appropriate, advising the media early to avoid the anxiety and uncertainty associated with uncoordinated information going to the media, and allowing for affected patients to self-identify to the RHA when there is uncertainty over whether internal databases will identify all patients in a timely manner. These principles must respect the priority of the patient-doctor relationship, the protection of personal privacy and the urgency and significance of the adverse event.

Preliminary Response:

- The Department of HCS and RHAs to adopt a communications policy which recognizes these principles.
- Through performance contracts, place an obligation on the CEO to advise the Department about group adverse events so that communications can be coordinated as necessary and appropriate. (Issue: how to define "group".)
- Through revision of job descriptions and appropriate training, ensure that all communications personnel in government and subordinate agencies understand the principles and procedures of responding to group adverse events