

Thompson, Robert

From: Thompson, Robert
Sent: Thursday, February 21, 2008 10:05 PM
To: Furlong, Tara
Cc: Power, Glenda
Subject: RE: Q&As

Attachments: Q&As.doc



Q&As.doc (52 KB)

Good job. A few suggestions.

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

From: Furlong, Tara
Sent: Thu 2/21/2008 5:13 PM
To: Thompson, Robert
Cc: Power, Glenda
Subject: Q&As

Q&As attached for your review and feedback.

Tara

Questions and Answers
Final ER/PR Daabase

1. Minister, what was your reaction to the new information?

Of course, the impacts on patients and families are uppermost in my mind. This new information underscores for us the real problems inherent to the record keeping related to ER/PR testing and re-testing from 1997-2005. We do now though have the most comprehensive database that exists and it will be provided to the Commission of Inquiry.

2. Minister, when were you made aware of the increases in the number of patients who are deceased? (2-3 weeks ago in cabinet??)

3. It seems incredible that over 30 women who should have been contacted regarding their test results were not? How did this happen?

That's a difficult question to answer. In part it was because Eastern Health made a decision that some people that did not need a change in test results, and did not need a treatment change, need not be contacted. I will point out that while we can say that 34 of these patients were not contacted by a regional health authority, it is possible they were called by their physician. At any rate, we have asked the RHAs to complete this contact process now. It is important that every person who had a test at Mount Sinai know about their results. We must remember that none of these 34 people had a change from positive to negative. While I cannot make any clinical assessment of any of these cases, the data does not indicate these cases as conversions.

Deleted: I suspect it was most likely due to the inadequacies in the record-keeping for ER/PR re-testing.

4. Can we be confident that these numbers are accurate?

What we know is we have the most comprehensive database available on ER/PR re-testing but you have to remember that our government initiated this work by NLCHI when we became aware of the data management problem – which was in June of last year, nearly 10 years after the problems with ER/PR started. Plus, there was not a single source of data to pull from – there were many, and this complicated the compilation of the data. So we've done the best job possible given the challenges involved.

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5. What do you say Minister to the women whose treatment may have been negatively impacted by the bungling of data by Eastern Health?

I'm not sure there are any words that would be adequate. I will say that our government is working to ensure that the problems we've had with ER/PR testing are never repeated and the establishment of the Commission of Inquiry demonstrates our commitment.

6. Did women die because there was no one at Eastern Health who knew how to properly manage a spreadsheet?

(Too trite.) It appears some people were late being retested and some people were not contacted about their results because of poor record-keeping and tracking of data. We cannot offer any opinion on whether this aspect of the process contributed in any way to harm to any individual. There are many tough questions related to ER/PR but we do certainly know that data management was flawed and we're making some investments now to improve that.

7. We just learned yesterday of what was contained in the peer review documents. What is your reaction to the documents? Are you concerned about the findings of this peer review process?

We have known the recommendations that resulted from this peer review process for some time, and the content of the reports are in line with these recommendations. Our government appointed the Commission of Inquiry because of our desire to ensure we, and the residents of this province, have the most accurate understanding possible of what happened with hormone receptor testing for breast cancer patients.

8. Why are you just announcing funding now to improve data management?

The development of the ER/PR database is being finalized and it helped us reach conclusions that warrant this announcement today.

Why aren't you waiting for the findings of the commission? Is this not telling the commission that its work does not matter?

We look forward to the work of the commission, but if there are early lessons learned that can be turned into action right away, it makes sense to act. We are addressing some of the more obvious things which need attention. We will also act on the commission's recommendations.

9. Do you have a better sense now of what went wrong with ER/PR testing?

While we know we now have the most comprehensive database that exists, the question of what went wrong will be examined by the Commission of Inquiry.

10. Did Eastern Health conceal information, especially the number of deceased patients?

The problems seem to stem from flawed data management practices. In particular, Eastern Health did not utilize the provincial mortality database in compiling its reports.

11. Does this information strengthen the class action lawsuit?

It would be inappropriate for me to comment on a matter that is now before the courts.

12. Why are you releasing the results now?

The bulk of the work in developing the database has just been completed.

13. Was Eastern Health involved in this database project?

The project was led by NLCHI in connection with the work of the Secretary to Cabinet (Health issues), a role created by our government in May of last year. Eastern Health cooperated fully with NLCHI on this project.

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14. It seems that ER/PR testing has a high rate of false results – should we even be using it?

The ER/PR test is a valuable one but use is best determined by physicians based on their expertise and knowledge of their patients.

15. Every woman who now undergoes ER/PR testing must be questioning the accuracy of her results. What do you say to these women?

ER/PR testing protocols in place today are on par with the best processes in the country, and patients should have confidence that they are receiving quality treatment today. We also know right now that a December 2007 review of the IHC (Immunohistochemistry) laboratory by the Quality Management Program Laboratory Services of Ontario was complimentary about current ER/PR testing at Eastern Health, with the review indicating that it was equal to any laboratory in Ontario of similar size.

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We established the Commission of Inquiry to create a thorough picture of what went wrong with ER/PR testing so that the situation that occurred with the testing between 1997 and 2005 is never repeated.

16. Is the Minister usurping the role of the Commission by releasing these results and making this announcement?

Not at all. We fully respect the role and mandate of the Commission that our government established. I committed in November to providing an update on the database project and that's the reason for us being here today. As well, our \$2.4 million investment this coming year will initiate change in specific areas that will make a difference in strengthening our health care system. Our government has created these initiatives based on valuable lessons learned thus far – we don't ever want to be anything less than proactive and diligent when we can make real and positive change that benefits the people of this province who receive care in our health system. (good answer)

17. Is today's news conference a reaction to coverage of Eastern Health's release of their peer review reports on Wednesday?

No, the bulk of the database project is nearing completion - so it's appropriate to make these announcements now.

18. Why didn't the province intervene in the recent application regarding Eastern Health's peer review?

This was a very complex question involving legal issues that needed the objectivity of the court.

19. Is the Minister concerned about the repeated delay in the commencement of the commission hearings?

No I am not concerned. If the task requires more time the Commissioner will inform the government. At the present time she has not indicated a different date for a final report than the one identified in the term of reference.

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20. When was ER/PR testing re-established within Eastern Health?

It was re-established on February 7, 2008

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21. Is Eastern Health conducting ER/PR tests for all the province now?

No, Eastern Health is just performing ER/PR tests on St. John's patients. ER/PR tests from the other three health authorities are being done at Mt. Sinai.

22. Why is that?

RHAs decide on their own where they send samples for retesting. The question should be directed to Eastern and the other RHAs.

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23. Does the province need more pathologists? We're hearing that there is a shortage, especially at Eastern Health.

PAT PILGRIM TO ANSWER IF ASKED

24. Are we paying our pathologists enough?

Pathologists are paid between \$144,432 and \$173,318 (5 Step scale) in addition to a retention bonus of \$50,000 to \$60,000 per year, which our government introduced last year to provide pathologists compensation similar to that now provided to salaried oncologists. While we recognize that other factors influence recruitment and retention, remuneration is certainly an important consideration.