

Barrett, Lorraine

From: Thompson, Robert
Sent: Friday, October 17, 2008 2:10 PM
To: Barrett, Lorraine
Subject: FW: Summary of Interviews with regions re search strategies
Attachments: summary of interviews.doc

From: Tracy Chislett [mailto:tracy.chislett@nlchi.nl.ca]
Sent: Thursday, October 02, 2008 2:33 PM
To: Thompson, Robert; Gregory, Deborah; Don MacDonald
Cc: Reza Alaghebandan
Subject: Summary of Interviews with regions re search strategies

Hi All,
I have attached a summary table of the interviews Reza and I have conducted with the regions regarding their search strategies.
If you have any questions, please let me know,

Thanks,

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Question	Carbonear	Clareville	St. John's	Central East	Central West	Western	Lab/Grenfell
	Dr. Baker	Kathy Escott (lab tech, meditec support specialist) & Jim Humble (Director for Peninsulas labs)	Terry Gulliver and Barry Dyer	Sherry Freake, Dr. Gallagher	Sherry Freake, Glenn Moulard, Evelyn Saunders	Dr. Jenkins, Dr. Neil, Hedy Dalton-Kenny, Donna Hicks	Dr. Dankwa
	September 9, 2008	September 10, 2008 & September 16, 2008	September 10, 2008	September 16, 2008	October 1, 2008	September 30, 2008	September 3, 2008
How many LIS? Are they inter-connected	1 LIS system - Meditec. Breast specimens only in Carbonear, skin biopsies and others may come from other hospitals (Old Perlican, Placentia, Whitbourne)	Meditec in region since 2000. Prior to that had another electronic (health vision) system. When old system was converted to Meditec some data was lost.	There were 3 systems, HSC, St. Clare's and Grace, Connected in 1999. Now 1 system, as old HSC system became St. John's system. Any patient record from HSC not affected, but for Grace and St. Clare's records were transferred over to new system, demographic info transferred but maybe not all of record, i.e. info from visits before 1999 at those hospitals. But can still access old systems to get that info.	Had 2 LIS systems in Central, separate with minimal connections.	1 Meditec system with pathology module implemented in Nov 2001. Before that used a locally developed program called Medicus. Somewhat similar to Meditec, and when went to Meditec merged the 2 systems.	2 LIS Systems. 1989/90-1999 was primitive computer system that was not searchable. 1999 onward is Meditec, is searchable. Contains all Western for lab and pathology.	1 LIS sytem-Meditec introduced in July 2003.
How were pathology reports stored?	-Pathology module only installed and up and running since 2004. -Before that, hard copies were kept in binders by year. -1997-2003 hard copies for all, 2004 onward hard copies plus kept electronically	No hard copy back up to old system or Meditec that they knew of.	Meditec at St. Clare's from 1986, at HSC from 1987 and from Grace 1994/95 (but Grace didn't use MCP#). Grace and St. Clare's did keep hard copies, St. Clare's still printed hard copies with slides up until 4-5 years ago.	Reports were electronic since 1995. Still have paper based printed for patient charts.	All reports now stored in Meditec because Medicus data converted to Meditec data. Hard copies kept up until November 2001. Some challenges with merge, initially contracted company to do it, but some difficulties with that, so was done by IT people in Central West. Confident that data was transmitted, but there are occasional files with problems. Most are okay. Having hard copies increase confidence because if come across any issues, able to go back to hard copies.	Electronically on old system until 1999 than in Meditech.	From 1997-2005 patient info typed into computer and hard copies kept. 2003 onward Meditec was used with electronic info available. July 03 onward had both hard copies and electronic Meditec info available.

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	Carbonear	Clarenville	St. John's	Central East	Central West	Western	Lab/Grenfell
When did search begin?	Received memo from Dr. Cook in 2005 about sending all ER negatives	Only search performed was when pathologist asked for list of patients who had specimens sent to St. John's for ER/PR. List was sent to Clarenville from St. John's and they pulled reports based on that list. This was a list of specimens that St. John's received from Clarenville.	Told to do search by Dr. Williams and saw memo from Dr. Cook. Searched in early-mid July 2005. Done because Dr. Carter needed list of all patients because she was going to do the review. Interested in the positivity rate.	Letter from Dr. Cook sent to lab director June 14, 2005. Dr. Gallagher received Sept 05 letter requesting all ER/PRs.	In 2005, when Dr. Cook memo came out.	Search was done when received Dr. Cook memo.	Did initial search in 2005 when letter came from Dr. Cook regarding all ER negative patients.
Did you limit m/f, age, years, etc	No, all reports were searched	Limited years for April 2000-December 2005. Prior to 2000 searched data during conversion and pulled out a couple. But probably not complete as some data was lost.	Searched males and females, all ages, for 1997-2005	Jan 1997-Aug 2005, ages 0-100. Initially limited to females, but re did search to include males as well.	Searched for age 0-120, males and females, 1997-2005. Initially didn't look for breast related, but new review in Spring 08 did include those.	Looked at everything, primary breast and all breast related specimens. Everything with an ER/PR ordered, males and females, all ages. Included deceased when asked to do so.	1 st letter came saying only 2002 patients. No Meditec system then so went through all reports manually to find ER neg for 2002. -Then 2005 letter required all cases from 97-05.
Who performed search?	Secretary for 25 years, comfortable with pathology reports as she was the one that entered them. Any questions she would have had would have been brought to Dr. Baker's attention.	Kathy Escott, a pathologist and a secretary did search.	Terry performed one search, Barry performed another.	Dr. Gallagher performed search and spoke to IT to get advice on how to do it.	Evelyn (manual log book search) and Glenn (Meditec search)	Search was done by a technologist who looks after pathology module.	Dr. Dankwa and clerical staff. Whatever clerical staff weren't sure about, they would bring to Dr. Dankwa's attention.

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	Carbonear	Clareville	St. John's	Central East	Central West	Western	Lab/Grenfell
Details about search	<p>-dealing with hard copies.</p> <p>-approximately 2600/year with 125/yr for breast.</p> <p>-All those found by secretary were sorted into benign and malignant</p> <p>-Those malignant sorted into ER/PR performed</p> <p>-Those with ER/PR sorted into negative and positive</p> <p>-Technologist took list of negatives, grouped slides and blocks, and sent them to St. John's.</p> <p>-Reported zero as negative, and any staining as positive, percentage would be reported as well so that oncologist could make decision based on the percentage.</p>	<p>Search Meditec for word "ER PR".</p> <p>"Estrogen Progesterone". Was able to designate data section to do search. Searched in "send out" date section – "referred out". Also searched in addendum for "ER" "PR". Printed reports out and gave to pathologist for review. Not sure when started sending to MS but since Meditec was implemented in 2000, very few were sent to St. John's.</p>	<p>Search done by procedure (ER/PR ordered) because they were asked to find patients that had ER/PR. This search gave info and results for patients from HSC system in 1997. For Grace and St. Clare's only got # assigned to do, that ER/PR was done and that it was sent back for interpretation. Then would have to go into the old system and get the results. Got names from "big" system and then went into old system to get reports. After systems merged, it didn't make a difference where the specimen was from, as all info was in the one system. Printed all reports and made spreadsheets of neg and weak pos. Told by oncologists to assume all positives were treated. But also gave list of weak positives (>0 but <clinical guidelines)</p>	<p>Did search in "miscellaneous" and search for various words:</p> <ol style="list-style-type: none"> 1. "breast" 2. "breast" + "carcinoma" 3. "breast" + "carcinoma" + "hormone receptor" <p>Pathology prefix "S" retrieves surgical report in its entirety.</p> <p>"Miscellaneous" search is a way to do a search that is not set up already.</p> <p>Printed all reports that search provided. A minimum of 9 searches done, maybe more. But searches aren't stored in system, so unable to go back to get them. But know there were at least 9 searches because in Oct 05, sent email saying he had done 9 searches and wanted to make sure that he had them all.</p> <p>Carcinoma (breast) was search routine set up already so he wanted to ask IT people about that search.</p>	<p>Had log book that recorded blocks, slides, ER/PR etc of those that were sent out. Included 1990-2005 onwards.</p> <p>Identified patients that way.</p> <p>After manual log book search, Glenn wrote search in Meditec for "breast" and "carcinoma" and checked that against log book.</p> <p>Each specimen is assigned "nature of specimen" has its own data field, and they looked for "carcinoma" in diagnosis, coded as carcinoma in final diagnosis. So anything coded as carcinoma would have been picked up because after sign out, computer automatically codes.</p>	<ol style="list-style-type: none"> 1. Used ER/PR immunohistochemical order sheet. When pathologist wanted ER/PR stains done on a specimen secretary sends it to St. John's and keeps requisition forms. So able to search all hard copy requisition forms for 1997-2005 2. Asked NCTRF for all cases over the years (97-05) by place of residence for Western. Found this helpful. 3. Search Meditec from 1999 onwards. Tumour markers placed in system individually marked and technologist provided list of cases for 1999-2005. Tumour markers specifically for ER/PR were used to search Meditec. Automatically assigns ER/PR marker to every malignant breast tumour. After diagnosis made, it automatically attaches the tumour markers and then searched for those markers. 	<p>Searched for "breast" and looked at reports to find ER negative. Even though electronic reports were there, still looked manually to find ER negative for the 2002 search.</p> <p>-Knew manual search would take forever, so requested electronic list, asked St. John's to help by asking for a list of all breast specimens that went to St. John's from 97-05. Received a list with patient names. All malignant specimens were sent to St. John's. Took that list and went through each patient on that list to find ER negatives.</p>

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	Carbonear	Clarenville	St. John's	Central East	Central West	Western	Lab/Grenfell
Were other searches done to look for others	When Centre requested all ER/PR reports, found additional "non-zero negatives" -This search was done by casual secretary	Few months ago, did another search to see if they missed anybody the first time. Used the same strategy and picked up one extra.	For out of towns or the other hospitals, couldn't search by word "breast" but could search by procedure ordered. There was no text, no codes in those referred to HSC, just that HSC was asked to do procedure. Grace didn't even use MCP so then went into Grace system to pull report had to cross reference by HSC SU#. Did have other options in mind initially but chose to do order entry because of their experience of documentation. Wanted oncologists to provide list of patients but Dr. Laing said their system wasn't able to do it. HSC was only site in NL that performed ER/PR, no matter where specimen was from. Wouldn't change the way the review was done, still the way of getting the highest confidence of capturing the patients. Starting with a broader search at the beginning, for example, all specimens with word "breast" and marrow done from there would still not be comprehensive. The only way would be to print ALL "breast" specimens and have someone review ALL.	Re did search to look for any males that may have been missed. "ER" and "PR" also searched based on text, but Dr. Gallagher can't remember what the search turned up.	After Sherry contacted about new patient identified in Spring 08, repeated search and printed every nature of specimen for 1997-2001, >20,000 surgical specimens. 4 people to review, anything related to breast was counted and looked up, finished this on Apr 30, 2008. Electronic search was done again for 2001-2005 and manual search for 1997-2001. Found 3 new cases, including the one that called in. Couldn't find them in 2005 because I wasn't in log book, and I must have been overlooked.	Double checked first method with requisition forms. Have a record book (manual lists) to say that something was sent out to St. John's.	When Centre requested ER/PR cases, they went through everything again, this time they went through everything manually. Approximately 2000 reports a year, went through <u>every</u> report.
Was a manual review of pathology reports done after electronic search	Only manual search was done as they were having technical difficulties. Hard copies from 1997-2005 so no need to do an electronic search	No hard copies that Kathy knew of.	The electronic search provided list of reports to print out. Then reports would have been reviewed manually. But no manual search was done without first narrowing it down electronically.	Reports were reviewed manually	Manual log book search done.	Printed reports that electronic search provided and Dr. Jenkins reviewed them all. Spreadsheets detail this and COI has those spreadsheets.	Yes when Centre requested reports.

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Was cross referencing done to ensure completeness	No way to cross reference. Would have been nice to have a master list from testing facility (HSC) showing all tests done for Carbonear as a way to double check.	No cross referencing with 1 st search and 2 nd search because didn't have the results of the 1 st search. It wasn't an organized search.	No cross referencing done with St. John's patients. A cross referencing could/should be done with the out of town specimens by cross referencing the out of town lists with the outside St. John's patients in the database.	Established a master list and compared master with more inclusive multiple searches so would see if there were more they had to include. Master list was list of ER neg cases as defined by Dr. Cook. Most of manual work and cross referencing was done by Dr. Somers, Dr. Gallagher did some as well.	Cross referencing between log book and Meditec and found a couple that the log book didn't find.	Cross referenced lists, double checked using record book saying that something was sent out to St. John's	Yes when Centre requested reports.
Anything to add	Wondered if tumour registry was used by any region as a way to cross reference.	Not good quality before Meditec that is what caused the problems when the conversion to Meditec took place. When system switched, data lost during transition because some MCP's didn't match. Major issue and they tried to do what they could. Only way to get pre-2000 specimens would be to go to the patient's charts. Jim Humble thought all blocks were being sent to MS, and then found out that some were sporadically sent to St. John's. No manager of pathology, cut backs caused 1 director to have to look over all 5 sites.	After all systems were merged, the search was more straightforward. Almost all that were missed were from 1997-1999 because of the complexities of the systems before they became one. One thing they didn't do was send out list to other regions of the specimens done for that region for them to cross reference.		Had to make note of those cases that were written as ER pos but number given as <10 for example. Some things were confusing and made things complex. The way of reporting ER/PR was not standardized and this may have caused a lot of problems. If other regions limited search to ER negative, they may have missed cases that were clinically negative but written in report as positive. Always had to check reports for the year to see if they were neg or pos according to clinical guidelines.	Stephenville and Corner Brook are 2 areas that do breast specimens for Stephenville, they are put in formalin and in fridge and transported to Corner Brook same day or next day.	Wrote to CEO about time it would take to go through reports again in 2007, but did it manually because they wanted to be able to stand behind their search.