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To: Abbott, John; Barnes, Sandra; Don Burrage; Hennessey, Moira
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Please provide feedback ASAP on these revised options and questions. The questions are very hard-hitting (and need to be shaped somewhat), but we need to get it clear what we want a review to tell us.

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- if option not compel evidence, may be difficult to get evidence in light of level of questions.
e.g. accessing personal health info → without ability to compel evidence + consent from families would be needed.
- if questions are specific, need medical experts to do the part of review - may be difficult to get them & will be costly.

1. Independent Review conducted by an expert(s) or eminent person(s)
 - Established by the LGIC, including appointment of experts
 - No power to compel evidence
 - LGIC would decide whether to publicly release report
 - Budget could be expected to be substantial
2. Consultant Review:
 - Authorized through LGIC following a proposal call for professional services
 - No power to compel evidence
 - LGIC would decide whether to publicly release report
 - Budget could be moderate

Questions that could be posed in a terms of reference for a review:

Whatever form the review may take, a core set of questions must be defined for the terms of reference.

1. What went wrong with the testing?
2. Why was the problem not detected until 2005? *QA*
3. Once detected, were appropriate and timely actions implemented to ensure the best possible treatment for people who needed re-tests and for people who were being tested for the first time? *QA*
4. Once detected, did the responsible authorities communicate in an appropriate and timely manner with all categories of people who needed re-tests? *QA*
5. Once detected, did the responsible authorities communicate in an appropriate and timely manner with the general public about the issues and circumstances surrounding the testing errors and the new testing procedures? *Comm - when does personal info become public?*
6. Given that people certain people who would have required re-testing died before the errors were detected, can it be determined whether, and to what extent, accurate testing would have resulted in treatment that would have prolonged their lives? *regarding a set of technical expertise?*
7. Given that certain people required new treatment protocols after re-testing, can it be determined whether, and to what extent, the delay in appropriate treatment has had a negative effect on the quality of their lives and their life expectancy? *set of human ex*
8. Are the testing systems and processes currently in place reflective of "best practice"?
9. Does Eastern Health currently employ an effective quality assurance system to provide maximum probability that the testing problems will not reoccur?

ER/PR Questions

- look into the adequacy and effectiveness of the actions taken by EH officials leading up to and in response to the discovery of the faulty testing to ensure that EH is responsive to and respectful of their patients and accept responsibility and accountability for their behaviour and the outcomes of their activities
- provide recommendations for actions that would prevent a recurrence of this situation and would contribute to the restoration of public trust and confidence in the institutions involved and the health care system in general.
- examine what changes have been made; what initiatives are underway and what must be done in the future to prevent a reoccurrence
- how do we reinforce existing and find new means to prevent testing errors; promote a high standard of care, ensure timely responses when problems are identified and hold all the institutions and individuals accountable ?
- what do we learn from this situation?
- examine the system in place to identify the areas in which best practices could be improved so patients can get the highest standards of quality care and prevent this from happening again: Consider lab procedures, incident reporting protocols, and quality assurance procedures
- What circumstances contributed to the inadequate testing for such a long period of time?