

Gregory, Deborah

From: Wayne Miller [Wayne.Miller@easternhealth.ca]
Sent: March 30, 2008 2:23 PM
To: donm@nlchi.nl.ca; Thompson, Robert; Gregory, Deborah; Pat Pilgrim; Terry Gulliver
Subject: Re: Meditech search for missing patients

Don - would you like to arrange a time. Wayne
Wayne Miller
Senior Director Corporate Strategy and Research
Eastern Health

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

From: Don MacDonald <donm@nlchi.nl.ca>
To: RThompson@gov.nl.ca <RThompson@gov.nl.ca>; deborahgregory@gov.nl.ca <deborahgregory@gov.nl.ca>; Pat Pilgrim; Wayne Miller; Terry Gulliver
Sent: Sat Mar 29 12:25:39 2008
Subject: Re: Meditech search for missing patients

If we are going to proceed with further analysis to increase our confidence that all patients have been identified then I suggest we meet to discuss the pros and cons of all our options, including timeframes and required resources. Regardless of the approach taken we will ultimately have to manually review all pathology reports that potentially could be a valid patient. The question we need to answer is how specific/broad this search will be.

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

From: Thompson, Robert <rthompson@gov.nl.ca>
To: Gregory, Deborah <DeborahGregory@gov.nl.ca>; Pat Pilgrim <pat.pilgrim@easternhealth.ca>; Wayne Miller <Wayne.Miller@easternhealth.ca>; Don MacDonald <donm@nlchi.nl.ca>; Terry Gulliver <Terry.Gulliver@easternhealth.ca>
Sent: Sat Mar 29 11:50:00 2008
Subject: RE: Meditech search for missing patients

It seems that our starting point should be the N of patients that had an ER/PR test "ordered". If I understand, this patient list would include all the original positive and negative cases which we already know about. Given that we have already examined all of these cases to determine whether they are positive or negative, the real question is whether any of the other search strategies find patients that are not on the "ordered" list. Therefore, I suggest we need to compare this list to the lists obtained through the alternative search strategies, and then focus on the pathology reports of patients who do not appear on our source list. In making this suggestion, I am presuming that there is an identifier on every patient that can be used to electronically run a comparison of the lists to identify the patients that are not matched on both lists. Can this be done, or is this an oversimplification?

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

From: Gregory, Deborah
Sent: Sat 3/29/2008 10:07 AM
To: 'Pat Pilgrim'; Wayne Miller; Don MacDonald; Terry Gulliver
Cc: Thompson, Robert
Subject: RE: Meditech search for missing patients

Pat:

I can't comment about the suggestion that Wayne has because it is not clear. It is a comment more than a suggestion. I would require greater detail on what a "word search" would involve i.e., methodology, estimate time for review, resources required, etc.

My understanding (from NLCHI) was that personnel from EH's IM & T department had already vetoed a "word search" approach. Can this be confirmed?

Debbie

Deborah Gregory, BN, MSc, PhD, RN
Senior Researcher
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-----Original Message-----

From: Pat Pilgrim [mailto:pat.pilgrim@easternhealth.ca]
Sent: March 28, 2008 5:27 PM
To: Gregory, Deborah; Wayne Miller; Don MacDonald; Terry Gulliver
Subject: FW: Meditech search for missing patients

Just wondering about the suggestion that Wayne has re this?

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

From: Wayne Miller
Sent: Friday, March 28, 2008 4:49 PM
To: Pat Pilgrim
Subject: Re: Meditech search for missing patients

This is still a manual process. It is different then doing a word search. Wayne
Wayne Miller
Senior Director Corporate Strategy and Research
Eastern Health

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

From: Pat Pilgrim
To: Wayne Miller
Sent: Fri Mar 28 16:14:21 2008
Subject: Fw: Meditech search for missing patients

Fyi and comment

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

From: Reza Alaghehbandan <Reza.Alaghehbandan@nlchi.nl.ca>
To: Robert Thompson <RThompson@gov.nl.ca>; Don MacDonald <donm@nlchi.nl.ca>; Deborah Gregory <deborahgregory@gov.nl.ca>; Pat Pilgrim; Heather Predham
Cc: Tracy Chislett <tracyc@nlchi.nl.ca>; Terry Gulliver; Reza Alaghehbandan <Reza.Alaghehbandan@nlchi.nl.ca>
Sent: Fri Mar 28 15:56:28 2008
Subject: Meditech search for missing patients

Hi All,

Terry, Tracy and I met this afternoon to discuss potential options for identifying missing breast cancer patients with negative ER/PR who may not have been retested.

Terry has performed various search protocols in the Meditech system for the year 2002, searching approximately 90,000 specimens and below is a summary of them for your consideration:

- 1- Using Snomed terminology the code for "breast" was searched. 776 pathology reports related to breast specimens were captured. This means the pathology reports were either directly related to breast patients or indirectly related. For instance, a lymph node or skin biopsy was taken and potential primary breast involvement was mentioned in the pathology report.
 - a. This has been further searched based on Tumour Markers. This means only breast specimens that were coded as cancer would be captured. Out of 776 breast related specimens, 282 of those were coded as breast cancer.
- 2- Searching the pathology module for the word "breast". 1027 pathology reports were identified in which the word breast had been mentioned in the report, regardless of whether it was in the clinical history, or even statements such as "not primary breast".
 - a. This 1027 was further searched using tumour markers for breast cancers. 370 pathology reports were identified.
 - i. This 370 was even further searched using "ER/PR ordered" 161 were captured.
 - b. The 1027 was searched again using "ER/PR ordered" 178 were identified.
- 3- Searching the pathology module for all tumour markers. This means all cancers were captured regardless of their origin. The total number captured was 3720.

Please note that this is a preliminary search analysis for 2002 and that each option has its own advantages and limitations. For instance, using Option 2 (breast as a key word) would give us the most comprehensive list of breast related specimens in the pathology module. On the other hand, there may be significant proportion of them not related to the purpose of the exercise.

It is believed that any of these options may still not provide us with 100% confidence that every ER/PR negative specimen would be found.

For timeline purposes, it is estimated that one could review a pathology report with an average speed of 3 minutes per report; this may be an underestimation as the reports are not consistently formatted. Further, additional time would be required to organize, count, and cross reference them against existing sources such as NLCHI ER/PR database.

Also, please note that in 2005, the original search used by Terry was done using "ER/PR ordered" came up with 189.

Reza

Reza Alaghebandan, MD

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