

Patient Safety Alert

File Number: 17/18-05
February 15, 2018

PATIENT REFERRALS TO THE SASKATCHEWAN CANCER AGENCY

Two critical incidents were reported recently where patients experienced a potential delay or an actual delay in referral to the Saskatchewan Cancer Agency (SCA).

In the first critical incident, a dictated referral from a physician was not copied to the SCA and therefore not received by the SCA. The SCA became aware of the missing referral when the SCA received other health records for the patient. The patient did not experience a delay, so this incident can be considered a “near miss”.

In the second critical incident, an inpatient with positive test results for acute myeloid leukemia, was not referred to the SCA on an urgent basis. While the prognosis in these cases, even with treatment, is very poor, an urgent referral may potentially improve a patient’s outcome.

This patient safety alert contains the appropriate referral process for physicians and their office staff to use when referring patients to the SCA. Referral information can be found on the SCA [website](#). An overview of the process is on the following page.

Supporting Documents (attached)

1. Saskatchewan Cancer Agency referral form and [available online](#)
2. Saskatchewan Cancer Agency required information and [available online](#)
3. November 8, 2017 memo from Dr. Monica Behl to Saskatchewan Medical Association (SMA) members

SASKATCHEWAN CANCER AGENCY REFERRAL PROCESS

1. Routine Referrals:

Physicians referring patients to the SCA fax the referral and required investigations to the applicable cancer centre as per the SCA policy (see Supporting Documents):

Alan Blair Cancer Centre, Regina, Fax: (306) 766-2939

Saskatoon Cancer Centre, Fax: (306) 655-6610

2. Urgent Referrals

The SCA considers the following circumstances as higher priority referrals:

- Neo-adjuvant cases
- Limited-stage small cell lung cancer
- Any cancer causing a superior vena cava obstruction, bronchial obstruction, or spinal cord compression
- Germ-cell testicular cancers
- Most head & neck cancers
- Acute hematology cases

In these circumstances, the completed referral should be marked “URGENT” and faxed to the appropriate referral centre. The referring physician should also telephone the applicable centre, where the triage nurse will direct the caller to the appropriate oncologist.

Alan Blair Cancer Centre, Regina, Telephone: (306) 766-2213

Saskatoon Cancer Centre, Telephone: (306) 655-6609

3. Urgent Referrals for Suspected Acute Leukemia:

An immediate telephone referral to the hematologist is required when an elevated white blood cell count with blast cells in the differential or seen on the peripheral blood film suggests a possible diagnosis of acute leukemia.

The hematologist can be reached 24 hours a day at:

Regina - Pasqua Hospital Switchboard, Telephone: (306) 766-2222

Saskatoon - Acute Care Access Line (ACAL), Telephone: (306) 655-8808

Because of the urgency of the situation, a known diagnosis or pathology report is not required.

BACKGROUND

Critical Incident #1

A physician referral letter to the SCA was dictated, but not copied to the SCA. The dictation was transcribed the following day. The referral letter was uploaded to the e-Health Viewer, but because the SCA was not copied, the referral was not received by the SCA. The SCA received a pathology report for the patient and upon reviewing the e-Health Viewer, found the missing referral.

The SCA's referral process was not followed. Unless the SCA is copied on a dictated referral, the SCA will not receive the referral. As a result, a patient could have a lengthy and unnecessary wait for assessment and treatment which could have a negative impact on the patient's outcome.

This incident was a near miss. However, it could have resulted in significant delay in the patient's treatment which could be potentially harmful.

Critical Incident #2

The delay in care for a patient with suspected diagnosis of acute myeloid leukemia (AML) was attributed to the lack of an urgent referral to the Saskatchewan Cancer Agency. Several attempts were made to treat concurrent conditions which ultimately delayed the patient's referral for AML treatment. While the prognosis in these cases, even with treatment, is very poor, an urgent referral may potentially improve a patient's outcome.

The delay in care was associated with:

- A lack of understanding about the need for an immediate referral to SCA;
- A delay in notification from either the most responsible physician or internist to the SCA, following notification of the suspected diagnosis from the pathologist; and
- The possibility that the health care provider(s) assumed that suspected AML cases require confirmation prior to initiating a referral to the SCA. *Note: A known/specific diagnosis or pathology report is not required in the case of suspected acute leukemia.*

Patient safety alerts may be issued by the Ministry of Health following the review of at least one critical incident reported to the Ministry. A critical incident is defined as a serious adverse health event including, but not limited to, the actual or potential loss of life, limb or function related to a health service or a program operated by the Saskatchewan Health Authority (SHA), the Saskatchewan Cancer Agency or a health care organization.

The purpose of a patient safety alert is to recommend actions that will improve the safety of patients who may be cared for under similar circumstances. Recommendations are intended to support the development of best practices and to act as a framework for improvement and can be adapted to fit the needs of the health service organization. When possible, policies or initiatives that have been developed by the SHA or the Saskatchewan Cancer Agency will be shared, to support adoption of policies or actions.

Patient Safety Alerts online: www.ehealthsask.ca/services/resources/Pages/Safety-Alerts.aspx



Allan Blair Cancer Centre
Saskatoon Cancer Centre

Requested Information for New Patients

Saskatchewan Cancer Agency

Please keep for reference

All Sites

- | | | |
|-------------|--------------------|----------------------|
| • Bloodwork | • Operative Report | • Physical & History |
| • Pathology | • X-rays/Scans | • Discharge Summary |
| | • Consults | • Nursing Database |

BREAST

Reports	Bloodwork
<ul style="list-style-type: none"> • Wire guided Biopsy Report • Mammogram Reports • Chest X-ray • ER/ PR, HER 2 • FISH • Node Positive-CT or U/S liver 	<ul style="list-style-type: none"> • CBC, LFT, Urea, Creatinine, Lytes, Ca, Ph, Albumin

BRAIN

Reports	Bloodwork
<ul style="list-style-type: none"> • MRI – pre and post op • CT Scan 	

COLORECTAL

Reports	Bloodwork
<ul style="list-style-type: none"> • Colonoscopy/Sigmoidoscopy • Barium Enema Report 	<ul style="list-style-type: none"> • CEA (pre-op and post-op)

GASTRIC/HEPATOBIILIARY

Reports	Bloodwork
<ul style="list-style-type: none"> • Gastroscopy 	<ul style="list-style-type: none"> • CBC, LFT

GYNECOLOGY

Reports	Bloodwork
<ul style="list-style-type: none"> • U/S or CT Reports • PAP Test 	<ul style="list-style-type: none"> • CA 125 (for suspected ovarian cancer)

Head & Neck

Reports	Bloodwork
<ul style="list-style-type: none"> • CT Head & Neck • Chest X-ray 	

Site Specific Lung

Reports	Bloodwork
<ul style="list-style-type: none"> • Chest X-ray • Mediastinoscopy Report • U/S or CT (imaging to include adrenals, liver) • CT Brain (if done) • Bone Scan (if done) • Pulmonary Function Tests (if done) 	<ul style="list-style-type: none"> • CBC, LFT, Urea, Creatinine, Lytes, Ca, Ph, Albumin

HEMATOLOGICAL & LYMPHOMAS

Reports	Bloodwork
No FNA's <ul style="list-style-type: none"> • Pathology reviewed by Hematopathologist • Chest X-ray • CT – Chest, Abdomen, Pelvis • Bone Marrow 	<ul style="list-style-type: none"> • CBC, LFT, Urea, Creatinine, Lytes, LDH, Ca, Uric Acid • Serum Protein electrophoresis • Flow cytometry/cytogenetics if done **previous 4-6 month bloodwork

MULTIPLE MYELOMA

Reports	Bloodwork
<ul style="list-style-type: none"> • X-rays to include skeletal survey • Bone Marrow 	<ul style="list-style-type: none"> • CBC, LFT, Urea, Creatinine, Albumin, Lytes, Ca, Ph, LDH, Serum and Urine Protein Electrophoresis, Total Protein • Ig Quantification, Immunofixation Electrophoresis • 24 hr Urine for Total Protein • Beta-2 Microglobulin

Prostate

Reports	Bloodwork
<ul style="list-style-type: none"> • TRUS • Bone Scan, CT Abdomen & Pelvis (if done) • Cystoscopy Report 	<ul style="list-style-type: none"> • PSA, Serum testosterone **previous 2 years PSA

BLADDER/KIDNEY

Reports	Bloodwork
<ul style="list-style-type: none"> • Urinalysis, Urine C & S • Cystoscopy Report 	<ul style="list-style-type: none"> • Urea, Creatinine, Lytes

Testicular

Reports	Bloodwork
<ul style="list-style-type: none"> • Chest X-ray, CT Chest, Abdomen, Pelvis • Node Positive – CT or U/S Liver 	<ul style="list-style-type: none"> • AFP, BHCG • CBC, LFT, Urea, Creatinine, Lytes, CEA

THYROID

Reports	Bloodwork
<ul style="list-style-type: none"> • Iodine Scan • Thyroid Ultrasound 	<ul style="list-style-type: none"> • TSH, T3, T4, Serum thyroglobulin

Please see this important notice sent on behalf of Dr. Monica Behl, SMO and Vice-President, Medical Services at the Saskatchewan Cancer Agency.

November 8, 2017

To all Saskatchewan physicians

Recently it has come to our attention that referrals to the Saskatchewan Cancer Agency (SCA) have sometimes been dictated and subsequently placed on the eHealth Viewer but have not been copied to the cancer agency for processing. **These referrals are not being received by the agency.**

Please be aware that the process for referral to the SCA has NOT changed with the changes to dictation services. If you require a patient to be referred to the cancer agency please fax the referral and required investigations to the applicable cancer centre. The referral forms and required investigations are on the agency website at <http://www.saskcancer.ca/Default.aspx?DN=d3189b18-7716-4e26-af2f-9b730e4de1fa>

Thank you,

Dr. Monica Behl
Vice-President, Medical Services & Senior Medical Officer
Saskatchewan Cancer Agency