

Manitoba Health, Seniors and Active Living (MHSAL) supports reporting and learning from patient safety events. The focus of a patient safety review is to closely look at the health care system that surrounds and interacts with those giving and receiving care. The goal is to identify risks to patient safety and recommend the most effective ways to minimize risk and improve the delivery of healthcare.

Patient Safety Learning Advisory

Communication between Departments

Summary:

A patient with lymphoma completed six cycles of chemotherapy. A CT scan following this treatment showed the disease was still present. The hematologist ordered another chemotherapy regimen with a plan to follow with consideration for stem cell transplant.

The patient received six cycles of the second chemotherapy regimen. The patient was then referred to Blood and Marrow Transplant (BMT) for consideration of stem cell transplant. The BMT service did not receive the referral. The patient was seen again a month later by the hematologist. At this time, it was decided that their case would be presented at case conference. It was unclear why the referral was not received, so it was resent to BMT.

At case conference it was decided that the patient would be referred for radiation therapy to treat the refractory disease, followed by a consideration for CAR-T Therapy.

Standards of care for stem cell transplants indicate that patients with this disease should be seen by BMT prior to cycle four of chemotherapy. Due to the referral being delayed, BMT wasn't able to assess the patient for stem cell transplant.

Keywords:

Referral, communication

Findings of the Review:

Upon review, a few gaps were noted in the patient's journey. Primarily, communication between the lymphoma disease site groups to the BMT disease site group needs to be addressed.

The BMT group has a SharePoint site that has many resources including guidelines, standard operating procedures and regulations. Not all clinicians had access to this site at that time. In addition, there is no clear guideline for when a patient is to be referred to BMT for consideration of stem cell transplant. This leaves it to the treating physician to use clinical judgement before referral. In this case, due to the patient's condition after they received their first chemotherapy it was the clinical judgement of the physician that the patient was not a candidate for stem cell transplant.

According to the BMT group, the patient should be referred to BMT when cycle one of the second chemotherapy regimen is ordered. This would allow enough time to arrange for an appointment for consideration of the stem cell transplant. This process has been shared with other disease site groups through written communication, presentations and a clinical trial.

It was also found that the patient was referred to BMT after cycle six, however, the referral was not received. According to review of the patient's electronic record, the physician order for the referral was not transcribed and therefore likely not actioned. Had this happened, the result would have been the same as this time frame would have been too late for the referral. It does demonstrate the need to clarify the process for transcription of physician orders entered after the clinic visit.

System Learning:

A formalized guideline that addresses when a patient is to be referred for consideration of stem cell transplant should be developed by the BMT group.

The BMT and lymphoma group should jointly create a process flow for patient cases such as these to compliment the guideline ensuring that all patients are seen within defined timelines for stem cell transplant consideration.

Improvements to processes for actioning physician orders are needed to ensure that physician orders are entered are not missed.

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