



Medical Leader	
Medical Expert	<input type="checkbox"/>
Communicator	•
Advocate	
Scholar	
Professional	•
Collaborator	•
Manager	

Lost Nodes

2013 Q4

You are the Director of Medical Services of a large regional Local Health District and are based at the main regional public hospital.

You are approached by a distraught surgeon who advises that 5 days ago 2 pathology samples (from the same patient) were sent from the operating theatre to pathology for examination. The first sample was a breast lump and the second a sentinel node biopsy. The first sample was processed by pathology and diagnosed as breast cancer. The second sample, the sentinel node biopsy, is missing despite extensive searching by the surgeon and staff in theatre and at the pathology lab.

The pathology results of the sentinel node biopsy are required for decision making regarding the need for chemotherapy and radiotherapy and for planning treatment. The patient has not been advised. She is coming in today for follow up with the surgeon.

What are the issues in this case and how do you manage this?

Lost Nodes

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Three (3) core requirements for this question

1. Candidate should realise this is a serious clinical incident (is it a Sentinel Event?) and should demonstrate a systematic method of dealing with this.
2. Support for the patient(s) affected by this error, including the role of Open Disclosure.
3. Management of this incident.

Investigation

Where is the problem with the process – theatre, sample transport or within Pathology? This incident probably requires a serious incident review panel (using some form of root cause analysis). Accreditation – pathology (NATA). Repeating search to see if sample can be located.

Management of patient

Open disclosure process. Candidate should be able to provide comprehensive description of the process

Plan for urgent repeat node biopsy if repeated search unsuccessful (question – how long is such a sample ‘viable’ beyond which time additional searching would be useless?)

General management of incident

Support for surgeon, registrar and affected staff.

Review processes for dealing with pathology specimens in theatre and the transport and security of pathology samples and specimens from the OT to Pathology.

This patient is going to get two pieces of bad news, both malignancy and the need for a further biopsy or other staging procedure. The support she needs for the two may be different and the “you” is entirely responsible for the second whereas you may have a routine system involving your local Cancer Society or Breast Cancer Foundation or whatever for the first. Consider additional expense she may face (childcare? Transport? Additional sick leave for the further biopsy? The open disclosure needs to emphasise the service’s responsibility for fixing that part of the problem asap, that she doesn’t have to sort it out herself.

When the distraught surgeon came to see you, why wasn’t he/she accompanied by a distraught CNL from OR, a distraught pathology manager, a distraught OR orderly manager and one or two others? This would be an interesting cue for a good candidate to pick up on and develop.

You could make the surgeon into the Head of Surgery or a Professor at your medical school, to widen reputational concern, and or you could have some cue about implications of an event like this on the accreditation of pathology or surgery training posts, if the relevant college already had some concerns. (been down this path ourselves, very powerful lever to get expensive problems fixed).

If this woman is Maori, loss of parts of oneself ie a piece of one’s tissue, is a big deal as it should all go back to be buried with your placenta and the dried up umbilical cord stump when it falls off. Placenta and land have the same noun, whenua and the umbilical cord remnant. Not all Maori would feel strongly about this but if you call in your Maori health support staff, which would be entirely appropriate, this might well be raised. The organisation would be really on the back foot if she adhered strongly to this cultural practice, and “you” would need a good deal of cultural advice about what to do in this situation.