SUMMARY

DR. DANIEL KOLLEK CPSO# (57039)

1. Disposition

On March 8, 2017, the Inquiries, Complaints and Reports Committee ("the Committee") ordered Dr. Kollek (a specialist in Family and Emergency Medicine) to complete a specified continuing education and remediation program ("SCERP"). The SCERP requires Dr. Kollek to:

- complete courses on Medical Record-Keeping and on the Interpretation of Spine – Musculoskeletal x-rays in the Emergency Room (ER)
- submit a written report to the College, regarding the relevant Clinical Practice Guidelines and/or standard practice recommendations on Low Back Pain investigation and management, and the College policy on *Medical Records* (#4-12)
- be reassessed by a College Assessor approximately 6 months after completing the education program.

2. Introduction

A family member of Patient A complained to the College that Dr. Kollek failed to appropriately assess Patient A's lower back and diagnose a compression fracture during an ER visit. Specifically, Dr. Kollek ignored Patient A's reports of severe pain and discomfort, and not being able to void; and failed to order an MRI or CT scan.

Dr. Kollek responded that he did not ignore Patient A's pain; he provided a narcotic, a benzodiazepine, and an anti-inflammatory in the ER, and Percocet upon discharge. No one informed him that Patient A was unable to void. He would have asked Patient A about this, and he documented "no other complaints." In his clinical judgment, further imaging was not needed. Patient A's tenderness was not in keeping with the x-ray findings leading him to believe that the x-ray findings were unrelated to the fall. He believes his documentation in this case was comprehensive and appropriate.

3. Committee Process

A panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint/investigation. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College's professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College's website at www.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee found that Dr. Kollek failed to complete and document an appropriate history and examination of Patient A, and then made an unreasonable interpretation of the x-ray, and thus missed diagnosing the fracture. Instead, Dr. Kollek discharged this elderly patient on osteoporosis treatment who had fallen down 14 steps, when in fact Patient A had a burst fracture of the spine (at L1, the first lumbar vertebra).

Dr. Kollek's records were illegible and incomplete. In particular, Dr. Kollek failed to complete and document an appropriate examination or history. Given the history of a significant fall with back pain and anal tingling, Dr. Kollek should have documented a positive or negative voiding pattern. Dr. Kollek should also have considered the symptom of anal tingling as reported at triage in making his diagnosis.

Dr. Kollek provided painkillers to Patient A and thus recognized that the patient was in pain. That said, Patient A's pain was not alleviated in spite of morphine, and upon discharge Patient A required two nurses to get to the car. In the Committee's view, while Dr. Kollek did not ignore Patient A's pain, he failed to appreciate its severity.

Dr. Kollek's interpretation of Patient A's x-ray was unreasonable. His interpretation that the x-ray showed an old injury did not correlate with the clinical findings, that is, a history of a major fall and severe pain. Dr. Kollek's explanation that the pain described was localized elsewhere in the lower back was also unreasonable, particularly given the history of recent trauma. The reported documented symptoms did in fact correlate with an L1 fracture.

Dr. Kollek admits that he missed seeing the retropulsed bony segments in the spinal canal. Dr. Kollek should have looked at all three areas of fracture of the L1, which is standard practice; had he done this, along with considering the clinical findings, he would have identified the burst vertebral L1 fracture or at least suspected a new fracture. Following which, Dr. Kollek should have ordered a CT scan and referred the patient to Orthopaedics.