

SUMMARY

DR. BRETT BELCHETZ (CPSO# 77893)

1. Disposition

On December 14, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) required family medicine physician Dr. Belchetz to appear before a panel of the Committee to be cautioned with respect to the need for proper work-ups for elderly patients presenting in the Emergency Room (“ER”) after a fall.

2. Introduction

A family member of Patient A complained to the College that Dr. Belchetz failed to perform a thorough assessment or order routine blood work and urine analysis, and inappropriately discharged Patient A.

Dr. Belchetz responded that he appropriately assessed Patient A based on the history provided, which was that Patient A had an isolated head trauma. He did not order routine blood work or urine testing, which are not indicated for isolated head traumas, even in elderly patients, according to a peer-reviewed algorithm. Similarly, he discharged Patient A home as is recommended by the peer-reviewed algorithm for patients with an isolated mild traumatic brain injury and a normal head CT, even if they are elderly.

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. 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

After reviewing the record of Patient A’s care, the Committee noted that Dr. Belchetz’s notes are illegible and incomplete. Dr. Belchetz failed to document Patient A’s baseline status, the

reason(s) why Patient A fell, or Patient A's symptoms leading up to the fall. As detailed in the College's policy on Medical Records (#4-12), legible and complete medical records play a vital role in patient care and are required for continuity of care. Proper medical records also assist to re-create the steps a physician may have taken and the care provided if the care is called into question, as it was in this case.

While laboratory testing is not always necessary in the context of a fall and a potential head injury, the Committee would expect a more thorough assessment where a patient exhibits weakness and incontinence. Similarly, exploring a relevant history related to Patient A's falls and antecedent illness may have prompted Dr. Belchetz to order further testing, including blood and urine testing. Algorithms tend to begin with a narrow assumption and exclude other possibilities. As such, reliance on such tools can, as in this case, omit key information and potentially lead to a missed diagnosis.

Had Dr. Belchetz taken and documented a full history of Patient A, the Committee was of the view that the discharge may have been appropriate. However, he did not and, with that in mind, the Committee is concerned about his decision to discharge Patient A in the circumstances as Patient A's condition had the potential to be fatal.

Dr. Belchetz has some history with the College, including a complaint involving care issues and an inappropriate assessment. This serves to heighten the Committee's concerns in the present case.

In the circumstances, the Committee determined that it is appropriate to caution Dr. Belchetz in person about the importance of performing appropriate workups of elderly patients who present in the ER having suffered a fall.