

## SUMMARY

### DR. AJAY KAPUR (CPSO# 62540)

#### 1. Disposition

On December 11, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered Dr. Kapur, an internist, to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Kapur to:

- Complete a Medical Record-Keeping Course, through a course provider indicated by the College
- Review and write a summary on the College’s policy on *Medical Records* (#4-12)
- Undergo a reassessment with an assessor selected by the College approximately six months after completing the education plan.

#### 2. Introduction

A patient’s family member complained to the College that Dr. Kapur failed to adequately assess, diagnose, and treat the patient’s respiratory condition in September and October 2014. The patient was admitted to the ER with lupus cerebritis that was felt to be secondary to her systemic lupus erythematosus (SLE) and her non-compliance with taking her SLE medications. Dr. Kapur informed the College that the patient was admitted in late September 2014. At that time he ordered a chest x-ray, urine and blood tests, and an abdominal ultrasound which were normal, treated her with steroids, and he consulted Rheumatology and Neurology. The patient’s care was subsequently transferred to a physician on another medical unit and Dr. Kapur did not resume the role of Most Responsible Physician (MRP) again until September 29, 2014.

When Dr. Kapur resumed his role as MRP, he had concerns about the patient’s nutrition, inserted a feeding tube and switched her oral steroids to intravenous steroids. When the

patient's condition began deteriorating Dr. Kapur ordered more fluids, repeat cultures, stopped her heparin, and consulted Rheumatology, Nephrology and Hematology. When the patient continued to decompensate, Dr. Kapur ordered an HIT assay, and when she developed fluid in her lungs he ordered Lasix to remove it. When the blood cultures came back indicating that the patient had bacteria in her blood, Dr. Kapur changed the patient's antibiotic to Vancomycin in order to stop the growth. Due to the patient's worsening condition, he transferred her to the Intensive Care Unit (ICU).

### **3. Committee Process**

An Internal Medicine 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](http://www.cpso.on.ca), under the heading "Policies & Publications."

### **4. Committee's Analysis**

In the Committee's view, Dr. Kapur's management of the patient in this case was reasonable. He ordered appropriate work-ups, made appropriate consultations, and provided appropriate care. Unfortunately, despite Dr. Kapur's efforts, the patient's health continued to decline, and Dr. Kapur felt that she would be more appropriately managed in the ICU, which was reasonable.

In the ICU the patient's condition unfortunately deteriorated further and she required fluid resuscitation, hemodynamic support, intubation and mechanical ventilation and dialysis. A CT scan revealed intraventricular hemorrhage which was presumably a result of lupus cerebritis and low platelets secondary to sepsis and/or lupus, and the patient passed away.

The Committee had concerns about Dr. Kapur's medical record-keeping. His notes are completely illegible and are not comprehensive in that they only reflect bits and pieces of the patient's care and contain insufficient detail about the information he received from consultants, his physical examinations of the patient, and the discussions that he had with the family. While Dr. Kapur has shown some insight into the fact that his charts need improvement, and indicates he has taken a number of steps to improve them, the records that the Committee reviewed demonstrated significant deficiencies, and the Committee had no independent information to corroborate the fact that Dr. Kapur's records have improved, and that the records in the present case are no longer indicative of his practice. The Committee concluded that Dr. Kapur requires further remediation and reassessment to confirm that his record-keeping is meeting the requirements set out in the College's policy on *Medical Records*.

*This summary was amended following an appeal heard by the Health Professions Appeal and Review Board ("HPARB"), a decision by HPARB dated October 11, 2017, and the Committee's consideration of the matter on December 11, 2017.*