SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee (the Committee)
(Information is available about the complaints process here and about the Committee here)

Dr. Sammy Vaidyanathan (CPSO #94400)
(the Respondent)

INTRODUCTION

The Patient (the Complainant's family member) saw the Respondent at a walk-in clinic complaining of eye discomfort. The Respondent diagnosed the Patient with Bell's Palsy. Two days later, the Patient collapsed at home, complaining of a severe headache. She was taken by ambulance to hospital, where she was diagnosed with an extensive nontraumatic subarachnoid hemorrhage (SAH) and transferred to another hospital for emergency surgery. The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care.

COMPLAINANT'S CONCERNS

The Complainant is concerned that the Respondent:

- **Failed to perform a proper neurological exam when the Patient presented with facial drooping, eye pain and difficulty sleeping;**
- **Wrongly diagnosed the Patient with Bell's Palsy; and**
- **Failed to refer the Patient to a specialist.**

COMMITTEE'S DECISION

The Committee considered this matter at its meeting of June 7, 2023. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned with respect to appropriately documenting changes to medical records.

COMMITTEE'S ANALYSIS

Medical Record-Keeping

In the process of investigating this complaint, the Committee obtained a copy of the Patient's Electronic Medical Record (EMR) for the Patient's visit to the Respondent, along with the audit trail provided by Canadian Health Systems Inc. (the EMR management service used by the Respondent) relating to the Patient's EMR. These documents indicated that changes (including the addition of references to other examinations and assessments) had been made to the original EMR relating to the Patient's visit with the Respondent.

The Respondent acknowledged that, after he was notified of this complaint, he made changes (including both formatting and content) to the Patient's chart.

The Respondent stated that the EMR charting system has the capabilities of dating and initialing additions and changes but acknowledged that he should have clearly indicated that these changes were later amendments.

The Committee had concerns that the Respondent updated the Patient chart approximately eight months after the subject visit, only after having been advised of this complaint, and without providing details as to the basis on which he made the changes, or any specific event which caused him to remember additional details eight months after the subject visit.

Typically, documentation made at or near the time of events provides a more reliable indicator than does unaided human memory. On this basis, the Committee had difficulty accepting the Respondent's justification for making changes to the medical record approximately eight months after the visit in question.

The College's policy, *Medical Records Documentation*, outlines the requirements for correcting an inaccurate or incomplete medical record. While the Respondent noted, and the Committee acknowledged, that the Canadian Health Systems Inc. system is capable of tracking changes made to an EMR (i.e., dates and initials), it was the Committee's view that the specific changes made should be evident, and it was not sufficient for the Respondent to rely on the tracking abilities of Canadian Health Systems Inc.

In addition, the Committee noted that this is not the first time that the Respondent's record-keeping practices have been brought to the Committee's attention.

Given the concerns about the Respondent's record-keeping practices, and taking into consideration the Respondent's concerning and similar history of medical record-keeping issues, the Committee determined that it was appropriate to caution the Respondent.

Failed to perform a proper neurological exam when the Patient presented with facial drooping, eye pain and difficulty sleeping
- and -
Wrongly diagnosed the Patient with Bell's Palsy
- and -
Failed to refer the Patient to a specialist

The Committee took no action with respect to these areas of concern.