

SUMMARY

DR. ELAINE RADDATZ (CPSO# 84614)

1. Disposition

On December 13, 2017, the Inquiries, Complaints and Reports Committee (the Committee) ordered Dr. Raddatz (Family Medicine) to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Raddatz to:

- undergo a six-month period of clinical supervision;
- complete the University of Toronto's course on medical record-keeping (or provide proof of completion of said course in 2017);
- complete the CMPA's e-learning programs, Documentation: Charting Medical Records eLearning Module, and Documentation II: Principles of Medical Record Keeping eLearning Module;
- review and provide a written summary of the College's policies, *Medical Records* and *Test Results Management*, as well as the College's Practice Guide, including details of the changes Dr. Raddatz has made – or plans to make – to her practice;
- undergo a reassessment of her practice with an independent assessor selected by the College within six months of completing the remediation set out above.

2. Introduction

The College received information from another physician, Dr. X, raising concerns about Dr. Raddatz's family practice, specifically, that she was regularly late and missed appointments, and was failing to notify patients about, and/or failing to follow up on, test results.

Subsequently, the Committee approved the Registrar's appointment of investigators to conduct a broad review of Dr. Raddatz's practice.

3. Committee Process

As part of this investigation, the Registrar appointed a Medical Inspector (the MI) to review 26 of Dr. Raddatz's patient charts, interview Dr. Raddatz, and submit a written report.

A General Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the 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.cpsso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

In her initial report, the MI concluded that Dr. Raddatz failed to meet the standard of the profession and displayed a lack of knowledge, skill and judgment in eight of the charts reviewed, and that she was likely to expose her patients to harm or injury in six charts. Specifically, the MI stated that she had significant concerns regarding Dr. Raddatz's management of abnormal test results, including her practice of requiring patients to book appointments to discuss abnormal results (which is time-consuming and inconvenient for patients and can result in delays in treatment), and her failure to have a reminder system in place to ensure that time-specific follow-up tests and investigations are booked (either by the patient or her office). The MI also raised concerns about Dr. Raddatz's failure to follow up on positive urine culture results in several cases.

Dr. Raddatz provided a detailed response to the MI report, in which she provided additional information about her general practice and specific comments about the patient charts that the MI reviewed, and replied to the concerns the MI had identified. Among other things, she explained that the 1,000 outstanding items Dr. X had seen in her electronic medical record (EMR) mailbox were not unreviewed laboratory results, but rather, unbilled visits. Furthermore,

Dr. Raddatz noted that she had recently implemented a recall system into the EMR to ensure timely scheduling of time-specific follow-up.

The MI reviewed Dr. Raddatz's extensive response and submitted an addendum report, in which she changed her opinion on one patient chart, but confirmed her concerns regarding Dr. Raddatz's management of abnormal test results.

Dr. Raddatz provided another detailed response, in which she outlined the changes she made (and intended to make) to her practice.

The Committee accepted and agreed with the MI's concerns that at the time of the review, Dr. Raddatz did not appear to have a consistent, safe process for managing critically abnormal laboratory results. The Committee noted that, left unchanged, this could result in harm to patients.

In terms of Dr. Raddatz's record-keeping, the MI identified some areas of concern, and Dr. Raddatz acknowledged that she could have made more detailed notes in her patient charts. She indicated that she had since taken the University of Toronto's Medical Record-Keeping course to improve this area of her practice.

The Committee identified a number of deficiencies in Dr. Raddatz's records management, including ensuring she maintains updated CPPs (cumulative patient profiles) and current medication lists, retains imaging study reports, organizes test results in electronic charts, and documents test result management decisions.

While the Committee appreciated that Dr. Raddatz had reflected on the deficiencies identified in the investigation and taken some steps to try to improve her practice, the Committee felt that Dr. Raddatz required further, more formalized, education to ensure that she had adequately addressed the Committee's concerns.

Dr. Raddatz indicated in her response that, at the material time, she was confronted with a number of personal challenges. She advised that while she did arrange for other physicians to review her results, there was no automatic mechanism of physicians covering each other's laboratory results when they were away, as the EMR is accessible online and all physicians have complete access remotely over the internet.

The Committee recognized the impact that personal stressors may have on a physician's practice, and that there may be occasions when a physician is simply unable to make him/herself available to patients. The Committee noted, however, that physicians have an obligation in such instances to ensure that their practice is appropriately covered so that patient care is not compromised.

For all the above reasons, the Committee was of the opinion that Dr. Raddatz would benefit from the further remediation outlined above.