

SUMMARY

DR. HELEN LENORE FRYE (CPSO# 29250)

1. Disposition

On March 16, 2018, the Inquiries, Complaints and Reports Committee (the Committee) ordered Family Medicine physician Dr. Frye to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Frye to:

- Reflect on her management of pelvic fractures with a focus on unstable fractures, the current standards of practice, and how those standards relate to her practice, and submit a written summary to the College of up to 2,000 typed words (2 to 4 pages).

2. Introduction

The patient complained to the College that Dr. Frye provided improper care in regards to her unstable pelvic fracture, in that Dr. Frye failed to inform hospital staff that she needed to be transferred “flat to flat” instead of “log rolled” and that she should be non-weight bearing, failed to order any testing after an in-hospital injury for a period of three days, failed to transfer her to a facility where she could undergo immediate surgery, and failed to cancel her prescription after the medication gave her a bad reaction.

Dr. Frye responded that she had treated previous pelvic fractures of a similar nature non-surgically with weight bearing as tolerated. She said that when she assumed care of the patient, she was mobilizing as tolerated by physiotherapy with a stable pelvic fracture. She later ordered x-rays and a CT scan during the patient’s admission because her mobility had not significantly increased since admission. Those test revealed a widening but stable pubic fracture. She continued to mobilize the patient based on her previous experiences, which involved working with an orthopaedic surgeon who continued to mobilize rather than fixate the fracture. She said she would have considered a referral to an orthopaedic surgeon if the patient

did not progress as expected.

3. Committee Process

A Surgical 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.cpsso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee found that Dr. Frye did not appropriately manage the patient's pelvic fracture. While Dr. Frye felt that the fracture was stable, the Committee's review of the medical record clearly showed that the patient had an unstable pelvic fracture. This meant that the patient should not have been instructed to bear weight and should not have been "log rolled" during transfer. Further, the attempt at log rolling may have exacerbated the patient's injury.

The Committee was concerned that, even after Dr. Frye did order additional tests, she still did not seem to appreciate the seriousness of the patient's injury. For example, she did not stop the patient's mobilization and did not seek an orthopaedic opinion. Even in her responses to the complaint, Dr. Frye continued to maintain that she treated the patient based on her previous experiences, and did not show significant insight into why the approach was insufficient in this case.

The Committee further noted that Dr. Frye did not properly address the patient's injury at any time. The patient's injury was only appropriately managed after another physician took over her care.

The Committee's concerns about Dr. Frye's approach to this case led them to conclude that she requires further education about managing unstable pelvic fractures.

In regards to the prescription and side effects, the Committee found no information that supported the patient's concerns. As a result, the Committee did not take action on that aspect of the complaint.