

**From:** XT:Kopetsky, Darren FIN:IN  
**Sent:** Tuesday, February 8, 2011 9:16 AM  
**To:** Collins, Teri HLTH:EX; South, Nancy HLTH:EX  
**Cc:** XT:Kopetsky, Darren FIN:IN  
**Subject:** PR Update Feb 8

Teri, Nancy

You may be aware of the correspondence and dialogue between the Deputy and ADM and our CEO and VPs.

The faxing of letters to physicians for the 3a and 3b patients began this morning, and the telephone calls from the Radiology clinical lead and Senior Medical Director (Coastal) are commencing this morning. We have in place an RN Patient Care Coordinator to assist the GPs to expedite referrals for timely followup care

PCQO branch (1-877-993-9199, press 7) active

Darren

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Darren Kopetsky  
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## Kelln, Brenna HLTH:EX

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**From:** XT:Kopetsky, Darren FIN:IN  
**Sent:** Friday, January 28, 2011 11:40 AM  
**To:** Norman, Chris HLTH:EX  
**Cc:** Collins, Teri HLTH:EX; South, Nancy HLTH:EX; XT:Kopetsky, Darren FIN:IN  
**Subject:** Time Sensitive Request for Assistance  
**Attachments:** CDS January 2011.pdf

**Importance:** High

Hello Chris

Please see this time sensitive request for information from MOHS data sources. Please page for any discussion

Darren

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Darren Kopetsky  
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[darren.kopetsky@vch.ca](mailto:darren.kopetsky@vch.ca)  
Office: #CP-380 VGH Site

28 January, 2011

Office of the Chief Data Steward  
**Attention: Chris Norman**  
Ministry of Health Services  
Suite 7-1, 1515 Blanshard Street  
Victoria, BC, V8W 3C8

Dear Mr. Norman

I write with a request for authorization for Vancouver Coastal Health Authority (VCH) to receive information from the Ministry of Health Services (MOHS) from its records, so that VCH can effectively make contact with former patients, with whom we need to be in contact concerning a patient safety matter. **We are hopeful that this can be achieved by February 2.**

The information is necessary in that VCH can

1. communicate directly with patients who have been affected efficiently (ie using their most current address), and
2. take particular measures to communicate with families of those patients who have died since they were in our care.

The addresses on record both with VCH and with the physicians may be outdated, and we seek to access current address information so that the notifications can be completed. We propose that on receipt of authorization to do so:

1. VCH would provide a password protected data file to MOHS containing the names, dates of birth, and Personal Health Numbers of patients we know to have received care, and be subject to the notification directive of the MOHS.
2. MOHS would review its data sources to determine whether the patient is still alive (Vital Statistics), and if so whether there is a current address.
3. MOHS would advise VCH  
which of those patients known to be deceased,  
the address on record at the time of their death, and  
the current address on file for those patients who are not known to be deceased.
4. VCH would use this information only for this purpose.

We seek to provide the patient information to, and receive information from, MOHS, on the basis of the following sections of the Freedom of Information and Protection of Privacy Act, [RSBC 1996] CHAPTER 165 (FOIPPA):

- 33.1 (1) A public body may disclose personal information referred to in section 33 inside or outside Canada as follows:...
- (e) to an individual who is a minister, an officer of the public body or an employee of the public body other than a service provider, if
  - (i) the information is necessary for the performance of the duties of the minister, officer or employee, and...

(n) so that the next of kin or a friend of an injured, ill or deceased individual may be contacted;...  
and

.../2

33.2 A public body may disclose personal information referred to in section 33 inside Canada as follows:  
(a) for the purpose for which it was obtained or compiled or for a use consistent with that purpose (see section 34);...  
(c) to an officer or employee of the public body or to a minister, if the information is necessary for the performance of the duties of the officer, employee or minister;...

We believe that the information exchange described above is a reasonable application of the definition of consistent purposes, in that

34 (1) A use of personal information is consistent under section 32 or 33.2 with the purposes for which the information was obtained or compiled if the use  
(a) has a reasonable and direct connection to that purpose, and  
(b) is necessary for performing the statutory duties of, or for operating a legally authorized program of, the public body that uses or discloses the information or causes the information to be used or disclosed.

Please contact me for any discussion about this request  
I have spoken with your colleagues Nancy South (250) 952-3593, and Teri Collins (250) 952-2871, with whom you may wish to discuss this request.

S22

Please be advised that

We look forward to your decision in this regard.

Sincerely,



Darren Kopetsky  
Regional Director

C:

Nancy South  
Teri Collins

**From:** XT:Kopetsky, Darren FIN:IN  
**Sent:** Tuesday, February 1, 2011 8:31 AM  
**To:** South, Nancy HLTH:EX; Collins, Teri HLTH:EX  
**Cc:** XT:Kopetsky, Darren FIN:IN  
**Subject:** Update on Powell River issue

We are still working on the details in the briefing note on Powell River; my apologies.

In the interim, on questions you had raised when we spoke:

1. Is the Radiologist still practicing at all? Yes, but not in areas where there is a practice restriction
2. # and timing of CT scans - 900, April - October, 2010
3. # and timing of Obstetrical ultrasounds - ~2000, 2002-October, 2010
4. Current plan for CT reading? scan in Powell River, read at Lions Gate
5. Current plan for Obstetrical Ultrasound reading? patient travel to Comox

Current status of our disclosure plans:

MOHS Office of Data Steward (Bob Hart) has the CT list, is working on getting us current addresses and dates of death (if deceased); we will make contact with family in that situation

Medical Imaging is mining the clinical systems for the Obstetrical ultrasound list; we will provide to Bob asap, for same data query.

Letters will be sent by registered mail to MDs for category 3a and 3b; follow up phone call from LGH Radiologist for 3bs (see categories, below)

Letters will be mailed to patients 1-2 days later, so that MDs have the information before the patients

Communication plan includes MLA, local government, and Regional Hospital District, as well we internal briefings with staff

Categories of discrepancy between original report and that report by Radiologist without practice restriction:

#2) There is a discrepancy between the two reports, which may potentially be significant depending on the patient's clinical situation.

#3a) There is a discrepancy between the two reports, which almost certainly is clinically significant, and is likely to alter follow-up and/or treatment.

#3b) There is a discrepancy between the two reports, which almost certainly is clinically significant, and is likely to alter short term follow-up and/or immediate treatment.

Darren

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## Kelln, Brenna HLTH:EX

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**From:** XT:Kopetsky, Darren FIN:IN  
**Sent:** Saturday, January 29, 2011 7:48 AM  
**To:** Collins, Teri HLTH:EX; South, Nancy HLTH:EX  
**Cc:** XT:Kopetsky, Darren FIN:IN  
**Subject:** Re: Time Sensitive Request for Assistance

Teri, Nancy

I was out of range yesterday pm, but will connect with Bob first light on Monday and give him a sense over the weekend. Numbers at the moment

CT. 900, during 2010

Obs US, approx 2000, since 2002

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Darren Kopetsky  
Client Relations & Risk Management

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Office 604 875 4557

S22

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**From:** Hart, Bob N HLTH:EX [<mailto:Bob.N.Hart@gov.bc.ca>]  
**Sent:** Friday, January 28, 2011 04:18 PM  
**To:** Kopetsky, Darren [VA]  
**Cc:** Fech, Toni-Lynn HLTH:EX <[Toni-Lynn.Fech@gov.bc.ca](mailto:Toni-Lynn.Fech@gov.bc.ca)>; Norman, Chris HLTH:EX <[Chris.Norman@gov.bc.ca](mailto:Chris.Norman@gov.bc.ca)>  
**Subject:** RE: Time Sensitive Request for Assistance

Hi Darren.....I've called your pager and left a voice message on your phone.....

Give me a shout regarding this when you get a moment.

Thanks.

Bob Hart  
Director  
Data Access, Research and Stewardship  
Health Sector IM/IT Division  
Ministry of Health Services  
2-1, 1515 Blanshard Street  
Victoria, BC V8W 3C8

[bob.n.hart@gov.bc.ca](mailto:bob.n.hart@gov.bc.ca)  
250-952-1272  
250-952-2002 (fax)

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**From:** Norman, Chris HLTH:EX  
**Sent:** Friday, January 28, 2011 12:05 PM  
**To:** Hart, Bob N HLTH:EX  
**Cc:** Fech, Toni-Lynn HLTH:EX  
**Subject:** FW: Time Sensitive Request for Assistance  
**Importance:** High

This sounds like a patient safety issue.

*Chris Norman*  
Chief Data Steward and Executive Director,

Strategic Policy and Information Management  
Health Sector IM/IT  
Ministry of Health Services  
Email: [chris.norman@gov.bc.ca](mailto:chris.norman@gov.bc.ca)  
Ph: (250) 952 1822

S22

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**From:** Kopetsky, Darren [VA] [<mailto:darren.kopetsky@vch.ca>]  
**Sent:** Friday, January 28, 2011 11:40 AM  
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**From:** XT:Kopetsky, Darren FIN:IN  
**Sent:** Wednesday, February 2, 2011 4:23 PM  
**To:** South, Nancy HLTH:EX; Collins, Teri HLTH:EX  
**Subject:** PR Issue, Briefing Note  
**Attachments:** FINAL - Powell River radiologist BN.doc



**CONFIDENTIAL BRIEFING NOTE**

February 2, 2011

**Review of CT scans and obstetrical ultrasounds at Powell River General Hospital**

Hospital administration found a staff radiologist to be without appropriate credentials while reading both CT and obstetrical ultrasound scans performed at the hospital. The discovery has prompted the review of 900 CT scans read by the radiologist since March 2010.

**Background:**

- Last March, Powell River General Hospital started operating its first CT scanner. Patients began receiving their scans on April 19, 2010.
- This required a radiologist to read the new CT scan results that would be done on site. A radiologist already on staff said he had done additional training and was qualified to do the readings.
- The radiologist began reading scans on April 19, 2010.
- The radiologist has been practicing in Powell River since August 1, 2002.
- In 2001, the radiologist made a voluntary agreement (or undertaking) with the BC College of Physicians and Surgeons, to not read CT scans or obstetrical ultrasounds until he took additional training at an accredited facility. He was also to confirm with the college the suitability of that training, which was not done.
- On October 8, 2010 -- immediately upon this discovery -- the radiologist in question ceased reading scans upon direction of hospital administration.
- On learning that the radiologist was not authorized to read CT scans, VCH has undertaken a review of all the CT scans this physician had read (approximately 900) since spring 2010.
- The number of patients having undergone obstetrical ultrasounds during the period between the voluntary undertaking and identification of this situation is approximately 2000, since 2002.
- Most of the patients who had obstetrical ultrasounds within this time frame have since delivered.
- Those who had who had obstetrical ultrasounds read by this radiologist and had not delivered when the situation was identified, have received a repeat ultrasound examination at Comox Regional Hospital.
- This means there is no radiologist at PRGH who now can read either CTs or obstetrical ultrasounds. CT scans now being read at Lions Gate Hospital in North Vancouver. All obstetrical ultrasounds are being read at Comox Valley Hospital.
- Since early December, radiologists at Lions Gate, Richmond and UBC hospitals have been reading the original scans, with no prior knowledge of what was found in the initial reading.
- In January, a VIHA radiologist, began reviewing both reports (with no knowledge of which is the original) to identify any discrepancies.
- Clinical discrepancies were rated on the following scale:
  - 0) There is no discrepancy between the reports.
  - 1) There is no clinically significant discrepancy between the reports.
  - 2) There is a discrepancy between the two reports, which may potentially be significant depending on the patient's clinical situation.
  - 3a) There is a discrepancy between the two reports, which almost certainly is clinically significant, and is likely to alter follow-up and/or treatment.
  - 3b) There is a discrepancy between the two reports, which almost certainly is clinically significant, and is likely to alter short term follow-up and/or immediate treatment.
- The fact that the CT scans were read without the appropriate credentials means that – potentially – the appropriate diagnosis and treatment decision may not have been made, and

that some patients may have undergone further investigation, and although unlikely, even procedures that may have not been necessary. As well, some patients may have not had the follow-up care that would have been indicated by the scans.

- That the obstetrical ultrasounds were read without the appropriate credentials has a lower potential for clinical significance.
- Obstetrical ultrasounds are generally done to determine the progress of a pregnancy. They are also performed to identify significant abnormalities. It is possible that a significant abnormality could have been missed in the initial reading, and clinical intervention delayed as a result.
- As at February 1, 2011, the VHIA radiologist had reviewed 750 of the report pairs. Those that fall into categories 2 and 3 comprise 38% of the total so far. Roughly 40% of that subset fall into Category 3 (a&b).
- At this time it is felt that as many as 100 scans may have been significantly misread and have significant clinical implications.
- VCH is preparing to notify patients and their referring physicians of this issue.
- Letters will be sent to all affected patients (and their physicians), with phone calls placed to referring physicians who have patients that fall into Category 3 of the file review process.
- The letter will encourage all physicians with affected patients to act swiftly to consider and, if necessary, take action to address the discrepancy between the reports.
- The radiologist at PRGH has been suspended from reading CT scans and obstetrical ultrasounds. However, he is still practicing at the hospital.
- VCH is not aware of the circumstances that led to the radiologist making a voluntary undertaking with the BC College of Physicians and Surgeons to not read CT scans and obstetrical ultrasounds. It occurred before he began practicing in VCH.
- Although the radiologist had some additional CT training at another agency, it was not approved by the College of Physicians and Surgeons. As such, he did not complete the specific undertaking he had made with the college. There is no record of any additional obstetrical ultrasound training.
- "Special approval" from the college is not required to read CT scans or obstetrical ultrasounds. It is considered a routine activity for community hospital-based radiologists, but would be credentialed normally at the hospital or regional level.
- PRGH administration did not contact the college nor confirm with it that the radiologist had addressed the criteria of the 2001 undertaking.
- It is not known whether the radiologist understood that he had the College of Physicians and Surgeons' credentials necessary to undertake the reading of scans.
- In early-October 2010, PRGH's Medical Advisory Committee expressed concerns to the Coastal Rural Senior Medical Director regarding the quality of CT scan reports by the radiologist in question. The VCH Regional Medical Director diagnostic imaging investigated these concerns.
- After raising these issues with the College of Physicians & Surgeons of BC, the Regional Medical Director was told by the college that the radiologist had breached a voluntary undertaking to not engage in the practice of reading CT scans or obstetrical ultrasounds until his accreditation has been achieved.
- This scenario has sparked a review of credentialing practices across VCH.
- VCH has instituted a common privileging form for all medical departments across the entire authority. This form includes details specific to each department regarding which procedures require credentialing and annual review. This process is now identical across VCH.
- The BC College of Physicians and Surgeons is aware of the incident.
- VCH receives a copy of every physician's annual license directly from each physician. VCH also asks each physician if they are subject to any review or restriction from the College of Physicians and Surgeons. This information, too, is provided by the physicians.

- As a result of VCH's discussions about the situation in Powell River, VCH has not been able to come to an agreement with the college that this information will be forwarded annually by the college itself (rather than from the physician) for review by the health authority.
- However, we have verified the notification process and centralized the receipt of those notices for better coordination and cross checking.
- VCH is working with both the college and the MOH to make this information available to health authorities through the secure electronic physician database.

**Key messages:**

- VCH sincerely regrets that these reports were initially read by a physician who, despite being an experienced radiologist, was not in fact accredited by the College of Physicians and Surgeons to report on CT scans or obstetrical ultrasounds.
- VCH has acted swiftly to have the CT studies reviewed by a duly accredited radiologist, and has encouraged physicians to also act swiftly to consider, and if necessary, take action to address any medical follow-up required by their patients as a result of this review. Pregnant patients who underwent obstetrical ultrasounds have received repeat Obstetrical ultrasounds at Comox Valley Hospital.
- VCH will be making contact with all of the physicians who referred patients for CT scans or obstetrical ultrasound investigation, and will be communicating directly with each patient as well.
- To ensure an error of this type does not happen again in VCH, we have reviewed and centralized a credentialing process for all medical fields (including CT scan and MRI reading in Radiology).
- VCH is also strengthening our processes with the BC College of Physicians and Surgeons, which we hope will prevent this from happening in the future.
- VCH extends its deepest apologies to affected patients and their families.

Contact information			
Contact	Name	Title	Phone
Program	Dr. Bruce B. Forster	Regional Medical Director, Medical Imaging, VCH	604 875-4355
	Darren Kopetsky	Director, Client Relations and Risk Management	604-875-4557 604-376-4065
	Dr. Patrick O'Connor	Vice-President, Medicine, Quality and Safety	604-875-4948
Communications	Trudi Beutel	Public Affairs Officer	604-708-5282
Doctor involved	S22		
Creation & revision history			
January 23, 2011		Briefing note created	