



BC Cancer Agency

CARE + RESEARCH

An agency of the Provincial Health Services Authority

FINAL REPORT

**Review of patients of Dr. Suresh Katakkar, formerly with
BC Cancer Agency Centre for the North**

Summary

This report summarizes the findings from the review of patient care of Dr. Suresh Katakkar, a medical oncologist formally with the BC Cancer Agency working in Prince George.

Dr. Katakkar resigned during the initial stages of this review, while he was temporarily suspended with pay.

Upon completion of the review there have been several actions taken by the BC Cancer Agency to improve the quality and safety of care, and to prevent a similar situation from occurring.

Background

The BC Cancer Agency, part of the Provincial Health Services Authority (PHSA), provides a comprehensive, population-based cancer control program for the people of British Columbia and the Yukon. By working closely with community partners, we are able to deliver a range of oncology services, including prevention, early detection, diagnosis and treatment, research, education, supportive care, rehabilitation and palliative care.

Delivering services for 75 years now, the BC Cancer Agency has a well established model for cancer care, education and research. Core to the delivery of care is our commitment to quality, patient safety and clinical effectiveness. The Agency provides cancer treatment that has been proven to benefit the specific type of cancer a patient has; in addition, it strives to provide the best outcomes possible.

As part of its responsibility to establish a coordinated, province-wide program of cancer control, the BC Cancer Agency has developed distinct areas of expertise that are overseen by provincial tumour groups. Members include oncologists, radiologists, pathologists, oncology nurses, pharmacists and practitioners from other health disciplines. These professionals have extensive knowledge in clinical trial research and best practices in Canada and internationally. The provincial tumour groups prepare cancer management guidelines and protocols, based on their expertise and evidence from major cancer centres throughout the world.

Cancer treatment guidelines

Treatment protocols are a fundamental guide for the delivery of care throughout the health care system and are used in every health care organization. Protocols are in place to protect and ensure that patients receive quality and safe care. For safe prescribing, preparation and administration of cancer treatments, physicians are required to abide by these care and treatment protocols that are consistent throughout B.C., and have resulted in some of the best cancer outcomes in Canada.

The BC Cancer Agency endeavors to be flexible and compassionate with patients and families in looking at treatment options while balancing the need to ensure patient safety and efficacy. There are times when a physician, patient and patient's family may decide to try a different treatment, especially in the late stages of illness. A process is in place to have alternative treatments reviewed by peers in the field, in a timely manner.

In order to prevent harm to patients, physicians wishing to deviate from protocol are required to obtain approval for non-protocol treatments through the Compassionate Access Program or

to discuss any new treatments with the BC Cancer Agency and the Agency's Research Ethics Board (for experimental treatments) prior to administration.

The Compassionate Access Program reviews non-standard treatment regimes. A response is provided within approximately 24 hours to a maximum of two days for a complex case.

Centre for the North

The BC Cancer Agency is dedicated to a province-wide program of cancer control, where services are regionalized to provide better access to care and support. The BC Cancer Agency has six treatment centres through the province, including the Centre for the North in Prince George, which began construction in 2010.

The new BC Cancer Agency Centre for the North was planned to open in late 2012, and officially began treating patients on November 1, 2012.

Before this time cancer care in Prince George was offered at the University Hospital of the North, at the regional cancer unit run by Northern Health, in partnership with the BC Cancer Agency.

Timeline of Events

While the new centre was under construction recruitment had already begun for the Centre for the North. On August 1, 2010 Dr. Suresh Katakhar accepted a position with the BC Cancer Agency in Prince George. Dr. Katakhar started on January 24, 2011 as the first medical oncologist hired for the new centre, to open in late 2012.

A concern about Dr. Katakhar's practice was raised in late 2011 when it was felt that he had placed a patient with cancer on an incorrect protocol. Following established BC Cancer Agency procedures, this prompted a random chart audit of Dr. Katakhar's patients. The documentation of treatment provided to patients in this sample was determined to be below BC Cancer Agency standards. Dr. Katakhar's credentials and privileges were due for review and renewal in the spring of 2012, and the renewal was to be conditional upon Dr. Katakhar's completing remedial work (clinical supervision/coaching) and education.

As a formal remedial process was being established, further concerns regarding Dr. Katakhar's practice were raised in May 2012. The BC Cancer Agency was alerted that Dr. Katakhar was treating a patient with an untested, discredited treatment regimen without any peer review.

These concerns were discussed with Dr. Katakhar and he was temporarily suspended with pay on May 22 2012 pending further investigation by the BC Cancer Agency. Dr. Katakhar resigned voluntarily from the BC Cancer Agency (with no reasons provided) on June 7, 2012.

On June 13, 2012 the College of Physicians and Surgeons of BC was notified of Dr. Katakhar's resignation. His provisional medical license was directly linked with his employment with the BC Cancer Agency. The College of Physicians and Surgeons of BC automatically revoked his provisional license in compliance with their regulations. The College of Physicians and Surgeons of BC initiated an investigation pursuant to their obligations under the *Health Care Professions Act*.

On June 7, 2012, the BC Cancer Agency committed to ensuring continuity of care for Dr. Katakkar's patients, as well as completing a full review of his patient care during his employment with the BC Cancer Agency.

A comprehensive oncology physician coverage plan was developed in consultation with the other BC Cancer Agency oncologist in Prince George and senior management at the Northern Health Authority. To provide ongoing care for new and on treatment patients, a combination of telehealth, locum coverage, and regional BC Cancer Agency medical oncology staff rotating to Prince George was put in place. In addition, General Practitioner in Oncology (GPO) sessions in the Communities Oncology Network were increased to address the workload these GPs were experiencing. Clinical and operation leaders were deployed to Prince George to assist/support staff and patients with the transition. Finally, a dedicated recruitment consultant was hired to work on recruiting new medical oncologists to Prince George.

Patients undergoing therapy with Dr. Katakkar were promptly re-assigned to another BC Cancer Agency oncologist. The newly assigned oncologists reviewed the available health information on their new patients and subsequently outlined how best to continue treatment. This included maintaining the treatment plans or recommending changes in treatment. As appropriate, patients who no longer required care under the BC Cancer Agency were discharged to a local General Practitioner in Oncology (GPO) or family physician. An information line was also set up for patients so the BC Cancer Agency could address any concerns directly.

Methodology for review of patient files

From June 2012 to December 2012, the BC Cancer Agency conducted an investigation of all cancer patients seen by Dr. Katakkar during his tenure with the Agency — the final total was 540.

The review was overseen by the BC Cancer Agency's interim Vice-President of Systemic Therapy, the Senior Director of Clinical Operations, Systemic Therapy and Community Oncology Network and the Director of Risk Management for the BC Cancer Agency and Provincial Health Services Authority (PHSA).

The review was conducted in two phases. The patients in the first phase (January 2012—June 2012) were those on active treatment and those seen within the past six months by Dr. Katakkar. These patients would benefit most if the review suggested changes in care were required.

The second phase included all remaining patients under Dr. Katakkar's care from the date of his employment in January 2011 to January 2012.

Individual case reviews were conducted by oncologists across the province, and allocated by tumour group expertise according to the patients' type of cancer.

The review assessed and classified each case as:

- i) Acceptable care
- ii) Non-standard but acceptable care
- iii) Non-standard and unacceptable care

All cases that were deemed as non-standard (acceptable and unacceptable care) underwent a second review to verify this designation, determine if any patient harm was sustained and to identify further patient treatment/follow-up as required.

Any significant care concerns have been communicated directly with patients and/or surviving family members to inform them of the care review findings.

Review Findings – What Happened and Why?

Specific details of individual patient reviews cannot be shared (other than with the affected patients/families) as this would be a violation of privacy and confidentiality laws.

All patients who required follow-up including further treatment and/or changes to their care have been communicated with directly and continue to be managed by oncologists and GPOs as required.

Approximately 10% (54) of total cases were deemed as having received non-standard and unacceptable care. Of those, it was assessed that eight resulted in serious patient safety events (involving severe, preventable patient harm) and four were critical patient safety events (e.g. involving potentially preventable treatment related death).

The prevalent issues that emerged from this review were:

1. Misdiagnosis and failure to refer.
2. Use of incorrect protocols causing patient harm.
3. Failure to heed warnings regarding patient safety concerns raised by colleagues.
4. Failure to follow medical standards.

The following contributing factors were identified:

1. Lack of orientation and supervision, including a performance review.
2. Operating a solo practice, with minimal participation in consultation and case discussion with peers.
3. Workload management was problematic, many action items remained outstanding.
4. Missing and/or incomplete patient documentation.

Medical standards and treatment protocols are fundamental guides for the delivery of care throughout the health care system and are used to protect patients. BC Cancer Agency physicians adhere to these care and treatment protocols to ensure that their patients receive safe prescribing, preparation and administration of their cancer treatments.

Recommendations

The following recommendations were developed as a result of the review:

1. Improve the orientation process for newly hired BC Cancer Agency physicians.
2. Develop additional systems for quality assurance and performance assessment for newly hired and external physicians working at the BC Cancer Agency.
3. Reinforce understanding and adherence to key patient safety policies including those outlined in *Commitment to a Culture of Safety and Stop the Line*.
4. Collaboratively develop a plan with Health Authority leaders to ensure a culture of safety is promoted in the Community Oncology Network.
5. Improve the access and capacity for physician and staff consultation for patient case consultation at the Centre for the North by implementing regular interdisciplinary team meetings.
6. Review the BC Cancer Agency Oncology documentation and dictation standards.
7. Ensure that quality and safety systems are in place at the Centre for the North, including weekly safety rounds, performing safety audits, participating in quality and safety orientation.
8. Review all of the current BC Cancer Agency Provincial Systemic Therapy Program (PSTP) standards, policies and procedures with the Centre for the North.
9. Provide additional training and resources for Provincial Systemic Therapy Program leaders engaged in hiring.

The BC Cancer Agency has accepted and is implementing all of the review recommendations.

In addition, all patient safety events for all current BC Cancer Agency physicians were reviewed across the province. No patterns or issues of repeated incidents were identified.

A new Vice President of Medical Affairs role has also been created. The new Vice President will be dedicated to overseeing physician credentialing and performance at the BC Cancer Agency.