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FILED

October 11, 2012

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

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STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

<u>IN THE MATTER OF THE LICENSE OF</u>	:	Administrative Action
	:	
DIONNE WILLIAMS, M.D.	:	CONSENT ORDER OF
LICENSE NO. 25MA 45723	:	REPRIMAND
	:	
TO PRACTICE MEDICINE AND SURGERY	:	
<u>IN THE STATE OF NEW JERSEY</u>	:	

This matter was opened to the New Jersey State Board of Medical Examiners ("Board") upon receipt by the Medical Practitioner Review Panel of a \$1,000,000 malpractice settlement paid on behalf of Dionne Williams, M.D. ("Respondent") due to the death of a nineteen year-old patient, A.Q. in June 2009, following a hospital-based tonsillectomy. Respondent, a Board-certified otolaryngologist, in the State of New Jersey, has been a licensee at all times relevant hereto. In February 17, 2012, Respondent, represented by counsel, Michael Keating, Esq., appeared before the Malpractice Practitioner Review Panel and testified regarding the malpractice lawsuit.

CERTIFIED TRUE COPY

The Board reviewed Respondent's testimony that she saw A.Q. in June 2009, when she presented with a chief complaint of airway obstruction, reporting that she suffered from asthma and used an inhaler. Initially, Respondent treated the patient with antibiotics, however, as there was little to no improvement, she scheduled the patient for a tonsillectomy.

On the date of the surgery, Respondent learned that the patient was allergic to morphine. After discussions with the anesthesiologist, she understood that the anesthesiologist was going to administer Fentanyl during the procedure, as it is a synthetic opiate. There were no complications with the surgery. As part of her post-operative care and discharge instructions, Respondent prescribed the Fentanyl patch, and extended post-operative observation of the patient. Following the patient's discharge, she learned that the anesthesiologist had earlier ordered Dilaudid for the patient.

Respondent testified that, generally, the anesthesiologist is responsible for the post operative care area and there is a protocol for discharge. Respondent testified that the patient was alert and orientated, and therefor she discharged her after three hours. A.Q. suffered a fatal overdose of Fentanyl that night.

Respondent testified that the patient did not metabolize the Fentanyl in the normal manner. For some reason, the impact

(metabolic rate) was thirty times higher than the norm. The toxicology screen, performed as part of the autopsy, demonstrated this extraordinary result, but there is no evidence or explanation regarding why this occurred.

The Board finds that Respondent inappropriately prescribed Fentanyl for A.Q. under the circumstances. Additionally, she discharged the patient in advance of the time required for the drug to be metabolized. Finally, Respondent failed to review the medical records to determine the agents administered by the anesthesiologist, which would have provided her with the necessary information concerning the patient's post-operative care and proper pain prescription. The Board finds that the above conduct constituted violations of N.J.S.A. 45:1-21(d) and (h).

In lieu of further investigation and litigation, and attendant costs, Respondent seeks to resolve the matter by Consent Order. The Board finding the within disposition to be adequately protective of the public health, safety, and welfare,

IT IS, therefore, on this 11 day of ^{October}~~July~~, 2012,

ORDERED THAT:

1. Respondent, Dionne Williams, M.D. is hereby reprimanded for her post-surgical management of patient, A.Q., specifically, for ordering a Fentanyl patch, which contained narcotics to which the child

had a known allergy, and which resulted in a toxic overdose in violation of N.J.S.A. 45:1-21 (d) and (h).

2. Respondent is assessed a \$5,000 penalty, which shall be paid in full within sixty days of the filing of this Order. Payment shall be by certified check, money order or attorney trust account check made payable to the State of New Jersey and mailed to the attention of William Roeder, Executive Director, Board of Medical Examiners, P.O. Box 183, Trenton, NJ 08625-0183.
3. Within six months, Respondent shall attend and successfully complete a Board-approved record keeping course and a communications course, such as those offered at Case Western Reserve University or PACE UC San Diego. Completion shall mean compliance with all post-course records review, which occurs three and six months after attending the course, and providing documentation of such to the Board.
4. Within six months, Respondent shall attend and successfully complete Category I CME courses of no less than 3 hours each in sleep apnea, the evaluation and treatment of asthma, and the administration of post-operative analgesics. Documentation of such shall be provided to the Board.

5. Within sixty days, Respondent shall pay the Board's costs of \$768.41 and attorney's fees of \$6,475.00 totaling \$7,243.41. Payment shall be by certified check, money order or attorney trust account check made payable to the State of New Jersey and mailed to the attention of William Roeder, Executive Director, Board of Medical Examiners, P.O. Box 183, Trenton, NJ 08625-0183.
6. Respondent shall be responsible for any and all costs associated with the educational courses required by the Order.
7. Respondent shall serve an eight month period of probation. Failure to comply with any of the provisions of this Order will constitute a violation of the probation. She will be subject to subsequent disciplinary proceedings for any failure to comply with this Order of the Board, in addition to any other penalties of law.
8. Respondent shall fully comply with the Directives for Disciplined licenses attached hereto as Exhibit A and incorporated.
9. This Order shall be a full and final disposition of this matter. The Board shall retain jurisdiction to enforce the terms of this Order.

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

By:

George J. Scott, D.P.M., D.O.
George J. Scott, D.P.M., D.O.
President

I have read and understand the within Consent Order and agree to be bound by each and every one of its terms. Consent is hereby given to the Board to enter this Order.

Dionne Williams, M.D.
Dionne Williams, M.D.

Consented as to form.

Michael Keating, Esq.
Michael Keating, Esq.

Date

10/10/2012

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE
HAS BEEN ACCEPTED**

APPROVED BY THE BOARD ON MAY 10, 2000

All licensees who are the subject of a disciplinary order of the Board are required to provide the information required on the addendum to these directives. The information provided will be maintained separately and will not be part of the public document filed with the Board. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq. Paragraphs 1 through 4 below shall apply when a license is suspended or revoked or permanently surrendered, with or without prejudice. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains a probation or monitoring requirement.

1. Document Return and Agency Notification

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

2. Practice Cessation

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension or surrender, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The disciplined licensee is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The disciplined licensee may contract for, accept payment from another licensee for or rent at fair market value office premises and/or equipment. In no case may the disciplined licensee authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. (In situations where the licensee has been suspended for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is suspended, for the payment of salaries for office staff employed at the time of the Board action.)

A licensee whose license has been revoked, suspended for one (1) year or more or permanently surrendered must remove signs and take affirmative action to stop advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to remove his/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies

A licensee shall not charge, receive or share in any fee for professional services rendered by him/herself or others while barred from engaging in the professional practice. The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board action.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). A licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall divest him/herself of all financial interest. Such divestiture shall occur within 90 days following the the entry of the Order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Secretary of State, Commercial Reporting Division, demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation, the corporation must be dissolved within 90 days of the licensee's disqualification.

4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that during the three (3) month period following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of

general circulation in the geographic vicinity in which the practice was conducted. At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical record or asks that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

5. Probation/Monitoring Conditions

With respect to any licensee who is the subject of any Order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.

**NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ACTIONS**

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

- (1) Which revokes or suspends (or otherwise restricts) a license,
- (2) Which censures, reprimands or places on probation,
- (3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to N.J.S.A. 45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.