

2005. At that time, it was the office protocol for the sonographer to inform the physician when an abnormality was detected. The physician would review the ultrasound and, if convinced that an abnormality was present, would counsel the patient and generate a written report including the ultrasound pictures. It was also their policy to write a report if there was an inability to visualize a structure. Respondent testified that if he disagreed with the sonographer on the ultrasound report or image, he would place an addendum and note in the patient's chart. Respondent indicated that he trusted his sonographer, who was a certified sonographer with over 20 years of OB/GYN experience. Respondent believes that a complete anatomical scan was done on S.G. on October 27, 2005. I was not until the malpractice case was filed that it was realized that some of the scans were missing and/or could not be retrieved from the system.

The Board notes that the adnexa, cisterna magna, midline falx, cavum septi pellucidum and the choroid were not represented in the ultrasound images available for Board review, nor was a notation made in the report that they could not be visualized. Although the femur length, cerebellum and the lateral, or cerebral, ventricles were noted in the report, a representative image was not present among the archived images available for the Board to review. S.G.'s record reflects no notes or

disagreement made by Respondent regarding the October 27, 2005 ultrasound.

Respondent testified that since this case he has changed the way he practices. Certified sonographers conduct the ultrasounds and a radiology group interprets the films for the practice and issues reports. Dr. Keelan no longer routinely interprets the images from the ultrasounds. The Board notes that Respondent has since completed a four day ultrasound core course, pre-approved by the Board, dedicated to in-depth coverage of ultrasound applications in obstetrics and gynecology and which included a hands-on session.

Having reviewed the entire record, including testimony at the Panel inquiry, it appears to the Board that Respondent's failure to properly review the October 27, 2005 ultrasound of S.G. constitutes gross negligence in violation of N.J.S.A. 45:1-21(c).

The parties, having agreed to resolution of this matter without formal proceedings, and Respondent, having agreed and given his voluntary consent to the within order and waiving any right to a hearing, and the Board finding the within disposition adequately protective of the public health, safety, and welfare, and other good cause having been shown;

IT IS on this 7th day of September, 2016

HEREBY ORDERED AND AGREED that:

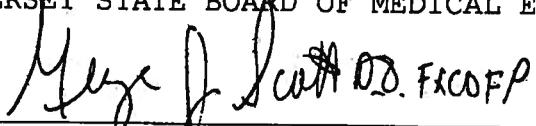
1. A public reprimand is hereby imposed upon Respondent for the gross negligence outlined in this Consent Order.

2. Respondent shall remit payment of a civil penalty pursuant to N.J.S.A. 45:1-25 in the amount of \$10,000.00. Payment shall be made by certified check or money order payable to the State of New Jersey, and shall be submitted contemporaneously with this signed Order.

3. This Order is effective upon its filing with the New Jersey State Board of Medical Examiners.

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

By:



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

I have read and understand the within Consent Order and agree to be bound by its terms.

Order approved to as to form and entry.



Michael Keelan, M.D.

David Adelson, Esq. *DeHana Ros, Esq.*
Attorney for Respondent

NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ORDERS/ACTIONS

All Orders filed by the New Jersey State Board of Medical Examiners are "government records" as defined under the Open Public Records Act and are available for public inspection, copying or examination. See N.J.S.A. 47:1A-1, et seq., N.J.S.A. 52:14B-3(3). Should any inquiry be made to the Board concerning the status of a licensee who has been the subject of a Board Order, the inquirer will be informed of the existence of the Order and a copy will be provided on request. Unless sealed or otherwise confidential, all documents filed in public actions taken against licensees, to include documents filed or introduced into evidence in evidentiary hearings, proceedings on motions or other applications conducted as public hearings, and the transcripts of any such proceedings, are "government records" available for public inspection, copying or examination.

Pursuant to N.J.S.A. 45:9-22, a description of any final board disciplinary action taken within the most recent ten years is included on the New Jersey Health Care Profile maintained by the Division of Consumer Affairs for all licensed physicians. Links to copies of Orders described thereon are also available on the Profile website. See <http://www.njdoctorlist.com>.

Copies of disciplinary Orders entered by the Board are additionally posted and available for inspection or download on the Board of Medical Examiners' website.

See <http://www.njconsumeraffairs.gov/bme>.

Pursuant to federal law, the Board is required to report to the National Practitioner Data Bank (the "NPDB") certain adverse licensure actions taken against licensees related to professional competence or conduct, generally including the revocation or suspension of a license; reprimand; censure; and/or probation. Additionally, any negative action or finding by the Board that, under New Jersey law, is publicly available information is reportable to the NPDB, to include, without limitation, limitations on scope of practice and final adverse actions that occur in conjunction with settlements in which no finding of liability has been made. Additional information regarding the specific actions which the Board is required to report to the National Practitioner Data Bank can be found in the NPDB Guidebook issued by the U.S. Department of Health and Human Services in April 2015. See <http://www.npdb.hrsa.gov/resources/npdbguidebook.pdf>.

Pursuant to N.J.S.A.45:9-19.13, in any case in which the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, the Board is required 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 entered by the Board is provided to the Federation on a monthly basis.

From time to time, the Press Office of the Division of Consumer Affairs may issue press releases including information regarding public actions taken by the Board.

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