

## November 2015 Public Board Actions List

Georgia Composite Medical Board  
Attn. [Ms. Sharon Cloud](#), Public Records Unit  
2 Peachtree Street, N.W., 36th Floor  
Atlanta, Georgia 30303-3465  
PH: (404) 657-6494  
FX: (678) 605-6883

To read the Board order, click on the licensee's name.

<b>LICENSEE'S NAME</b>	<b>LICENSE NUMBER</b>	<b>PROFESSION</b>	<b>ACTION TAKEN</b>
1. <a href="#">William Huey, MD</a>	032589	Physician	Approve Order Terminating Probation
2. <a href="#">Wayne Littlefield, PA</a>	007822	Physician's Assistant	Approve Non- Disciplinary Order Agreement for Licensure
3. <a href="#">Natalie McNeel, PA</a>	002599	Physician's Assistant	Approve Non- Disciplinary Order Agreement for Licensure
4. <a href="#">Alvina Markes, PA</a>	002735	Physician's Assistant	Approve Order Terminating Probation
5. <a href="#">Gretchen Rodriguez, RCP</a>	005575	Respiratory Care Prof.	Approve Order Terminating Probation
6. <a href="#">Robert D. Shuman III, MD</a>	068465	Physician	Approve Order Lifting Suspension
7. <a href="#">Sanjay Sinha, MD</a>	050270	Physician	Approve Order of Summary Suspension
8. <a href="#">Ronald Trotman, MD</a>	049215	Physician	Approve Order Terminating Probation
9. <a href="#">Yashvant Patel, MD</a>	037326	Physician	Approve Order

**BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD**

**STATE OF GEORGIA**

GEORGIA COMPOSITE  
MEDICAL BOARD

**IN THE MATTER OF:**

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NOV 10 2015

**WILLIAM BUFORD HUEY, MD,  
License No. 32589,  
Respondent.**

DOCKET NUMBER:  
20020016

**PUBLIC BOARD ORDER TERMINATING PROBATION**

**WHEREAS**, the Georgia Composite Medical Board ("Board") entered an Amended Public Consent Order in the above-styled matter on or about December 1, 2005, Docket No. 20020016, that superseded a prior disposition and placed Respondent's license to practice medicine in the State of Georgia on a period of probation subject to terms and conditions;

**WHEREAS**, on or about May 3, 2012, the Board entered an Amendment to Amended Public Consent Order, Docket No. 20020016 which lifted and/or modified a restriction on Respondent's use of his DEA permit;

**WHEREAS**, on or about October 20, 2015, Respondent petitioned the Board to terminate probation and in support submitted letters of professional advocacy; and

**WHEREAS**, the Board has determined that the Respondent has complied with the terms and conditions of probation.

**NOW, THEREFORE**, the Board hereby terminates the probation of Respondent's license. Respondent's license is returned to unrestricted status and is in good standing.

**SO ORDERED**, this 10<sup>th</sup> day of November, 2015.

**GEORGIA COMPOSITE MEDICAL BOARD**

(BOARD SEAL)

BY:



ALICE HOUSE, M.D.  
Chairperson

ATTEST:

  
LASHARN HUGHES  
Executive Director

**BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD**

**STATE OF GEORGIA**

**IN THE MATTER OF**

**WAYNE ALLEN LITTLEFIELD, P.A.,**

**Applicant.**

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GEORGIA COMPOSITE  
MEDICAL BOARD

NOV 09 2015

DOCKET NUMBER:  
20160022

**NON-DISCIPLINARY PUBLIC CONSENT AGREEMENT FOR LICENSURE**

By agreement of the Georgia Composite Medical Board ("Board") and Wayne Allen Littlefield, P.A. ("Applicant") the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. T. 43, Chs. 1 and 34.

**FINDINGS OF FACT**

1.

On or about September 17, 2015, Applicant submitted an initial application for licensure as a physician assistant. Applicant completed his PA/AA studies in or about December 2011.

2.

Applicant waives any further findings of fact with respect to the above-referenced matter.

**CONCLUSIONS OF LAW**

O.C.G.A. T.43, Ch. 34, Article 4 authorizes the Board to license physician assistants in the State of Georgia, in conjunction with O.C.G.A. §43-34-8 which authorizes the Board to impose conditions on a license and authorizes the delegation of certain duties to a physician assistant. See generally O.C.G.A. T. 43, Ch. 34 and Board Rules, Ch. 360. Applicant waives any further conclusions of law with respect to this matter.

## ORDER

The Board, having considered the particular facts and circumstances of this matter, hereby orders and the Applicant hereby agrees as follows:

1.

Upon the effective date of this Agreement, Applicant's application for licensure as a physician assistant in the State of Georgia shall be granted subject to the following terms and conditions:

(a) Shadowing Hours. Prior to engaging in any clinical or independent practice as a physician assistant, Applicant shall submit evidence to the Board that he has "shadowed" or observed the clinical practice of his supervising physician for two hundred forty (240) hours. Such evidence shall include a log maintained by Applicant and co-signed by the supervising physician that reflects the date, number of hours worked by Applicant, the number of patients observed by Applicant, and the types of procedures or patient complaints involved.

(b) Written Reports. Applicant shall submit or cause to be submitted monthly written reports from his supervising physician regarding Applicant's practice as a PA with the first report due on or before November 15, 2015. The reports shall be sent to the Georgia Composite Medical Board, to the attention of the Compliance Manager, 2 Peachtree Street, NW, 36<sup>th</sup> Floor, Atlanta, GA 30303.

(c) Disclosure of Consent Agreement. Applicant shall provide a docketed copy of the Agreement to his approved supervising physician and alternate supervising physician(s). Within ten (10) days of the effective date of this Consent Agreement, Applicant shall submit or cause to be submitted written statements to the Board from the supervising physician and alternate supervising physician(s) as evidence of having received and read this Consent Agreement.

(d) Petition to Terminate Agreement. Upon completion of the 240 hours of shadowing and/or observed practice, Applicant may petition the Board in writing to terminate the agreement. The petition shall include a copy of Applicant's log, and a statement from the supervising physician attesting to Applicant's competency to practice as a physician assistant and to the period of observed practice by Applicant. After the Board receives the petition, the Board may request that Applicant appear before the Board or a committee thereof prior to terminating the Consent Agreement. After the Board considers the petition and after Applicant's appearance, if one is requested, the Board may enter an Order terminating the Consent Agreement. Should the Board determine that reasonable cause exists for continuing the Consent Agreement, the Board shall notify Applicant of its intent to continue the Consent Agreement, and Applicant may respond to such notification in writing or request an appearance before the Board or its representative as in a non-contested case. In any event, this Consent Agreement shall remain in effect pending a final determination by the Board and notification of termination.

2.

This Consent Agreement shall be considered to be a public record of the Board but **shall not** be considered a disciplinary action by the Board. This Consent Agreement does not involve the quality of care provided to patients and is entered pursuant to the provisions of O.C.G.A. §43-34-8 (c); as a result, this Agreement is not subject to reporting to the National Practitioner Data Bank. Provided, however, that this Agreement may be released pursuant to any other state or federal law authorizing or requiring such release. Provided, further, that should Applicant violate or attempt to violate this Agreement, any state or federal laws which relate to or regulate the practice of medicine or the rules and regulations of the Board, this Agreement shall also be

admissible in any proceeding to substantiate such violations, and may become a part of the public record in such proceedings.

3.

Applicant acknowledges that he has read this Consent Agreement and that he understands its contents. Applicant understands that he has the right to an appearance in this matter, and Applicant freely, knowingly and voluntarily waives such right by entering into this Consent Agreement. Applicant understands that this Consent Agreement will not become effective until approved by the Georgia Composite Medical Board and docketed by the Executive Director of the Georgia Composite Medical Board. Applicant consents to the terms contained herein.

Approved, this <sup>6th</sup> 14 day of November ~~October~~, 2015.

**GEORGIA COMPOSITE MEDICAL BOARD**

BY: *Alice House*  
ALICE HOUSE, M.D.  
Chairperson

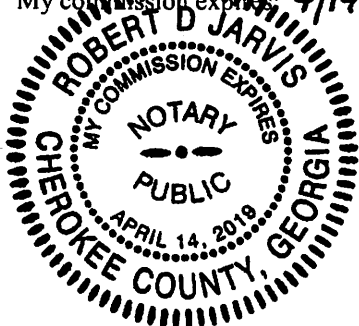
ATTEST: *Lasharn Hughes*  
LASHARN HUGHES  
Executive Director

(BOARD SEAL)

CONSENTED TO: *Wayne Allen Littlefield*  
WAYNE ALLEN LITTLEFIELD  
Applicant

[AS TO THE SIGNATURE OF APPLICANT:]  
Sworn to, and subscribed before me  
This 14 day of October, 2015.

*Robert D. Jarvis*  
NOTARY PUBLIC  
My commission expires 4/14/2019



**BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD  
STATE OF GEORGIA**

**IN THE MATTER OF** \*  
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**NATALIE LAUREL MCNEEL,** \*  
**(also known as Natalie Jones McNeel),** \*  
**License No. 2599,** \*  
**Applicant.** \*

GEORGIA COMPOSITE  
MEDICAL BOARD

NOV 09 2015

DOCKET NUMBER:  
20160023

**NON-DISCIPLINARY CONSENT AGREEMENT FOR REINSTATEMENT**

By agreement of the Georgia Composite Medical Board ("Board") and Natalie Laurel McNeel ("Applicant"), also and/or formerly known as Natalie Jones McNeel, the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. T. 43, Chs. 1 and 34, and T. 50, Ch. 13.

**FINDINGS OF FACT**

1.

On or about February 2, 1995, Applicant was issued License No. 2599 to practice as a physician assistant ("PA") in the State of Georgia. Applicant's license expired on January 31, 2009, was not renewed, and was revoked by operation of law for non-renewal.

2.

On or about July 31, 2015, Applicant submitted a reinstatement application. Applicant has not practiced as a physician assistant since 1999. On or about October 1, 2015, Applicant met with a committee of the Board concerning her application, and has provided the Board with information indicating that she has maintained her NCCPA certification.

3.

Applicant admits the foregoing findings of fact and waives any further findings with respect to the above-referenced matter.

### CONCLUSIONS OF LAW

O.C.G.A. §43-1-19 (l) provides that reinstatement of a license is within the sole discretion of the Board. See also O.C.G.A. § 43-34-5 and Board Rule 360-5-.13(3). See generally O.C.G.A. T. 43, Ch. 34. Applicant waives any further conclusions of law with respect to this matter.

### ORDER

The Board, having considered the particular facts and circumstances of this matter, hereby orders and the Applicant hereby agrees as follows:

1.

Upon the effective date of this Agreement, Applicant's license to practice as a physician assistant in the State of Georgia shall be reinstated subject to the following terms and conditions:

(a) Shadowing Hours. Prior to engaging in any clinical or independent practice as a physician assistant, Applicant shall submit evidence to the Board that she has “shadowed” or observed the clinical practice of her supervising physician for two hundred forty (240) hours. Such evidence shall include a log maintained by Applicant and co-signed by the supervising physician that reflects the date, number of hours worked by Applicant, the number of patients observed by Applicant, and the types of procedures or patient complaints involved. Applicant shall not begin clinical practice until her log has been reviewed by the Board and she has received written notification of Board approval to begin practice.

(b) Written Reports. Applicant shall submit or cause to be submitted quarterly written reports from her supervising physician regarding her practice as a PA with the first report due on or before December 31, 2015 and subsequent reports due by March 31, June 30, September 30 and December 31 of each calendar year. The reports shall be sent to the Georgia Composite



Medical Board, to the attention of the Compliance Manager, 2 Peachtree Street, NW, 36<sup>th</sup> Floor, Atlanta, GA 30303.

(c) Disclosure of Consent Agreement. Applicant shall provide a docketed copy of the Agreement to her approved supervising physician and alternate supervising physician(s). Within ten (10) days of the effective date of this Consent Agreement, Applicant shall submit or cause to be submitted written statements to the Board from the supervising physician and alternate supervising physician(s) as evidence of having received and read this Consent Agreement.

(d) Petition to Terminate Agreement. After one (1) year from the effective date of this Agreement, Applicant may petition the Board in writing to terminate the agreement. The petition shall include a statement from the supervising physician attesting to Applicant's competency to practice as a physician assistant. After the Board receives the petition, the Board may request that Applicant appear before the Board or a committee thereof prior to terminating the Consent Agreement. After the Board considers the petition and after Applicant's appearance, if one is requested, the Board may enter an Order terminating the Consent Agreement. Should the Board determine that reasonable cause exists for continuing the Consent Agreement, the Board shall notify Applicant of its intent to continue the Consent Agreement, and Applicant may respond to such notification in writing or request an appearance before the Board or its representative as in a non-contested case. In any event, this Consent Agreement shall remain in effect pending a final determination by the Board and notification of termination.

2.

This Consent Agreement shall be considered to be a public record of the Board but **shall not** be considered a disciplinary action by the Board. This Consent Agreement does not involve the quality of care provided to patients and is entered pursuant to the provisions of O.C.G.A.

§43-34-8 (c); as a result, this Agreement is not subject to reporting to the National Practitioner Data Bank. Provided, however, that this Agreement may be released pursuant to any other state or federal law authorizing or requiring such release. Provided, further, that should Applicant violate or attempt to violate this Agreement, any state or federal laws which relate to or regulate the practice of medicine or the rules and regulations of the Board, this Agreement shall also be admissible in any proceeding to substantiate such violations, and may become a part of the public record in such proceedings.

3.

Applicant acknowledges that she has read this Consent Agreement and that she understands its contents. Applicant understands that she has the right to an appearance in this matter, and Applicant freely, knowingly and voluntarily waives such right by entering into this Consent Agreement. Applicant understands that this Consent Agreement will not become effective until approved by the Georgia Composite Medical Board and docketed by the Executive Director of the Georgia Composite Medical Board. Applicant consents to the terms contained herein.

Approved, this 6 day of November, 2015.

**GEORGIA COMPOSITE MEDICAL BOARD**

BY: Alice House  
ALICE HOUSE, M.D.  
Chairperson

ATTEST: Lasharn Hughes  
LASHARN HUGHES  
Executive Director

(BOARD SEAL)

CONSENTED TO:

*Natalie Laurel Mcneel*

AS TO THE SIGNATURE OF APPLICANT:

NATALIE LAUREL MCNEEL

Sworn to and subscribed before me  
This 28<sup>th</sup> day of October, 2015.

Applicant

*Almira*  
NOTARY PUBLIC  
My commission expires: 4/16/18

**ALMIRA FERMIN  
NOTARY PUBLIC  
Fulton County  
State of Georgia  
My Comm. Expires April 16, 2018**

**BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD**

**STATE OF GEORGIA**

GEORGIA COMPOSITE  
MEDICAL BOARD

**IN THE MATTER OF:**

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NOV 10 2015

**ALVINA MARKES, P.A.,  
License No. 2735,  
Respondent.**

DOCKET NUMBER:  
2013 0047

**PUBLIC BOARD ORDER TERMINATING PROBATION**

**WHEREAS**, the Georgia Composite Medical Board ("Board") entered an Amended Public Consent Order in the above-styled matter on or about October 10, 2013, Docket No. 20130047, that superseded a prior order and placed Respondent's license to practice medicine as a physician assistant in the State of Georgia on a period of probation subject to terms and conditions;

**WHEREAS**, on or about October 2, 2015, Respondent petitioned the Board to terminate probation and in support submitted documentation from the U.S. District Court, Northern District of Georgia, Probation Office of her completion of, and discharge from, all conditions of supervised release; Respondent also submitted a letter of advocacy from her supervising physician; and

**WHEREAS**, the Board has determined that the Respondent has complied with the terms and conditions of probation.

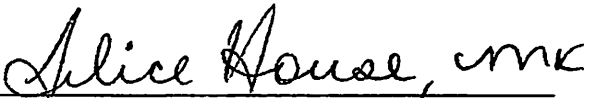
**NOW, THEREFORE**, the Board hereby terminates the probation of Respondent's license. Respondent's license is returned to unrestricted status and is in good standing.

**SO ORDERED**, this 10<sup>th</sup> day of November, 2015.

**GEORGIA COMPOSITE MEDICAL BOARD**

(BOARD SEAL)

BY:



ALICE HOUSE, M.D.

Chairperson

ATTEST:

  
LASHARN HUGHES  
Executive Director

**BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD**

**STATE OF GEORGIA**

**IN THE MATTER OF:**

**GRETCHEN RODRIGUEZ, RCP**  
**Certificate No. 5575,**  
**Respondent.**

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GEORGIA COMPOSITE  
MEDICAL BOARD

NOV 12 2015

DOCKET NUMBER:  
20100073

**PUBLIC BOARD ORDER TERMINATING PROBATION**

**WHEREAS**, the Georgia Composite Medical Board (“Board”) entered a Public Consent Order in the above-styled matter on or about December 30, 2014, Docket No. 20100073, which placed Respondent’s license to practice as a respiratory care professional in the State of Georgia on a period of probation subject to terms and conditions; and

**WHEREAS**, on or about October 8, 2015, Respondent petitioned the Board to terminate probation and in support submitted letters of professional advocacy; and on or about November 5, 2015, the Board considered Respondent’s request.

**NOW, THEREFORE**, based on information that Respondent is enrolled in a formal, structured monitoring program approved by the Board, the Board hereby terminates the probation of Respondent’s license. Respondent’s license is returned to unrestricted status and is in good standing.

**SO ORDERED**, this 12<sup>th</sup> day of November, 2015.

**GEORGIA COMPOSITE MEDICAL BOARD**

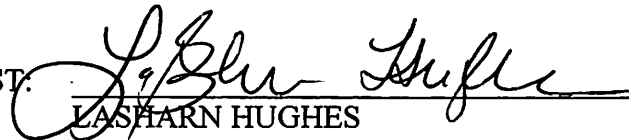
(BOARD SEAL)

BY:



ALICE HOUSE, M.D.  
Chairperson

ATTEST:



LASHARN HUGHES  
Executive Director

**BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD**

**STATE OF GEORGIA**

**IN THE MATTER OF:**  
**ROBERT D. SHUMAN, III, M.D.,**  
**License No. 68465,**  
**Respondent.**

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GEORGIA COMPOSITE  
MEDICAL BOARD

NOV 09 2015

DOCKET NUMBER:

104009

**PUBLIC BOARD ORDER LIFTING SUSPENSION**

**WHEREAS**, on or about August 22, 2014, the Georgia Composite Medical Board (“Board”) entered an Order of Summary Suspension (“Order”) in the above-styled matter which suspended Respondent’s license to practice medicine in the State of Georgia;

**WHEREAS**, in or about June 2015, the Board considered a request from Respondent to lift suspension; the Board denied Respondent’s request and indicated that a request would be reconsidered with the submission of documentation from Respondent’s treating or monitoring physician(s) showing Respondent’s ability to practice safely and/or which supports Respondent’s request to return to the practice of medicine; and

**WHEREAS**, on or about September 3, 2015, the Board considered a renewed request from Respondent with documentation indicating that Respondent is enrolled and participating in a formal, structured monitoring program and has support to return to practice from the monitoring program and from his treating physician; the Board invited Respondent to meet with its Wellness Committee on October 1, 2015.

**NOW, THEREFORE**, following Respondent’s meeting with the Wellness Committee and based on information that Respondent is enrolled in, and compliant with, a Board approved, formal, structured monitoring program and that Respondent agrees that he will continue to participate in said program as long as it is recommended by his treatment team, the Board hereby

lifts the suspension of Respondent's license and returns the license to active, unrestricted status.

SO ORDERED, this 6<sup>th</sup> day of November, 2015.

**GEORGIA COMPOSITE MEDICAL BOARD**

(BOARD SEAL)

BY: *Allice House*  
ALICE HOUSE, M.D.  
Chairperson

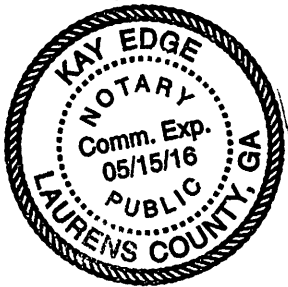
ATTEST: *Lasharn Hughes*  
LASHARN HUGHES  
Executive Director

CONSENTED TO: *Robert D Shuman III*  
ROBERT D. SHUMAN, III, M.D.  
Respondent

As to Respondent's signature:

Signed and sworn to before me  
This 21 day of October, 2015

*Kay Edge*  
NOTARY PUBLIC  
My commission expires:



**BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD**

**STATE OF GEORGIA**

GEORGIA COMPOSITE  
MEDICAL BOARD

**IN THE MATTER OF:**

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NOV 17 2015

**SANJAY SINHA, M.D.,  
License No. 50270,  
Respondent.**

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DOCKET NUMBER:  
20160025

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**ORDER OF SUMMARY SUSPENSION**

1.

WHEREAS, Respondent was licensed by the Georgia Composite Medical Board ("Board") to practice as a physician in the State of Georgia on or about June 8, 2001 and his license expired August 31, 2015. There is a 90 day "late renewal" period which will expire on or about November 30, 2015 at which time the license will lapse and be revoked by operation of law for non-renewal. Up until November 30, 2015, Respondent can renew his license as a matter of right.

2.

WHEREAS, on or about October 27, 2015, a Judgment was entered in a criminal case in the U.S. District Court, Southern District of Mississippi, Case No. 1:14cr9HSO-JCG-001, following Respondent's guilty plea to Count 27 of the Third Superseding Indictment in the case. Respondent was found guilty of Possession With Intent to Distribute and Dispense a Schedule IV Controlled Substance Outside the Scope of Professional Practice in violation of 21 U.S.C. §841(a)(1) and was sentenced to be imprisoned for a total term of sixty (60) months, to be followed upon release by three (3) years of supervised release; a fine of \$15,000 was also imposed.



NOW THEREFORE, the Board finds that summary suspension of Respondent's license to practice as a physician in the State of Georgia and his right to renew that license is warranted under O.C.G.A. § 50-13-18(c)(1), and hereby ORDERS that Respondent's license to practice as a physician in the State of Georgia be and is hereby SUMMARILY SUSPENDED pending further proceedings on behalf of the Board.

If the Respondent wishes to have an expedited hearing, Respondent shall execute and file with the Georgia Composite Medical Board the original and one copy of the attached REQUEST FOR EXPEDITED HEARING no later than fourteen (14) days from the day of service or receipt of this Order. Respondent also shall serve a copy of such REQUEST upon counsel for the Board as identified in the REQUEST.

This Order is signed and attested by the Executive Director on behalf of the Georgia Composite Medical Board.

This 17<sup>th</sup> day of November, 2015.

**GEORGIA COMPOSITE MEDICAL BOARD**

ALICE HOUSE, M.D.  
Chairperson

(BOARD SEAL)

  
LASHARN HUGHES  
Executive Director

PLEASE DIRECT ALL CORRESPONDENCE TO:  
Janet Bolt Wray  
Senior Assistant Attorney General  
Department of Law  
40 Capitol Square, S.W.  
Atlanta, Georgia 30334

**BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD**

**STATE OF GEORGIA**

**IN THE MATTER OF:**

**SANJAY SINHA, M.D.,  
License No. 50270,  
Respondent.**

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**REQUEST FOR EXPEDITED HEARING**

I, SANJAY SINHA, M.D., having been served with the Order of Summary Suspension by the Georgia Composite Medical Board ("Board"), do hereby request an expedited hearing. I reserve the right to file a response to a Notice of Hearing in this matter.

This \_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
SANJAY SINHA, M.D.  
Respondent

I am/will be represented by counsel:  
Name of counsel if known at this time:

\_\_\_\_\_

**THIS REQUEST MUST BE FILED WITH THE GEORGIA COMPOSITE MEDICAL BOARD, 2 PEACHTREE STREET, N.W., 36<sup>TH</sup> FLOOR, ATLANTA, GEORGIA 30303-3465.**

**A COPY OF THIS REQUEST MUST BE SERVED ON THE OFFICE OF THE ATTORNEY GENERAL, ATTN: JANET BOLT WRAY, SENIOR ASSISTANT ATTORNEY GENERAL, 40 CAPITOL SQUARE, ATLANTA, GEORGIA 30334.**

**BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD**

**STATE OF GEORGIA**

GEORGIA COMPOSITE  
MEDICAL BOARD

**IN THE MATTER OF:**

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NOV 10 2015

**RONALD TROTMAN, MD,  
License No. 49215,  
Respondent.**

DOCKET NUMBER:  
2005 0082

**PUBLIC BOARD ORDER TERMINATING PROBATION**

**WHEREAS**, the Georgia Composite Medical Board ("Board") entered a Public Consent Order Reinstating License in the above-styled matter on or about May 5, 2011, Docket No. 20050082, which reinstated Respondent's license to practice medicine in the State of Georgia subject to a period of probation with terms and conditions;

**WHEREAS**, on or about September 29, 2015, Respondent petitioned the Board to terminate probation and in support submitted letters of professional advocacy; and

**WHEREAS**, the Board has determined that the Respondent has complied with the terms and conditions of probation.

**NOW, THEREFORE**, the Board hereby terminates the probation of Respondent's license. Respondent's license is returned to unrestricted status and is in good standing.

**SO ORDERED**, this 10<sup>th</sup> day of November, 2015.

**GEORGIA COMPOSITE MEDICAL BOARD**

(BOARD SEAL)

BY: *Alice House, M.D.*  
ALICE HOUSE, M.D.  
Chairperson

ATTEST *Lasharn Hughes*  
LASHARN HUGHES  
Executive Director

**BEFORE THE COMPOSITE STATE BOARD OF MEDICAL EXAMINERS  
STATE OF GEORGIA**

GEORGIA COMPOSITE  
MEDICAL BOARD

**IN THE MATTER OF:**

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NOV 23 2015

**YASHVANT PATEL, M.D.**

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**License No. 37326**

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DOCKET NO. 20160026

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**RESPONDENT.**

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**PUBLIC CONSENT ORDER**

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By agreement of the Composite State Board of Medical Examiners (“the Board”) and Yashvant Patel, M.D. (the “Respondent”), the following disposition of the matter is entered pursuant to the provisions of O.C.G.A. § 50-13-13(a)(4).

**FINDINGS OF FACT**

1.

Respondent is licensed to practice medicine in the State of Georgia and was licensed at all times relevant to the matters stated herein.

2.

On October 4, 2005, Respondent entered into a Public Consent Order based on the Respondent’s treatment of patient J.H. in the Doctor’s Hospital Emergency Room in Columbus, Georgia, on February 2, 2003. The Consent Order incorporated the findings of a Board appointed peer reviewer that Respondent’s diagnosis and treatment of the patient, as well as his record keeping, were below the minimum standards for the profession. Said Order is incorporated by express reference, as though fully set forth herein.

3.

On April 1, 2011, Respondent entered into a Public Consent Order based on the Respondent’s treatment of patient T.A. on or about April 7, 2007. The Consent Order

incorporated the findings of a Board appointed peer reviewer that Respondent's treatment of the patient was below the minimum standards for the profession. Said Order is incorporated by express reference, as though fully set forth herein.

4.

On May 2, 2009, patient C.E., a 58 year old female, presented to the emergency room of St. Francis Hospital in Columbus, GA. The following facts are relevant to Respondent's care and treatment of patient C.E.:

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- a. Patient C.E. presented at the ER with complaints of nausea, vomiting, and diaphoresis. She reported a history of becoming ill the previous day after eating pork. She also reported a history of hypertension. She was triaged at 15:55, and was noted to have a blood pressure of 94/54, a pulse of 116, and weight of 111kg.
- b. At approximately 17:30, the ER nurse could not obtain a blood pressure, could not palpitate radial pulses, and noted that patient C.E. was cold and diaphoretic. IV fluids were started and the ER doctor ordered Dopamine and continued saline boluses.
- c. At 18:00, C.E.'s blood pressure is recorded on the monitor at 73/65 and her pulse is recorded at 104.
- d. At 18:20, the nurse notes that she remains unable to obtain a manual blood pressure, and that C.E. remained cold and diaphoretic.
- e. At 18:35, the nurse could not palpitate any radial pulse, and noted a weak brachial pulse. The nurse noted that C.E.'s manually derived blood pressure was questionable at 60 – 70/20 – 30.

- f. At 18:40, the Dopamine drip was started at 10/meg/kg/min.
- g. At 18:45, C.E.'s blood pressure was 76/24. At 18:50 C.E.'s blood pressure was 97/49.
- h. At 19:02, C.E. complained of nausea and then vomited. At 19:07, Zofran was administered.
- i. At 19:10, C.E.'s blood pressure was 63/45 and her pulse was 104. Dopamine was increased to its maximum dose.
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- j. At 19:30, C.E.'s blood pressure was 94/60 and her pulse was 136. C.E.'s labs indicated severe dehydration. A urinalysis had been ordered but its results were not returned at this time.
- k. At 20:00, CE.'s blood pressure was 115/70 and the Dopamine was decreased. The Dopamine was decreased again at 20:30.
- l. At 20:55, Respondent gave orders for C.E. to be admitted to a medical floor with a diagnosis of "acute gastroenteritis and dehydration"; for C.E.'s vitals to be checked every 4 hours; for the administration of Phenergan and IV fluids; and for laboratory studies (CBC and SMA7) to be performed the following morning. Respondent elected not to personally evaluate C.E. at this time, instead relying on the hospitalist and/or medical staff to evaluate C.E.
- m. At 21:00, C.E.'s blood pressure was measured at 100/60 and the Dopamine was discontinued.
- n. At 22:00, C.E. was transferred to the medical floor. Upon admission, her blood pressure was 82/55, her skin was cool and she was diaphoretic, she was vomiting, her pulses were weak, and her capillary refill was 4 – 5 seconds.

- o. At 1:40 on May 3, 2009, C.E. vomited 500 – 600 mls of light brown fluid, and several minutes later had 100 mls of diarrhea in the bedside commode. Vitals were not taken at this time.
- p. At 2:40, C.E.'s blood pressure was measured at 90/60 and then 70/60. Rapid response was initiated. C.E. was diaphoretic and hypotensive.
- q. At 3:15, C.E. was transferred to the ER.
- r. ~~At 3:25, the floor nurse called Dr. Patel to advise him of the patient's status and~~  

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transfer. Dr. Patel returned the call at 3:40. Respondent elected not to personally evaluate C.E. at this time, instead relying on the hospitalist to evaluate C.E. and give any new orders.
- s. At 3:40, the hospitalist who participated as part of the rapid response team ordered Levophed, IV antibiotics, aggressive fluid resuscitation, and echocardiogram and blood and urine cultures. The hospitalist placed a central line at 3:55, and confirmed its placement via x-ray at 4:15.
- t. At 4:25, C.E. was cold and clammy in all extremities and diaphoretic. At 4:35, the floor nurse could not obtain a blood pressure reading in any of C.E.'s extremities, and noted that C.E. was confused. At 4:45, C.E. was vomiting. At 4:50, C.E. was still confused and was now thrashing around in her bed. At 5:05, a diastolic blood pressure still could not be obtained.
- u. At 7:00, C.E. was tossing and turning in bed, and the nurse was unable to obtain a blood pressure. At 7:30, the nurse was unable to palpitate any radial pulse and noted "scant urine output".

- v. At 8:00, the nurse could not obtain a blood pressure. At 8:30 the nurse could not obtain a blood pressure. At 8:35, C.E. had a temperature of 101.3 with cool/clammy extremities. C.E.'s arm was placed in warm blankets and a blood pressure reading of 89/59 was obtained.
- w. At approximately 9:10, Respondent was paged for the purpose of informing him of C.E.'s status. At this time C.E. had a systolic blood pressure of 56 and became unresponsive. The ER physician noted that C.E. was apneic, and called a code at 9:38. Respondent arrived during the code.
- x. At 10:07, Respondent first dictated C.E.'s history and physical.
- y. At 10:25, C.E. was admitted to the ICU and remained intubated and on a ventilator. The nurses were unable to obtain any pulses or measure O2 saturations secondary to peripheral vasoconstriction. ABGs showed severe metabolic acidosis. C.E. arrested again at 13:23 and was revived. At 14:50, C.E. arrested again and was revived. At 15:35, C.E. arrested again and was pronounced dead at 15:57.

5.

Respondent's care and treatment of patient C.E. fell below the standard of care in the following particulars:

- a. Respondent failed to timely and personally evaluate patient C.E. after her arrival at St. Francis Hospital on May 2, 2009, or alternatively, Respondent failed to make any contemporaneous record of such evaluation in patient C.E.'s chart.<sup>1</sup>

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<sup>1</sup> Respondent contends that he stopped by the emergency room and evaluated patient C.E. as he was leaving the hospital, but that he did not make any notation in her chart because he did not know if she would be admitted.



- b. Respondent failed to properly diagnose patient C.E. Respondent's diagnosis of acute gastroenteritis with dehydration is incomplete, and Respondent should have considered sepsis and shock as part of his differential diagnosis, or properly documented that he considered sepsis and shock as part of his differential diagnosis, while she was in the emergency department.
- c. Respondent failed to order broad spectrum antibiotics and appropriately high levels of IV fluids, which would have been appropriate for a patient presenting with gastroenteritis with dehydration, hypotension, shock, and probable sepsis.
- d. After being informed of patient C.E.'s condition by the emergency room physician at approximately 9:00 PM, Respondent did not come to the hospital and personally evaluate his patient, Respondent failed to order intensive monitoring patient C.E. with frequent vitals checks, instead relying on the hospitalist and/or hospital staff.
- e. Respondent failed to ensure that all necessary laboratory studies had been ordered and timely performed.
- f. After being notified at 3:40 AM of patient C.E.'s transport to the emergency department after the rapid response was initiated, Respondent failed to come to the hospital and personally evaluate his patient, instead relying on the hospitalist.

6.

A Board-Appointed Peer Reviewer found Respondent's diagnosis, treatment, and medical records for patient C.E. departed from and failed to conform to the minimal standards of acceptable and prevailing medical practice. The substance of the Peer Reviewer's report is that patient C.E.'s overall clinical picture upon presentation was consistent with sepsis or septic shock. The minimum standard of care would have included promptly administering aggressive

IV fluids, pressor agents if needed, broad spectrum antibiotics, and admission to an ICU room with intensive monitoring. Respondent, however, admitted patient C.E. to a general medical ward where she did not receive appropriate intensive monitoring, and Respondent wrote orders for IV fluids and nausea medications only, orders that were more appropriate for a patient with a mild gastroenteritis. Respondent's diagnosis, practice and treatment of patient C.E. were below the standard of care for treating similar patients in failing to diagnose sepsis and septic shock, and by failing to administer the necessary, early aggressive treatment measures that were indicated.

7.

The Respondent waives any further findings of fact with respect to the above-styled matter.

#### CONCLUSION OF LAW

Respondent's prior conduct and/or condition constitute sufficient grounds to impose sanctions on Respondent's license to practice medicine in the State of Georgia under O.C.G.A. Chs. 1 and 34, T. 43, as amended. Respondent hereby waives any further conclusions of law with respect to the above-styled matter.

#### ORDER

The Composite State Board of Medical Examiners, having considered the particular facts and circumstances of this case, hereby orders, and Respondent hereby agrees, to the following terms:

1.

Within one year of the effective date of this Order, Respondent shall obtain twenty (20) hours of Board approved continuing medical education (CME) in the areas of critical care and monitoring, in addition to the CME required of all Georgia physicians. Within one year from the docket date of

this consent order, Respondent shall submit proof of completion of said additional twenty (20) hours to the Board. This requirement shall be in addition to the CME requirements set forth in O.C.G.A § 43-34-11.

2.

Respondent shall undergo a comprehensive evaluation of his clinical skills and abilities at a Post Licensure Assessment (“PLAS”) Program within six (6) months from the docketing of this Consent Order and shall submit a copy of the evaluation results to the Board within seven (7) months from the docketing of this Consent Order. Respondent agrees to comply with the recommendations of the clinical skills evaluation. All reports and submissions required under this Consent Order shall be sent to the attention of the Executive Director, Composite State Board of Medical Examiners, 2 Peachtree Street, NW, Atlanta, Georgia 30303. If Respondent shall fail to comply with the terms of this paragraph, the Respondent agrees that the Board shall immediately suspend Respondent’s license pending completion of the PLAS Program without the necessity of a hearing.

3.

Respondent shall submit to the Board a fine of \$10,000.00, to be paid in full by cashier's check or money order made payable to the Composite State Board of Medical Examiners within six (6) months from the effective date of this Consent Order. Failure to pay the entire amount within six months shall be considered a violation of this Order and shall result in further sanctioning of Respondent's license, up to and including possible revocation, upon substantiation thereof.

4.

In addition to the fine required in paragraph 3 of this Consent Order, Respondent shall pay administrative fees in the amount of \$400.00 as reimbursement to the Board of expenses incurred in the investigation of this matter, which expenses do not include time spent by the investigative

division of the Board. Said fees shall be payable by certified check or money order to the Composite State Board of Medical Examiners within thirty (30) days of the effective date of this Order. Failure to pay the entire amount by the 30<sup>th</sup> day shall be considered a violation of this Order and shall result in further sanctioning of Respondent's license, up to and including possible revocation, upon substantiation thereof.

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~~This Consent Order and dissemination thereof shall be considered a PUBLIC REPRIMAND~~  
of Respondent by the Board.

6.

Respondent also understands that pursuant to O.C.G.A. Title 43, Chapter 34A, the contents of this Consent Order shall be placed on Respondent's Physician Profile. Furthermore, by executing this Consent Order, Respondent hereby agrees to permit the Board to update Respondent's Physician Profile reflecting this Consent Order.

7.

The Respondent acknowledges that Respondent has read this Consent Order and understands its contents. Respondent understands that the Respondent has the right to a hearing in this matter and freely, knowingly and voluntarily waives that right by entering into this Consent Order. Respondent understands and agrees that a representative of the Department of Law may be present during the Board's consideration of this Consent Order and that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order will not become effective until approved and docketed by the Composite State Board of Medical Examiners. **Respondent understands that this Consent Order, once approved and docketed, shall constitute a public record, evidencing disciplinary action by**

**the Board.** However, if this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the right of the Board to adjudicate this matter.

Respondent hereby consents to the terms and sanctions contained herein.

Approved, this 23<sup>rd</sup> day of November 2015.

GEORGIA COMPOSITE MEDICAL BOARD

(BOARD SEAL)

BY: Alice House, M.D.  
ALICE AUMANN HOUSE, M.D.  
Chairperson

ATTEST: Larsen Hughes  
LARSARN HUGHES  
Executive Director

CONSENTED TO:

Yashvant Patel  
YASHVANT PATEL, MD  
Respondent

Sworn to and Subscribed before me  
this 5 day of November, 2015.

Paige Blevins  
NOTARY PUBLIC

My Commission Expires:

