BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	)	
LOIS ANN JENSEN, M.D.	)	**Case No. 800-2016-028457**
Physician's and Surgeon's Certificate No. C50040	)	
Respondent	)	

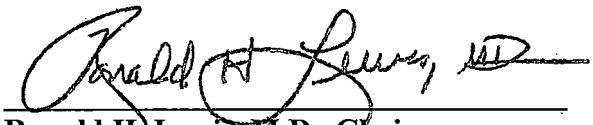
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on June 14, 2019.

IT IS SO ORDERED: May 17, 2019.

MEDICAL BOARD OF CALIFORNIA



Ronald H. Lewis, M.D., Chair
Panel A

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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **LOIS ANN JENSEN, M.D.** **337 W. Clark St.** **Eureka CA 95501** **Physician's and Surgeon's Certificate No. C 50040** Respondent.	Case No. 800-2016-028457 OAH No. 2018100909 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Alice W. Wong, Deputy Attorney General.

2. Respondent Lois Ann Jensen, M.D. (Respondent) is represented in this proceeding by attorney Amelia F. Burroughs, whose address is: 730 Fifth Street, Eureka, CA 95501.

3. On or about March 21, 1997, the Board issued Physician's and Surgeon's Certificate No. C 50040 to Lois Ann Jensen, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-028457, and will expire on October 31, 2020, unless renewed.

JURISDICTION

4. Accusation No. 800-2016-028457 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 16, 2018. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2016-028457 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-028457. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2016-028457 and that she has thereby subjected her license to disciplinary action.

10. Respondent agrees that her Physician's and Surgeon's Certificate is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. Respondent agrees that, if she ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2016-028457 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 50040 issued to Respondent Lois Ann Jensen, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The

program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

Respondent shall not perform any surgery until Respondent has successfully completed the program and has been so notified by the Board or its designee in writing.

3. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and Accusation, fully understands the role of a monitor,

and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart

review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

4. SOLO PRACTICE PROHIBITION. Respondent currently works at Aegis Treatment Center (Aegis). The Solo Practice Prohibition will only apply if Respondent leaves her employment at Aegis.

If, during the course of probation, Respondent is no longer employed at Aegis, Respondent shall notify the Board or its designee within five (5) calendar days of leaving Aegis. Respondent is prohibited from engaging in the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice where: 1) Respondent merely shares office space with another physician but is not affiliated for purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that location.

If Respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the practice setting change, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume practice until an appropriate practice setting is established.

5. PROHIBITED PRACTICE. During probation, Respondent is prohibited from performing surgery until she has completed the Clinical Competence Assessment Program as described in Paragraph 2 above.

6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change in hospitals, other facilities or insurance carrier.

7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

10. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model

Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years. Periods of non-practice will not apply to the reduction of the probationary term. Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

13. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

15. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the

application shall be treated as a petition for reinstatement of a revoked certificate.

16. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Amelia F. Burroughs. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 3/6/19

LOIS ANN JENSEN, M.D.
Respondent

I concur with this stipulated settlement.

DATED: 03.06.19

AMELIA F. BURROUGHS
Attorney for Respondent

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 3/6/2019

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General

ALICE W. WONG
Deputy Attorney General
Attorneys for Complainant

SF2018400738

Exhibit A

Accusation No. 800-2016-028457

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO May 16 2018
BY _____ ANALYST

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **Lois Ann Jensen, M.D.** **2150 Buhne Street** **Eureka, CA 95501** **Physician's and Surgeon's Certificate No. C 50040,** Respondent.	Case No. 800-2016-028457 **ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about March 21, 1997, the Medical Board issued Physician's and Surgeon's Certificate Number C 50040 to Lois Ann Jensen, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2018, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2004 of the Code states:

"The board shall have the responsibility for the following:

"(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

"(b) The administration and hearing of disciplinary actions.

"(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

"(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

"(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

"(f) Approving undergraduate and graduate medical education programs.

"(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

"(h) Issuing licenses and certificates under the board's jurisdiction.

"(i) Administering the board's continuing medical education program."

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

6. Section 2234 of the Code states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

7. Section 2228 of the Code states:

"The authority of the board or the California Board of Podiatric Medicine to discipline a licensee by placing him or her on probation includes, but is not limited to, the following:

"(a) Requiring the licensee to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral, or both, and may be a practical or clinical examination, or both, at the option of the board or the administrative law judge.

"(b) Requiring the licensee to submit to a complete diagnostic examination by one or more physicians and surgeons appointed by the board. If an examination is ordered, the board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons of the licensee's choice.

"(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including requiring notice to applicable patients that the licensee is unable to perform the indicated treatment, where appropriate.

"(d) Providing the option of alternative community service in cases other than violations relating to quality of care."

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Gross Negligence and/or Repeated Negligent Acts and/or Incompetence as to Patient A)

8. Respondent is subject to disciplinary action for unprofessional conduct under sections 2234 (b) and/or 2234 (c), and/or 2234 (d) of the Code in that Respondent's overall conduct, acts and omissions, with regard to Patient A[1] constitutes gross negligence, and/or repeated negligent acts, and/or incompetence as more fully described herein below.

9. On or about June 8, 2016, Patient A was referred to Respondent for evaluation of possible pelvic endometriosis[2] based on Patient A's complaint of right lower quadrant abdominal pain, present since January 2016.

10. Respondent did not obtain a thorough history from Patient A, including but not limited to obtaining information on the nature of the pain, its timing with respect to menstrual

[1] The patient is designated in this document as Patient A to protect the patient's privacy. Respondent knows the name of the patient and can confirm the patient's identity through discovery.

[2] Endometriosis occurs when tissue that should line the inside of the uterus grows outside of the uterus, which can cause pain and cramping.

periods, its association with bladder and bowel function or sexual activity, and relieving factors other than taking tramadol.

11. Respondent did not rule out non-gynecological sources of abdominal and pelvic pain, including but not limited to irritable bowel syndrome, interstitial cystitis, and urinary tract problems by appropriate testing and referrals.

12. Respondent's operative note dictated on June 10, 2016 listed "chronic right lower quadrant pain" as the preoperative diagnosis for the diagnostic laparoscopy performed by Respondent.

13. Respondent used a HUMI uterine manipulator (HUMI)[3] during the laparoscopic procedure. Respondent did not follow the manufacturer's recommendations for the safe use of the HUMI, including but not limited to the safe insertion of the HUMI[4] into Patient A.

14. When Respondent attempted to manipulate the uterus to inspect the cul-de-sac, Respondent discovered the HUMI balloon had come out of the uterus into the cervix. After reinserting the HUMI and reinflating the balloon, Respondent observed through the laparoscope that the posterior wall of the uterus had been perforated by the HUMI. Respondent attempted to elevate the HUMI in attempt to visualize the tubes and ovaries, which increased the size of the perforation.

15. A hemodynamically[5] stable patient with uterine perforation should be managed by observation rather than by surgical exploration. Respondent elected to perform a laparotomy to

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[3] The HUMI uterine manipulator is a medical device used to manipulate the uterus for medical procedures.

[4] A number of steps must be followed for the safe use of the HUMI. These steps include checking the integrity of the intrauterine balloon by a test inflation prior to its insertion into the patient, ascertaining the depth and direction of the uterine cavity prior to inserting the HUMI, setting the plastic sliding stop to the correct centimeter mark on the instrument's shaft, lubricating the distal tip of the device and the intrauterine balloon, inserting the deflated balloon through the cervix in the direction of the curve of the uterus, inflating the intrauterine balloon with 5 to 10 cubic centimeter (cc) of air until the pilot balloon is expanded, and finally applying gentle traction on the device to assure its secure location within the uterine cavity.

[5] Hemodynamics is the dynamics of blood flow.

repair the uterine laceration even though Respondent noted Patient A was stable and bleeding minimally from the uterine perforation.

16. Respondent subjected Patient A to exploratory laparotomy and further injury by application of a double toothed tenaculum[6] to the uterus. Both the uterine laceration and tenaculum puncture sites were closed with sutures and a seprafilm[7] was placed over the suture sites on both posterior and anterior aspects of the uterus.

17. Respondent's overall conduct, acts and/or omissions, with regard to Patient A, as set forth in paragraphs 9 through 16 herein, constitutes unprofessional conduct through gross negligence, and/or repeated negligent acts, and/or incompetence, pursuant to Sections 2234 (b), 2234 (c), and 2234 (d), and is therefore subject to disciplinary action. More specifically, Respondent is guilty of unprofessional conduct with regard to Patient A as follows:

a. Respondent failed to take an appropriate history and evaluation of Patient A's 5-month history of right lower quadrant pain.

b. Respondent failed to rule out non-gynecological sources of abdominal and pelvic pain by appropriate testing and referral.

c. Respondent failed to reserve surgical intervention until after non-surgical options are pursued to avoid the risk of damaging pelvic organs during surgery and the risk of postoperative adhesion formation.

d. Respondent failed to follow manufacturer's recommendations for the safe use of the HUMI uterine manipulator during the laparoscopic procedure.

e. Respondent failed to appropriately manage Patient A's uterine perforation expectantly where Patient A was hemodynamically stable, by observation in the recovery room, but subjected Patient A to surgical laparotomy with increased risks and longer recovery time.

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[6] Double tooth tenaculum is a surgical device used to grasp the cervix.

[7] Seprafilm, an adhesion barrier, is a medical device for adhesion prevention for patients undergoing abdominal or pelvic laparotomy.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Gross Negligence and/or Repeated Negligent Acts and/or Incompetence as to Patient B)

18. Respondent is subject to disciplinary action for unprofessional conduct under sections 2234 (b) and/or 2234 (c), and/or 2234 (d) of the Code in that Respondent's overall conduct, acts and omissions, with regard to Patient B[8] constitutes gross negligence, and/or repeated negligent acts, and/or incompetence as more fully described herein below.

19. In July 2016, Patient B was referred to Respondent by her primary care practitioner for evaluation and treatment of bilateral ovarian cysts.[9] On examination, Respondent noted a mobile, smooth and non-tender 15 centimeter mass on the right near the midline. Respondent described a normal uterus and an abnormal fullness in the left adnexa. Respondent's assessment was hematosalpinx[10] and unspecified ovarian cysts. Respondent noted in her history and physical that Patient B had elevated, serum tumor markers for ovarian cancer.

20. Respondent did not refer Patient B for consultation with a gynecologic oncologist. Respondent did not order any formal risk assessment tests. Respondent elected to proceed to surgery for removal of the ovarian cysts. Respondent outlined her plan to take pelvic washings and to have a pathologist available to make a frozen section diagnosis.

21. At surgery on July 12, 2016, Respondent entered Patient B's abdomen through a midline vertical incision. Respondent failed to identify the bladder when incising the peritoneum[11] and created a 3 centimeter (cm) laceration through the entire thickness of the bladder wall. Respondent placed an initial layer of closure of a running 3-0 plain gut suture to

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[8] The patient is designated in this document as Patient B to protect the patient's privacy. Respondent knows the name of the patient and can confirm the patient's identity through discovery.

[9] Respondent was provided with results of an ultrasound and MRI which both described a large (12.5 x 7.3 x 3.7 cm), complex cyst of the right ovary suggestive of a mucinous cystadenoma. Also on the right side was a hemorrhagic lesion measuring 7.6 x 4.9 x 5.3 cm, consistent with hematosalpinx. There was a 7.8 x 6.9 cm cystic structure in the left ovary, which was described as located between the back of the uterus and the colon and was suggestive of an endometrioma.

[10] Hematosalpinx is a medical condition involving bleeding in the fallopian tubes.

[11] Peritoneum is the serous membrane that forms the lining of the abdominal cavity.

close the bladder and called for an intraoperative consult with a urologist. The urologist responded to the hospital and assisted Respondent by placing two additional layers of 3-0 Vicryl, a synthetic suture, in closing and repairing Patient B's bladder.

22. After the bladder was repaired, Respondent continued with the surgery and performed a right salpingo-oophorectomy, removal of the right fallopian tube and ovary. Before Respondent removed the fallopian tube and ovary, Respondent drained approximately 1,000 cubic centimeter (cc) of dark mucinous fluid from the right ovarian mass. Draining the tumor subjected Patient B to the potential risk of seeding either cancer cells or those of low-malignant potential throughout the abdominal and pelvic cavity.

23. Respondent's overall conduct, acts and/or omissions, with regard to Patient B, as set forth in paragraphs 19 through 22 herein, constitutes unprofessional conduct through gross negligence, and/or repeated negligent acts, and/or incompetence, pursuant to Sections 2234 (b), 2234 (c), and 2234 (d), and is therefore subject to disciplinary action. More specifically, Respondent is guilty of unprofessional conduct with regard to Patient B as follows:

a. Respondent failed to consult with a gynecologic oncologist where there was a possibility of ovarian malignancy in a patient with a complex ovarian mass greater than 10 centimeter (cm) in diameter and elevated serum tumor markers.

b. Respondent failed to safely enter the abdominal cavity and caused a 3 cm laceration into an otherwise normal urinary bladder which required repair by a urologist.

c. Respondent failed to remove a borderline ovarian tumor intact when its malignant potential is unknown at the time of surgery, subjecting Patient B to the potential risk of seeding either cancer cells or those of low-malignant potential throughout the abdominal and pelvic cavity.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number C 50040, issued to Lois Ann Jensen, M.D.;

2. Revoking, suspending or denying approval of Lois Ann Jensen, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Lois Ann Jensen, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: May 16, 2018

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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