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

In the Matter of the Accusation Against:	)	
	)	
	)	
HYGIN THYKOOTATHIL ANDREW, M.D.	)	**Case No. 08-2011-216445**
	)	
Physician's and Surgeon's	)	
Certificate No. A 38710	)	
	)	
Respondent.	)	
	)	

DECISION AND ORDER

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

This Decision shall become effective at 5:00 p.m. on July 31, 2014.

IT IS SO ORDERED July 1, 2014.

MEDICAL BOARD OF CALIFORNIA

By: _____
Barbara Yaroslavsky, Chair
Panel A

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **HYGIN THYKOOTATHIL ANDREW, M.D.** 6335 N. Fresno, #101 Fresno, CA 93710 Physician's and Surgeon's Certificate No. A38710 Respondent.	Case No. 08-2011-216445 **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. She brought this action solely in her official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the State of California, by Jannsen Tan, Deputy Attorney General.

2. Respondent, Hygin Thykootathil Andrew, M.D., ("Respondent") is represented in this proceeding by attorney Joseph P. Furman, Esq., of Furman Healthcare Law, whose address is: 9701 Wilshire Blvd., 10th Fl., Beverly Hills, CA 90212.

3. On or about July 12, 1982, the Medical Board of California issued Physician's and Surgeon's Certificate No. A38710 to Hygin Thykootathil Andrew, 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. 08-2011-216445 and will expire on January 31, 2016, unless renewed.

JURISDICTION

4. On February 13, 2013, Complainant, Linda K. Whitney, in her then official capacity as the Executive Director of the Board, filed Accusation No. 08-2011-216445 against Respondent. On February 13, 2013, Respondent was served with a true and correct copy of Accusation No. 08-2011-216445, together with true and correct copies of all other statutorily required documents, at his address of record on file with the Board which was and is: 6335 N. Fresno, #101, Fresno, CA 93710. A true and correct copy of Accusation No. 08-2011-216445 is attached hereto as Attachment "A" and incorporated by reference as if fully set forth herein. On or about February 13, 2013, Respondent filed a Notice of Defense and requested a hearing on the charges and allegations contained in Accusation No. 08-2011-216445.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 08-2011-216445. Respondent also has carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in Accusation No. 08-2011-216445; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his 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, the California Code of Civil Procedure and other applicable laws, having been fully advised of same by his attorney of record, Joseph P. Furman, Esq.

7. Respondent, having the benefit of counsel, hereby voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. 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. 08-2011-216445, and that he has, thereby, subjected his Physician's and Surgeon's Certificate No. A38710 to disciplinary action.

9. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him, before the Medical Board of California, all of the charges and allegations contained in Accusation No. 08-2011-216445 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.

10. Respondent agrees that his Physician's and Surgeon's Certificate No. A38710 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

12. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time that the Board considers and acts upon it.

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13.. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General's office. Communications pursuant to this paragraph shall not disqualify the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Board, in its discretion, does not approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should the Board reject this Stipulated Settlement and Disciplinary Order for any reason, Respondent will assert no claim that the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

14.. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

15.. The parties agree that copies of this Stipulated Settlement and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

16.. In consideration of the foregoing admissions and stipulations, the parties agree the Board may, without further notice to or opportunity to be heard by Respondent, issue and enter the following Disciplinary Order:

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DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A38710 issued to Respondent Hygin Thykootathil Andrew, M.D., (Respondent) is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. MEDICAL RECORD KEEPING COURSE. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program), approved in advance by the Board or its designee. Respondent shall provide the Program with any information and documents that the Program may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than fifteen (15) calendar days after successfully completing the course, or not later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

2. CLINICAL TRAINING PROGRAM. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a clinical training or educational program equivalent to the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program). 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 program comprised of a two-day assessment of Respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to Respondent's area of practice in which Respondent was alleged to be deficient, and at minimum, a forty (40) hour program of clinical education in the area of practice in which Respondent was alleged to be deficient and which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. Respondent shall pay all expenses associated with the clinical training program.

Based on Respondent's performance and test results in the assessment and clinical education, 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, treatment for any medical condition, treatment for any psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with Program recommendations.

At the completion of any additional educational or clinical training, Respondent shall submit to and pass an examination. Determination as to whether Respondent successfully completed the examination or successfully completed the program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical training program within the designated time period, 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 the practice of medicine until enrollment or participation in the outstanding portions of the clinical training program have been completed. If the Respondent did not successfully complete the clinical training program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

3. MONITORING PRACTICE. Within thirty (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(s) and Accusation(s), and a proposed monitoring plan. Within fifteen (15) calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), 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 sixty (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 sixty (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 ten (10) calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within five (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 fifteen (15) calendar days. If Respondent fails to obtain approval of a replacement monitor within sixty (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 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, 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. 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 fifteen (15) calendar days.

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

5. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is

prohibited from supervising physician assistants.

6. 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.

7. 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 ten (10) calendar days after the end of the preceding quarter.

8. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit and all terms and conditions of this Decision.

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 thirty (30) calendar days prior to the dates of departure and return.

9. 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.

10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within fifteen (15) calendar days of any periods of non-practice lasting more than thirty (30) calendar days and within fifteen (15) calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine in California as defined in Business and Professions Code sections 2051 and 2052 for at least forty (40) hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice. 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 a clinical training 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 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; and General Probation Requirements.

11. 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.

12. 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.

13. 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 fifteen (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.

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14. 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, Joseph P. Furman, Esq. 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: 2/21/2014 Hygint Andrew

HYGIN THYKOOTATHIL ANDREW, M.D.
Respondent

I have read and fully discussed with Respondent, Hygin Thykootathil Andrew, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: FEB. 21, 2014

JOSEPH P. FURMAN, ESQ.
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: 2/21/14

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
THOMAS S. LAZAR
Supervising Deputy Attorney General

JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 08-2011-216445

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

In the Matter of the Accusation Against: **HYGIN THYKOOTATHIL ANDREW, M.D.** 6335 N. Fresno #101 Fresno, CA 93710 Physician's and Surgeon's Certificate No. A38710 Respondent.	Case No. 08-2011-216445 **ACCUSATION**

Complainant alleges:

PARTIES

1. Linda K. Whitney ("Complainant") brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs, State of California ("Board").

2. On or about July 12, 1982, the Medical Board of California issued Physician's and Surgeon's Certificate Number A38710 to Hygin Thykootathil Andrew, 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 January 31, 2014, unless renewed.

JURISDICTION

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

4. The Medical Practice Act ("MPA") is codified at sections 2000-2521 of the Business and Professions Code.

5. Pursuant to section 2001.1, the Board's highest priority is public protection.

6. Section 2227(a) of the Code provides as follows:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

7. Section 2234 reads, in relevant part, as follows:

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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:

"...

"(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."

"..."

FIRST CAUSE FOR DISCIPLINE
(Gross Negligence)
[B&P Code Section 2234(b)]

8. Respondent is subject to disciplinary action under Section 2234(b) of the Code in that his care and treatment of his patients constitutes gross negligence. The circumstances are set forth below:

9. Respondent is a cardiologist at Community Medical Center, Fresno CA (Fresno Medical Center).

Patient VC[1]

[1] Patient names have been withheld to protect patient confidentiality. Full patient names and their medical records will be provided via a confidential names list.

10. Patient VC was an 81-year-old female, who was admitted to Fresno Medical Center on August 31, 2009 at 2205 hrs. She was transferred from the local hospital, Coalinga Hospital. At the local hospital the patient was diagnosed to have a heart attack ST elevation. The hospital did not have the facilities to perform an angioplasty. The patient was appropriately diagnosed at the local hospital and given Tissue Plasminogen Activator[2] (TPA) to open the artery by dissolving the clot which was blocking the arteries. The patient was also given Lovenox and Plavix. After a failed intravenous thrombolytic therapy with TPA for Acute Anteroseptal MI (ST Segment Elevation Myocardial Infarction), the patient was transferred to Fresno Medical Center.

11. The patient was in cardiogenic shock[3] on arrival. Physical examination of patient showed she was poorly responding, with blood pressure of 96/62, 81/28. She was hypotensive, diaphoretic and pale. On or about 2225 hrs, respondent noted that VC's pain continued with persistent ST elevations and diagnosed a STEMI. EKG shows atrial fibrillation with ventricular rate of 91 per minute as well as frequent ventricular ectopy.

12. VC was subsequently brought to the cardiac catherization laboratory for angiographic study and further percutaneous coronary intervention.

13. Respondent performed a selective coronary arteriography procedure, Percutaneous Transluminal Angioplasty (PTA) and stent placement for total ostial occlusion (blockage) of the main artery, left anterior descending coronary artery(LAD).

14. Angiographic study showed total blockage of the left anterior descending (LAD) coronary artery at its ostium. Respondent noted that he successfully put in the stent but there was slow filling of the distal left anterior descending coronary artery around to the apex. Hemodynamic data also showed systemic hypotension with severely elevated left ventricular end and diastolic pressure of 35.

15. Respondent did not perform a Left HeartVentricle (LV) angiogram. Even after the stenting, poor blood flow still persisted.

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[2] TPA is the most commonly used drug for thrombolytic therapy.
[3] Cardiogenic shock is when the heart has been damaged so much that it is unable to supply enough blood to the organs of the body.

16. On or about September 1, 2009, at 0130 hrs., VC was transferred to the regular telemetry unit floor without receiving full hemodynamic support such as vasopressor and mechanical support by an intra-aortic ballon pump (IABP). VC was noted to have an abnormal, fast and irregular heartbeat (A fib) at a rate of over 100 beats per minute.

17. At 0230 hrs., VC became hypotensive with blood pressure readings of 77/43 and dropped to 68/50. Respondent was paged at this time.

18. At 0240 hrs., respondent was paged again. Respondent responded at 0250 hrs. Levophed was infused at 0350 hrs. VC stopped breathing at 0351 hrs. with profound hypotension and went aystolic. Patient was declared dead at 0406 hrs.

19. Respondent's conduct separately and individually constitutes gross negligence in that:

A. Respondent failed to treat the cardiogenic shock appropriately. He failed to provide introaortic support during or after the catherization in spite of the documented cardiogenic shock. He failed to provide vasopressor support and mechanical support by an IABP.

Patient DG

20. Patient DG was a 79-year-old female who was initially admitted to Clovis Community Center on August 24, 2010 because of shortness of breath and chest pressure. She was found to have an abnormal EKG indicative of anterolateral myocardial ischemia. Her troponin level was elevated and she subsequently underwent a left heart catherization and angiography which showed a subtotal occlusion (blockage) of the ostium (opening) of a prominent coronary artery (ramus intermedius coronary artery). The patient was transferred to Fresno Medical Center on August 25, 2010 for percutaneous coronary intervention.

21. Respondent noted that DG had a history of hypertension, chronic obstructive pulmonary disease, and hypercholestrerolemia. An angiographic study was obtained and respondent discussed with DG's family further treatment. DG's family agreed to undergo the percutaneous coronary intervention (PCI) procedure and indicated that DG did not want resuscitative procedures if there are any complications.

22. On or about August 26, 2010, Respondent performed the PCI procedure followed by stent placement for a large caliber ramus intermediate coronary artery. He also performed a right femoral angiography and Anglo-Seal[4] placement.

23. As DG underwent stenting, the ramus intermedius vessel was accidentally perforated. Distal perforation of the ramus intermedius vessel was secondary to the guide wire. The perforation is well visualized on the last angiogram prior to the closure of the femoral artery. During the injections to visualize the stent some of the dye is seen escaping outside the artery which evidences the perforation. The perforation was visible prior to closure of the femoral artery but the Respondent did not recognize the perforation.

24. After closure of the femoral artery, following the PCI, DG was resting on the table when she complained of anterior chest pressure sensation. Subsequently DG was found to have no pulse although her skin was still pink and warm. She was started on intravenous fluids, dopamine and external cardiac massage. At this time, review of the coronary angiography was done at the last coronary injection. Respondent found the presence of moderate pericardial effusion which significantly increased over time. Respondent performed a percardiocentesis which improved DG's condition. There was continued bleeding in the pericardium and DG was intubated and was started on mechanical ventilation.

25. Respondent spoke with the family who indicated that DG was very particular about no resuscitation. DG was extubated and all cathethers were removed. DG subsequently expired.

26. Respondent's conduct constitutes gross negligence in that:

A. Respondent failed to recognize the perforation of the ramus intermedius vessel during the PCI procedure. The perforation was not recognized despite the fact that it was evident on the angiography. The perforation was not recognized before the closure of the femoral artery. It was recognized only after patient had become hypotensive. The late recognition of the distal perforation resulted in failure to timely prevent cardiac tamponade and poor outcome.

[4] A vascular hemostasis device.

Patient FC

27. Patient FC is a 77-year-old male with a history of diabetes and chest pain, who underwent elective cardiac catheterization on March 13, 2006 to assess any blockages.

28. On or about March 13, 2006, at 0947 hrs., respondent performed a cardiac catherization. Respondent noted critical lesions in the left anterior descending artery (LAD), proximal and mid and in the circumflex coronary artery. Specifically, there was a 90% proximal, 70, 80, 90% lesions of the mid left anterior descending coronary artery identified. There was also 80% lesion of the mid circumflex coronary artery.

29. PCI intervention procedure was undertaken on or about 1018 hrs. Patient underwent stenting in the proximal LAD, with dissection of the mid LAD. FC was treated with PCI only. Patient FC was given 6,000 units of intravenous heparin. The patient was started on Integrilin bolus dose followed by continuous infusion. The catheter and guide wire was subsequently introduced.

30. On or about 1122 hrs., respondent attempted to advance a Cypher 2.5 x 28 mm stent which was too difficult to pass. The stent was removed and a Guidant PowerSail baloon cathether was advanced. The balloon was unable to advance and was removed at 1134 hrs.

31. On or about 1136 hrs, respondent inserted a Guidant voyager OTW 2.0 x 15 mm and was inflated and removed on or about 1144 hrs to 1208 hrs.

32. Further attempts were made by respondent to advance the stent which was noted by respondent to be difficult due to a tortuous midcourse of the left anterior descending coronary artery (LAD). Further dilations were performed by respondent.

33. Because of attempts to open a calcified artery by balloon rather than rotablator[5], multiple complications occurred including dissection, extremely excessive radiation time, and dye overload.

34. The procedure was ended at 1601 hrs. lasting 6 hours and 13 minutes with dye loads over 1000 ccs, fluoro time of over 170 minutes.

[5] Rotablator, first introduced in 1993, is a miniature drill capped with an abrasive, diamond-studded burr.

35. Respondent noted that lesions were heavily calcified, resulting in excessive procedure time, fluoro, dye load, and inability to insert a stent in the dissected LAD.

36. Post catherization, the patient displayed evidence of ischemia and possible anterior MI. Respondent did not order cardiac enzymes. Respondent interpreted the definite EKG changes and possible MI as non specific ST changes. At the point of discharge, FC's creatinine levels was still above the normal range. This was however not documented by respondent.

37. Respondent noted post operation that the plan was to follow up post procedure with the circumflex coronary artery intervention at a later date to prevent any acute renal failure secondary to large amounts of dye used with the initial procedure. However, on follow up, no labs were ordered for renal function assessment.

38. Respondent's conduct individually and separately constitutes gross negligence in that:

A. The fluoro time and cath time are excessive. The unsuccessful multiple dilations over six hours resulted in dissection, which respondent could not properly stent. The patient was consequently subjected to multiple dye loads which could result to renal complications.

B. Respondent failed to use a rotablator in a patient with heavily calcified arteries with multiple lesions, which were resistant to dilation and difficult to pass a stent.

C. Respondent failed to rule out MI and order cardiac enzymes despite the fact that there was a documented dissection, prolonged catherization time, evidence of ischemia and possible MI by EKG. Respondent was discharged as a successful intervention.

Patient AI

39. Patient AI is a 40-year-old male, admitted on May 8, 2008 for uncontrolled hypertension. AI's chief complaints were high blood pressure, nausea, shortness of breath, and body aches.

40. An attending physician ordered x-rays on or about 1135 hrs. The findings were that heart size and pulmonary vascularity are within normal limits. The blood sugar was found to be 92, however he was found to be severely hypertensive at 174/114.

41. Respondent was called in for consultation. However, before he actually saw the patient, the patient was discharged on May 9, 2012 at 2100 hrs with VTO (verbal order at 2050 hrs). AI had already left the hospital.

42. Respondent dictated a history and physical on June 1, 2008. In his history and physical, respondent documented patient's vital signs, HEENT, neck, chest, lungs, heart, abdomen, extremities, despite not seeing the patient.

43. Respondent's conduct individually and separately constitutes gross negligence in that he dictated a fictitious history and physical. Respondent dictated a history and physical without seeing or examining the patient.

SECOND CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)
[B&P Code Section 2234(c)]

44. Respondent's license is subject to disciplinary action under section 2234(c) in that he is guilty of repeated negligent acts relative to his care and treatment of the following patients. The facts constituting the negligence are set forth below:

Patient AS

45. Patient AS is a 68-year-old male, who was admitted to Fresno Medical Center with known heart disease, coronary artery disease and had undergone a previous bypass surgery. He also had poor heart muscle function. His ejection fraction was 36%[6].

46. Patient AS had chest pain and underwent cardiac catherization to assess for any blockage and to improve his heart function by opening the artery. Respondent spent about 69.4 minutes in fluoro time which means an extremely high indication of radiation exposure. Respondent also used dye excessively during the cardiac catherization.

[6] Normal ejection is 55%. A low ejection fraction carries a poor prognosis and is usually aggressively treated to improve the ejection fraction and the patient's overall prognosis.

47. Respondent's failure to use a rotoblator in heavily calcified arteries is a departure from the standard of care.

48. Respondent's conduct of engaging in excessive fluoroscopy radiation time and using excessive dye loads is a departure from the standard of care.

Patient FC

49. Complainant hereby incorporates paragraphs 29 to 38 of the instant Accusation as though fully set forth herein.

50. Respondent's failure to document renal follow up with full knowledge of the excessive dye load and excessive fluoroscopy time is a departure from the standard of care.

Patient EG

51. Patient EG is a 67-year-old female, who was admitted to Fresno Medical Center because of chest pain. She was admitted for outpatient elective cardiac catheterization and had a previous bypass surgery.

52. Cardiac catheterization revealed that the patient indeed had narrowed arteries and 2 blockages were identified which were appropriately dilated with the balloon following which a stent was inserted.

53. Respondent completed the procedure on December 18, 2008 but the respondent dictated his report much later on January 18, 2009. Respondent's delay in completing the medical record is a departure from the standard of care.

Patient VC

54. Complainant hereby incorporates paragraphs 12 to 20 of the instant Accusation as though fully set forth herein.

55. Respondent completed the procedures performed on August 31, 2009 but the report was dictated until October 29, 2009. The patient died on September 1, 2009, but the discharge

report was not dictated until September 21, 2009. Respondent's delay in completing the medical records is a departure from the standard of care.

Patient DG

56. Complainant hereby incorporates paragraphs 22 to 27 of the instant Accusation as though fully set forth herein.

57. Patient DG was admitted on August 25, 2010, but the history was done on September 19, 2010. Respondent's delay in completing the medical records is a departure from the standard of care.

58. Respondent's conduct as set forth above is a violation of B&P Code Section 2234(c) in that his conduct in any combination, departed from the standard of care.

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 No. A38710, issued to Hygin Thykootathil Andrew, M.D.;

2. Revoking, suspending or denying approval of Hygin Thykootathil Andrew, M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the Code;

3 Ordering Hygin Thykootathil Andrew, M.D. to pay the Medical Board of California the costs of probation monitoring, if placed on probation;

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

DATED: February 13, 2013

LINDA K. WHITNEY
Executive Director
Medical Board of California
State of California
Complainant