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

In the Matter of the First Amended Accusation Against: Alborz Hassankhani, M.D. Physician's & Surgeon's Certificate No. A 71799 Respondent.	Case No. 800-2018-042518

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 February 24, 2023.

IT IS SO ORDERED: January 25, 2023.

MEDICAL BOARD OF CALIFORNIA

Laurie Rose Lubiano, J.D., Chair
Panel A

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

In the Matter of the First Amended Accusation Against: **ALBORZ HASSANKHANI, M.D.** **1901 Parkview Terrace** **La Jolla, CA 92037** **Physician's and Surgeon's Certificate No. A 71799** Respondent.	Case No. 800-2018-042518 OAH No. 2021040047 **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. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Jason J. Ahn, Deputy Attorney General.

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2. Respondent Alborz Hassankhani, M.D. (Respondent) is represented in this proceeding by attorney Robert W. Frank, whose address is: 110 West A Street, Suite 1200 San Diego, CA 92101.

3. On or about May 25, 2000, the Board issued Physician's and Surgeon's Certificate No. A 71799 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2018-042518, and will expire on March 31, 2024, unless renewed.

JURISDICTION

4. On March 12, 2021, Accusation No. 800-2018-042518 was filed before the Board. The Accusation and all other statutorily required documents were properly served on Respondent on or about March 12, 2021. Respondent timely filed his Notice of Defense contesting the Accusation. On December 17, 2021, First Amended Accusation No. 800-2018-042518 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on or about December 17, 2021. A copy of First Amended Accusation No. 800-2018-042518 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in First Amended Accusation No. 800-2018-042518. Respondent has also carefully read, fully discussed with his 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 the Accusation; 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 and other applicable laws.

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7. Respondent 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 First Amended Accusation No. 800-2018-042518, a copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. A 71799 to disciplinary action.

9. Respondent agrees that if an accusation is ever filed against him before the Medical Board of California, all of the charges and allegations contained in First Amended Accusation No. 800-2018-042518 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. A 71799 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.

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 his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his 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.

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12. 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 Board, all of the charges and allegations contained in First Amended Accusation No. 800-2018-042518 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

ADDITIONAL PROVISIONS

13. 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.

14. 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.

15. 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:

DISCIPLINARY ORDER

1. PUBLIC REPRIMAND.

IT IS HEREBY ORDERED that Respondent Alborz Hassankhani, M.D., holder of Physician's and Surgeon's Certificate No. A 71799, shall be and hereby is Publicly Reprimanded pursuant to Business and Professions Code section 2227. This Public Reprimand, which is issued in connection with the allegation as set forth in First Amended Accusation No. 800-2018-042518, is as follows:

> Between 2015 and 2017, Respondent provided insufficient documentation of procedures he performed, as more fully described in First Amended Accusation No. 800-2018-042518.

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1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, 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. 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. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider 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 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

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3. 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.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment 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 competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment 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.

4. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusation, legal reviews, and investigation(s), in the amount of $16,720.00 (sixteen thousand seven hundred twenty dollars). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a failure to comply with terms and conditions of the Stipulated Settlement and Disciplinary Order set forth herein and shall constitute unprofessional conduct and grounds for further disciplinary action.

Payment must be made in full within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with the payment plan shall be considered a failure to comply with terms and conditions of the Stipulated Settlement and Disciplinary Order set forth herein, and shall constitute unprofessional conduct and grounds for further disciplinary action.

The filing of bankruptcy by respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs.

5. FAILURE TO COMPLY Any failure by Respondent to comply with terms and conditions of the Stipulated Settlement and Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

6. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in First Amended Accusation No. 800-2018-042518 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Robert W. Frank. 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 fully agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 9-1-2022

ALBORZ HASSANKHANI, M.D.
Respondent

I have read and fully discussed with Respondent Alborz Hassankhani, 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: 9-1-22

ROBERT W. FRANK
Attorney for Respondent

ENDORSEMENT

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

DATED: September 2, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

Jason Ahn

JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2018-042518

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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 First Amended Accusation Against: **ALBORZ HASSANKHANI, M.D.** **1901 PARKVIEW TERRACE** **LA JOLLA, CA 92037** **Physician's and Surgeon's Certificate No. A 71799,** Respondent.	Case No. 800-2018-042518 OAH No. 2021040047 **FIRST AMENDED ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this First Amended Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about May 25, 2000, the Board issued Physician's and Surgeon's Certificate No. A 71799 to Alborz Hassankhani, 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 March 31, 2022, unless renewed.

JURISDICTION

3. This First Amended Accusation, which supersedes Accusation No. 800-2018-042518, filed on March 12, 2021, in the above-entitled matter, is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states:

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

5. Section 2234 of the Code, states, in pertinent part:-

> 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.

"..."

6. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

COST RECOVERY

7. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g)(1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 71799 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patients A,[1] B, C, and D, as more particularly alleged hereinafter:

Patient A

9. On or about July 16, 2015, Patient A presented to Respondent. At that time, Patient A was a fifty-two (52) year-old man who had previously been diagnosed with atrial flutter.[2] According to the medical records, Respondent diagnosed Patient A with atrial flutter. The medical records also state, among other things, that Patient A was scheduled for an outpatient electrophysiology study and ablation.[3] Despite Patient A being asymptomatic, Respondent

[1] References to Patients A through E are used to protect patient privacy.

[2] Atrial flutter refers to a condition in which the heart's upper chambers (atria) beat too quickly.

[3] An electrophysiology study and catheter ablation procedure is performed to evaluate and

recommended Patient A to undergo a cardiac coronary angiogram[4] due to the family history of early coronary artery disease.[5] Respondent failed to adequately explain and/or failed to document having adequately explained the benefits and risks of the procedures scheduled.

10. On or about August 4, 2015, Respondent performed an electrophysiology study and ablation on Patient A. According to the medical records, moderate [nurse administered] sedation was used despite Patient A's weight of 276 pounds and body habitus.[6] During the ablation, typical cavotricuspid isthmus (CTI) dependent flutter[7] was induced and the CTI was then ablated. Following the CTI ablation, atrial fibrillation,[8] atrial tachycardia,[9] and atrioventricular nodal reentry tachycardia (AVNRT)[10] were then induced. Respondent performed a slow pathway ablation[11] to treat AVNRT, while the other arrhythmias were not ablated. According to the medical records, during the procedure, Patient A received a total of 5 mg of Versed IV[12] and 175

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treat cardiac arrhythmias, or abnormal heart rhythms.

[4] A coronary angiogram is a procedure that uses x-ray imaging to see your heart's blood vessels.

[5] Coronary artery disease (CAD), also called coronary heart disease (CHD) involves the reduction of blood flow to the heart muscle due to build-up of plaque in the arteries of the heart.

[6] Body habitus refers to the physique or body build.

[7] Cavotricuspid isthmus (CTI) dependent flutter refers to common atrial flutter that revolves around the tricuspid annulus, giving rise to stereotypical flutter waves.

[8] Atrial fibrillation is an abnormal heart rhythm characterized by the rapid and irregular beating of the atrial chambers of the heart.

[9] Atrial tachycardia is a type of heart rhythm problem in which the heart's electrical impulse comes from an ectopic pacemaker (abnormally located cardiac pacemaker) in the upper chambers of the heart, rather than from the sinoatrial node, the normal origin of the heart's electrical activity.

[10] Atriventricular node re-entrant tachycardia (AVNRT) is a type of supraventricular tachycardia (SVT) and is also known as A-V nodal reentry. In A-V nodal reentry, the electrical impulse travels in and around the A-V node and the electrical signal goes around in a circle, like a racecar going around a racetrack. The electrical signal may continue going around this pathway, causing the tachycardia to continue. A supraventricular tachycardia (SVT) is an abnormally fast heart rhythm arising from improper electrical activity in the upper part of the heart.

[11] Ablation of the slow pathway (SP) has become a simple procedure used to cure atrioventricular nodal re-entrant tachycardia (AVNRT).

[12] Versed (Midazolam) is a benzodiazepine medication used for anesthesia, procedural

mcg of fentanyl IV[13], which was not effective at controlling Patient A's intraprocedural pain. According to the medical records, Patient A was "moaning with ablation" on multiple occasions, "grunting with ablation" on two occasions, and "grunting and cursing with ablations" once.

11. On or about September 15, 2015, Patient A underwent an outpatient diagnostic coronary angiogram and according to the medical records, did not report any significant pain or discomfort.

12. On or about November 6, 2015, Patient A was admitted to Sharp Grossmont Hospital with recurrent symptoms of emesis,[14] lightheadedness, shortness of breath, and was found to have recurrent atrial flutter at 124 beats per minute.

13. On or about November 8, 2015, Respondent consulted on Patient A and determined that a repeat ablation was necessary. The consultation note dated November 8, 2015 was dictated on or about January 5, 2016, and signed on or about January 8, 2016.

14. On or about November 9, 2015, Patient A returned to Respondent for a repeat ablation. Immediately prior to the ablation procedure, a transesophogeal echocardiogram (TEE)[15] was performed to rule out left atrial thrombus.[16] For this procedure, Versed 3 mg IV and fentanyl 75 mcg IV were given to Patient A at 11:24 a.m. After the TEE, Patient A was transferred to the catheterization lab[17] where an additional Versed 1 mg IV and fentanyl 25 mcg IV were given at the start of the ablation procedure. During the electrophysiology study, Patient A was found to

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sedation, trouble and sleeping, and severe agitation.

[13] Fentanyl is a narcotic which can be used to treat severe pain.

[14] Emesis refers to the action or process of vomiting.

[15] A transesophageal echocardiogram (TEE) is an alternative way to perform an echocardiogram. A specialized probe containing an ultrasound transducer at its tip is passed into the patient's esophagus. This allows image and Doppler evaluation, which can be recorded. Echocardiogram refers to a graphic outline of the heart's movement.

[16] The left atrial thrombus is a known complication of atrial fibrillation and rheumatic mitral valve disease, especially in the setting of an enlarged left atrium.

[17] A catheterization laboratory, commonly referred to as a cath lab, is an examination room in a hospital or clinic with diagnostic imaging equipment used to visualize the arteries of the heart and the chambers of the heart and treat any stenosis or abnormality found.

have counter clockwise isthmus dependent typical atrial flutter. Ablation was performed, which terminated the atrial flutter and resulted in bidirectional isthmus block.[18] Over the course of the procedure, an additional Versed 1 mg IV and fentanyl 100 mcg IV were given to Patient A. No other arrhythmias were inducible at the conclusion of the procedure and Patient A was discharged home on the same day of the procedure.

15. Respondent failed to obtain and/or failed to document having obtained adequate informed consent from Patient A for the procedure(s) in question, which should have included, among other things, explaining the potential risks of the procedure, indication for the procedures, and what the procedure entails.

16. Respondent committed gross negligence in his care and treatment of Patient A, which included, but was not limited to, the following:

(a) Respondent failed to achieve adequate analgesia and sedation during Patient A's operative procedure(s).

Patient B

17. On or about August 4, 2017, Patient B presented to Sharp Grossmont Hospital. At that time, Patient B was a thirty-nine (39) year-old female with a history of recurrent syncope.[19] Patient B was seen by the cardiology service, who recommended that Respondent from the electrophysiology service consult on Patient B and implant a dual chamber pacemaker, if indicated. Respondent did not present to Patient B until the early morning of the procedure, even though Patient B requested to see Respondent in order to have Respondent explain the procedure to Patient B.

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[18] The definition of successful ablation of atrial fibrillation can vary among electrophysiologists. A commonly described endpoint is bidirectional block of the four pulmonary veins.

[19] Syncope is a temporary loss of consciousness caused by a fall in blood pressure.

18. On or about August 5, 2017, Respondent performed the pacemaker implantation procedure on Patient B. Patient B was given diazepam[20] 5mg orally prior to the cath lab that caused drowsiness as the procedure was started. Respondent performed the pacemaker implantation procedure with moderate sedation with no anesthesiologist present. The procedure started at 10:53 a.m. and Patient B was given local anesthesia with subcutaneous 2% lidocaine[21] and 0.5% bupivacaine[22] administered to the incision site. The dose of the local anesthesia given was not recorded in the catheterization laboratory records. Patient B was then given one dose of a combination of Versed 1 mg and fentanyl 25 mcg after Patient B noted pain with the local anesthesia injection. No further sedating medications were given from that point onward. Patient B began yelling and screaming from the pain she experienced and thought that she was dying or was already dead.

19. Respondent failed to provide any follow-up care and treatment to Patient B, following Patient B's pacemaker implantation procedure on or about August 5, 2017.

20. Respondent failed to obtain and/or failed to document having obtained adequate informed consent from Patient B for the procedure in question, which should have included, among other things, explaining the potential risks of the procedure, indication for the procedures, and what the procedure entails.

21. Respondent committed gross negligence in his care and treatment of Patient B, which included, but was not limited to, the following:

(a) Respondent failed to achieve adequate analgesia and sedation during Patient

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[20] Valium® (diazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders or for short-term relief of anxiety. Concomitant use of Valium® with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Valium®, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2011 Edition), at p. 53.)

[21] Lidocaine is a local anesthetic of the amino amide type.

[22] Bupivacaine is an anesthetic which can numb an area of the body to relieve pain during surgery or medical procedure.

B's operative procedure.

Patient C

22. On or about January 10, 2016, Patient C presented to the emergency department at Sharp Grossmont Hospital with syncope. At that time, Patient C was an eighty-one (81) year-old man with a history of dementia with agitation and sundowning.[23] Patient C was admitted to the hospital and found to have intermittent third degree heart block and prolonged pauses of up to ten (10) seconds on telemetry, which were associated with observed syncope. Respondent was asked to evaluate Patient C and Respondent found Patient C to be indicated for a pacemaker implantation.[24]

23. On or about January 10, 2016, Patient C was brought to the catheterization laboratory for a pacemaker implantation by Respondent. Sedation was initiated with Versed 1 mg IV and fentanyl 25 mcg IV, but due to Patient C's pain and agitation, increased to a total of Versed 2 mg IV, fentanyl 75 mcg IV, Ativan 2 mg IV, and Benadryl 25 mg IV. Respondent's device implantation notes do not mention any adverse events or difficulty with sedation during the procedure. However, according to the relevant catheterization laboratory nursing notes, Patient C became agitated on the table during the pacemaker implantation, requiring the staff to hold him down in order to physically restrain him. When Versed and fentanyl were initially used, Patient C became increasingly anxious, was moving on the table, thrashed about, and was in pain, during the initial phase of the procedure. The sedation medications were then changed to Benadryl and Ativan, Patient C became sedated, but also became hypoxic,[25] due to decreased breathing, requiring the application of 100 percent FIO2[26] through a non-rebreathing mask. At this point,

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[23] The term "sundowning" refers to a state of confusion occurring in the late afternoon and spanning into the night. Sundowning is not a disease, but a group of symptoms that occur at a specific time of the day that may affect people with dementia, such as Alzheimer's disease.

[24] A pacemaker is a small device that is placed (implanted) in the chest to help control the heartbeat.

[25] Hypoxia refers to an absence of oxygen in the tissues to sustain bodily functions.

[26] The fraction of inspired oxygen (FIO2) is the concentration of oxygen that a person inhales.

Patient C became calm enough for the procedure to be completed. Patient C was noted to sundown following this procedure and was discharged home on or about January 11, 2016.

24. Respondent committed gross negligence in his care and treatment of Patient C, which included, but was not limited to, the following:

(a) Respondent failed to achieve adequate and/or proper analgesia and/or sedation during Patient C's operative procedure.

Patient D

25. On or about February 3, 2016, Patient D presented to Sharp Grossmont Hospital. At that time, Patient D was an eighty-two (82) year-old female with a history of chronic atrial fibrillation and complete heart block status post dual chamber pacemaker implantation in 2009. Patient D's pacemaker device reached the Elective Replacement Interval and she was referred back to Respondent for generator change. According to the relevant medical records, it states, among other things, that Patient D had a history of chronic depression and anxiety, and was on chronic Tramadol,[27] Cymbalta,[28] buspirone,[29] and gabapentin[30] at home. In Patient D's medical file, it is noted, among other things, that Patient D is followed by a pulmonologist for a history of

[27] Tramadol hydrochloride (Ultram®, Ultracet®), an opioid analgesic, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. The FDA-approved labeling under the Drug Abuse and Dependence section provides warns, among other things, that "[t]ramadol hydrochloride may induce psychic and physical dependence ... Dependence and abuse, including drug-seeking behavior and taking illicit actions to obtain the drug are not limited to those patients with prior history of opioid dependence. The risk in patients with substance abuse has been observed to be higher. Tramadol hydrochloride is associated with craving and tolerance development. Withdrawal symptoms may occur if tramadol hydrochloride is discontinued abruptly."

[28] Duloxetine, brand name Cymbalta, is an antidepressant and nerve pain medication, which can be used to treat depression, anxiety, diabetic peripheral neuropathy, fibromyalgia, and chronic muscle or bone pain.

[29] Buspirone is a medication which can be used to treat anxiety.

[30] Gabapentin is an anticonvulsant and nerve pain medication, which can be used to treat seizures and pain caused by shingles.

complex sleep apnea,[31] obstructive and central, and Patient D uses Adaptive Servo Ventilation[32] at home while she sleeps. Complex sleep apnea, obstructive and central, places Patient D at high risk for respiratory compromise and hypoxia during sedation. However, Respondent's pre-operative history and physical form for February 3, 2016 does not note that Patient D has a history of complex sleep apnea, obstructive and central.

Patient D was brought to the cardiac catheterization laboratory, arriving for the procedure in an agitated state, according to his RASS scores.[33] Patient D was initially sedated with Versed 1 mg IV and fentanyl 25 mcg IV, but Patient D later became tachypneic[34] and pain was noted at the incision site. Patient D was then given an additional dose of local anesthesia and more fentanyl and Versed. Patient D eventually received a total of Versed 3 mg IV and fentanyl 75 mg IV during the procedure. Patient D underwent respiratory depression,[35] became hypoxic, requiring manual respiration using a bag mask, followed by administration of Flumazenil[36] 0.4 mg and naloxone[37] 0.2 mg IV to reverse the sedation effects so that Patient D would resume breathing. Patient D recovered after the procedure and then was discharged to her home, later in the day, on or about February 3, 2016. Respondent's procedural note for this procedure states, among other things, that reversal agents were given to Patient D due to "transient hypoxia and respiratory depression."

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[31] Sleep apnea is a potentially serious sleep disorder in which breathing repeatedly stops and starts. Obstructive sleep apnea is intermittent airflow blockage during sleep. Central sleep apnea is a disorder in which breathing repeatedly stops and starts during sleep.

[32] Adaptive Servo Ventilation (ASV) is a device that treats sleep apnea.

[33] The Richmond Agitation and Sedation Scale (RASS) is a validated and reliable method to assess a patient's level of agitation or sedation.

[34] Tachypneic, also known as tachypnea, refers to breathing that is abnormally rapid and often shallow.

[35] Respiratory depression (hypoventilation) is a breathing disorder characterized by slow and ineffective breathing.

[36] Flumazenil is a medication which can be used to treat drowsiness caused by sedatives following surgery or drug overdose.

[37] Naloxone is a narcotic which can be used to treat narcotic overdose in an emergency situation.

26. Respondent committed gross negligence in his care and treatment of Patient D, which included, but was not limited to, the following:

(a) Respondent failed to achieve adequate and/or proper analgesia and/or sedation during Patient D's operative procedure.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

27. Respondent has subjected his Physician's and Surgeon's Certificate No. A 71799 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients A, B, C, D, and E, as more particularly alleged herein:

Patient A

28. Respondent committed repeated negligent acts in his care and treatment of Patient A, including, but not limited to:

29. Paragraphs 9 through 16, above, are hereby incorporated by reference and realleged as if fully set forth herein.

30. Respondent failed to achieve adequate analgesia and sedation during Patient A's operative procedure(s);

31. Respondent failed to timely complete documentation of his care and treatment of Patient A;

32. Respondent failed to adequately document in the catheterization laboratory records the dosage of local anesthesia injected subcutaneously into Patient A; and

33. Respondent failed to obtain and/or failed to document having obtained adequate informed consent from Patient A for the procedure(s) in question.

Patient B

34. Respondent committed repeated negligent acts in his care and treatment of Patient B, including, but not limited to:

35. Paragraphs 17 through 21, above, are hereby incorporated by reference and realleged as if fully set forth herein.

36. Respondent failed to achieve adequate analgesia and sedation during Patient B's operative procedure;

37. Respondent failed to adequately document in the catheterization laboratory records the dosage of local anesthesia injected subcutaneously into Patient B;

38. Respondent failed to provide adequate follow-up care and treatment to Patient B following her pacemaker implantation procedure; and

39. Respondent failed to obtain and/or failed to document having obtained adequate informed consent from Patient B for the pacemaker implantation procedure.

Patient C and Patient D

40. Respondent committed repeated negligent acts in his care and treatment of Patient C and Patient D, including, but not limited to:

41. Paragraphs 22 through 26, above, are hereby incorporated by reference and realleged as if fully set forth herein.

42. Respondent failed to achieve adequate and/or proper analgesia and/or sedation during Patient C's operative procedure;

43. Respondent failed to achieve adequate and/or proper analgesia and/or sedation during Patient D's operative procedure;

44. Respondent failed to identify and/or consider and/or failed to document having considered and/or identified Patient D's complex sleep apnea and/or chronic pain, and/or chronic pain medication use, and/or failed to enlist and/or failed to document having enlisted assistance from anesthesiologist during Patient D's operative procedure;

Patient E

45. On or about September 10, 2016, Patient E presented to Sharp Grossmont Hospital with anemia. Patient E underwent an EDG[38] and chest/abdomen CT, which did not demonstrate a cause for the anemia. Patient E was then referred to Respondent for TEE/DCCV,[39] due to atrial

[38] Esophagogastroduodenoscopy (EDG) is an endoscopic procedure that allows a doctor to examine a patient's esophagus, stomach and duodenum (part of small intestine).

[39] DC cardioversion (DCCV) is used to treat irregular heart rhythms (commonly atrial fibrillation).

fibrillation.

46. On or about September 19, 2016, Respondent performed the TEE on Patient E. Patient E was given Versed 5 mg IV, fentanyl 100 mcg IV, and Benadryl 25 mg IV in titrated doses. Patient E was snoring between probe insertion attempts, but during attempts, Patient E resisted by grabbing the probe and/or pushing the probe out with his tongue as soon as Respondent attempted to place the TEE probe and advance it. Multiple attempts were made for over fifteen (15) minutes to place the TEE probe and advance it, without success in advancing the TEE probe. On the last attempt, Patient E was noted to have a small amount of pink tinged secretions with oropharyngeal suction and then the procedure was aborted. Prior to the transfer back to the hospital floor, Patient E's secretions were white and no bleeding was noted. All vital signs were initially stable. After the transfer back to the hospital floor, dysphagia[40] of saliva and neck swelling were noted. Critical care and ENT[41] consults were called. A CT scan of Patient E's neck demonstrated diffuse soft tissue gas and a fiberoptic pharyngeal scope showed an anterior pharyngeal perforation. Patient E was then placed on a NPO diet,[42] which was slowly advanced over his 12 day hospital stay. Patient E was then discharged after resumption of oral intake. Respondent failed to request and/or failed to document having requested assistance from anesthesia and/or gastroenterology with probe placement when Respondent experienced difficulty passing the esophageal probe. Respondent failed to document in the pre-operative note, Patient E's swallowing history, including, but not limited to, a history of difficulty swallowing, if any; pain with swallowing; inability to swallow meat, pills, or normal-sized food bite, if any; whether Patient E needs to chew food longer in order to swallow; change(s) in swallowing ability, if any; and any history of a stroke, neck and chest operative or radiation therapy history.

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[40] Dysphagia refers to difficulty swallowing foods or liquids, arising from the throat or esophagus, ranging from mild difficulty to complete and painful blockage.

[41] ENT specialists can diagnose and treat problems of the throat including conditions that affect eating, swallowing, digestion, and speech problems, etc.

[42] NPO means nothing by mouth, a medical instruction meaning to withhold food and fluids.

47. Respondent committed repeated negligent acts in his care and treatment of Patient E, including, but not limited to:

48. Paragraphs 45 through 46, above, are hereby incorporated by reference and realleged as if fully set forth herein.

49. Respondent failed to request and/or failed to document having requested assistance from anesthesia and/or gastroenterology with probe placement, when Respondent experienced difficulty with passing the esophageal probe during Patient E's operative procedure; and

50. Respondent failed to adequately document Patient E's swallowing history in the pre-operatives notes.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

51. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 71799 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patient A, Patient B, Patient C, Patient D, and Patient E, as more particularly alleged in paragraphs 9 through 50, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

52. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 71799 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 8 through 51, above, which are hereby incorporated by reference as if fully set forth herein.

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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 No. A 71799, issued to Respondent Alborz Hassankhani, M.D.;

2. Revoking, suspending or denying approval of Respondent Alborz Hassankhani, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Alborz Hassankhani, M.D., if placed on probation, to pay the Board the costs of probation monitoring;

4. Ordering Respondent Alborz Hassankhani, M.D., to pay the Medical Board of California the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and

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

DATED: DEC 17 2021

Reji Varghese
Deputy Director

for: WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant