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

In the Matter of the Accusation **Against** **Steven Lloyd Higgins, M.D.** **Physician's and Surgeon's** **Certificate No. G53772** **Respondent.**	**Case No. 800-2016-022819**

DECISION

The attached Stipulated Surrender of License 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 APR 28 2020.

IT IS SO ORDERED APR 21 2020.

MEDICAL BOARD OF CALIFORNIA

By: Christine J. Lally
Christine J. Lally
Interim Executive Director

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General
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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: **STEVEN LLOYD HIGGINS, M.D.** **9850 Genesee Avenue, #940** **La Jolla, CA 92037** **Physician's and Surgeon's Certificate No. G53772** Respondent.	Case No. 800-2016-022819 OAH No. 2019071064 **STIPULATED SURRENDER OF LICENSE AND 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. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Martin W. Hagan, Deputy Attorney General.

2. Respondent Steven Lloyd Higgins, M.D. (Respondent) is represented in this proceeding by David Rosenberg, Esq., of Rosenberg, Shpall & Zeigen, APLC, whose address is 10815 Rancho Bernardo Road, Suite 310, San Diego, CA 92127.

3. On or about October 9, 1984, the Board issued Physician's and Surgeon's Certificate No. G53772 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-022819 and will expire on November 30, 2021, unless renewed.

JURISDICTION

4. On May 8, 2019, Accusation No. 800-2016-022819 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2016-022819 is attached as Exhibit A and incorporated herein by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-022819. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and 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.

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

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in in Accusation No. 800-2016-022819, if proven at a hearing, constitute cause for imposing discipline and hereby surrenders his Physician's and Surgeon's Certificate No. G53772 for the Board's formal acceptance.

9. Because Respondent moved to South Carolina and no longer wishes to practice in California, and for the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

10. Respondent further agrees that he will not petition for reinstatement of his Physician's and Surgeon's Certificate No. G53772 or file an application for licensure in the State of California and if he should file any application for licensure, the Board shall treat it as a petition for reinstatement. The Board shall not be required to act upon any such application or petition unless ordered to so by a court of competent jurisdiction. If the Board is ordered to act on any such application or petition all of the charges and allegations contained in Accusation No. 800-2016-022819 shall be deemed true and correct for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California or elsewhere.

CONTINGENCY

11. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a . . . stipulation for surrender of a license."

12. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, 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 Surrender 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.

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

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G53772, issued to Respondent Steven Lloyd Higgins, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. Based on the terms of this stipulation, Respondent shall not file an application for licensure or a petition for reinstatement with the Board or any other health care agency in the State of California and if he should file any application for licensure with the Board, the Board shall treat it as a petition for reinstatement. The Board or any other health care agency shall not be required to act upon any such application or petition unless ordered to so by a court of competent jurisdiction. If the Board or any other health care agency is ordered to act on any such application or petition, Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2016-022819 shall be deemed to

be true and correct when the Board determines whether to grant or deny the application or petition or for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure, or petition for reinstatement of a license, with or by any other health care licensing agency in the State of California.

ACCEPTANCE

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

DATED: 4/07/2020

STEVEN LLOYD HIGGINS, M.D.
Respondent

I have read and fully discussed with Respondent Steven Lloyd Higgins, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 4/7/20

DAVID ROSENBERG
Attorney for Respondent

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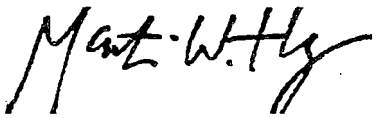
ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: April 7, 2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



MARTIN W. HAGAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2016-022819

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

In the Matter of the Accusation Against: **Steven Lloyd Higgins, M.D.** **9850 Genesee Avenue, #940** **La Jolla, CA 92037** **Physician's and Surgeon's Certificate No. G 53772,** Respondent.	Case No. 800-2016-022819 **ACCUSATION**

Complainant alleges:

PARTIES

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

2. On or about October 9, 1984, the Medical Board issued Physician's and Surgeon's Certificate Number G 53772 to Steven Lloyd Higgins, 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 November 30, 2019, unless renewed.

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JURISDICTION

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

4. Section 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:

"(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."

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5. Section 2234 of the Code, states:

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

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

"(b) Gross negligence.

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

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

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

". . .

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

". . . ."

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

6. Respondent is subject to disciplinary action under 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 patient A[1] as more particularly alleged hereinafter:

7. On or about April 4, 2016, respondent had his initial visit with patient A, a then-52-year-old male, who was referred to respondent for evaluation and treatment of supraventricular tachycardia (SVT) [abnormally fast heart beat that originates above the ventricles of the heart].) Patient A's history generally included coronary artery disease, previous left circumflex coronary stent in 2016 and chronic left bundle-branch block (LBBB). According to respondent's electronic medical record, patient A complained "that about twice a day he gets dizzy and light headed as if he is to pass out" with no associated "provoking cause." Respondent documented that "[patient A] had a Holter (small wearable device that can monitor and record heart arrhythmias) showing PSVT (paroxysmal [periodic] SVT) to 140 beats bpm (beats per minute) as well as brady[cardia] to 39 bpm during sleep" and chronic LBBB. Respondent did not document that he reviewed any tracings from the referring physician. As part of his review of systems, respondent noted that patient A reported fast heart rate without chest pain or discomfort and a review of all other systems were recorded as normal. Respondent's assessment was sinus brachycardia, SVT, and LBBB. His plan included, among other things, scheduling a cardiac electrophysiological study (EPS)[2] and probable SVT ablation (a catheter procedure used to target small areas of heart tissue that may be a causing rapid and/or irregular heartbeat).

8. On or about April 21, 2016, respondent performed a pre-operative history and physical for the EPS and the SVT ablation. The pre-operative history and physical noted patient A's previously reported dizziness, chronic LBBB, mild sinus brachycardia, and intermittent

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[1] Patient A is being used in place of the patient's name or initials to maintain patient confidentiality.

[2] EPS is a diagnostic procedure that is generally used to, among other things, assess complex arrhythmias, elucidate symptoms, evaluate abnormal electrocardiograms, assess the risk of developing arrhythmias in the future, and design treatment.

episodes of SVT of up to 140 bpm. Respondent documented "Unfortunately, I have the [EKG] report, but not the actual EKG's [tracings] from his event monitor, which reportedly showed intermittent SVT [at] rates to 140 [and] [i]n [one] location, it is described as atrial flutter, but that would not be entirely consistent with his history." The patient signed a written consent at approximately 7:00 a.m. for EPS with possible catheter ablation, insertion of permanent pacemaker (possible), and biventricular pacemaker (possible). There was no written consent for any possible transseptal catheterization. Respondent documented his treatment plan as follows:

> "The plan will be to perform a diagnostic EP study to attempt to reproduce his arrhythmias. Statistically, this is most likely AV mode reentry. The pre-existing left bundle branch block, will need to rule out a macro reentrant bundle-branch VT. We will also need to assess for conduction abnormalities. [¶] Assuming unabated arrhythmia is uncovered, as an explanation for his dizziness, we will then proceed to do ablation, whether that be for SVT, flutter or other abnormality. In the unlikely chance that he has significant conduction system disease warranting a pacemaker, unrelated to the ablation or even as a complication of it, I did also obtain consent for a permanent biventricular pacemaker. However, I am hopeful that the tachyarrhythmia can be successfully ablated and that he can be monitored noninvasively in the future regarding his bundle branch block."

9. On or about April 21, 2016, following his pre-operative history and physical, patient A was transported to the electrophysiological (EP) lab for the EPS and SVT ablation. The patient was sedated at approximately 7:54 a.m. and catheter placement began at approximately 8:42 a.m. As part of the EPS, programmed stimulation was performed but it did not induce SVT. "Therefore, a decision was made to perform a blind slow pathway ablation in the anatomic slow pathway region" with the catheter "positioned just anterior to the coronary sinus post to the AV node and 20 mm away." During ablation, tachycardia was initiated, with the earliest atrial activation reported at the coronary sinus ostium. Ablation lesions were delivered inside the coronary sinus with 20 and 30 watts.[3] A total of 16 ablation lesions were delivered and the tachycardia remained but slowed from 540 to 440 milliseconds.

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[3] Catheter ablation is a procedure used to terminate or remove faulty electrical pathways from sections of the heart that are prone to developing cardiac arrhythmias, such as atrial fibrillation, atrial flutter, or supraventricular tachycardias (SVT) which increase the risk of ventricular fibrillation or sudden cardiac arrest. Electrical impulses are used to induce the arrhythmia and then radiofrequency ablation (heat) or cryoablation (cold) is used to ablate (destroy) abnormal tissue that may be causing the arrhythmia.

The decision was then made to map the left atrium to evaluate possible atypical AV nodal reentrant tachycardia (AVNRT). A transseptal approach was attempted at approximately 10:14 a.m. and the ultrasound catheter was advanced in the right atrium. A BRK needle was advanced and the septum crossed with the needle and catheter. The ablation catheter was advanced and appeared to be in the left atrium by electrograms. The catheter was pulled back. Patient A rapidly became hypotensive and was noted to have, what was documented as, "a moderate-sized pericardial effusion, explaining the drop in systolic pressure from above 100 to 60 to 70 systolic."[4] Respondent called for a stat echo at approximately 10:32 a.m. "but the echo tech was substantially delayed." Respondent performed a pericardiocentesis (needle and catheter procedure to remove fluid from the pericardium [sac around the heart]) at approximately 10:40 a.m. and aspirated approximately 250 cc's of bloody fluid from the pericardium, but patient A's pressure remained low and there was no improvement in the size of the effusion. A second pericardiocentesis was performed with approximately 500 cc's aspirated which failed to "decrease the effusion or hypotension." Patient A suffered cardiopulmonary arrest, CPR was initiated at approximately 10:56 a.m., a code blue was called at approximately 10:57 a.m., an "open chest" cart was brought in, and "[a] stat call was made [at 10:59 a.m.] for [a] cardiac surgeon as the patient developed progressive hypotension due to refractory tamponade" (obstruction of blood flow into the ventricles of the heart caused by significant fluid accumulation in the pericardial space). Subsequent efforts to resuscitate patient A included blood transfusion at 11:13 a.m., emergency sternotomy (with the chest opened at 11:17 a.m.) with the assembled cardiac and vascular surgery team performing repairs of the aortic and right atrial perforations[5]

[4] Respondent documented in his Cardiac Ablation procedure note that "[e]ven with ultrasound guidance, I suspect the aorta was perforated with a transseptal needle and because of the high pressure, bleeding persisted requiring surgical closure." Respondent subsequently documented "[i]t appears that the transseptal catheter had traversed the right atrium into the aorta and a small aortic perforation found consistent with an 8-French catheter." (See Death Summary Report dictated on May 24, 2016.)

[5] The operative report of Dr. D.M. documented "[t]he heart was decompressed and inspection was done at site along the outer curvature of the aorta in the proximal portion of the ascending aorta was identified at a single site where there was bleeding" which was sutured and also noted that "as the heart was filled, we were able to identify an area at the cavoatrial junction where blood was emanating" that was also sutured. In his interview with a Department of

and a bilateral femoral artery repair. Patient A's chest was closed at approximately 2:59 p.m. and he was transported to the intensive care unit (ICU) in critical condition.

10. Following patient A's transfer to the ICU, he suffered seizures and was ultimately diagnosed with hypoxic encephalopathy (neurological damage caused by insufficient oxygen to the brain). Patient A's neurological condition did not improve and on May 7, 2016, life support measures were withdrawn, comfort care measures were undertaken, and patient A expired on the same day.

11. 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 properly perform the transseptal puncture procedure which included, but was not limited to, failing to confirm the position of the transseptal needle in the left atrium prior to advancing the large bore sheath; failing to initially recognize the complication of the aortic perforation; and removing the large bore sheath after recognizing the aortic perforation instead of sending the patient to surgery with the large bore sheath remaining in place.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

12. Respondent is further subject 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 patient A, as more particularly alleged herein:

(a) Paragraphs 6 through 11, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(b) Respondent failed to properly perform the transseptal puncture procedure which included, but was not limited to, failing to confirm the position of the transseptal needle in the left atrium prior to advancing the large bore sheath; failing to initially recognize the complication of the aortic perforation; and

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Consumer Affairs, Division of Investigation, Health Quality Investigation Unit (HQIU) investigator, respondent stated that he thought the right atrial perforation was caused during one of the pericardiocentesis procedures.

removing the large bore sheath after recognizing the aortic perforation instead of sending the patient to surgery with the large bore sheath remaining in place;

(c) Respondent failed to review patient A's arrhythmia tracings preoperatively prior to performing the invasive EPS and SVT ablation procedures; and

(d) Respondent failed to discuss or obtain informed consent for transseptal catherization.

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 G 53772, issued to respondent Steven Lloyd Higgins, M.D.;

2. Revoking, suspending or denying approval of respondent Steven Lloyd Higgins, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering respondent Steven Lloyd Higgins, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: May 8, 2019

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

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