

**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**

1 ROB BONTA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 JASON J. AHN
Deputy Attorney General
4 State Bar No. 253172
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5 San Diego, CA 92101
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8 *Attorneys for Complainant*

9
10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the First Amended Accusation
Against:

15 **ALBORZ HASSANKHANI, M.D.**
16 **1901 Parkview Terrace**
La Jolla, CA 92037

17 **Physician's and Surgeon's**
18 **Certificate No. A 71799**

19 Respondent.

Case No. 800-2018-042518

OAH No. 2021040047

17 **STIPULATED SETTLEMENT AND**
18 **DISCIPLINARY ORDER**

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

23 **PARTIES**

24 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
25 California (Board). He brought this action solely in his official capacity and is represented in this
26 matter by Rob Bonta, Attorney General of the State of California, by Jason J. Ahn, Deputy
27 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 1. EDUCATION COURSE. Within 60 calendar days of the effective date of this
2 Decision, Respondent shall submit to the Board or its designee for its prior approval educational
3 program(s) or course(s) which shall not be less than 40 hours. The educational program(s) or
4 course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be
5 Category I certified. The educational program(s) or course(s) shall be at Respondent's expense
6 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of
7 licensure. Following the completion of each course, the Board or its designee may administer an
8 examination to test Respondent's knowledge of the course. Respondent shall provide proof of
9 attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

10 2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the
11 effective date of this Decision, Respondent shall enroll in a course in medical record keeping
12 approved in advance by the Board or its designee. Respondent shall provide the approved course
13 provider with any information and documents that the approved course provider may deem
14 pertinent. Respondent shall participate in and successfully complete the classroom component of
15 the course not later than six (6) months after Respondent's initial enrollment. Respondent shall
16 successfully complete any other component of the course within one (1) year of enrollment. The
17 medical record keeping course shall be at Respondent's expense and shall be in addition to the
18 Continuing Medical Education (CME) requirements for renewal of licensure.

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

24 Respondent shall submit a certification of successful completion to the Board or its
25 designee not later than 15 calendar days after successfully completing the course, or not later than
26 15 calendar days after the effective date of the Decision, whichever is later.

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

6 The program shall consist of a comprehensive assessment of Respondent's physical and
7 mental health and the six general domains of clinical competence as defined by the Accreditation
8 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
9 Respondent's current or intended area of practice. The program shall take into account data
10 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
11 Accusation(s), and any other information that the Board or its designee deems relevant. The
12 program shall require Respondent's on-site participation for a minimum of three (3) and no more
13 than five (5) days as determined by the program for the assessment and clinical education
14 evaluation. Respondent shall pay all expenses associated with the clinical competence
15 assessment program.

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

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

25 If Respondent fails to enroll, participate in, or successfully complete the clinical
26 competence assessment program within the designated time period, Respondent shall receive a
27 notification from the Board or its designee to cease the practice of medicine within three (3)
28 calendar days after being so notified. The Respondent shall not resume the practice of medicine

1 until enrollment or participation in the outstanding portions of the clinical competence assessment
2 program have been completed. If the Respondent did not successfully complete the clinical
3 competence assessment program, the Respondent shall not resume the practice of medicine until a
4 final decision has been rendered on the accusation and/or a petition to revoke probation.

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

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

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

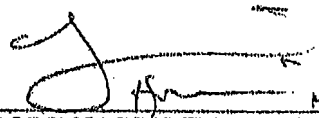
20 5. FAILURE TO COMPLY Any failure by Respondent to comply with terms and
21 conditions of the Stipulated Settlement and Disciplinary Order set forth above shall constitute
22 unprofessional conduct and grounds for further disciplinary action.

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

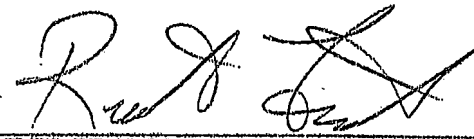
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ACCEPTANCE

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  MD, F.A.C.P.
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

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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: September 2, 2022

Respectfully submitted,

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



JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2018-042518

1 ROB BONTA
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10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
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STATE OF CALIFORNIA
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13 In the Matter of the First Amended Accusation
14 Against:

15 **ALBORZ HASSANKHANI, M.D.**
16 **1901 PARKVIEW TERRACE**
LA JOLLA, CA 92037

17 **Physician's and Surgeon's Certificate**
18 **No. A 71799,**

19 Respondent.

Case No. 800-2018-042518

OAH No. 2021040047

FIRST AMENDED ACCUSATION

20
21 **PARTIES**

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

25 2. On or about May 25, 2000, the Board issued Physician's and Surgeon's Certificate
26 No. A 71799 to Alborz Hassankhani, M.D. (Respondent). The Physician's and Surgeon's
27 Certificate was in full force and effect at all times relevant to the charges brought herein and will
28 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:

(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.

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

3 (2) When the standard of care requires a change in the diagnosis, act, or
4 omission that constitutes the negligent act described in paragraph (1), including, but
5 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 "..."

7 6. Unprofessional conduct under Business and Professions Code section 2234 is conduct
8 which breaches the rules or ethical code of the medical profession, or conduct which is
9 unbecoming a member in good standing of the medical profession, and which demonstrates an
10 unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,
11 575.)

12 COST RECOVERY

13 7. Section 125.3 of the Code states:

14 (a) Except as otherwise provided by law, in any order issued in resolution of a
15 disciplinary proceeding before any board within the department or before the
Osteopathic Medical Board, upon request of the entity bringing the proceeding, the
16 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.

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

19 (c) A certified copy of the actual costs, or a good faith estimate of costs where
20 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
21 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
22 limited to, charges imposed by the Attorney General.

23 (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
24 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
25 the proposed decision fails to make a finding on costs requested pursuant to
subdivision (a).

26 (e) If an order for recovery of costs is made and timely payment is not made as
27 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
28 the board may have as to any licensee to pay costs.

1 (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.

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

4 (2) Notwithstanding paragraph (1), the board may, in its discretion,
5 conditionally renew or reinstate for a maximum of one year the license of any
6 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.

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

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

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

13 FIRST CAUSE FOR DISCIPLINE

14 (Gross Negligence)

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

19 Patient A

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

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

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

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

1 recommended Patient A to undergo a cardiac coronary angiogram⁴ due to the family history of
2 early coronary artery disease.⁵ Respondent failed to adequately explain and/or failed to document
3 having adequately explained the benefits and risks of the procedures scheduled.

4 10. On or about August 4, 2015, Respondent performed an electrophysiology study and
5 ablation on Patient A. According to the medical records, moderate [nurse administered] sedation
6 was used despite Patient A's weight of 276 pounds and body habitus.⁶ During the ablation,
7 typical cavotricuspid isthmus (CTI) dependent flutter⁷ was induced and the CTI was then ablated.
8 Following the CTI ablation, atrial fibrillation,⁸ atrial tachycardia,⁹ and atrioventricular nodal
9 reentry tachycardia (AVNRT)¹⁰ were then induced. Respondent performed a slow pathway
10 ablation¹¹ to treat AVNRT, while the other arrhythmias were not ablated. According to the
11 medical records, during the procedure, Patient A received a total of 5 mg of Versed IV¹² and 175
12 treat cardiac arrhythmias, or abnormal heart rhythms.

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

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

17 ⁶ Body habitus refers to the physique or body build.

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

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

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

26 ¹⁰ Atrioventricular node re-entrant tachycardia (AVNRT) is a type of supraventricular
27 tachycardia (SVT) and is also known as A-V nodal reentry. In A-V nodal reentry, the electrical
28 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

1 mcg of fentanyl IV¹³, which was not effective at controlling Patient A's intraprocedural pain.
2 According to the medical records, Patient A was "moaning with ablation" on multiple occasions,
3 "grunting with ablation" on two occasions, and "grunting and cursing with ablations" once.

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

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

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

13 14. On or about November 9, 2015, Patient A returned to Respondent for a repeat
14 ablation. Immediately prior to the ablation procedure, a transesophageal echocardiogram (TEE)¹⁵
15 was performed to rule out left atrial thrombus.¹⁶ For this procedure, Versed 3 mg IV and fentanyl
16 75 mcg IV were given to Patient A at 11:24 a.m. After the TEE, Patient A was transferred to the
17 catheterization lab¹⁷ where an additional Versed 1 mg IV and fentanyl 25 mcg IV were given at
18 the start of the ablation procedure. During the electrophysiology study, Patient A was found to
19 sedation, trouble and sleeping, and severe agitation.

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

21 ¹⁴ Emesis refers to the action or process of vomiting.

22 ¹⁵ A transesophageal echocardiogram (TEE) is an alternative way to perform an
23 echocardiogram. A specialized probe containing an ultrasound transducer at its tip is passed into
24 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.

25 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.

26 ¹⁷ A catheterization laboratory, commonly referred to as a cath lab, is an examination
27 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.

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

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

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

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

14 **Patient B**

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

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

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

1 18. On or about August 5, 2017, Respondent performed the pacemaker implantation
2 procedure on Patient B. Patient B was given diazepam²⁰ 5mg orally prior to the cath lab that
3 caused drowsiness as the procedure was started. Respondent performed the pacemaker
4 implantation procedure with moderate sedation with no anesthesiologist present. The procedure
5 started at 10:53 a.m. and Patient B was given local anesthesia with subcutaneous 2% lidocaine²¹
6 and 0.5% bupivacaine²² administered to the incision site. The dose of the local anesthesia given
7 was not recorded in the catheterization laboratory records. Patient B was then given one dose of a
8 combination of Versed 1 mg and fentanyl 25 mcg after Patient B noted pain with the local
9 anesthesia injection. No further sedating medications were given from that point onward. Patient
10 B began yelling and screaming from the pain she experienced and thought that she was dying or
11 was already dead.

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

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

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

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

21
22 ²⁰ Valium® (diazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a
23 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision
24 (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When
25 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.)

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

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

1 B's operative procedure.

2 **Patient C**

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

10 23. On or about January 10, 2016, Patient C was brought to the catheterization laboratory
11 for a pacemaker implantation by Respondent. Sedation was initiated with Versed 1 mg IV and
12 fentanyl 25 mcg IV, but due to Patient C's pain and agitation, increased to a total of Versed 2 mg
13 IV, fentanyl 75 mcg IV, Ativan 2 mg IV, and Benadryl 25 mg IV. Respondent's device
14 implantation notes do not mention any adverse events or difficulty with sedation during the
15 procedure. However, according to the relevant catheterization laboratory nursing notes, Patient C
16 became agitated on the table during the pacemaker implantation, requiring the staff to hold him
17 down in order to physically restrain him. When Versed and fentanyl were initially used, Patient
18 C became increasingly anxious, was moving on the table, thrashed about, and was in pain, during
19 the initial phase of the procedure. The sedation medications were then changed to Benadryl and
20 Ativan, Patient C became sedated, but also became hypoxic,²⁵ due to decreased breathing,
21 requiring the application of 100 percent FIO2²⁶ through a non-rebreathing mask. At this point,

22
23 ²³ The term "sundowning" refers to a state of confusion occurring in the late afternoon and
24 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.

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

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

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

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

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

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

7 **Patient D**

8 25. On or about February 3, 2016, Patient D presented to Sharp Grossmont Hospital. At
9 that time, Patient D was an eighty-two (82) year-old female with a history of chronic atrial
10 fibrillation and complete heart block status post dual chamber pacemaker implantation in 2009.
11 Patient D's pacemaker device reached the Elective Replacement Interval and she was referred
12 back to Respondent for generator change. According to the relevant medical records, it states,
13 among other things, that Patient D had a history of chronic depression and anxiety, and was on
14 chronic Tramadol,²⁷ Cymbalta,²⁸ buspirone,²⁹ and gabapentin³⁰ at home. In Patient D's medical
15 file, it is noted, among other things, that Patient D is followed by a pulmonologist for a history of
16
17

18 ²⁷ Tramadol hydrochloride (Ultram®, Ultracet®), an opioid analgesic, is a Schedule IV
19 controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a
20 dangerous drug pursuant to Business and Professions Code section 4022. When properly
21 prescribed and indicated, it is used for the treatment of moderate to severe pain. The FDA-
22 approved labeling under the Drug Abuse and Dependence section provides warns, among other
23 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."

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

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

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

1 complex sleep apnea,³¹ obstructive and central, and Patient D uses Adaptive Servo Ventilation³²
2 at home while she sleeps. Complex sleep apnea, obstructive and central, places Patient D at high
3 risk for respiratory compromise and hypoxia during sedation. However, Respondent's pre-
4 operative history and physical form for February 3, 2016 does not note that Patient D has a
5 history of complex sleep apnea, obstructive and central.

6 Patient D was brought to the cardiac catheterization laboratory, arriving for the procedure in
7 an agitated state, according to his RASS scores.³³ Patient D was initially sedated with Versed 1
8 mg IV and fentanyl 25 mcg IV, but Patient D later became tachypneic³⁴ and pain was noted at the
9 incision site. Patient D was then given an additional dose of local anesthesia and more fentanyl
10 and Versed. Patient D eventually received a total of Versed 3 mg IV and fentanyl 75 mg IV
11 during the procedure. Patient D underwent respiratory depression,³⁵ became hypoxic, requiring
12 manual respiration using a bag mask, followed by administration of Flumazenil³⁶ 0.4 mg and
13 naloxone³⁷ 0.2 mg IV to reverse the sedation effects so that Patient D would resume breathing.
14 Patient D recovered after the procedure and then was discharged to her home, later in the day, on
15 or about February 3, 2016. Respondent's procedural note for this procedure states, among other
16 things, that reversal agents were given to Patient D due to "transient hypoxia and respiratory
17 depression."

18
19 ³¹ Sleep apnea is a potentially serious sleep disorder in which breathing repeatedly stops
20 and starts. Obstructive sleep apnea is intermittent airflow blockage during sleep. Central sleep
21 apnea is a disorder in which breathing repeatedly stops and starts during sleep.

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

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

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

27 ³⁵ Respiratory depression (hypoventilation) is a breathing disorder characterized by slow
28 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.

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

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

5 **SECOND CAUSE FOR DISCIPLINE**

6 **(Repeated Negligent Acts)**

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

11 **Patient A**

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

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

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

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

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

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

24 **Patient B**

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

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

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

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

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

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

9 **Patient C and Patient D**

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

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

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

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

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

22 **Patient E**

23 45. On or about September 10, 2016, Patient E presented to Sharp Grossmont Hospital
24 with anemia. Patient E underwent an EDG³⁸ and chest/abdomen CT, which did not demonstrate a
25 cause for the anemia. Patient E was then referred to Respondent for TEE/DCCV,³⁹ due to atrial

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

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

1 fibrillation.

2 46. On or about September 19, 2016, Respondent performed the TEE on Patient E.
3 Patient E was given Versed 5 mg IV, fentanyl 100 mcg IV, and Benadryl 25 mg IV in titrated
4 doses. Patient E was snoring between probe insertion attempts, but during attempts, Patient E
5 resisted by grabbing the probe and/or pushing the probe out with his tongue as soon as
6 Respondent attempted to place the TEE probe and advance it. Multiple attempts were made for
7 over fifteen (15) minutes to place the TEE probe and advance it, without success in advancing the
8 TEE probe. On the last attempt, Patient E was noted to have a small amount of pink tinged
9 secretions with oropharyngeal suction and then the procedure was aborted. Prior to the transfer
10 back to the hospital floor, Patient E's secretions were white and no bleeding was noted. All vital
11 signs were initially stable. After the transfer back to the hospital floor, dysphagia⁴⁰ of saliva and
12 neck swelling were noted. Critical care and ENT⁴¹ consults were called. A CT scan of Patient
13 E's neck demonstrated diffuse soft tissue gas and a fiberoptic pharyngeal scope showed an
14 anterior pharyngeal perforation. Patient E was then placed on a NPO diet,⁴² which was slowly
15 advanced over his 12 day hospital stay. Patient E was then discharged after resumption of oral
16 intake. Respondent failed to request and/or failed to document having requested assistance from
17 anesthesia and/or gastroenterology with probe placement when Respondent experienced difficulty
18 passing the esophageal probe. Respondent failed to document in the pre-operative note, Patient
19 E's swallowing history, including, but not limited to, a history of difficulty swallowing, if any;
20 pain with swallowing; inability to swallow meat, pills, or normal-sized food bite, if any; whether
21 Patient E needs to chew food longer in order to swallow; change(s) in swallowing ability, if any;
22 and any history of a stroke, neck and chest operative or radiation therapy history.

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

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

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

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

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

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

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

10 **THIRD CAUSE FOR DISCIPLINE**

11 **(Failure to Maintain Adequate and Accurate Records)**

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

18 **FOURTH CAUSE FOR DISCIPLINE**

19 **(General Unprofessional Conduct)**

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

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1 **PRAYER**

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

4 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 71799, issued
5 to Respondent Alborz Hassankhani, M.D.;

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

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

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

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

14
15 DATED: **DEC 17 2021**

16 
17 For: WILLIAM PRASIFKA
18 Executive Director
19 Medical Board of California
20 Department of Consumer Affairs
21 State of California
22 Complainant

23 **Reji Varghese**
24 **Deputy Director**