

NPDB

National Practitioner Data Bank

NPDB Spring 2015 Education Forum

Clinical Privileges Breakout Session

In this session, we will quickly note the basic rules behind clinical privileges adverse action reporting. This part is followed by everyone discussing example reports with their fellow attendees at their tables and sharing with the wider audience what could have been better about those reports. Finally, we will hear from the audience members, who wish to share, about whatever challenges they have had when deciding how to word a report or whether to even submit one in the first place.

Agenda

Discussion of Clinical Privileges Reporting Obligations

- A quick look at the reporting obligations
- Core principles when submitting a Clinical Privileges Report

How to Create an Excellent Clinical Privileges Report:

Common Pitfalls and How to Avoid Them

Examination of reports

Your Challenges in Reporting Clinical Privileges Actions

- Tell us what difficulties you have come across when entering in information for a Clinical Privileges Report.

History and Practice of Reporting Clinical Privilege Actions to the NPDB

Examination of Reports – Discussion Notes

COBALT, ALEXANDER (5950000090961985)

- This report does not contain any information in the narrative portion of the report which attests to the alleged revocation, suspension, or summary suspension of clinical privileges. The report only speaks to disruptive conduct. Additionally, there is no mention of the alleged inadequate infection control practices, nor is there mention of negligence.
- The date of birth showing the year 1919 is not credible, as the practitioner would be 96 years old when the action was taken against him in 2014. It is highly unlikely the date of birth is correct.

KELVIN, EZEKEIL JOHN (5950000090962001)

- The narrative in this case attests to the practitioner having been fired immediately after the hospital discovered an issue with care provided by the practitioner. The nature of the termination of the employee was such that it was not a reportable clinical privileges action (because of the lack of a professional review action).

BERSHIRE, AURORA JEAN (5950000090961989)

- There is nothing particularly wrong with this report at first glance. However, there should not be a reporting code in this case for WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION (1655) associated with an investigation by a state entity, when the reporting entity in this case is a hospital: there should also not be an association made in the narrative between the withdrawal of a renewal application for licensure and the state's investigation. The report should serve as a reminder that if a practitioner is deceased when a report is submitted, that fact should be noted in the report by specifying that the practitioner has died. This can be done by indicating they are deceased in the appropriate field and by mentioning their passing in the narrative of the report.

QUARTZ, SAMANTHA ANNE (5950000090961990)

- This report is okay. The key point to consider is that just because the resignation was moved up in time, it does not change the requirement that a resignation (in this case involuntary) while under investigation is a reportable event.

COBALT, ALEXANDER

NEW ENGLAND CHILDRENS HOSPITAL

TITLE IV CLINICAL PRIVILEGES ACTION

Date of Action: 09/25/2014

Initial Action

Basis for Initial Action

- REVOCATION OF CLINICAL PRIVILEGES
- SUSPENSION OF CLINICAL PRIVILEGES
- SUMMARY OR EMERGENCY SUSPENSION OF CLINICAL PRIVILEGES

- DISRUPTIVE CONDUCT
- INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES
- NEGLIGENCE

A. REPORTING ENTITY

Entity Name: NEW ENGLAND CHILDRENS HOSPITAL
Address: 582 RIVER RD
City, State, Zip: SPRINGFIELD, MA 01152
Country:
Name or Office: ALBERT MATAR
Title or Department: MEDICAL OFFICES
Telephone: 10101010 101-0101
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: COBALT, ALEXANDER
Other Name(s) Used: COBALT, ALEX
Gender: MALE
Date of Birth: 07/08/1919
Organization Name: NEW ENGLAND CHILDRENS HOSPITAL
Work Address: 582 RIVER RD
City, State, ZIP: SPRINGFIELD, MA 01152
Home Address: 29 FALMOUTH ST
City, State, ZIP: SPRINGFIELD, MA 01151-1724
Deceased: NO
Social Security Numbers (SSN): ***-**-1111
Professional School(s) & Year(s) of Graduation: RHODE ISLAND COLLEGE OF OSTEOPATHIC MEDINCE (2008)
Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO)
State License Number, State of Licensure: 111111111, MA
Drug Enforcement Administration (DEA) Numbers:
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):
Business Address of Affiliate: SPRINGFIELD OSTEOPATHIC HEALTH
182 MAIN ST
City, State, ZIP: SPRINGFIELD, MA 01151-1164
Nature of Relationship(s): SUBJECT IS OWNER/PARTNER OF AFFILIATE OR ASSOCIATE (100)

C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Basis for Action: DISRUPTIVE CONDUCT (D5)
INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES (17)
NEGLIGENCE (13)
Adverse Action Classification Code(s): REVOCATION OF CLINICAL PRIVILEGES (1610)
SUSPENSION OF CLINICAL PRIVILEGES (1630)

SUMMARY OR EMERGENCY SUSPENSION OF CLINICAL PRIVILEGES
(1632)

Date Action Was Taken: 09/25/2014

Date Action Became Effective: 09/25/2014

Length of Action: INDEFINITE

Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity:

ON AUGUST 3, 2014, DR. COBALT ARRIVED FOR WORK IN THE ONCOLOGY UNIT INTOXICATED. HE PROCEEDED TO VERBALLY ABUSE NURSING STAFF THAT HE ENCOUNTERED IN THE MINUTES AFTER HE ARRIVED, IN PARTICULAR DIRECTING HIS ANGER AT THE HEAD NURSE OF THE UNIT. BECAUSE THERE WERE FEARS THAT HE MIGHT BECOME VIOLENT, SECURITY AND LOCAL POLICE WERE CALLED. DR. COBALT WAS DETAINED BY POLICE FOR QUESTIONING.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 02/09/2015

Date of Most Recent Change: 02/09/2015

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

KELVIN, EZEKIEL JOHN

NEW ENGLAND CHILDRENS HOSPITAL

CORRECTION TO TITLE IV CLINICAL PRIVILEGES ACTION

Date of Action: 05/17/2013

Initial Action

Basis for Initial Action

- TERMINATION OF PANEL MEMBERSHIP OR EMPLOYMENT (PROFESSIONAL REVIEW ACTION)

- PATIENT NEGLECT

A. REPORTING ENTITY

Entity Name: NEW ENGLAND CHILDRENS HOSPITAL
Address: 582 RIVER RD
City, State, Zip: SPRINGFIELD, MA 01152
Country:
Name or Office: ALBERT MATAR
Title or Department: MEDICAL OFFICES
Telephone: 10101010 101-0101
Entity Internal Report Reference:
Type of Report: CORRECTION
Previous Report Number: 5950000090961988 (Please destroy all copies of the previous report)

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: KELVIN, EZEKIEL JOHN
Other Name(s) Used: KELVIN, ZEKE JOHN
Gender: MALE
Date of Birth: 05/14/1982
Organization Name: PHOENIX DIALYSIS ASSOCIATES
Work Address: 310 ARCHWAY BLVD.
City, State, ZIP: PHOENIX, AZ 85001
Home Address: 1471 MOUNTAIN LN.
City, State, ZIP: CHICOPEE, MA 01014
Deceased: NO
Social Security Numbers (SSN): ***-**-1111
Professional School(s) & Year(s) of Graduation: SAPPHIRE UNIVERSITY (2004)
Occupation/Field of Licensure (Code): NURSE PRACTITIONER
State License Number, State of Licensure: 111111111, MA
Occupation/Field of Licensure (Code): NURSE PRACTITIONER
State License Number, State of Licensure: 111111111, AZ
Drug Enforcement Administration (DEA) Numbers: BB1111111
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

NOTE: Information marked with an asterisk (*) was added, corrected, or removed.

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Basis for Action: PATIENT NEGLECT (15)
Adverse Action
Classification Code(s): TERMINATION OF PANEL MEMBERSHIP OR EMPLOYMENT (PROFESSIONAL REVIEW ACTION) (1615)
Date Action Was Taken: 05/17/2013
Date Action Became Effective: 05/17/2013
Length of Action: PERMANENT

* Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

MR. KELVIN WORKED AS A NURSE PRACTITIONER IN THE HOSPITAL'S DIALYSIS CENTER HELPING TO OVERSEE A TEAM OF NURSES IN OUR DIVISION OF NEPHROLOGY AFTER THE DIVISION'S MANAGER HAD TO ABRUPTLY TAKE A LEAVE OF ABSENCE TO CARE FOR AN ILL FAMILY MEMBER. MR. KELVIN WAS A LOCUM TENENS PRACTITIONER ESSENTIALLY, ON LOAN TO OUR CENTER FROM PHOENIX DIALYSIS ASSOCIATES LOCATED IN PHONIX ARIZONA--A FACILITY WHICH WAS TEMPORARILY CLOSED DOWN WHILE ITS FACILITIES WERE RECEIVING AN EXTENSIVE RENOVATION. FROM 2003 TO 2012, MR. KELVIN HAD WORKED IN THE DIALYSIS CENTER FIRST AS A REGISTERED NURSE AND THEN AS A NURSE PRACTITIONER; THIS IS WHY MR. KELVIN WAS WELCOMED BACK TO OUR CENTER ON A SHORT-TERM BASIS. ON JANUARY 27, 2013, MR. KELVIN WAS DISCOVERED TO HAVE LEFT A MENTALLY DISABLED PATIENT--WHO HAD BEEN DISRUPTIVE AFTER HIS CATHETER HAD DISLODGED--IN A NEARBY, ELECTRONICALLY LOCKED OFFICE WHILE THE PATIENT'S PARENTS WERE EN ROUTE TO PICK HIM UP. MR. KELVIN LEFT THE HOSPITAL FOR LUNCH, DESPITE THE PATIENT'S CRYING AND SCREAMING AND INDICATIONS THAT THEY WERE BEING DESTRUCTIVE IN THE LOCKED OFFICE. THE PATIENT'S PARENTS ARRIVED AND STAFF NOTIFIED THE PARENTS THAT THEY HAD CALLED SECURITY TO TRY AND GET THE LOCKED DOOR OPENED. ONCE SECURITY WAS ABLE TO UNLOCK THE DOOR, THE PATIENT WAS FOUND TO HAVE HARMED THEMSELVES AND TO HAVE DESTROYED DOZENS OF BINDERS, BOOKS, AND A DESK. MR. KELVIN RETURNED FROM LUNCH AND WAS SUMMONED TO THE DIVISION CHIEF'S OFFICE. HE WAS ASKED FOR AN EXPLANATION BY THE DIVISION CHIEF, WHO WAS ACCOMPANIED BY COUNSEL, AND SEVERAL REGISTERED NURSES FROM THE DIVISION. THE DIVISION CHIEF ASKED FOR MR. KELVIN'S BADGE AND KEYS AND EXPLAINED THAT HE WAS TERMINATED, EFFECTIVE IMMEDIATELY.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 02/11/2015

Date of Most Recent Change: 02/13/2015

This report is maintained under the provisions of: Title IV

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END OF REPORT

BERKSHIRE, AURORA JEAN

NEW ENGLAND CHILDRENS HOSPITAL

TITLE IV CLINICAL PRIVILEGES ACTION

Date of Action: 09/15/2013

Initial Action

Basis for Initial Action

- SUMMARY OR EMERGENCY SUSPENSION OF CLINICAL PRIVILEGES
- VOLUNTARY LIMITATION, RESTRICTION, OR REDUCTION OF CLINICAL PRIVILEGE(S), WHILE UNDER, OR TO AVOID, INVESTIGATION RELATING TO PROFESSIONAL COMPETENCE OR CONDUCT
- WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER INVESTIGATION

- SUBSTANDARD OR INADEQUATE SKILL LEVEL
- UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE

A. REPORTING ENTITY

Entity Name: NEW ENGLAND CHILDRENS HOSPITAL
Address: 582 RIVER RD
City, State, Zip: SPRINGFIELD, MA 01152
Country:
Name or Office: ALBERT MATAR
Title or Department: MEDICAL OFFICES
Telephone: 10101010 101-0101
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: BERKSHIRE, AURORA JEAN
Other Name(s) Used:
Gender: FEMALE
Date of Birth: 10/16/1957
Organization Name: NEW ENGLAND CHILDRENS HOSPITAL
Work Address: 582 RIVER RD
City, State, ZIP: SPRINGFIELD, MA 01152
Home Address: 100 CORNELL ST.
City, State, ZIP: SPRINGFIELD, MA 01109
Deceased: YES
Date of Death: 02/02/2014
Social Security Numbers (SSN): ***-**-1111
Professional School(s) & Year(s) of Graduation: POLARIS UNIVERSITY SCHOOL OF MEDICINE (1983)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 1111111111, MA
Drug Enforcement Administration (DEA) Numbers: CC111111
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Basis for Action: SUBSTANDARD OR INADEQUATE SKILL LEVEL (F7)
UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER
SUBSTANCE ABUSE (F2)

Adverse Action
Classification Code(s): SUMMARY OR EMERGENCY SUSPENSION OF CLINICAL PRIVILEGES
(1632)
VOLUNTARY LIMITATION, RESTRICTION, OR REDUCTION OF
CLINICAL PRIVILEGE(S), WHILE UNDER, OR TO AVOID,
INVESTIGATION RELATING TO PROFESSIONAL COMPETENCE OR
CONDUCT (1634)
WITHDRAWAL OF RENEWAL APPLICATION WHILE UNDER
INVESTIGATION (1655)

Date Action Was Taken: 09/12/2013
Date Action Became Effective: 09/15/2013
Length of Action: PERMANENT

Description of Subject's Act(s) or Omission(s) or Other
Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity: DR. BERKSHIRE--WHO PASSED AWAY RECENTLY--WAS HAVING
TROUBLE IN HER SURGICAL DUTIES. SHE RESIGNED ON MARCH 6,
2013 AS A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL.
AT THE TIME OF RESIGNATION, DR. BERKSHIRE WAS SUBJECT TO
SUMMARY SUSPENSION STARTING ON JANUARY 18, 2013
RESULTING IN AN AGREED UPON SUSPENSION OF THE FOLLOWING
PRIVILEGES: ALL GENERAL SURGICAL PRIVILEGES, PROHBITING
HER FROM ENGAGING IN LAPAROSCOPIC HERNIA REPAIR,
TONSILLECTOMY, THORACOSCOPY, AND OTHER PROCEDURES SHE
ROUTINELY COMPLETED IN THE PAST. THE SUMMARY SUSPENSION
OF DR. BERKSHIRE'S PRIVILEGES RESULTED FROM THE NEED BY
DR. BERKSHIRE FOR PHYSICIAN ASSISTANCE IN MANY CASES AND
FROM STATEMENTS FROM DR. BERKSHIRE DEMONSTRATING
CONFUSION ON HER PART ABOUT THE PROPER STEPS TO FOLLOW
DURING SURGERIES. DR. BERKSHIRE WAS SUFFERING FROM DRUG
ADDICTION, TO WHICH SHE ADMITTED AS EARLY AS OCTOBER 25,
2012 TO CREDENTIALLING STAFF. AT THE TIME OF HER
VOLUNTARY RESTRICTION OF PRIVILEGES, SHE WITHDREW HER
APPLICATION FOR RENEWAL OF HER CLINICAL PRIVILEGES,
WHILE UNDER INVESTIGATION BY STATE AUTHORITIES FOR
POSSIBLY ILLEGALLY PROVIDING NARCOTICS TO NON-PATIENTS.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

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- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

DCN: 5950000090961989
Process Date: 02/11/2015
Page: 3 of 3
BERKSHIRE, AURORA JEAN
For authorized use by:
NEW ENGLAND CHILDRENS HOSPITAL

At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

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Date of Most Recent Change: 02/11/2015

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END OF REPORT

DCN: 5950000090961990
Process Date: 02/12/2015
Page: 1 of 3
QUARTZ, SAMANTHA ANNE
For authorized use by:
NEW ENGLAND CHILDRENS HOSPITAL

QUARTZ, SAMANTHA ANNE

NEW ENGLAND CHILDRENS HOSPITAL

TITLE IV CLINICAL PRIVILEGES ACTION

Date of Action: 04/22/2012

Initial Action

Basis for Initial Action

- INVOLUNTARY RESIGNATION

- FILING FALSE REPORTS OR FALSIFYING RECORDS

A. REPORTING ENTITY

Entity Name: NEW ENGLAND CHILDRENS HOSPITAL
 Address: 582 RIVER RD
 City, State, Zip: SPRINGFIELD, MA 01152
 Country:
 Name or Office: ALBERT MATAR
 Title or Department: MEDICAL OFFICES
 Telephone: 10101010 101-0101
 Entity Internal Report Reference:
 Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: QUARTZ, SAMANTHA ANNE
 Other Name(s) Used:
 Gender: FEMALE
 Date of Birth: 02/25/1967
 Organization Name: NEW ENGLAND CHILDRENS HOSPITAL
 Work Address: 582 RIVER RD
 City, State, ZIP: SPRINGFIELD, MA 01152
 Home Address: UNKNOWN
 UNKNOWN
 City, State, ZIP: UNKNOWN
 Country: AUSTRALIA
 Deceased: UNKNOWN
 Social Security Numbers (SSN): ***-**-1111
 Professional School(s) & Year(s) of Graduation: CANBERRA UNIVERSITY SCHOOL OF MEDICINE (1997)
 Occupation/Field of Licensure (Code): PHYSICIAN (MD)
 State License Number, State of Licensure: 11111111, MA
 Drug Enforcement Administration (DEA) Numbers: BB11111111
 Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):
 Business Address of Affiliate:
 City, State, ZIP:
 Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
 Basis for Action: FILING FALSE REPORTS OR FALSIFYING RECORDS (E3)
 Adverse Action
 Classification Code(s): INVOLUNTARY RESIGNATION (1637)
 Date Action Was Taken: 04/22/2012
 Date Action Became Effective: 04/22/2012
 Length of Action: PERMANENT

Description of Subject's Act(s) or Omission(s) or Other

Reasons for Action(s) Taken and Description of Action(s) Taken
by Reporting Entity:

DURING A FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) FROM NOVEMBER 14, 2011 TO JANUARY 17, 2012, IT WAS DISCOVERED THAT DR. QUARTZ WAS MARKING IN PATIENT CHARTS EXAMINATIONS THAT SHE HAD NOT ENGAGED IN. DR. QUARTZ FAILED TO CARRY OUT BASIC PULMONARY FUNCTION TESTS IN AT LEAST 7 INSTANCES, DID NOT FOLLOW UP WITH A PARENT'S CONCERNS REGARDING POSSIBLE SLEEP APNEA IN THEIR CHILD DESPITE REPEATED ATTEMPTS ON THE PARENT'S PART TO GET INFORMATION FROM THE DOCTOR, AND DID NOT FOLLOW UP WITH AN ADOLESCENT WITH PROBABLE INTRATHORACIC TUBERCULOSIS-- WHO PRESENTED WITH LOBAR PNEUMONIA, WEIGHT LOSS, AND HEMOPTYSIS: IN ALL OF THESE INSTANCES, DR. QUARTZ WROTE IN HER PATIENT'S CHARTS THAT SHE HAD DONE EXAMINATIONS AND HAD FOLLOWED UP WITH PATIENTS AND PARENTS. WHEN CONFRONTED ON FEBRUARY 8, 2012 WITH EVIDENCE OF FALSIFICATION OF PATIENT RECORDS, DR. QUARTZ CLAIMED THAT SHE WAS OVERWORKED AND THOUGHT THE HOSPITAL LACKED BASIC INFRASTRUCTURE NEEDED TO SUPPORT AS MANY PATIENTS AS SHE WAS SEEING. SHE INFORMED THE MEDICAL EXECUTIVE COMMITTEE IN PERSON, WHICH HAD ORDERED THE FPPE AFTER LETTERS OF CONCERN WERE SENT TO THE HOSPITAL, THAT SHE WOULD BE RESIGNING, DUE TO HER INTENTION TO MOVE BACK TO AUSTRALIA, ON JULY 23, 2012. DR. QUARTZ WAS INFORMED THAT HER CLINICAL PRIVILEGES WOULD NOT BE RENEWED AND THAT SHE SHOULD SUBMIT A LETTER OF RESIGNATION IMMEDIATELY. SHE THEN PROCEEDED TO SUBMIT HER LETTER OF RESIGNATION, EFFECTIVE JULY 23, 2012: THE HOSPITAL RESPONDED BY LETTER INFORMING HER THAT HER RESIGNATION WAS EFFECTIVE MARCH 22, 2012.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 02/12/2015
Date of Most Recent Change: 02/12/2015

This report is maintained under the provisions of: Title IV

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END OF REPORT
