

**BEFORE THE DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

**Dale R. Stemple, M.D.
Certificate # C-36399**

Respondent.

File No: 12-1995-46029

DECISION

The attached Stipulation is hereby adopted by the Division of Medical Quality of the Medical Board of California as its Decision in the above-entitled matter.

This Decision shall become effective at 5:00 p.m. on August 11, 1999.

It is so ordered July 12, 1999.

**DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA**



**Carole Hurvitz, M.D.
Chair
Panel B**

1 BILL LOCKYER, Attorney General
of the State of California
2 LAWRENCE A. MERCER (SB #111898)
Deputy Attorney General
3 California Department of Justice
455 Golden Gate Avenue, Suite 11000
4 San Francisco, California 94102
Telephone: (415) 703-5539
5 Telefax: (415) 703-5480

6 Attorneys for Complainant

7
8 **BEFORE THE**
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

12 **DALE R. STEMPLER, M.D.**
13 351 Hartnell Avenue
Redding, CA 96002

14 License No. C-36399

15 Respondent.
16 _____

) Case No. 12 95 46029
) OAH No. N1998100376

) **STIPULATION AND ORDER FOR**
) **SETTLEMENT OF**
) **DISCIPLINARY ACTION**

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

19 1. An Accusation in case number 12 95 46029 was filed with the Division of
20 Medical Quality, of the Medical Board of California, Department of Consumer Affairs (the
21 "Division") on July 14, 1998, and is currently pending against Dale R. Stemple, M.D. (the
22 "respondent").

23 2. The Accusation, together with all statutorily required documents, was duly
24 served on the respondent and respondent timely filed his Notice of Defense contesting the
25 Accusation. A copy of Accusation No. 12 95 46029 is attached as Exhibit "A" and hereby
26 incorporated by reference as if fully set forth.

27 3. The Complainant, Ron Joseph, is the Executive Director of the Medical Board

1 of California and brought this action solely in his official capacity. The Complainant is
2 represented by the Attorney General of California, Bill Lockyer, by and through Deputy
3 Attorney General Lawrence A. Mercer.

4 4. The respondent is represented in this matter by Nossaman, Guthner, Knox &
5 Elliott, Robert J. Sullivan, Esq., and Matthew T. Cheever, Esq., whose address is 915 L Street,
6 Sacramento, CA 95814.

7 5. At all times relevant herein, respondent has been licensed by the Medical
8 Board of California under Physician's and Surgeon's Certificate No. C-36399.

9 6. Respondent understands the nature of the charges alleged in the
10 Accusation and that, if proven at hearing, the charges and allegations would constitute cause for
11 imposing discipline upon his license. Respondent is fully aware of his right to a hearing on the
12 charges contained in the Accusation, his right to confront and cross-examine witnesses against
13 him, his right to the use of subpoenas to compel the attendance of witnesses and the production
14 of documents in both defense and mitigation of the charges, his right to reconsideration, appeal
15 and any and all other rights accorded by the California Administrative Procedure Act and other
16 applicable laws. Respondent knowingly, voluntarily and irrevocably waives and gives up each
17 of these rights.

18 7. Respondent admits that, if proven at a hearing, the allegations set forth in
19 Accusation No. 12 95 46029 would constitute grounds for disciplinary action and agrees that the
20 Medical Board has jurisdiction over this matter for that reason. Respondent agrees to be bound
21 by the Division's Disciplinary Order as set forth below.

22 8. The admissions made by respondent herein are for the purpose of
23 settlement of this proceeding, may be used in any other proceedings in which the Division of
24 Medical Quality, Medical Board of California, or other professional licensing agency is
25 involved, and shall not be admissible in any other criminal or civil proceedings.

26 9. Based on the foregoing admissions and stipulated matters, the parties
27 agree that the Division shall, without further notice or formal proceeding, issue and enter the

1 following order:

2 **DISCIPLINARY ORDER**

3 **IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate number C-36399
4 issued to Dale R. Stemple, M.D., is revoked. However, the revocation is stayed and respondent
5 is placed on probation for five (5) years on the following terms and conditions. Within 15 days
6 after the effective date of this decision the respondent shall provide the Division, or its designee,
7 proof of service that respondent has served a true copy of this decision on the Chief of Staff or
8 the Chief Executive Officer at every hospital where privileges or membership are extended to
9 respondent or where respondent is employed to practice medicine and on the Chief Executive
10 Officer at every insurance carrier where malpractice insurance coverage is extended to
11 respondent.

12 1. **PSYCHOTHERAPY** Within 60 days of the effective date of this decision,
13 respondent shall submit to the Division or its designee for its prior approval the name and
14 qualifications of a psychotherapist or respondent's choice. Upon approval, respondent shall
15 undergo and continue treatment for a minimum of six months and until the Division or its
16 designee deems that no further psychotherapy is necessary. Respondent shall have the treating
17 psychotherapist submit quarterly status reports to the Division or its designee. The Division or
18 its designee may require respondent to undergo psychiatric evaluations by a Division-appointed
19 psychiatrist. The respondent shall pay the cost of therapy and evaluations.

20 2. **PROHIBITED PRACTICE - INCOMPETENCE** During probation, respondent is
21 prohibited from performing invasive cardiac procedures, unless and until respondent has
22 completed the conditions precedent hereinafter set forth.

23 3. **EDUCATION COURSE** Within 90 days of the effective date of this
24 decision, and on an annual basis thereafter, respondent shall submit to the Division or its
25 designee for its prior approval an educational program which shall not be less than 40 hours per
26 year and which shall include medical ethics, for each year of probation. This program shall be
27 in addition to the Continuing Medical Education requirements for re-licensure. Following the

1 completion of each course, the Division or its designee may administer an examination to test
2 respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
3 hours of continuing medical education of which 40 hours were in satisfaction of this condition
4 and were approved in advance by the Division or its designee.

5 4. ETHICS COURSE Within 60 days of the effective date of this decision,
6 respondent shall enroll in a course in Ethics approved in advance by the Division or its designee,
7 and shall successfully complete the course within the first year of probation.

8 5. ORAL CLINICAL OR WRITTEN EXAMINATION Within the first eighteen
9 (18) months of probation, respondent shall take and pass an oral clinical examination in cardiac
10 catheterization procedures and indications therefor, to be administered by the Division or its
11 designee. If respondent fails the first examination, respondent shall be allowed to take and pass
12 a second examination, which may consist of a written as well as an oral examination. The
13 waiting period between the first and second examinations shall be at least three (3) months. If
14 respondent fails to pass the first and second examination, respondent may take a third and final
15 examination after waiting a period of one (1) year. Failure to pass the examination within forty-
16 eight (48) months after the effective date of this decision shall constitute a violation of
17 probation. Respondent shall pay the costs of these examinations within ninety (90) days of the
18 administration of each exam.

19 6. PSYCHIATRIC EVALUATION Prior to engaging in the practice of invasive
20 cardiology, respondent shall undergo a psychiatric evaluation (and psychological testing, if
21 deemed necessary) by a Division-appointed psychiatrist, who shall furnish an evaluation report
22 to the Division or its designee.

23 7. MONITORING Prior to engaging in the practice of invasive cardiology,
24 respondent shall submit to the Division or its designee for its prior approval a plan of practice in
25 which respondent's practice shall be monitored by another physician in respondent's field of
26 practice, who shall provide periodic reports to the division or its designee.

27 If the monitor resigns or is no longer available, respondent shall, within 15 days,

1 move to have a new monitor appointed, through nomination by respondent and approval by the
2 Division or its designee.

3 Respondent is prohibited from engaging in solo practice.

4 8. **PROCTORING** Prior to engaging in the practice of invasive cardiology,
5 respondent shall submit to the Division for its prior approval a plan by which thirty (30) cardiac
6 catheterization cases shall be proctored.

7 9. **OBEY ALL LAWS** Respondent shall obey all federal, state and local
8 laws, all rules governing the practice of medicine in California, and remain in full compliance
9 with any court ordered criminal probation, payments and other orders.

10 10. **QUARTERLY REPORTS** Respondent shall submit quarterly declarations
11 under penalty of perjury on forms provided by the Division, stating whether there has been
12 compliance with all the conditions of probation.

13 11. **PROBATION SURVEILLANCE PROGRAM COMPLIANCE** Respondent shall
14 comply with the Division's probation surveillance program. Respondent shall, at all times, keep
15 the Division informed of his addresses of business and residence which shall both serve as
16 addresses of record. Changes of such addresses shall be immediately communicated in writing
17 to the Division. Under no circumstances shall a post office box serve as an address of record.

18 Respondent shall also immediately inform the Division, in writing, of any travel
19 to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more
20 than thirty (30) days.

21 12. **INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS**

22 **DESIGNATED PHYSICIAN(S)** Respondent shall appear in person for interviews with the
23 Division, its designee or its designated physician(s) upon request at various intervals and with
24 reasonable notice.

25 13. **TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR IN-STATE NON-**
26 **PRACTICE** In the event respondent should leave California to reside or to practice outside
27 the State or for any reason should respondent stop practicing medicine in California, respondent

1 shall notify the Division or its designee in writing within ten (10) days of the dates of departure
2 and return or the dates of non-practice within California. Non-practice is defined as any period
3 of time exceeding thirty days in which respondent is not engaging in any activities defined in
4 Sections 2051 and 2052 of the Business and Professions Code. All time spent in an intensive
5 training program approved by the Division or its designee shall be considered as time spent in
6 the practice of medicine. Periods of temporary or permanent residence or practice outside
7 California or of non-practice within California, as defined in this condition, will not apply to the
8 reduction of the probationary period.

9 14. **COMPLETION OF PROBATION** Upon successful completion of
10 probation, respondent's certificate shall be fully restored.

11 15. **VIOLATION OF PROBATION** If respondent violates probation in any
12 respect, the Division, after giving respondent notice and the opportunity to be heard, may revoke
13 probation and carry out the disciplinary order that was stayed. If an accusation or petition to
14 revoke probation is filed against respondent during probation, the Division shall have continuing
15 jurisdiction until the matter is final, and the period of probation shall be extended until the
16 matter is final.

17 16. **COST RECOVERY** The respondent is hereby ordered to reimburse the
18 Division the amount of Fifteen Thousand Dollars (\$15,000.00) for costs of investigation and
19 prosecution. Petitioner shall pay Three Thousand Dollars (\$3,000.00) within ninety (90) days of
20 the effective date of this decision and Three Thousand Dollars annually from the effective date
21 of this decision during the five years of probation. Failure to reimburse the Division's cost of
22 investigation and prosecution shall constitute a violation of the probation order, unless the
23 Division agrees in writing to payment by an installment plan because of financial hardship. The
24 filing of bankruptcy by the respondent shall not relieve the respondent of his responsibility to
25 reimburse the Division for its investigative and prosecution costs.

26 17. **PROBATION COSTS** Respondent shall pay the costs associated with
27 probation monitoring each and every year of probation, which are currently set at \$2,304, but

1 may be adjusted on an annual basis. Such costs shall be payable to the Division of Medical
2 Quality and delivered to the designated probation surveillance monitor at the beginning of each
3 calendar year. Failure to pay costs within 30 days of the due date shall constitute a violation of
4 probation.

5 18. LICENSE SURRENDER Following the effective date of this decision, if
6 respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy
7 the terms and conditions of probation, respondent may voluntarily tender his certificate to the
8 Board. The Division reserves the right to evaluate the respondent's request and to exercise its
9 discretion whether to grant the request, or to take any other action deemed appropriate and
10 reasonable under the circumstances. Upon formal acceptance of the tendered license, respondent
11 will no longer be subject to the terms and conditions of probation.


12 CONTINGENCY

13 This stipulation shall be subject to the approval of the Division. Respondent
14 understands and agrees that Board staff and counsel for complainant may communicate directly
15 with the Division regarding this stipulation and settlement, without notice to or participation by
16 respondent or his counsel. If the Division fails to adopt this stipulation as its Order, the
17 stipulation shall be of no force or effect, it shall be inadmissible in any legal action between the
18 parties, and the Division shall not be disqualified from further action in this matter by virtue of
19 its consideration of this stipulation.

1
2 **ACCEPTANCE**

3 I have read the above Stipulated Settlement and Disciplinary Order and I have
4 fully understood the terms and conditions and other matters contained therein. I understand the
5 effect this Stipulated Settlement and Disciplinary Order will have on my practice of medicine,
6 and agree to be bound thereby. I enter this stipulation freely, knowingly, intelligently and
7 voluntarily. I further agree that a facsimile of this signature page shall have the same legal effect
8 as the original.

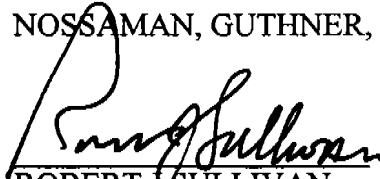
9 DATED: 6/18/99.

10
11 
12 Dale R. Stemple, M.D.
13 Respondent
14
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16

17 I have read the above stipulation and waiver and approve of it as to form and content. I
18 have fully discussed the terms and conditions and other matters therein with respondent Dale R.
19 Stemple, M.D.

20 DATED: 6/18/99.

21
22 NOSSAMAN, GUTHNER, KNOX & ELLIOTT

23 
24 ROBERT J. SULLIVAN
25 Attorneys for Respondent
26
27

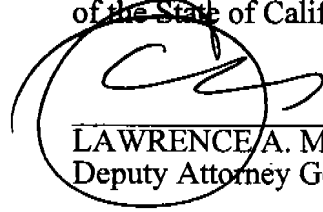
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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for the consideration of the Division of Medical Quality, Medical Board of California, Department of Consumer Affairs.

DATED: June 18, 1999

BILL LOCKYER, Attorney General
of the State of California



LAWRENCE A. MERCER
Deputy Attorney General

Attorneys for Complainant

EXHIBIT A

1 DANIEL E. LUNGREN, Attorney General
of the State of California
2 LAWRENCE A. MERCER,
Deputy Attorney General (SB #111898)
3 California Department of Justice
50 Fremont Street, Suite 300
4 San Francisco, California 94105-2239
Telephone: (415) 356-6259
5 Telefax: (415) 356-6257

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 14 19 98
BY Wiley Brant ASSOCIATE

6 Attorneys for Complainant

7
8 **BEFORE THE**
9 **DIVISION OF MEDICAL QUALITY**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation)
Against:)

Case No. 12-95-46029

12 **DALE ROBERT STEMPLER, M.D.**)
13 **351 Hartnell Avenue**)
14 **Redding, CA 96002**)

ACCUSATION

15 Physician's and Surgeon's Certificate No. C-36399)

16 **Respondent.**)
17)

18 The Complainant alleges:

19 **PARTIES**

20 1. Complainant, Ron Joseph, is the Executive Director
21 of the Medical Board of California (hereinafter the "Board") and
22 brings this accusation solely in his official capacity.

23 2. On or about March 24, 1975, Physician's and
24 Surgeon's Certificate No. C-36399 was issued by the Board to Dale
25 Robert Stemple, M.D., (hereinafter "respondent"), and at all
26 times relevant to the charges brought herein, this license has
27 been in full force and effect. Respondent's license is currently

1 valid, with an expiration date of April 30, 1999. Respondent is
2 not a supervisor of a physician assistant.

3 JURISDICTION

4 3. This accusation is brought before the Division of
5 Medical Quality of the Medical Board of California, Department of
6 Consumer Affairs (hereinafter the "Division"), under the
7 authority of the following sections of the California Business
8 and Professions Code (hereinafter "Code"):

9 A. Section 2227 of the Code provides that a licensee
10 who is found guilty under the Medical Practice Act may have
11 his license revoked, suspended for a period not to exceed
12 one year, placed on probation and ordered to pay the costs
13 of probation monitoring, or such other action taken in
14 relation to discipline as the Division deems proper.

15 B. Section 2234 of the Code provides that
16 unprofessional conduct includes, but is not limited to, the
17 following:

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

21 (b) Gross negligence.

22 (c) Repeated negligent acts.

23 (d) Incompetence.

24 (e) The commission of any act involving dishonesty or
25 corruption which is substantially related to the
26 qualifications, functions, or duties of a physician and
27 surgeon.

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

3 C. Section 125.3 of the Code provides, in part, that
4 the Board may request the administrative law judge to direct
5 any licentiate found to have committed a violation or
6 violations of the licensing act, to pay the Board a sum not
7 to exceed the reasonable costs of the investigation and
8 enforcement of the case.

9 D. Section 16.01 of the 1997/1998 Budget Act of the
10 State of California provides, in pertinent part, that:

11 (a) no funds appropriated by this act may be expended to pay
12 any Medi-Cal claim for any service performed by a physician
13 while that physician's license is under suspension or
14 revocation due to a disciplinary action of the Medical Board
15 of California; and (b) no funds appropriated by this act may
16 be expended to pay any Medi-Cal claim for any surgical
17 service or other invasive procedure performed on any Medi-
18 Cal beneficiary by a physician if that physician has been
19 placed on probation due to a disciplinary action of the
20 Medical Board of California related to the performance of
21 that specific service or procedure on any patient, except in
22 any case where the Medical Board of California makes a
23 determination during its disciplinary process that there
24 exist compelling circumstances that warrant continued Medi-
25 Cal reimbursement during the probationary period.

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1 performed and a repeat angioplasty was attempted through the
2 stents. No flow was obtained, anticoagulant was
3 discontinued and the patient was returned to the ward.

4 E. Respondent did not order an echocardiographic
5 study done early post-myocardial infarction.

6 F. On or about August 15, 1994, the Patient H.R.
7 suffered a cerebral-vascular accident with right
8 hemiparesis, which condition proximately caused her death.

9 5. Respondent is subject to disciplinary action under
10 section 2234(b) and/or (c) and/or (d) of the Business and
11 Professions Code in that respondent's care of patient H.R.
12 demonstrated gross negligence and/or negligence and/or
13 incompetence, including but not limited to the following:

14 A. Respondent delayed inappropriately before
15 arriving at the Emergency Room;

16 B. Respondent inappropriately placed stents in
17 the setting of an acute myocardial infarction and a fresh
18 thrombus;

19 C. Respondent lacked the training and privileges
20 required by the hospital medical staff policies for stent
21 placement;

22 D. Respondent failed to obtain a surgical
23 consultation when the angioplasty proved unsuccessful;

24 E. Respondent performed a second angiogram and
25 dilated the stents when a prior "no reflow" situation was
26 already present;

27 F. Respondent failed to obtain an echocardiogram

1 after the patient's myocardial infarction and before the
2 patient suffered a cerebral-vascular accident.

3
4 **SECOND CAUSE FOR DISCIPLINE**

5 (Gross Negligence, Negligence, Incompetence)

6 6. Respondent Dale Robert Stemple, M.D., is subject
7 to disciplinary action under section 2234 of the Business and
8 Professions Code in that respondent was grossly negligent and/or
9 negligent and/or incompetent in his care and treatment of patient
10 M.S. The circumstances are as follows:

11 A. At all relevant times, respondent was a
12 physician and surgeon with a practice in cardiology at Queen
13 of the Valley Hospital in Napa, California.

14 B. Patient M.S., a 77 year old female, presented
15 to Queen of the Valley Hospital on November 1, 1994, with
16 chest pain and evidence of acute inferior wall myocardial
17 infarction on EKG. Angiography showed occlusion of her
18 right coronary artery. PTCA was performed with good result.
19 Approximately 48 hours later, she had ischemic symptoms.
20 She was again catheterized and recurrent stenosis was found.
21 Respondent then placed a COOK stent with difficulty. The
22 patient's procedure was scheduled as a Level I, No Standby.

23 C. Queen of the Valley Hospital rules required
24 that a surgical back-up be arranged before performing a
25 stent procedure. In addition, respondent had not completed
26 a COOK stent course prior to placement of the patient's
27 stent.

1 7. Respondent is subject to disciplinary action under
2 section 2234(b) and/or (c) and/or (d) of the Business and
3 Professions Code in that respondent's care of patient M.S.
4 demonstrated gross negligence and/or negligence and/or
5 incompetence, including but not limited to the following:

6 A. Respondent did not have training or
7 privileges for stent placement at the time he treated
8 Patient M.S.; Nevertheless he proceeded with stent
9 placement on Patient M.S.;

10 B. Respondent failed to have a surgical standby
11 available at the time he performed the stent procedure.

12 **THIRD CAUSE FOR DISCIPLINE**

13 (Gross Negligence, Negligence, Incompetence)

14 8. Respondent Dale Robert Stemple, M.D., is subject
15 to disciplinary action under section 2234 of the Business and
16 Professions Code in that respondent was grossly negligent and/or
17 negligent and/or incompetent in his care and treatment of patient
18 M.G. The circumstances are as follows:

19 A. At all relevant times, respondent was a
20 physician and surgeon with a practice in cardiology at Queen
21 of the Valley Hospital in Napa, California.

22 B. Patient M.G., an 87 year old male with severe
23 chronic obstructive pulmonary disease and prostate cancer,
24 was admitted to Queen of the Valley Hospital on November 9,
25 1994, for agonal respirations, atrial fibrillation, and runs
26 of non-sustained ventricular tachycardia. A dobutamine
27 echocardiogram and an angiogram were performed and were

1 reported by respondent to demonstrate anterior ischemia and
2 80% stenosis of the proximal LAD.

3 C. On November 16, 1994, a PTCA was performed,
4 with resultant reduction of stenosis to 50%.

5 D. Respondent proceeded with COOK stent
6 placement, at which time the patient became hypotensive and
7 could not be resuscitated.

8 9. Respondent is subject to disciplinary action under
9 section 2234(b) and/or (c) and/or (d) of the Business and
10 Professions Code in that respondent's care of patient M.G.
11 demonstrated gross negligence and/or negligence and/or
12 incompetence, including but not limited to the following:

13 A. Respondent did not have training or
14 privileges for COOK stent placement at the time he treated
15 Patient M.G.;

16 B. Respondent inappropriately performed COOK
17 stent placement in a patient with significant co-morbidity
18 and extensive vascular calcification in the region of the
19 stenoses;

20 C. Respondent demonstrated lack of knowledge and
21 experience in the diagnosis and care of this elderly patient
22 in a complex medical situation.

23 **FOURTH CAUSE FOR DISCIPLINE**

24 (Gross Negligence, Negligence, Incompetence)

25 10. Respondent Dale Robert Stemple, M.D., is subject
26 to disciplinary action under section 2234 of the Business and
27 Professions Code in that respondent was grossly negligent and/or

1 negligent and/or incompetent in his care and treatment of patient
2 J.D. The circumstances are as follows:

3 A. At all relevant times, respondent was a
4 physician and surgeon with a practice in cardiology at Queen
5 of the Valley Hospital in Napa, California.

6 B. Patient J.D., a 56 year old male, presented
7 for an exercise stress test following complaints of leg
8 fatigue. The test was performed on November 4, 1994, and
9 the patient was able to complete thirteen minutes of
10 exercise with one minute of stage 5 of a Bruce protocol. A
11 heart rate of 171 was achieved and no ischemic changes or
12 definite ECG changes occurred.

13 C. Respondent performed a stress echocardiogram,
14 which he interpreted as showing anterior wall ischemia. A
15 cardiac catheterization was performed and, in a Cardiac
16 Catheterization Report dictated one month post-procedure, a
17 65% proximal LAD stenosis was described by respondent.
18 Respondent recommended revascularization on the basis that
19 progression of the lesion was predicted, which treatment the
20 patient refused.

21 D. Patient J.D. sought a second opinion.
22 Evaluation at that time revealed no cardiac symptoms and
23 good exercise tolerance. Review of the angiography was
24 interpreted as showing only 30% stenosis of the LAD.
25 Medical therapy was prescribed.

26 E. Respondent's report, dictated after hospital
27 committee review of the case, indicated that respondent did

1 not believe Patient J.D. to be a candidate for surgical
2 intervention.

3 11. Respondent is subject to disciplinary action under
4 section 2234(b) and/or (c) and/or (d) of the Business and
5 Professions Code in that respondent's care of patient J.D.
6 demonstrated gross negligence and/or negligence and/or
7 incompetence, including but not limited to the following:

8 A. Respondent inappropriately performed a stress
9 echocardiogram and cardiac catheterization in an
10 asymptomatic patient with a negative treadmill test;

11 B. Respondent inappropriately recommended stent
12 placement for an asymptomatic patient with a moderate
13 stenosis;

14 C. Respondent prepared reports and documentation
15 which did not accurately relate the facts of the case.

16 **FIFTH CAUSE FOR DISCIPLINE**

17 (Gross Negligence, Negligence, Incompetence)

18 12. Respondent Dale Robert Stemple, M.D., is subject
19 to disciplinary action under section 2234 of the Business and
20 Professions Code in that respondent was grossly negligent and/or
21 negligent and/or incompetent in his care and treatment of patient
22 R.K. The circumstances are as follows:

23 A. At all relevant times, respondent was a
24 physician and surgeon with a practice in cardiology at Queen
25 of the Valley Hospital in Napa, California.

26 B. Patient R.K., a 68 year old male, presented
27 to the Emergency Room on January 28, 1994, with complaints

1 of chest pain and EKG changes consistent with an inferior
2 wall myocardial infarction.

3 C. Respondent performed cardiac catheterization,
4 which he reported to show a subtotal distal lesion of the
5 mid-posterior LAD. PTCA was performed which resulted in
6 myocardial staining consistent with myocardial perforation.
7 (Respondent later acknowledged that perforation was the
8 result of a misplaced guide wire. The patient was then
9 transferred to a telemetry unit and received orders for
10 Heparin, 1000 units, for twelve hours. The patient went
11 into cardiac tamponade and pericardiocentesis was performed
12 with 600 cc blood drained. The patient then improved and
13 was discharged in satisfactory condition.

14 13. Respondent is subject to disciplinary action
15 under section 2234(b) and/or (c) and/or (d) of the Business
16 and Professions Code in that respondent's care of patient
17 R.K. demonstrated gross negligence, negligence and/or
18 incompetence, including but not limited to the following:

19 A. Respondent failed to confirm guide wire
20 position prior to angioplasty;

21 B. Respondent gave orders for Heparin, which may
22 have contributed to the patient's cardiac tamponade, and
23 failed to discontinue the Heparin when it became apparent
24 that myocardial perforation had occurred;

25 C. Respondent failed to appropriately monitor
26 the patient post-cardiac catheterization.

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1 J.A. also developed transient electromechanical dissociation
2 during the procedure and required resuscitation.

3 15. Respondent is subject to disciplinary action under
4 section 2234(b) and/or (c) and/or (d) of the Business and
5 Professions Code in that respondent's care of patient J.A.
6 demonstrated gross negligence and/or negligence and/or
7 incompetence, including but not limited to the following:

8 A. Respondent performed cardiac catheterization
9 and angioplasties on a patient with no ongoing evidence of
10 ischemia and who had significant medical problems which made
11 him a poor candidate for such intervention;

12 B. Respondent performed cardiac catheterization
13 and angioplasties without first documenting ischemia by non-
14 invasive evaluation;

15 C. Respondent failed to obtain a surgical
16 consultation.

17 **SEVENTH CAUSE FOR DISCIPLINE**

18 (Gross Negligence, Negligence, Incompetence)

19 16. Respondent Dale Robert Stemple, M.D., is subject
20 to disciplinary action under section 2234 of the Business and
21 Professions Code in that respondent was grossly negligent and/or
22 incompetent in his care and treatment of patient D.G. The
23 circumstances are as follows:

24 A. At all relevant times, respondent was a
25 physician and surgeon with a practice in cardiology at Queen
26 of the Valley Hospital in Napa, California.

27 B. Patient D.G., a 73 year old male, was

1 admitted to Queen of the Valley Hospital on two occasions
2 relevant to this matter: November 14, 1994, and January 16,
3 1995.

4 C. Patient D.G.'s medical history is significant
5 for myocardial infarction in or about 1979. The patient
6 also had cerebral vascular disease. In November, 1991, Dr.
7 Darryl Dizmang performed angiography on the patient which
8 revealed severe disease in three vessels. Ejection fraction
9 was 40%. The patient was treated with medical therapy.

10 D. Patient D.G. had an episode of amaurosis
11 fugax in or about October, 1994. Angiography showed carotid
12 stenosis and, in November, 1994, respondent was consulted
13 regarding Patient D.G.'s pre-operative clearance for carotid
14 surgery. Angiography was performed, again by Dr. Dizmang,
15 and demonstrated the same findings as had been noted in
16 1991: The LAD and right coronary artery were occluded and
17 the circumflex was reported to have an 80% occlusion. The
18 ejection fraction was 40%. The patient denied any cardiac
19 symptoms. He refused coronary artery bypass grafting and
20 respondent scheduled the patient for a PTCA just prior to
21 the patient's planned carotid surgery. The procedure was
22 scheduled Level I, No Standby. Respondent proceeded to PTCA
23 of the patient's circumflex vessel. On November 16, 1994,
24 the patient underwent carotid surgery and, thereafter, was
25 discharged.

26 E. Patient D.G.'s coronary disease symptoms
27 became more severe and he admitted with a myocardial

1 infarction on January 16, 1995. A coronary artery bypass
2 graft was performed on January 19, 1995. On or about
3 January 24, 1995, when the patient was doing well but still
4 on oxygen with the staples and wires in place, respondent
5 wrote orders for the patient's discharge. Nurses did not
6 discharge the patient but sought out the cardiac surgeon,
7 (with whom respondent had failed to consult regarding the
8 discharge), and the cardiac surgeon countermanded the
9 discharge orders.

10 17. Respondent is subject to disciplinary action under
11 section 2234(b) and/or (c) and/or (d) of the Business and
12 Professions Code in that respondent's care of patient D.G.
13 demonstrated gross negligence and/or negligence and/or
14 incompetence, including but not limited to the following:

15 A. Respondent failed to perform non-invasive
16 tests for ischemia prior to proceeding to PTCA;

17 B. Respondent performed PTCA in an asymptomatic
18 patient;

19 C. Respondent failed to obtain appropriate
20 consultations prior to writing discharge orders for the
21 patient following CABG.

22 **EIGHTH CAUSE FOR DISCIPLINE**

23 (Gross Negligence, Negligence, Incompetence)

24 18. Respondent Dale Robert Stemple, M.D., is subject
25 to disciplinary action under section 2234 of the Business and
26 Professions Code in that respondent was grossly negligent and/or
27 negligent and/or incompetent in his care and treatment of patient

1 R.M. The circumstances are as follows:

2 A. At all relevant times, respondent was a
3 physician and surgeon with a practice in cardiology at Queen
4 of the Valley Hospital in Napa, California.

5 B. Patient R.M., a 44 year old male, presented
6 with chest pain to Queen of the Valley Hospital during
7 January, 1992. CPK was 94 and ECG showed no definite
8 changes of infarctions or ischemia. Cardiac catheterization
9 was performed on January 3, 1992, by respondent. A
10 "difficult to grade" LAD stenosis was angioplastied and a
11 60% circumflex lesion was not.

12 C. On or about February 14, 1992, Patient R.M.
13 was again admitted to Queen of the Valley Hospital for chest
14 pain. The patient was tested and had neither significant
15 ECG changes nor enzyme changes. Respondent did not conduct
16 further non-invasive testing but instead proceeded to
17 cardiac catheterization on or about February 15, 1992. A
18 circumflex stenosis (which respondent described as 75%) was
19 balloon angioplastied and a "difficult to grade" LAD lesion
20 was described. On February 16, respondent was assisted by
21 Dr. Darryl Dizmang in an attempt to perform an atherectomy
22 on the LAD lesion. In the course of the procedure, the left
23 main coronary artery was dissected. Patient R.M. went into
24 cardiogenic shock requiring urgent coronary artery bypass
25 grafting.

26 D. By reason of respondent's departures from the
27 standard of care, Patient R.M.'s condition did not improve

1 and he required transfer to U.C. Medical Center for cardiac
2 transplantation.

3 19. Respondent is subject to disciplinary action under
4 section 2234(b) and/or (c) and/or (d) of the Business and
5 Professions Code in that respondent's care of patient R.M.
6 demonstrated gross negligence and/or negligence and/or
7 incompetence, including but not limited to the following:

8 A. Respondent failed to appropriately determine
9 and/or to document that Patient R.M.'s chest pain was
10 cardiac disease-related;

11 B. Respondent failed to perform non-invasive
12 tests to evaluate Patient R.M.'s condition before proceeding
13 to catheterization;

14 C. Respondent performed a PTCA on Patient R.M.;

15 D. Respondent proceeded to attempt atherectomy
16 despite poorly defined degree of stenosis in the LAD;

17 E. Respondent failed to obtain a surgical
18 consultation;

19 F. Respondent dissected Patient R.M.'s main
20 coronary artery.

21 **NINTH CAUSE FOR DISCIPLINE**

22 (Gross Negligence, Negligence, Incompetence)

23 20. Respondent Dale Robert Stemple, M.D., is subject
24 to disciplinary action under section 2234 of the Business and
25 Professions Code in that respondent was grossly negligent and/or
26 negligent and/or incompetent in his care and treatment of patient
27 D.W. The circumstances are as follows:

1 A. At all relevant times, respondent was a
2 physician and surgeon with a practice in cardiology at Queen
3 of the Valley Hospital in Napa, California.

4 B. Patient D.W., a 77 year old female, presented
5 to Queen of the Valley Hospital on December 15, 1994, with
6 complaints of weakness, fatigue and shortness of breath.
7 Exercise stress testing was negative for myocardial
8 ischemia. Although the patient experienced heart rates down
9 to 43 beats per minute, she was reported to be without
10 concurrent symptoms. She had no history of episodes of
11 dizziness, light headedness, near syncope, frank syncope or
12 Stokes Adams attacks.

13 C. With only weak indications therefor,
14 respondent proceeded with placement of a pacemaker. During
15 the pacemaker placement, respondent encountered difficulties
16 for which he was not prepared but proceeded in despite those
17 difficulties. As a proximate result, Patient D.W. suffered
18 a cardiac arrest and could not be resuscitated.

19 21. Respondent is subject to disciplinary action under
20 section 2234(b) and/or (c) and/or (d) of the Business and
21 Professions Code in that respondent's care of patient D.W.
22 demonstrated gross negligence and/or negligence and/or
23 incompetence, including but not limited to the following:

24 A. Respondent recommended and attempted
25 placement of a pacemaker in Patient D.W. without adequate
26 medical indication therefor;

27 B. Respondent failed to document symptoms such

1 as would justify placement of a pacemaker in Patient D.W.;

2 C. Respondent persisted in his attempt at
3 placement of a pacemaker in the face of problems and
4 complications which required that the procedure be halted;

5 D. Respondent perforated Patient D.W.'s right
6 subclavian vein;

7 E. Respondent failed to recognize serious
8 complications and failed to implement appropriate measures
9 to salvage Patient D.W.

10 **TENTH CAUSE FOR DISCIPLINE**

11 (Gross Negligence, Negligence, Incompetence)

12 22. Respondent Dale Robert Stemple, M.D., is subject
13 to disciplinary action under section 2234 of the Business and
14 Professions Code in that respondent was negligent in his care and
15 treatment of patient R.B. The circumstances are as follows:

16 A. At all relevant times, respondent was a
17 physician and surgeon with a practice in cardiology at Queen
18 of the Valley Hospital in Napa, California.

19 B. Patient R.B., a 63 year old male, had a
20 history of right hemiparesis following a CVA at age 56. On
21 or about December 7, 1994, he was transferred from Holderman
22 Hospital to Queen of the Valley Hospital after a Dobutamine
23 stress echocardiogram reportedly showed severe left
24 ventricular dysfunction and ischemia. Angiography revealed
25 severe three vessel coronary artery disease along with poor
26 left ventricular function and ejection fraction of 40%.

27 C. Patient R.B. underwent coronary artery bypass

1 grafting x4 on or about December 9, 1994. On the following
2 day, he was transferred from ICU to a telemetry ward by the
3 cardiac surgeon. While on the telemetry ward, the patient
4 experienced a bout of supraventricular tachycardia or atrial
5 fibrillation which deteriorated into ventricular
6 fibrillation, requiring counter shock. The patient was
7 transferred back to ICU where Digoxin and Sotalol were
8 started by respondent.

9 D. On or about December 12, 1994, and following
10 a second serious arrhythmia, an electrophysiological
11 consultation was obtained at the request of the cardiac
12 surgeon. The consultant reported that Sotalol therapy was
13 acceptable provided that the ejection fraction was not less
14 than 40% and so long as the patient was carefully monitored
15 with regard to his QT interval as well as his electrolytes,
16 his potassium and magnesium. In addition, the consultant
17 recommended that the patient should return in 3-4 weeks for
18 electrophysiologic study.

19 E. On December 13, 1994, respondent transferred
20 Patient R.B. back to telemetry and wrote orders for his
21 discharge to Holderman Hospital on the following day. The
22 cardiac surgeon reevaluated the patient and prevented
23 discharge.

24 23. Respondent is subject to disciplinary action under
25 section 2234 of the Business and Professions Code in that
26 respondent's care of patient R.B. demonstrated gross negligence
27 and/or negligence and/or incompetence including but not limited

1 to the following:

2 A. Respondent inappropriately ordered Sotalol
3 given the patient's two bouts of ventricular arrhythmia;

4 B. Respondent prematurely transferred the
5 patient from ICU.

6 **ELEVENTH CAUSE FOR DISCIPLINE**

7 (Repeated Negligent Acts)

8 24. Respondent's conduct as alleged in the First
9 through the Tenth causes for discipline set forth above
10 constitutes repeated negligent acts and respondent is subject to
11 disciplinary action under section 2234(c) of the Business and
12 Professions Code for said conduct, including but not limited to
13 the following:

14 A. Respondent inappropriately recommended the
15 performance of invasive procedures in the absence of clear
16 symptomatology, evidence of ischemia by non-invasive
17 testing, or severity of stenoses which would warrant such
18 recommendations or interventions;

19 B. Respondent inappropriately ordered a second
20 angiogram when a no-reflow situation was already present;

21 C. Respondent inappropriately prescribed
22 anticoagulants and coagulants to persons for whose condition
23 the medications were contraindicated;

24 D. Respondent failed to order echocardiograms or
25 thallium treadmill tests in situations where such tests were
26 indicated;

27 E. Respondent failed to recognize serious

1 complications and failed to implement appropriate procedures
2 in response to those complications;

3 F. Respondent failed to observe hospital policy
4 and procedures regarding PTCA, coronary stent placement;

5 G. Respondent recommended stent placement in
6 patients without severe stenosis and/or who were
7 asymptomatic;

8 H. Respondent failed to appropriately document
9 the patients' charts with sufficient information to assist
10 other physicians and hospital staff in the care and
11 treatment of the patient;

12 I. Respondent failed to observe hospital medical
13 staff policy regarding scheduling levels for PTCA and
14 coronary atherectomy;

15 J. Respondent failed to appropriately monitor
16 patients and/or discharged them prematurely.

17 **PRAYER**

18 **WHEREFORE**, the complainant requests that a hearing be
19 held on the matters herein alleged, and that following the
20 hearing, the Division issue a decision:

21 1. Revoking or suspending Physician's and Surgeon's
22 Certificate Number C-36399 heretofore issued to respondent Dale
23 Robert Stemple, M.D.;

24 2. Revoking, suspending or denying approval of the
25 respondent's authority to supervise physician's assistants,
26 pursuant to Business and Professions Code section 3527;

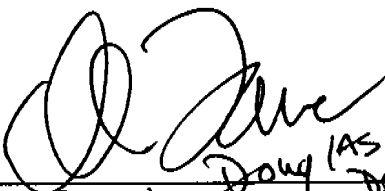
27 3. If probation is ordered as part of the decision,

1 ordering respondent to pay the costs of probation monitoring as
2 provided by Business and Professions Code section 2227;

3 4. Ordering respondent to pay the Division the actual
4 and reasonable costs of the investigation and enforcement of this
5 case, including attorneys' fees;

6 5. Taking such other and further action as the
7 Division deems necessary and proper.

8 DATED: July 14, 1998

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12 Ron Joseph *AS CAUE*
13 Executive Director *Deputy Director*
14 Medical Board of California
15 Department of Consumer Affairs
16 State of California
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Complainant