

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS

In the Matter of .

Gregory P Derderian, D.O.
License Number: 51-01-007182

FILE NO.: 51-00-57607

PROOF OF SERVICE

State of Michigan)
)
County of Ingham)

I, Marcie Anderson, of Lansing, County of Ingham, State of Michigan, do hereby state that on March 11, 2009, I resent the following documents to each of the parties listed below, enclosed in an envelope bearing postage fully prepaid, plainly addressed as follows:

FINAL ORDER LIFTING INTERIM ORDER DATED OCTOBER 23, 2008, AND DENYING RECONSIDERATION dated February 25, 2009.

BY: First Class Mail
 Certified Mail, Return receipt requested


TO: Gregory P Derderian, D.O.
9393 Oakmont Dr.
Grand Blanc, MI 48439

Richard C. Kraus
Smith Haughey Rice & Roegge
3497 Coolidge Road
East Lansing, MI 48823-6374

By Interdepartmental Mail to:

Bill Hurth, Manager
Bureau of Health Professions
Enforcement Section

Merry A. Rosenberg
Department of Attorney General
Licensing & Regulation Division
Lansing, MI


Marcie M. Anderson
Health Regulatory Division

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS

In the Matter of

Gregory P Derderian, D.O.
License Number: 51-01-007182

FILE NO.: 51-00-57607

PROOF OF SERVICE

State of Michigan)
)
County of Ingham)

I, Marcie Anderson, of Lansing, County of Ingham, State of Michigan, do hereby state that on February 26, 2009, I sent the following documents to each of the parties listed below, enclosed in an envelope bearing postage fully prepaid, plainly addressed as follows:

FINAL ORDER LIFTING INTERIM ORDER DATED OCTOBER 23, 2008, AND DENYING RECONSIDERATION dated February 25, 2009.

BY: First Class Mail
 Certified Mail, Return receipt requested


TO: Gregory P Derderian, D.O.
6770 Dixie Hwy., Ste. 106A
Clarkston, MI 48346

Richard C. Kraus
Smith Haughey Rice & Roegge
3497 Coolidge Road
East Lansing, MI 48823-6374

By Interdepartmental Mail to:

Bill Hurth, Manager
Bureau of Health Professions
Enforcement Section

Merry A. Rosenberg
Department of Attorney General
Licensing & Regulation Division
Lansing, MI


Marcie M. Anderson
Health Regulatory Division

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

GREGORY P. DERDERIAN, D.O.
License Number: 51-01-007182

File Number: 51-00-57607

FINAL ORDER LIFTING INTERIM ORDER DATED OCTOBER 23, 2008, AND
DENYING RECONSIDERATION

On October 10, 2007, the Disciplinary Subcommittee of the Michigan Board of Osteopathic Medicine and Surgery, hereafter Disciplinary Subcommittee, issued a Consent Order and Stipulation which placed Gregory P. Derderian, D.O., hereafter Petitioner, on probation for a period of one year for violating section 16221(a) of the Public Health Code, 1978 PA 368, as amended. The terms of probation required, in part, that Petitioner complete an assessment by the Colorado Personalized Education for Physicians, hereafter CPEP. Upon completion of the CPEP assessment, the Disciplinary Subcommittee would reconsider the sanctions imposed by the Consent Order and Stipulation.

On September 8, 2008, after reviewing Petitioner's CPEP assessment report, the Disciplinary Subcommittee issued an Order Reconsidering Consent Order and Stipulation Dated October 10, 2007 and Imposing Alternate Sanctions which limited Petitioner's license and placed him on concurrent probation with specified terms.

On September 25, 2008, Petitioner filed a petition for reconsideration of the Disciplinary Subcommittee's Order Reconsidering Consent Order and Stipulation Dated October 10; 2007 and Imposing Alternate Sanctions.

On September 29, 2008, the Department of Attorney General, Licensing and Regulation Division, on behalf of the Department of Community Health, Bureau of Health Professions, filed a response taking no position on Petitioner's request for reconsideration.

On October 2, 2008, having reviewed Petitioner's request for reconsideration and response, the Disciplinary Subcommittee considered the within matter at a regularly scheduled meeting held in Lansing, Michigan. The matter was tabled for additional information. Further, on October 23, 2008, the Disciplinary Subcommittee issued an Interim Order, which stayed the Order Reconsidering Consent Order and Stipulation Dated October 10, 2007 and Imposing Alternate Sanctions.

On February 5, 2009, the Disciplinary Subcommittee, having again reviewed the request for reconsideration and response, considered the within matter at a regularly scheduled meeting held in Lansing, Michigan. Now therefore,

IT IS HEREBY ORDERED that the Interim Order dated October 23, 2008, is LIFTED.

IT IS FURTHER ORDERED that Petitioner's request for reconsideration is DENIED, based on Petitioner's failure to demonstrate that the sanctions imposed by the Order Reconsidering Consent Order and Stipulation Dated October 10, 2007 and Imposing Alternate Sanctions are unreasonable based on Petitioner's medical knowledge, clinical reasoning, and surgical skills.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee's Chairperson or authorized representative, as set forth below.

Dated: February 25, 2009

**MICHIGAN BOARD OF
OSTEOPATHIC MEDICINE AND SURGERY
DISCIPLINARY SUBCOMMITTEE**

By: Melanie B. Brim
Melanie B. Brim, Director
Bureau of Health Professions

This is the last and final page of a Final Order Lifting Interim Order Dated October 23, 2008, and Denying Reconsideration, in the matter of Gregory P. Derderian, D.O., File Number 51-00-57607, before the Disciplinary Subcommittee of the Michigan Board of Osteopathic Medicine and Surgery, consisting of three pages, this page included.

LFM

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

GREGORY DERDERIAN, D.O.
_____ /

Complaint No. 51-00-57607

**ORDER GRANTING MODIFICATION OF ORDER RECONSIDERING CONSENT
ORDER AND STIPULATION DATED OCTOBER 10, 2007, AND IMPOSING
ALTERNATE SANCTIONS**

On October 10, 2007, the Disciplinary Subcommittee of the Michigan Board of Osteopathic Medicine and Surgery, (Disciplinary Subcommittee), issued a Consent Order and Stipulation placing Gregory P. Derderian, D.O., (Respondent), on probation for a period of one year for violating section 16221(a) of the Public Health Code, 1978 PA 368, as amended. The terms of probation required, in part, that Respondent complete an assessment by the Colorado Personalized Education for Physicians, (CPEP). Upon completion of the CPEP assessment, the Disciplinary Subcommittee would reconsider the sanctions imposed by the Consent Order and Stipulation.

On September 8, 2008, after reviewing Respondent's CPEP assessment report, the Disciplinary Subcommittee issued an Order Reconsidering Consent Order and Stipulation Dated October 10, 2007, and Imposing Alternate Sanctions (September 8, 2008 Order). This Order limited Respondent's license and placed him on concurrent probation with specified terms.

On September 25, 2008, Respondent filed a petition for reconsideration of the September 8, 2008 Order, and on September 29, 2008, the Department of Attorney General, Licensing and Regulation Division (Department of Attorney General), on behalf of the Department of Community Health, Bureau of Health Professions, hereafter Department, filed a response taking no position on Respondent's request for reconsideration.

On October 2, 2008, having reviewed Respondent's request for reconsideration and response, the Disciplinary Subcommittee considered the within matter at a regularly scheduled meeting held in Lansing, Michigan. The matter was tabled for additional information. Further, on October 23, 2008, the Disciplinary Subcommittee issued an Interim Order, staying the September 8, 2008 Order (October 23, 2008 Order). Then, on February 25, 2009, the Disciplinary Subcommittee issued a Final Order Lifting Interim Order Dated October 23, 2008, and Denying Reconsideration (February 25, 2009 Order). Pursuant to this Order, Respondent's practice became subject to the terms of September 8, 2008 Order.

On May 18, 2009, Respondent filed a Petition to Modify the September 8, 2008 Order and on May 27, 2009, the Department of Attorney General filed a response.

On June 2, 2009, having reviewed Respondent's Petition for Modification and the response, the Disciplinary Subcommittee considered the within matter at a regularly scheduled meeting held in Lansing, Michigan, and directed Disciplinary Subcommittee members William Cunningham, D.O., and Dennis Dobritt, D.O., to assist in the formulation of an educational plan.

Now therefore, IT IS ORDERED:

The Interim Order dated October 23, 2008, is LIFTED and Respondent's Petition for Modification of the September 8, 2008 Order is GRANTED. This Order replaces in full the September 8, 2008 Order.

Respondent's license is LIMITED for a minimum period of one year, commencing on the effective date of this Order. Respondent may only perform the procedures delineated below under the terms of the limitation. Further, as explained in further detail below, Respondent must perform these procedures under direct, on-site supervision until he provides confirmation that he has completed the requisite numbers of each procedure. The period of limitation shall commence on the effective date of this Order. Reduction of the limitation period shall occur only while Respondent is employed as an osteopathic physician and surgeon.

A. SUPERVISION OF SURGICAL PRACTICE:

Respondent's in office and hospital surgical practice shall be only under the direct, on-site supervision of either David Forster, D.O., or James Caralis, D.O.

"Direct, on-site supervision" is defined as the participation in Respondent's by a fully licensed osteopathic physician in which there is in-person communication between Respondent and said supervisor.

Respondent's surgical practice shall be limited to certain procedures as enumerated below. Until Respondent has performed the required number of procedures as delineated below, Respondent shall review with Dr. Forster or Dr. Caralis all surgical consultations and recommended treatment plans he intends to perform in his office prior to implementation of the treatment plan. Dr. Forster or Dr. Caralis shall complete surgical logs verifying the information related to each procedure. Respondent shall submit those logs in addition to the reports as herein provided to the Department of Community Health, Probation Monitoring. Respondent shall review all invasive procedures with Dr. Forster and/or Dr. Caralis

and any invasive procedures performed shall be performed under supervision as delineated below. In addition, Dr. Forster and/or Dr. Caralis shall review the patient charts **before** any supervised invasive testing or procedures are performed and review the outcomes of all supervised invasive testing and procedures.

Respondent shall not perform any of these procedures independently until he has provided verification from either Dr. Forster or Dr. Caralis of his successful completion of these procedures to the Department as provided below **and** the Department has provided written approval for him to proceed independently.

Respondent shall **not** change supervisors without express permission from Board members William Cunningham, D.O., or Dennis Dobritt, D.O., or their designee.

The procedures Respondent may perform are as follows:

1. **OFFICE PROCEDURES:**

a. **Endovenous laser ablation (EVLA) procedures:**

Respondent may perform EVLA procedures in his private office under the supervision of Dr. Caralis or Dr. Forster. He shall submit verification of his successful completion of ten successful procedures from either Dr. Forster or Dr. Caralis. After the Department has confirmed Respondent's satisfactory performance of the ten procedures, this supervision requirement shall be removed.

2. **VASCULAR LABORATORY PROCEDURES:**

Respondent may only perform the following six procedures in the vascular laboratory at Pontiac Osteopathic Hospital. Respondent may only perform these procedures during normal working hours. At all times, there shall be *immediate* availability of on-site surgical coverage. By the terms of this Order, Respondent is *not* permitted to take call.

a. **Diagnostic peripheral vascular angiography:**

Respondent may perform diagnostic peripheral vascular angiography procedures in the vascular lab under the supervision of Dr. Caralis or Dr. Forster. He shall submit verification of his successful completion of ten successful procedures from either Dr. Forster or Dr. Caralis. After the Department has confirmed Respondent's satisfactory performance of the ten procedures, this supervision requirement shall be removed.

b. Angioplasty and/or stenting of the arteries of the extremities:

Respondent may begin performing these procedures independently upon the effective date of this Consent Order and Stipulation.

c. Atherectomy of arteries of the extremities:

Respondent may not perform atherectomy procedures independently until under he has provided verification of ten supervised procedures as required under section 2a above *or* until he has provided proof of successful performance of ten procedures since June 1, 2007.

d. Administration of lytic therapy for peripheral arterial or venous occlusions:

Respondent may not administer lytic therapy for peripheral arterial or venous occlusions independently until he has provided verification of ten supervised procedures as required under section 2a above *or* until he has provided proof of successful performance of ten procedures since June 1, 2007.

e. Mechanical thrombectomy of the peripheral arterial or venous system:

Respondent may not perform thrombectomy of the peripheral arterial or venous system independently until he has provided verification of ten supervised procedures as required under section 2a above *or* until he has provided proof of successful performance of ten procedures since June 1, 2007.

f. IVC filter placement and or retrieval:

Respondent may not place or retrieve IVC filter independently until he has provided verification of ten supervised procedures as required under section 2a above *or* until he has provided proof of successful performance of ten procedures since June 1, 2007.

For those procedures outlined in letters 2c through 2f of which Respondent has done fewer than ten in since June 1, 2007, he must perform additional supervised procedures to total ten before he may begin to perform that procedure independently. For example, if Respondent has performed seven IVC filter placement or retrieval procedures since June 1, 2007, he will be required to successfully perform three more under supervision before he may independently place or retrieve an IVC filter.

Respondent's license shall be automatically reclassified after one year from the effective date of this Order, so long as the Department provides written acknowledgment that it has received satisfactory evidence from Dr. Forster and/or Dr. Caralis that Respondent has successfully performed the requisite number of surgical procedures delineated above *and* has completed the education program described under the terms of probation, *infra*. In the event Respondent fails to supply verification of his successful performance of the procedures and the education plan within one year from the effective date of this Order, reclassification shall not be automatic and Respondent will be required to petition for reclassification pursuant to section 16249 of the Public Health Code and 1996 AACCS, R338.1636.

Respondent is placed on PROBATION for a period of one year to run concurrent with the period of limitation, commencing on the effective date of this Order. Reduction of the probationary period shall occur only while Respondent is employed as an osteopathic physician. The terms and conditions of the probation shall be as follows:

A. EDUCATION PROGRAM:

Respondent shall enter into and comply with all terms of the education program described below. This program shall be implemented and managed by David Forster, D.O., and James Caralis, D.O.

The components of the educational program are:

1. Respondent shall meet with Dr. Forster and/or Dr. Caralis on a weekly basis. At those meetings, Dr. Forster and Dr. Caralis will assess the areas of demonstrated need in knowledge and judgment cited in the CPEP evaluation, including:

Knowledge:

- a) Determine the preferred sites for vascular access for both diagnostic and therapeutic procedures.
- b) Carotid endarterectomy: Discuss the full spectrum of risks for carotid endarterectomy as well as the relative benefits of primary closure versus patching.
- c) Popliteal aneurysm: discuss the natural history and ultimate health risks of these lesions.
- d) The technique of femoral endarterectomy.
- e) Indications for covered vs non-covered stents.
- f) Indications for Fox Hollow devices.
- g) Angioplasty: the indications for simultaneous balloon inflation.
- h) The role of fasciotomy for patients who sustain prolonged ischemia

Judgment:

- i) Consistent ability to gather data as determined by review of patient charts, including initial evaluations and follow up evaluations.
- j) Reading arteriograms, including all pertinent findings.
- k) Demonstrate an understanding of conventional angiography over MRA/CTA of carotid arteries as confirmatory testing after duplex ultrasound scanning.
- l) Demonstrating an understanding of the site of access for IVC filter placement.
- m) Evaluation of the selection of procedures and approaches: Assess the ability to appropriately determine when to utilize more versus less invasive testing consistent with the level of acuity of the clinical situation.
- n) Demonstrating the role of thrombolysis in arterial and venous disease
- o) Demonstrating an understanding of the indications for the role of open versus endovascular approaches in vascular surgery.

p) Demonstrating an understanding of the role of atherectomy versus open revascularization in vascular surgery.

Application of knowledge:

q) Assess the knowledge and application of risk factor modification.

r) Assess the ability to diagnose popliteal artery aneurysms.

s) Demonstrate an understanding of the various techniques to measure the degree of stenosis in carotid angiography.

t) Demonstrating an understanding of precautions to minimize the risk and to facilitate early detection of intraoperative stroke during CEA, including: the use of selective shunting and monitoring intra-operative pressures.

u) Indications for various vascular procedures.

v) Demonstrating knowledge of patient education and informed consent, including chart review.

w) Demonstrating an understanding of the indications for screening for aortic disease.

2. Dr. Forster and Dr. Caralis shall approve any CME and self-study courses.

3. Dr. Forster and Dr. Caralis shall review Dr. Derderian's charting system and make any appropriate recommendations, as provided on page 24 of the CPEP assessment report.

4. Dr. Forster and Dr. Caralis shall report to the Department regarding Dr. Derderian's participation and progress with the educational program.

In the event Respondent fails to enter into the education programs, fails to comply with the terms of the educational programs, or fails to comply with the minimal standards of acceptable and prevailing practice or appears unable to practice with reasonable skill and safety, Dr. Forster and/or

Dr. Caralis shall **immediately** notify the Department in writing.

Upon Respondent's successful completion of the educational program, Dr. Forster and/or Dr. Caralis shall promptly notify the Department in writing.

B. REPORTING PROCEDURE. The surgical logs and reports verifying successful completion of surgical procedures described above shall be filed every other month, the first report to be filed at the end of the second month of probation, and subsequent reports every two months until Respondent is discharged from probation and his license is reclassified to a full and unlimited license.

In addition to receiving reports as required above, the Department or its authorized representative may periodically contact the reporting individuals to inquire into Respondent's progress. All information and documentation acquired by the educational program shall be made available to the Department upon request to establish Respondent's compliance or non-compliance with the education program and the terms of this Order. Respondent specifically releases of said information.

Respondent shall direct all communications required by the terms of this Order to: Department of Community Health, Bureau of Health Professions, Sanction Monitoring, P.O. Box 30670, Lansing, MI 48909.

C. REPORT OF NON-EMPLOYMENT. If, at any time during the period of probation, Respondent is not employed as an osteopathic physician, Respondent shall file a report of non-employment with the Department. Respondent shall file this report within 15 days after becoming unemployed. Respondent shall continue to file reports of non-employment on a quarterly basis until he returns to practice as an osteopathic physician. If Respondent subsequently returns to practice as an osteopathic physician, he shall notify the Department of this fact within 15 days after returning to practice. In the event that Respondent's license is limited, Respondent shall not return to work until he receives approval of a proposed supervisor.

D. COMPLIANCE WITH THE PUBLIC HEALTH CODE. Respondent shall comply with all applicable provisions of the Public Health Code and rules promulgated under the Public Health Code.

E. COSTS. Respondent shall be solely responsible for payment of all costs incurred in complying with the terms of this Order.

Respondent shall be automatically discharged from probation at the end of the probationary period upon reclassification of his license to an unlimited status, so long as he has complied with the terms of this Order and has not violated the Public Health Code.

IT IS FURTHER ORDERED that in the event Respondent violates any provision of this Order and if such violation is deemed to constitute an independent violation of the Public Health Code or rules promulgated thereunder, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACRS, R338.1632 and section 16221(h) of the Public Health Code.

IT IS FURTHER ORDERED that this Order shall be effective on the date signed by the Chairperson of the Disciplinary Subcommittee or its authorized representative, as set forth below.

Signed this 06 day of August, 2009.

MICHIGAN BOARD OF OSTEOPATHIC
MEDICINE AND SURGERY

By: Pauline Lindberg
Chairperson, Disciplinary Subcommittee

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS

In the Matter of

Gregory P Derderian, D.O.
License Number: 51-01-007182

FILE NO.: 51-00-57607

PROOF OF SERVICE

State of Michigan)
)
County of Ingham)

I, Marcie Anderson, of Lansing, County of Ingham, State of Michigan, do hereby state that on November 5, 2008, I resent the following documents to each of the parties listed below, enclosed in an envelope bearing postage fully prepaid, plainly addressed as follows:

INTERIM ORDER dated October 23, 2008

BY: (X) First Class Mail
() Certified Mail, Return receipt requested


TO: Gregory P Derderian, D.O.
6770 Dixie Hwy., Ste. 106A
Clarkston, MI 48346

Richard C. Kraus
Foster, Swift, Collins & Smith, P.C.
313 S. Washington Square
Lansing, MI 48933-2193

By Interdepartmental Mail to:

Bill Hurth, Manager
Bureau of Health Professions
Enforcement Section

Merry A. Rosenberg
Department of Attorney General
Licensing & Regulation Division
Lansing, MI


Marcie Anderson
Health Regulatory Division

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS

In the Matter of

Gregory P Derderian, D.O.
License Number: 51-01-007182

FILE NO.: 51-00-57607

PROOF OF SERVICE

State of Michigan)
)
County of Ingham)

I, Marcie Anderson, of Lansing, County of Ingham, State of Michigan, do hereby state that on October 23, 2008, I sent the following documents to each of the parties listed below, enclosed in an envelope bearing postage fully prepaid, plainly addressed as follows:

INTERIM ORDER dated October 23, 2008

BY: (X) First Class Mail
() Certified Mail, Return receipt requested

TO: Gregory P Derderian, D.O.
6770 Dixie Hwy., Ste. 106A
Clarkston, MI 48346

Richard C. Kraus
3497 Coolidge Rd.
East Lansing, MI 48823

By Interdepartmental Mail to:

Bill Hurth, Manager
Bureau of Health Professions
Enforcement Section

Merry A. Rosenberg
Department of Attorney General
Licensing & Regulation Division
Lansing, MI



Marcie Anderson
Health Regulatory Division

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

GREGORY P. DERDERIAN, D.O.
License Number 51-01-007182

File Number 51-00-57607

INTERIM ORDER

On October 10, 2007, the Michigan Board of Osteopathic Medicine and Surgery's Disciplinary Subcommittee, hereafter Disciplinary Subcommittee, issued a Consent Order and Stipulation which placed Gregory P. Derderian, D.O., hereafter Respondent, on probation for a period of one year for violating section 16221(a) of the Public Health Code, 1978 PA 368, as amended. The terms of probation required, in part, that Respondent complete an assessment offered by the Colorado Personalized Education for Physicians, hereafter CPEP. Further, upon completion of the CPEP assessment, the Disciplinary Subcommittee would reconsider the sanctions imposed by the Consent Order and Stipulation.

On August 7, 2008, having reviewed Respondent's CPEP assessment report, the Disciplinary Subcommittee considered the within matter at a regularly scheduled meeting held in Lansing, Michigan.

On September 8, 2008, the Disciplinary Subcommittee issued an Order Reconsidering Consent Order and Stipulation Dated October 10, 2007 and Imposing Alternate Sanctions by which Respondent's license was limited and he was placed on concurrent probation with conditions.

On September 25, 2008, Respondent filed a petition for reconsideration of the Disciplinary Subcommittee's Order Reconsidering Consent Order and Stipulation Dated October 10, 2007 and Imposing Alternate Sanctions.

On September 29, 2008, the Department of Attorney General, Licensing and Regulation Division, on behalf of the Department of Community Health, Bureau of Health Professions, filed a letter taking no position on Respondent's petition for reconsideration.

On October 2, 2008, having reviewed Respondent's petition for reconsideration, the Disciplinary Subcommittee considered the within matter at a regularly scheduled meeting held in Lansing, Michigan. Now therefore,

IT IS HEREBY ORDERED that Respondent's petition for reconsideration is TABLED until the next regularly scheduled meeting of the Disciplinary Subcommittee.

CONTINUED ON NEXT PAGE

IT IS FURTHER ORDERED that the Order Reconsidering Consent Order and Stipulation Dated October 10, 2007, and Imposing Alternate Sanctions is HEREBY STAYED until further Order of the Disciplinary Subcommittee.

Dated: October 23, 2008

MICHIGAN BOARD OF
OSTEOPATHIC MEDICINE AND SURGERY
DISCIPLINARY SUBCOMMITTEE

By: Melanie B. Brim
Melanie B. Brim, Director
Bureau of Health Professions

This is the last and final page of an Interim Order in the matter of Gregory P. Derderian, D.O., File Number 51-00-57607, before the Disciplinary Subcommittee of the Michigan Board of Osteopathic Medicine and Surgery, consisting of three pages, this page included.

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS

In the Matter of

Gregory P Derderian, D.O.
License Number: 51-01-007182

FILE NO.: 51-00-57607

PROOF OF SERVICE

State of Michigan)
)
County of Ingham)

I, Marcie Anderson, of Lansing, County of Ingham, State of Michigan, do hereby state that on September 10, 2008, I sent the following documents to each of the parties listed below, enclosed in an envelope bearing postage fully prepaid, plainly addressed as follows:

ORDER RECONSIDERING CONSENT ORDER AND STIPULATION DATED OCTOBER 10, 2007 AND IMPOSING ALTERNATE SANCTIONS dated September 8, 2008.


BY: First Class Mail.
 Certified Mail, Return receipt requested

TO: Gregory P Derderian, D.O.
6770 Dixie Hwy., Ste. 106A
Clarkston, MI 48346

By Interdepartmental Mail to:

Bill Hurth, Manager
Bureau of Health Professions
Enforcement Section

Merry A. Rosenberg
Department of Attorney General
Licensing & Regulation Division
Lansing, MI


Marcie M. Anderson
Health Regulatory Division

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

GREGORY P. DERDERIAN, D.O.

License Number: 51-01-007182

File Number: 51-00-57607

ORDER RECONSIDERING CONSENT ORDER AND STIPULATION DATED
OCTOBER 10, 2007 AND IMPOSING ALTERNATE SANCTIONS

On October 10, 2007, the Michigan Board of Osteopathic Medicine and Surgery's Disciplinary Subcommittee, hereafter Disciplinary Subcommittee, issued a Consent Order and Stipulation which placed Gregory P. Derderian, D.O., hereafter Respondent, on probation for a period of 12 months for violating section 16221(a) of the Public Health Code, 1978 PA 368, as amended. The terms of probation required, in part, that Respondent complete an assessment offered by the Colorado Personalized Education for Physicians, hereafter CPEP. Further, upon completion of the CPEP assessment, the Disciplinary Subcommittee would reconsider the sanctions imposed by the Consent Order and Stipulation.

On August 7, 2008, having reviewed Respondent's CPEP assessment report, the Disciplinary Subcommittee considered the within matter at a regularly scheduled meeting held in Lansing, Michigan. Now therefore,

IT IS HEREBY ORDERED that for the violation of section 16221(a) of the Public Health Code, supra, Respondent's license to practice osteopathic medicine and

surgery in the state of Michigan is LIMITED for a minimum period of ONE DAY, commencing on the effective date of this Order. The terms of limitation shall be as follows:

1. SCOPE OF PRACTICE: Respondent shall not perform any surgical or invasive procedures.
2. SUPERVISED PRACTICE: Respondent's practice of osteopathic medicine and surgery shall be under **direct, on-site supervision** of an osteopathic physician who is pre-approved by the Chairperson of the Michigan Board of Osteopathic Medicine and Surgery, hereafter Board, or the Chairperson's designee, and who shall file reports on a quarterly basis as more specifically set forth below.

"Direct, on-site supervision" is defined as the participation in the work of Respondent by a fully licensed osteopathic physician in which there is in-person communication between Respondent and said supervisor.

Respondent shall submit to the Department of Community Health, hereafter Department, written correspondence requesting approval of the proposed supervising physician. This request shall include, at a minimum, the individual's name, employment position, telephone number, and confirmation that the proposed supervising physician has received a copy of this Order.

Respondent shall ensure that the correspondence is submitted to the Department of Community Health, Bureau of Health Professions, Sanction Monitoring, P.O. Box 30670, Lansing, MI 48909.

Respondent shall not commence employment in a capacity for which an osteopathic medicine and surgery license is required until Respondent has received written notification from the Department confirming that the proposed supervising physician has been approved.

IT IS FURTHER ORDERED that Respondent may petition for reclassification of the limited license upon Respondent's successful completion of a CPEP education program (as more specifically set forth below), and as further provided by 1996 AACRS, R 338.1636.

IT IS FURTHER ORDERED that for the violation of section 16221(a) of the Public Health Code, supra, Respondent is placed on PROBATION to run concurrent with the period of limitation, commencing on the effective date of this order. The terms of probation shall be as follows:

1. CPEP EDUCATION PROGRAM: Respondent shall enter into and comply with all terms of a CPEP education program which incorporates all recommendations as specifically set forth on pages 23 and 24 of the CPEP assessment report.

In the event Respondent fails to enter into the CPEP education program, or fails to comply with the terms of the CPEP education program, the Contractor shall immediately notify the Department in writing.

To the extent that the terms of the CPEP education program call for reports, Respondent shall submit all reports in the manner specified by the CPEP education program.

All information and documentation acquired by the CPEP education program shall be made available to the Department upon request to establish Respondent's compliance or noncompliance with the CPEP education program and this Order.

Upon Respondent's successful completion of the CPEP education program, the Contractor shall promptly notify the Department in writing.

2. SUPERVISOR REPORTS. In the event Respondent is employed as an osteopathic physician, Respondent

shall immediately provide copies of this Order and the Complaint dated November 18, 2005, to Respondent's employer and supervising physician. Respondent's supervising physician shall be knowledgeable of Respondent's history and shall file reports with the Department, as further provided herein, advising of Respondent's work performance.

In the event Respondent, at any time, fails to comply with minimal standards of acceptable and prevailing practice or appears unable to practice with reasonable skill and safety, the Department shall be immediately so notified by Respondent's employer or supervising physician.

3. SUPERVISION CHANGE. Respondent shall report to the Department, in writing, any and all changes in Respondent's employment or supervision within 15 days of such change if Respondent's employment change requires Respondent to have an osteopathic physician license.

Respondent shall provide copies of this Order and the Complaint dated November 18, 2005, to each successor employer and supervising physician, if the employment requires Respondent to have an osteopathic physician license. The successor supervising physician shall be knowledgeable of Respondent's history and shall continue to file reports with the Department advising of Respondent's work performance, as set forth above.

4. REPORT OF NON-EMPLOYMENT. If at any time during the period of probation Respondent is not employed as an osteopathic physician, Respondent shall file a report of non-employment with the Department within 15 days after becoming unemployed. Respondent shall continue to file a report of non-employment on a quarterly basis until Respondent returns to employment as an osteopathic physician, at which time Respondent shall notify the Department of this fact within 15 days after returning to practice.

5. COMPLIANCE WITH THE PUBLIC HEALTH CODE.
Respondent shall comply with all applicable provisions of the Public Health Code and rules promulgated thereunder.
6. RESIDENCY AND PRACTICE OUTSIDE MICHIGAN.
Periods of residency and practice outside Michigan shall not reduce the probationary period of this Order. Respondent shall report any changes of residency or practice outside Michigan no more than 15 days after the change occurs. Compliance with this provision does not satisfy the requirements of sections 16192(1) and 16221(g) of the Public Health Code, supra, regarding Respondent's duty to report name or mailing address changes to the Department.
7. REPORTING PROCEDURE: Unless requiring immediate notification as indicated above, all reports required herein shall be filed on a quarterly basis, the first report to be filed at the end of the third month of probation, and subsequent reports to be filed every three months thereafter until Respondent is discharged from probation.

In addition to receiving reports as required herein, the Department or its authorized representative may periodically contact the reporting individuals or agencies to inquire of Respondent's progress. Respondent authorizes release of said information as specifically set forth in the stipulation made a part hereof.

Respondent shall direct all communications required by the terms of this Order to: Department of Community Health, Bureau of Health Professions, Sanction Monitoring, P.O. Box 30670, Lansing, MI 48909.

The timely filing of all information relating to this Order shall be Respondent's responsibility, and failure to file said information within the time limitations herein provided shall be deemed a violation of an order of the Disciplinary Subcommittee.

8. COSTS: Petitioner shall be solely responsible for payment of all costs incurred in complying with the terms of this Order.

IT IS FURTHER ORDERED that in the event Respondent violates any provision of this Order, and if such violation is deemed to constitute an independent violation of the Public Health Code or rules promulgated thereunder, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACRS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

IT IS FURTHER ORDERED that this order shall be effective 30 days from the date signed by the Disciplinary Subcommittee's Chairperson or authorized representative, as set forth below.

Dated: September 8, 2008

MICHIGAN BOARD OF OSTEOPATHIC
MEDICINE AND SURGERY
DISCIPLINARY SUBCOMMITTEE

By: Melanie Brim
Melanie B. Brim, Director
Bureau of Health Professions

This is the last and final page of an Order Reconsidering Consent Order and Stipulation Dated October 10, 2007 and Imposing Alternate Sanctions in the matter of Gregory P. Derderian, D.O., File Number 51-00-57607, before the Disciplinary Subcommittee of the Michigan Board of Osteopathic Medicine and Surgery, consisting of six pages, this page included.

LFM

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

GREGORY DERDERIAN, D.O.

Complaint No. 51-00-57607

CONSENT ORDER

An Administrative Complaint was filed with the Disciplinary Subcommittee of the Board of Osteopathic Medicine and Surgery on November 18, 2005, charging Gregory Derderian, D.O., (Respondent), with having violated sections 16221(a), and (b)(i), and (b)(vi) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 *et seq.*

The parties have stipulated that the Disciplinary Subcommittee may enter this Consent Order. The Disciplinary Subcommittee has reviewed the Stipulation contained in this document and agrees that the public interest is best served by resolution of the outstanding Complaint. Therefore, the Disciplinary Subcommittee finds that the allegations of fact contained in the complaint are true and constitute a violation of section 16221(a) of the Public Health Code.

Accordingly, for these violations, IT IS ORDERED:

Respondent is placed on PROBATION for a period of 12 months commencing on the effective date of this Order. Reduction of the probationary period shall occur only while Respondent is employed as an osteopathic physician. Respondent shall be automatically discharged from probation at the end of the probationary period provided Respondent has

complied with the terms of this Order. The terms and conditions of the probation, which Respondent must complete within the period of probation, are as follows:

A. ASSESSMENT. Within 60 days of the effective date of this Order, Respondent shall attend a program offered by Colorado Personalized Education for Physicians (CPEP) for the purpose of having his surgical skills assessed.

If CPEP recommends any educational intervention or activities for Respondent after the assessment, Respondent shall comply with these recommendations within the time periods established by CPEP. Respondent shall provide the Department with a written copy of any educational plan, and shall provide the department with written proof of successful completion of any educational plan.

After Respondent has completed the CPEP program and CPEP has issued a report of its findings to the Board's chair or the Chair's designee, the Disciplinary Subcommittee shall reconsider the sanctions imposed in this Consent Order and issue a new Order consistent with the recommendations in the CPEP report.

B. REPORTS. While the report from CPEP is pending, Respondent's surgical practice of vascular procedures performed in an operating room shall be overseen by the Chief of Vascular Surgery, David Forster, D.O. Dr. Forster shall approve Respondent's procedures in advance and post-operatively to ensure that Respondent's performance complies with the applicable standard of care. Dr. Forster shall file reports with the Department, as further provided below, advising of Respondent's performance. If at any time Respondent fails to comply with minimal standards of acceptable and prevailing practice, or appears unable to practice with reasonable skill and safety, Dr. Forster shall immediately notify the Department.

Respondent shall maintain a log of all of the surgical procedures he performs that are being overseen by Dr. Forster. Respondent shall submit this log to the Department on a quarterly basis.

C. REPORTING PROCEDURE. The reports and surgical logs described above shall be filed on a quarterly basis, the first report to be filed at the end of the third month of probation, and subsequent reports every three months until Respondent provides the report from CPEP. In addition to receiving reports as required above, the Department or its authorized representative may periodically contact the reporting individuals or agencies to inquire of Respondent's progress. By accepting the terms of

this Consent Order and Stipulation, Respondent has authorized the release of all necessary records and information.

Any violation of the Public Health Code by Respondent during the period of probation shall be deemed a violation of probation and constitute grounds for further disciplinary action.

Paragraphs 19, 35, 45, 57, 71, and 85 that allege a violation of Code section 16221(b)(i) and paragraphs 20, 36, 46, 58, 72, and 86 that allege a violation of Code section (b)(vi) are DISMISSED.

If Respondent violates any term or condition set forth here, Respondent will be in violation of 1996 AACRS, R 338.1632, and section 16221(h) of the Public Health Code.

If Respondent violates the terms of this Order, the Disciplinary Subcommittee may reconsider the disciplinary action taken in the present matter; further, if such violation constitutes an independent violation of the Public Health Code or rules promulgated under the Code, the Disciplinary Subcommittee may take appropriate disciplinary action.

Respondent shall be responsible for all costs and expenses incurred in complying with the terms and conditions of this Consent Order and Stipulation.

This Order shall be effective on the date signed by the Chairperson of the Disciplinary Subcommittee or its authorized representative, as set forth below.

Signed this 17 day of Oct, 2007.

MICHIGAN BOARD OF OSTEOPATHIC
MEDICINE AND SURGERY

By



Chairperson, Disciplinary Subcommittee

STIPULATION

The parties stipulate and agree as follows:

1. Respondent agrees that by pleading no contest, he does not contest the allegations of fact and law in the Complaint, except the allegations contained in paragraphs 19, 20, 35, 36, 45, 46, 57, 58, 71, 72, 85, and 86, which the parties agree shall be dismissed. He further agrees that the Disciplinary Subcommittee may treat the remaining allegations of fact and law as true for resolution of the Complaint and may enter an Order as treating those allegations as true.

2. Respondent understands and intends that by signing this Stipulation he is waiving the right pursuant to the Public Health Code, rules promulgated under the Public Health Code, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 *et seq*, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and to present a defense to the charges before the Disciplinary Subcommittee or its authorized representative. Should the Disciplinary Subcommittee reject the proposed Consent Order, the parties reserve the right to proceed to hearing.

3. The Disciplinary Subcommittee may enter the above Consent Order, supported by Board conferee Douglas Vanator, D.O. Dr. Vanator or an Assistant Attorney General in the Licensing & Regulation Division are free to discuss this matter with the Disciplinary Subcommittee in order to recommend acceptance of this resolution.


4. Dr. Vanator and the parties considered the following factors in reaching this agreement:

A. Respondent has been fully cooperative.

B. Respondent has recognized the need for an assessment to ensure the safety of his patient population.

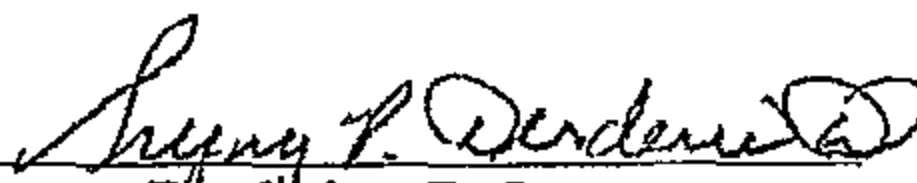
By signing this Stipulation, the parties confirm that they have read, understand and agree with the terms of the Consent Order.

AGREED TO BY:



Merry A. Rosenberg (P32120)
Assistant Attorney General
Attorney for Complainant
Dated: 7/31/07

AGREED TO BY:



Gregory Derderian, D.O.
Respondent
Dated: 7.24.07

sem.casesmar07.derderian p cos

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

GREGORY DERDERIAN, D.O.

Complaint Nos. 51-00-1266-00 and
51-99-2271-00

ADMINISTRATIVE COMPLAINT

Attorney General Michael A. Cox, through Assistant Attorney General Merry A. Rosenberg, on behalf of the Department of Community Health, Bureau of Health Professions, (Complainant), files this Complaint against Gregory Derderian, D.O., (Respondent), alleging upon information and belief as follows:

1. The Board of Osteopathic Medicine and Surgery, an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 *et seq.*, (Code) is empowered to discipline licensees under the Code through its Disciplinary Subcommittee (DSC).
2. At all times relevant to this Complaint, Respondent was licensed by this Board and was board certified in surgery.
3. Section 16221(a) of the Code provides the DSC with authority to take disciplinary action against Respondent for a violation of general duty, consisting of negligence or failure to

exercise due care, including negligent delegation to, or supervision of employees or other individuals, whether or not injury results, or any conduct, practice, or condition which impairs, or may impair, his ability to safely and skillfully practice osteopathic medicine and surgery.

4. Section 16221(b)(i) of the Code provides the DSC with authority to take disciplinary action against Respondent for incompetence, defined at section 16106(1) to mean "[A] departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for a health profession, whether or not actual injury to an individual occurs."

5. Section 16221(b)(vi) of the Public Health Code authorizes the DSC to take disciplinary action against Respondent for a lack of good moral character, defined at section 1 of 1974 PA 381, as amended; MCL 338.41 *et seq*, as the propensity on the part of the person to serve the public in the licensed area in a fair, honest, and open manner.

6. Section 16226 of the Code authorizes the DSC to impose specific sanctions on a licensee after finding the existence of one or more of the grounds for action listed in section 16221.

7. In September 1999, Respondent's surgical privileges at Genesys Regional Medical Center (GRMC) were suspended following Respondent's surgery on patient J.B. (Count V, *infra*). His medical privileges remained intact. Respondent appealed the suspension through the Medical Executive Committee where a decision to uphold the suspension was rendered in March 2003. Respondent's appeals of that decision to the Genesee County Circuit Court and the

Michigan Court of Appeals were denied. An appeal with the Michigan Supreme Court is now pending.

COUNT I

8. G. J. (initials will be used to protect patient confidentiality) a 49 year old male, underwent an abdominal aortogram and bilateral lower extremity angiograms on May 19, 1999, for bilateral lower extremity claudication, worse on the left. The study was interpreted as follows:

"1. The left superficial femoral artery is occluded at Hunter's Canal, but the distal vessels reform from profunda collaterals.

2. A small right posterior tibial and a reformed anterior tibial artery cross the ankle; an essentially normal-caliber left posterior tibial artery crosses the ankle.

3. Moderate proximal superficial femoral artery disease bilaterally with at least 70% stenosis focal stenosis on the right and 40% multifocal stenoses on the left."

9. Despite these findings, and without first attempting conservative treatment such as medication or a walking program to address G.J.'s sole clinical symptom of claudication, Respondent performed an above the knee femoral popliteal bypass on G.J.'s left leg on June 3, 1999.

10. Respondent used a Gore-tex graft instead of one of G. J.'s veins. He placed a Jackson-Pratt drain at the end of the procedure.

11. G.J. returned to GRMC on July 27, 1999, for the same procedure on the right leg. Again, Respondent used a Gore-tex graft instead of harvesting one of G.J.'s own veins for the procedure.

12. On September 8, 1999, G. J. was admitted to GRMC complaining of a sudden onset of leg pain. After the emergency room physician diagnosed an embolism of the right leg, an embolectomy was performed. G. J. was admitted to the service of his primary care physician, Craig Dolven, D.O., and Respondent was consulted.

13. G.J. returned to the GRMC emergency room on November 1, 1999, with an open wound (approximately 5 cm) located in the distal third of the right leg. Physical examination elicited diminished distal pulses and cold feet. G.J. was admitted to Dr. Dolven who again consulted with Respondent. Although Respondent ordered wound care and antibiotics for the treatment of G.J.'s leg, it remained infected and bleeding. G.J. also required continuing pain medication.

14. Between November 1 and 4, 1999, Respondent never consulted with a surgeon who could operate on G.J.'s infected leg. Similarly, Respondent never notified Dr. Dolven of the suspension of his surgical privileges, nor was nursing staff aware of the suspension. In fact, Dr. Dolven noted his ignorance of Respondent's suspension in a progress note on November 4, 1999.

15. On November 4, 1999, Dr. Dolven finally consulted with vascular surgeon Allan Ippolito, M.D., for further management of G.J.'s infected leg. Based on the emergent nature of G.J.'s status, Dr. Ippolito operated on November 5, removing the right femoral to above-knee popliteal Gore-tex graft with ligation of the above-knee popliteal artery proximally and distal, and repair of the right common femoral artery using a vein patch. A few hours later, G.J. was

emergently returned to surgery due to severe ischemia of the right foot, at which time he underwent a right external iliac to below-knee popliteal reverse saphenous vein bypass graft.

16. Ultimately, G.J. was transferred to the University of Michigan Medical Center (UMMC) on November 9, 1999, where he underwent a below the knee amputation of his right leg.

17. Respondent admitted to Department Investigator Danene Nunez that he had not informed Dr. Dolven that his surgical privileges had been suspended and thus he could not operate on G.J. He told Inspector Nunez that he did not share this information with Dr. Dolven because he believed everyone knew of the suspension and that Dr. Dolven could secure alternate surgical coverage for G.J.

18. Respondent's conduct described above constitutes negligence, in violation of section 16221(a) of the Code.

19. Respondent's conduct described above constitutes incompetence, in violation of section 16221(b)(i) of the Code.

20. Respondent's conduct described above constitutes a lack of good moral character, in violation of section 16221(b)(vi) of the Code.

COUNT II

21. M.A., a 16 year old female, arrived at the GRMC emergency room at 19:30 on November 26, 1997. She was the unrestrained driver of a Geo Metro that had been T-boned on the driver's side. Upon arrival, M.A. was awake, disoriented, and combative with a Glasgow scale of 13, due to her use of inappropriate words. Her vitals were: blood pressure 149/palpable, heart rate 112, respirations 24, and pulse oximetry of 98 percent.

22. Her hemoglobin at 20:00 was 11.9; a chest x-ray performed at 20:30 was interpreted to show "possibility of mediastinal hemorrhage or hematoma.....Suspect pleural effusion or hemorrhage involving the left hemithorax". A subsequent chest x-ray taken at 20:37 showed continued prominence to the mediastinal region suspicious for hemorrhage.

23. A CT of the chest, abdomen and pelvis taken at 21:20 showed suspected trauma in the descending thoracic aorta.

24. Nursing notes from 23:35 indicated that M.A. was still combative and thrashing around; soft wrist restraints were applied.

25. At 00:50 a.m. on November 27, 1997, the emergency room nurse documented that M.A.'s oxygenation had fallen to 89 percent and oxygen was applied. A chest x-ray performed at 00:49 showed that there was a slight increase in the pathology of the left lung and continued wide mediastinum.

26. M.A. was transferred to ICU at approximately 2:00. The resident wrote a progress note at 2:45, stating: "spoke with chest surgeon. Will attempt to stabilize with fluid/blood?, get aortogram and prepare OR for possible surgery. BP 70/p. Type and cross for 6 units. Given 2 of O-blood.... BP 86/P. CT drainage continues to be greater than 200 cc/hour. Spoke with chest surgeon; he is en route to hospital to take pt to OR if pt stabilized..."

27. M.A. manifested the following clinical signs between 3:00 to 4:20:

<u>TIME</u>	<u>EVENT</u>
3:00 a.m.	Pulse 82
3:15 a.m.	Pulse 185
3:20 a.m.	Pulse 180
3:25 a.m.	Pulse 175
3:30 a.m.	Hemoglobin 6.5
3:30 a.m.	Blood pressure 60/?; Pulse 167
3:35 a.m.	Pulse oximetry 89; pulse 158
3:45 a.m.	Pulse oximetry 78; pulse 150
4:00 a.m.	Pulse oximetry 83; pulse 114
4:05 a.m.	Pulse 79
4:20 a.m.	Pulse oximetry 77; pulse 67

28. A chest film taken at 4:07 showed increasing pathology in the left hemithorax suspicious for recurrent hemorrhage or hematoma and continued prominence to the mediastinum, particularly on the left.

29. At 4:30 a.m. M.A., arrested and was resuscitated. She was still on the floor at that time.

30. The operating room was opened at 4:50 a.m. and M.A. arrived there at 5:25 a.m. The procedure finally began at 5:55 a.m.

31. Despite the transfusion of 39 units of fresh whole blood between 3:20 and 10:00, M.A. exsanguinated on the table and Respondent pronounced her dead at 10:30.

32. In his operative report dictated at 11:26 a.m., Respondent documented the following: "I was called to see the patient initially at just after 04:00 A.M., in that the patient had had initial blood out of the chest tube....At slightly after 4:00 I was called to discuss the patient.....The discussion was to obtain an arteriogram on an emergent basis. I was then called approximately 15 minutes later that she had put out another 200 cc in a matter of 15 minutes, and we then presented to the Neuro Ortho Intensive Care Unit on the fourth floor.....We did our best to stabilize the patient at this point. Once we were able to get the pressure with significant dose[s] of pressors and very intense transfusions, we felt we were at a point where we could transport her to the surgical suite, and that was done accordingly."

33. When interviewed by Investigator Nunez, Respondent explained that the reason he waited almost 90 minutes between the time he arrived at GRMC and the time he took M.A. to the operating room was to obtain large bore IV access.

34. Respondent's conduct described above constitutes negligence, in violation of section 16221(a) of the Code.

35. Respondent's conduct described above constitutes incompetence, in violation of section 16221(b)(i) of the Code.

36. Respondent's conduct described above constitutes a lack of good moral character, in violation of section 16221(b)(vi) of the Code.

COUNT III

37. O.D., a 60 year old male, was admitted to GRMC on November 23, 1998, for an esophageal resection. O.D.'s medical history was significant for non-insulin dependent diabetes, degenerative joint disease, GERD, aspiration pneumonia, sleep apnea, hypertension, borderline cardiomegaly, and moderate chronic obstructive pulmonary disease. He was also a smoker and obese, weighing 330 pounds. His medications were Cardizem, Diabeta, Ambien, Propulsid, Xanax, Prilosec, Cataflam, and Parafon.

38. Respondent planned this surgery based on medical documentation from Florida that had identified an esophageal lesion.

39. On November 23, 1998, Respondent performed a partial esophagectomy. Intraoperatively, Respondent consulted with gastroenterologist Richard Smith, D.O., for a panendoscopy to locate the lesion as it was not located where Respondent anticipated.

40. Ultimately, Respondent performed a thoracotomy, isolation of esophageal tumor; laparotomy preparation of the stomach; esophagectomy with gastroesophagostomy, and insertion of a jejunal feeding tube. According to his operative report, Respondent "transected the esophagus, having first transected the intra-abdominal portion of the esophagus and taking the left gastric artery and feeding the stomach into the chest. It was felt that we had plenty of room

to bring the stomach up to the thoracic inlet and therefore we transected the esophagus more cephalad". The surgery lasted approximately 7 hours during which O.D. lost approximately 1700 ccs of blood.

41. Because the lesion was in a different location than anticipated, Respondent performed an anastomosis of the esophageal stump further up in the esophagus, causing additional compromise of O.D.'s lung function.

42. O.D. was ultimately discharged from GRMC on May 6, 1999. During his 5 ½ month stay, he sustained a respiratory failure that required tracheostomy for ventilator dependency; a gastrointestinal bleed requiring small bowel resection and left hemicolectomy; pulmonary embolus; decubitus ulcer with wound infection; malnutrition requiring TPN support; and depression. His discharge diagnoses were: 1) status post esophageal resection for esophageal carcinoma; 2) left hemicolectomy for gastrointestinal bleed; 3) sacral decubitus 4) malnutrition; 5) respiratory failure; 6) status post tracheostomy; and 7) uncontrolled diabetes.

43. When interviewed by Investigator Nunez, Respondent stated that he performed one to two esophageal resections per year.

44. Respondent's conduct described above constitutes negligence, in violation of section 16221(a) of the Code.

45. Respondent's conduct described above constitutes incompetence, in violation of section 16221(b)(i) of the Code.

46. Respondent's conduct described above constitutes a lack of good moral character, in violation of section 16221(b)(vi) of the Code.

COUNT IV

47. W.H., a 67 year old male, underwent a CT-scan on January 15, 1998, that revealed an irregular pleural based mass in the left upper lobe suggestive of a neoplasm and possible adenopathy in the left hilar region. A bronchoscopy was performed on February 12, 1998. The left main stem, and left upper and lower lobes showed multiple mucous plugs with some erythema, but no endobronchial lesions; a bronchial washing cytology was negative. While a biopsy of the left upper lobe showed a reaction consistent with either sarcoidosis or foreign body giant cell reaction, neither organisms nor evidence of neoplasm was present.

48. W.H. underwent a CT needle biopsy of the left upper lobe lesion on March 3, 1998. The pathology was suspicious but not diagnostic for malignancy. A chest x-ray performed on March 5, 1998, revealed a questionable density involving the left upper lung; a mediastinoscopy performed on March 12, 1998, showed anthracotic changes in a paratracheal lymph node. The lung tissue was positive for squamous cell carcinoma, poorly differentiated.

49. Respondent admitted W.H. to GRMC for a lung resection on March 23, 1998. In addition to the above, his medical history was significant for aortic abdominal aneurysm,

emphysema, bilateral aorto-femoral bypass, bladder cancer, and hypertension. His hemoglobin on March 10, 1998, was 13.2.

50. Respondent began the thoracotomy on March 23, 1998, at 9:36 a.m. At 15:06, the procedure was stopped and Respondent went to speak with W.H.'s family, informing them that a total pneumonectomy would prolong W.H.'s life for one to two years. After obtaining W.H.'s spouse's consent, Respondent returned to surgery.

51. At 15:50, W.H.'s hemoglobin was 6.1; he sustained a cardiac arrest at approximately 17:03.

52. During the course of the procedure, W.H.'s oxygen level dropped as low as 80% at 14:00 and could not be recorded after 16:00. He received 31,541 ccs of fluid, including 8580 ccs of packed red blood cells.

53. According to Respondent's operative note, the following relevant events occurred intra-operatively: 1) he violated the aorta (before he spoke to the family); 2) the lymph nodes were negative; 3) the tumor invaded the left lung, the esophageal wall, the left mainstem bronchus, the pulmonary artery and the undersurface of the aorta; and 4) the family elected to proceed with an "en bloc" resection.

54. W.H. was taken from the operating room at 17:05 and transported to the ICU with a bair hugger. Although he was resuscitated in the operating room, he subsequently coded again

in the ICU within minutes of arrival. The family elected not to resuscitate him and he was pronounced at 17:17.

55. The pathology report of the left lung identified a sub-pleural grey-white mass measuring up to 3cm x 1.7cm x 1 cm, identified as poorly differentiated squamous cell carcinoma, spindle cell (sarcomatoid) variant. The pathology report and Respondent's intra-operative note were contradictory; Respondent's note described extensive disease while the pathology report did not.

56. Respondent's conduct described above constitutes negligence, in violation of section 16221(a) of the Code.

57. Respondent's conduct described above constitutes incompetence, in violation of section 16221(b)(i) of the Code.

58. Respondent's conduct described above constitutes a lack of good moral character, in violation of section 16221(b)(vi) of the Code.

COUNT V

59. J.B., a 65 year old male and Jehovah's Witness, presented to Ingham Regional Medical Center with chest pain on July 27, 1999. His previous medical history was significant for quadruple coronary artery bypass graft surgery (CABG) in 1983 and a catheterization at

Sparrow Hospital in June 1998 that showed both graft and arterial occlusions. An echocardiogram performed in July 1998 showed that he did not need surgery.

60. Upon admission, J.B.'s Troponin level was 1.04 (normal 0.0 to 0.6) and an EKG showed ST-T wave changes consistent with high lateral wall injury or infarction. He underwent a catheterization that day after which Mark Castellani, M.D. concluded that the "culprit" lesion was not amenable to angioplasty and the issue of a re-do bypass was under consideration. An EKG performed the next day (July 28) showed no change since July 27.

61. J.B. was transferred to GRMC by ambulance with nitroglycerin and heparin drips on July 28, 1999, to consult with Respondent for bloodless surgery based on his religious beliefs. According to Respondent's history and physical, J.B. had been on recent aspirin therapy and his EKG showed minimal changes. His impression was anginal pectoris and cardiac ischemia.

62. An EKG performed on July 29, 1999, showed probable anteroseptal myocardial infarction, age indeterminate. Cardiologist Wilfredo Rivera, D.O., consulted on July 30, 1999, and concluded that J.B. had unstable angina.

63. On July 30, 1999, Respondent removed the femoral sheath in the operating room which had remained intact since Dr. Castellani's July 27th catheterization. On August 3, 1999, Respondent evacuated a hematoma that had formed at the site of the femoral sheath removal.

64. On August 6, 1999, cardiologist Wilfredo Rivera, M.D., performed a heart catheterization that demonstrated arterial and vein graft occlusions.

65. J.B. was discharged from GRMC on August 10, 1999. Prior to discharge, an EKG showed non-specific lateral T wave abnormalities and diffuse T wave abnormalities. Respondent planned to re-admit J.B. for a redo cardiac bypass or graft revision after he stabilized.

66. Respondent dictated the following note on September 3, 1999:

"We have also discussed with him [J.B.] the fact that we have had Administrative pressure against doing this case and we have offered to send him to Cleveland, but he and his wife wish to have it done here and they understand the basis of the program and they understand the risks of the surgery."

67. Respondent performed the repeat CABG procedure on September 9, 1999, Respondent's eleventh repeat CABG in his ten year career as a cardiac surgeon.

68. After transfer to the ICU, J.B. went into cardiac arrest. Respondent returned him to the operating room, but he could not be resuscitated and he was pronounced at 22:45.

69. Forensic evaluation has determined that Respondent altered J.B.'s GRMC medical chart by adding entries for August 3 and August 4, 1999. These alterations were made several months after the events in question. Respondent has admitted that he made these alterations.

70. Respondent's conduct described above constitutes negligence, in violation of section 16221(a) of the Code.

71. Respondent's conduct described above constitutes incompetence, in violation of section 16221(b)(i) of the Code.

72. Respondent's conduct described above constitutes a lack of good moral character, in violation of section 16221(b)(vi) of the Code.

COUNT VI

73. A.W., a 68 year old female, underwent a CABG, mitral valve repair, and atrial septal defect repair at the University of Michigan Medical Center in July 1998. On August 2, 1998, she was admitted to GRMC with complaints of hemoptysis. A bronchoscopy of the lower lobe of the right lung performed the next day (August 3) was negative for malignant cells. Her medical history was also significant for breast cancer followed by radiation therapy, COPD with ventilator dependency, 25 pack year smoking history, and cardiomyopathy.

74. A lung scan performed on August 5, 1998, showed very little ventilation and perfusion involving the right hemithorax, most likely due to an endobronchial lesion.

75. An echocardiogram performed on August 10, 1998, showed an ejection fraction of 22 percent, similar to what was seen in June 1998.

76. A CT of the thorax with contrast was performed on August 10, 1998. This was interpreted as follows:

"Diffuse abnormal soft tissue density identified in the subcarinal region extending along the posterior aspect of the right main bronchus and pulmonary artery. This is quite suspicious for a mass/adenopathy. Non-enhancing material is also identified immediately inferior to the right hilum, and there is consolidation/atelectasis of the right lower lobe. This non-enhancing material may be atelectatic lung, but may represent a lung mass. I suspect at least a portion of the consolidation of the right lower lobe is due to pneumonia. A right sided pleural effusion is present as well.

There is a somewhat spiculated appearing density along the right mediastinum on the right, probably related to post-radiation change.

No peripheral lung nodule is seen."

77. A bronchoscopy performed on August 11, 1998, showed poorly differentiated malignant epithelial neoplasm, possibly adenocarcinoma.

78. A nuclear bone scan performed on August 13, 1998, showed a small area of increased activity affecting the anterior aspect of the second rib on the left, related to mild trauma, increased calcification in the costochondral region or, less likely, a single focus of metastatic disease. A thoracentesis performed on August 14, 1998, was negative for malignancy.

79. On August 22, 1998, A.W.'s lung cancer was diagnosed as stage III. An internal medicine progress note written that same date (August 22) detailed A.W.'s desire to have surgery despite possible tracheotomy, PEG tube, complications of ventilator dependence, infection, myocardial infarction, congestive heart failure, and 50% chance of survivability from surgery

alone. A critical care note two days later stated that A.W. was "not weanable", and that she was so weak it was doubtful she would be ambulatory even after surgery.

80. A.W. underwent a tracheostomy on August 25, 1998, in preparation for surgery. A bronchoscopy performed at the same time on the upper lobe of the right lung and the right mainstem bronchus revealed a few atypical cells.

81. A MUGA scan performed on August 27, 1998, showed an "abnormally low" left ventricular ejection fraction of 30.7 percent.

82. Respondent dictated the following consult on August 28, 1998: "Would not necessarily recommend the surgery, but I would consent to the operation if the patient and family so desire".

83. Respondent performed a thoracotomy and attempted pneumonectomy on August 31, 1998. Upon opening A.W. up, Respondent noted the presence of extensive tumor adhesions and inflammation. The tumor involved the mainstem bronchus and the pulmonary artery. Despite these findings, Respondent continued to operate. Heavy bleeding resulted from multiple attempts to dissect the tumor from the pulmonary artery and, in fact, Respondent violated the pulmonary artery twice. Attempts to repair the pulmonary artery with staples failed. According to Respondent's operative report, "the pulmonary artery continued to bleed and break down. She had finally succumbed to the operative procedure". She was pronounced in the operating room.

84. Respondent's conduct described above constitutes negligence, in violation of section 16221(a) of the Code.

85. Respondent's conduct described above constitutes incompetence, in violation of section 16221(b)(i) of the Code.

86. Respondent's conduct described above constitutes a lack of good moral character, in violation of section 16221(b)(vi) of the Code.


THEREFORE, Complainant requests that this Complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with all lawful requirements for retention of the aforesaid license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated pursuant to it, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq.

RESPONDENT IS HEREBY NOTIFIED that, pursuant to section 16231(7) of the Public Health Code, Respondent has 30 days from receipt of this Complaint to submit a written response to the allegations contained in it. The written response shall be submitted to the Bureau of Health Professions, Department of Community Health, P.O. Box 30670, Lansing, Michigan 48909, with a copy to the undersigned Assistant Attorney General. Further, pursuant

to section 16231(8), failure to submit a written response within 30 days shall be treated as an admission of the allegations contained in the Complaint and shall result in transmittal of the Complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

Respectfully submitted,

Michael A. Cox
Attorney General



Mervyn A. Rosenberg (P32120)
Assistant Attorney General
Licensing & Regulation Division
P.O. Box 30754
Lansing, Michigan 48909
(517) 373-1146

Dated: November 18, 2005

sem.cases.mar05.derderian do.ac