

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

In the Matter of

A. ALBERTO HODARI, M.D.
License No. 43-01-032422

Complaint No. 43-06-102963

CONSENT ORDER

An Administrative Complaint was filed with the Disciplinary Subcommittee of the Board of Medicine on August 6, 2007, charging A. Alberto Hodari, M.D. (Respondent) with having violated sections 16221(a), (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 that Respondent has violated section 16221(a) of the Public Health Code.

Accordingly, for this violation, IT IS ORDERED:

Respondent is FINED \$10,000.00 to be paid by check, money order or cashier's check made payable to the State of Michigan (with Complaint number 43-06-102963 clearly indicated

on the check or money order) within 30 days from the effective date of this Order. The timely payment of the fine shall be Respondent's responsibility.

Counts II and III of the Complaint, alleging a violation of Code sections 16221(b)(i) and (b)(vi), are DISMISSED.

Respondent shall mail the fine required by the terms of this Order to Sanction Monitoring, Bureau of Health Professions, Department of Community Health, P.O. Box 30185, Lansing, Michigan 48909.

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

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

Signed on 3/18, 2009.

MICHIGAN BOARD OF MEDICINE

By 
Chairperson, Disciplinary Subcommittee

STIPULATION

The parties stipulate as follows:

1. Respondent does not contest the allegations of fact and law in the Complaint.

Respondent understands that by pleading no contest, he does not admit the truth of the allegations, but agrees that the Disciplinary Subcommittee may treat the allegations as true for resolution of the Complaint and may enter an Order treating the allegations as true and that they constitute a violation of section 16221(a) of the Code.

2. Respondent understands and intends that, by signing this Stipulation, he is waiving the right under 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 George Shade, M.D. Dr. Shade or an Assistant Attorney General from the Licensing and Regulation Division may discuss this matter with the Disciplinary Subcommittee in order to recommend acceptance of this resolution.

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

- A. Respondent has cooperated fully in the resolution of this Administrative Complaint and is remorseful for the events leading to it.
- B. Board certified anesthesiologist, Marc Wittenberg, M.D., reviewed the practice setting at each of Respondent's Womencare Clinics where anesthesia is provided (Lansing, Lathrup Village, and Sterling Heights), to ensure that the anesthesia services provided at each site conform with the standard of care. To accomplish this, Dr. Wittenberg performed on-site inspections at each of the three locations and reviewed random charts at each site to evaluate the following:
 - 1. That each of the sites was appropriately equipped with all necessary equipment to anesthetize and resuscitate patients both in the operating room and the Post Anesthesia Care Unit (PACU);
 - 2. That the anesthesia record showed that appropriate anesthetic agents in appropriate amounts were utilized;
 - 3. That the patients were appropriately monitored before and during their transfer from the operating room to the PACU;
 - 4. That the patients were appropriately monitored by anesthesia personnel and registered nurses in the PACU;
 - 5. That the ratio of nurses to patients in the PACU conformed with minimal standards of acceptable medical practice, *to-wit*, two patients to a registered nurse;
 - 6. That the decision to discharge patients from the PACU was made by the surgeon performing the procedure and according to acceptable standards of practice.

(See attached letter verifying this review from Respondent's attorney to Assistant Attorney General Merry Rosenberg dated February 26, 2009.)

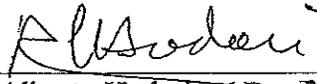
By signing this Stipulation, the parties confirm that they have read, understand and agree with the terms of the Consent Order.

AGREED TO BY:

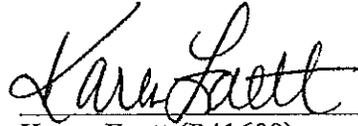


Merry A. Rosenberg (P32120)
Assistant Attorney General
Attorney for Complainant
Dated: 3/4/09

AGREED TO BY:



A. Alberto Hodari, M.D.
Respondent
Dated: 3-05-09



Karen Faett (P41609)
Attorney for Respondent
Dated: 3/4/09

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February 26, 2009

Merry A. Rosenberg, Esq.
Assistant Attorney General
Licensing & Regulation Division
P.O. Box 30754
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ATTORNEY GENERAL
LICENSING AND
REGULATION DIVISION

Re: *In the Matter of A. Alberto Hodari, M.D.*
Our File No.: RPS-70165

FEB 27 2009

Dear Ms. Rosenberg:

LANSING OFFICE
RECEIVED

An anesthesiologist, Marc Wittenberg, M.D., has reviewed the practice setting at each of respondent Womancare's clinics which offer anesthesia services (Lansing, Southfield, and Sterling Heights) to ensure that the anesthesia services provided at each site conform with the standard of care. To accomplish this, Dr. Wittenberg performed on-site inspections at each of the three locations and reviewed random charts at each site to evaluate that each site was appropriately equipped with all necessary equipment to anesthetize and resuscitate patients in the operating room and the post-anesthesia care unit.

Dr. Wittenberg found that the sites had the appropriate equipment. Dr. Wittenberg observed at the first facility inspected, Southfield, that laryngeal mask airways were not available, the reason being that it was the CRNAs' general practice to carry the LMA's with them in their anesthesia kit, which is typical in standard practice. So as to avoid any concern with compliance, Dr. Wittenberg suggested Womancare may wish to order laryngeal mask airways to have them on site. The LMA's were ordered and were on premises as of the date of the site visits at Sterling Heights (November 19, 2008) and Lansing (February 4, 2009). Dr. Wittenberg also recommended that all ACLS protocol drugs be available to resuscitate patients during his visit to Southfield. Dr. Wittenberg found on subsequent site visits that all ACLS drugs were available and that all sites are appropriately equipped to both anesthetize and resuscitate patients in the OR and PACU.

From the review of the miscellaneous charts, Dr. Wittenberg can attest the anesthesia record showed appropriate anesthetic agents were used and were used in appropriate amounts.

Merry A. Rosenberg, Esq.
Re: *In the Matter of A. Alberto Hodari, M.D.*
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Dr. Wittenberg, from his review of the charts, believes the patients were appropriately transferred and monitored by anesthesia personnel and the registered nurses to the PACU. He verified that patients were not permitted to get off the bed and move to a chair until vital signs with confirmed two stable blood pressures. While it is not standard of care, he recommended one additional blood pressure be obtained before transfer to PACU. He also concluded length of stay in Phase I and Phase II recovery was appropriate.

Dr. Wittenberg is satisfied that the ratio of nurses to patients in the PACU complied with the standard of care. The ratio confirmed by Dr. Wittenberg is two patients to an R.N.

Further, Dr. Wittenberg verified that the decision to discharge a patient from the PACU is made by the physician performing the operative procedure. Said decision is based upon an evaluation of the vital signs and assessment of post-procedure bleeding. Dr. Wittenberg has suggested a modified Aldrete Score be adopted for discharging a patient to home.

Thank you for your attention.

Very truly yours,


KAREN M. FAETT

KMF:ljp