

IN THE MATTER OF * **BEFORE THE MARYLAND**
LUCY BLUE VAN VOORHEES, M.D. * **STATE BOARD OF**
Respondent * **PHYSICIANS**
License Number: D55906 * **Case Number: 2220-0238 B**

* * * * *

CONSENT ORDER

On March 17, 2021, Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") charged **LUCY BLUE VAN VOORHEES, M.D.** (the "Respondent"), License Number D55906, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2014 Repl. Vol. and 2020 Supp).

Panel B charged the Respondent with violating the following provision of Health Occ. § 14-404:

(a) *In general.* -- Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

(3) Is guilty of:

(ii) Unprofessional conduct in the practice of medicine[.]

Pursuant to Health Occ. § 14-404(a)(3)(ii), the Joint Commission and the American Medical Association ("AMA") have identified "disruptive behavior" as one form of

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unprofessional conduct. The Joint Commission and the American Medical Association have addressed “disruptive physician behavior” in published alerts and opinions.

JOINT COMMISSION SENTINEL EVENT ALERT, 2008

On July 9, 2008, The Joint Commission issued a Sentinel Event alert entitled “Behaviors that Undermine a Culture of Safety,” which stated in pertinent part:

Intimidating and disruptive behaviors can foster medical errors . . . contribute to poor patient satisfaction and to preventable adverse outcomes . . . increase the cost of care . . . and cause qualified clinicians, administrators and managers to seek new positions in more professional environments . . . Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team.

Intimidating and disruptive behaviors include overt actions such as verbal outbursts and physical threats, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. Intimidating and disruptive behaviors are often manifested by health care professionals in positions of power. Such behaviors include reluctance or refusal to answer questions, return phone calls or pages; condescending language or voice intonation; and impatience with questions . . . Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients . . . All intimidating and disruptive behaviors are unprofessional and should not be tolerated.^{1,2}

AMA OPINION 9.045, JUNE 2000

AMA Opinion 9.045, entitled, *Physicians with Disruptive Behavior*, adopted in June 2000, states in pertinent part:

¹ In 2011, The Joint Commission revised the term “disruptive behavior” to “behavior or behaviors that undermine a culture of safety.”

² In 2016, The Joint Commission noted that “while the term ‘unprofessional behavior’ is preferred instead of ‘disruptive behavior;’ the suggested actions in this alert remain relevant.”

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...

- (1) Personal conduct, whether verbal or physical, that negatively affects or that potentially may negatively affect patient care constitutes disruptive behavior. (This includes but is not limited to conduct that interferes with one's ability to work with other members of the health care team.) However, criticism that is offered in good faith with the aim of improving patient care should not be construed as disruptive behavior.

AMA OPINION 9.4.4, JUNE 2016

AMA Code of Medical Ethics: Professional Self-Regulation Opinion 9.4.4, adopted in June 2016, pertaining to Physicians with Disruptive Behavior, states in pertinent part:

The importance of respect among all health professionals as a means of ensuring good patient care is foundational to ethics. Physicians have a responsibility to address situations in which individual physicians behave disruptively, that is, speak or act in ways that may negatively affect patient care, including conduct that interferes with the individual's ability to work with other members of the health care team, or for others to work with the physician.

On June 23, 2021, Panel B was convened as a Disciplinary Committee for Case Resolution ("DCCR") in this matter. Based on the negotiations occurring as a result of this DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law, Order, and Consent.

FINDINGS OF FACT

Panel B finds the following:

I. BACKGROUND

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1. The Respondent was originally licensed to practice medicine in Maryland on April 18, 2000, under License Number D55906. The Respondent has retained continuous licensure in Maryland since that time. The Respondent's license is scheduled to expire on September 30, 2021.

2. The Respondent is board-certified in Internal Medicine with a sub-specialty certification in Cardiovascular Disease.

3. In 2000, the Respondent became a partner at a health care facility in Salisbury, Maryland.

4. From May 4, 2000, the Respondent had privileges at a hospital in Worcester County, Maryland ("Hospital 1")³ until she voluntarily resigned her privileges on June 4, 2018.

5. The Respondent currently owns and operates a private medical practice in Ocean City, Maryland.

II. THE REPORT

6. On or about January 20, 2020, the Board received a Mandated 10-Day Report (the "Report") from a hospital located in Wicomico County, Maryland ("Hospital 2")

³ To maintain confidentiality, the names of individuals and health care facilities will not be identified in this document.

stating that it terminated the Respondent's employment contract⁴ following her actions and behavior during medical record training classes.

7. The Report, in pertinent part, stated:

[The Respondent]'s actions and behavior during the training classes was hostile and aggressive. She persistently interrupted the training due to her apparent frustrations with the content and the process. [The Respondent] repeatedly used profanity.

[The Respondent]'s behavior was offensive and hostile toward those who were conducting the training. She was disruptive, disrespectful and offensive to her colleagues who were also attending class to learn the software application.

III. BOARD INVESTIGATION

8. In response to the Report, the Board conducted an investigation that included but was not limited to subpoenaing the Respondent's quality assurance/risk management files, interviewing her training instructors, obtaining the Respondent's written response to the Report and conducting an under-oath interview with Board investigators.

Quality Assurance/Risk Management Files

9. On January 30, 2020 and February 28, 2020, respectively, the Board subpoenaed the Respondent's quality assurance and risk management file (the "QA/RM File") from Hospital 1 and Hospital 2.⁵

⁴ The Report states that Hospital 2 entered into an employment contract with the Respondent on October 1, 2019 with the term of employment to commence on January 1, 2020; however, Hospital 2 terminated the Respondent's contract on December 31, 2019, prior to her anticipated employment date of January 1, 2020.

⁵ Hospital 2 informed Board investigators that the Respondent did not have a QA/RM file because her employment was terminated prior to her anticipated start date.

10. On March 17, 2020, Board investigators received the Respondent's QA/RM File from Hospital 1. The QA/RM File from Hospital 1 documented multiple incidents concerning the Respondent's behavior, including an incident in October 2017 (the "October 2017 Incident") after which the Respondent voluntarily resigned her hospital privileges at Hospital 1.

Respondent's Conduct at Hospital 1

11. Board investigators opened an investigation into the Respondent's conduct at Hospital 1. As part of the investigation, Board investigators interviewed two other physicians who worked with the Respondent at Hospital 1. Board investigators also questioned the Respondent about the October 2017 Incident in her under-oath interview.

12. On April 15, 2020, Board investigators interviewed the Respondent's supervising physician at Hospital 1 (the "Supervising Physician"). The Supervising Physician worked with the Respondent from 2002 until 2017 and in the under-oath interview stated:

a. He noticed a change in the Respondent's demeanor in 2013 when

Hospital 1 transitioned to electronic health records:

[S]he was more angry towards people, towards us, towards the doctors in my group and with – had a hair trigger and would, you know, yell at people and would make more excuses for being short or discourteous...[.]

b. On multiple occasions, he observed the Respondent yelling at people and had to address the Respondent's behavior.

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c. During the October 2017 Incident, the Respondent screamed and yelled at emergency room physicians about their medical decisions regarding her family member (the “Family Member”) and an emergency medical condition.⁶ This outburst occurred in front of other medical staff and was reported to him.

d. When he intervened and attempted to talk with the Respondent, he arranged to meet with her in a private area however the Respondent left the private area for a public hallway where she, in a loud voice, directed profanities toward the medical staff involved in the Family Member’s care.

13. On April 20, 2020, Board investigators interviewed a physician who worked with the Respondent since 2010 and treated the Family Member (the “Treating Physician”). In the under-oath interview, the Treating Physician stated:

a. The Respondent was “very abrupt,” “brisk,” and “short-tempered” when talking to people. She developed a reputation and hospitalists would avoid talking to her.

b. The October 2017 Incident began when the Respondent called him and:

[P]roceeded to essentially get a torrent of her yelling at me over the phone. And initially enough that I was kind of confused as to who she—who it was. I knew it was supposed to be [the Respondent], but I didn’t think it

⁶ The Respondent was upset that the physicians involved in the Family Member’s care did not demonstrate “professional courtesy” and discuss the Family Member’s hospital admission with her. The Respondent also wanted the Family Member discharged, against the judgement of multiple treating physicians and the Family Member’s informed consent, believing that she could treat the Family Member at home.

was a doctor yelling at me...She said that if she wanted [the Family Member] to be managed by idiots and fools that she would admit [the Family Member] to the hospital...[.]

c. The conversation ended when the Respondent hung up on him.

d. Shortly after the telephone call, the Respondent appeared at the emergency department,⁷ “stormed” into the nurses’ area that is surrounded by patient beds and only separated by curtains, demanded to find “that idiot doctor” and proceeded to yell at numerous members of the medical staff.

e. When the Respondent found him, she, among other things, yelled profanities at him; physically confronted him by standing within a couple inches of him while pointing her finger at his chest; and “snidely” repeated that she would “take care of that little man,” referring to the specialist who referred the Family Member to him.

f. The Respondent’s actions disrupted the medical staff’s ability to provide patient care and he had “never seen a physician before or since act this way, ever, in [his] entire career.”

g. He was confused by her behavior:

I still don’t understand in retrospect looking back at it why she acted the way she did. I did not hear anyone say anything negative, did not hear anybody raise their voice to her. Nobody said anything demeaning to her. Nobody did anything but take good care of [the Family Member], and the only thing that happened throughout

⁷ Both medical staff and patients were present in the emergency department at the time.

the entire interaction, which lasted over an hour from start to finish, was her demeaning everyone. I mean everyone. Made the secretary cry.

- h. He documented and reported the October 2017 Incident because:

[T]he techs, the staff, the nurses, the secretaries, that those are the kind of people that need to be protected and they should feel safe at work and shouldn't have to be treated that way.

Respondent's Conduct at Hospital 2

14. On July 9, 2020, Board investigators learned that the three trainers involved in the Training ("the Trainers") filed written complaints with Hospital 2. Board investigators obtained copies of the complaints and conducted under-oath interviews with two of the Trainers.⁸

15. On August 11, 2020, Board staff interviewed the cardiology principal trainer ("Trainer 1") at Hospital 2. In the under-oath interview, Trainer 1 stated:

a. In December 2019, the Trainers provided a three-day training course for four providers, including the Respondent, on using electronic medical records to manage patient care.

b. At the beginning of the Training, the Respondent demonstrated a negative attitude and within the first few hours of the Training, the Respondent loudly and repeatedly made statements to voice her displeasure during which time she used profanities. The Respondent also gestured with her two middle fingers

⁸ Before Board investigators conducted interviews, one of the Trainers passed away.

directed toward the computer, answered her telephone and texted during the Training.

c. The Respondent continued to act in a disruptive manner throughout the Training, despite the Trainers' efforts to improve the Training experience for her.

d. Other providers at the Training asked the Respondent to "stop" and encouraged her to cooperate with the Training. The Trainers, however, felt the need to end the Training early due to the Respondent's continuous disruptive outbursts.

16. On August 11, 2020, Board investigators interviewed a second trainer ("Trainer 2") that led the Training. In the under-oath interview, Trainer 2 stated:

a. The Respondent arrived at the Training angry and during the Training she had a negative attitude, made a lot of side comments that she was unhappy and used a profanity.

b. The Respondent's disruptive behavior made it more difficult to train the other providers in the class and the Trainers ended the Training early because "we just felt like it was not being productive."

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Disciplinary Panel B of the Board concludes as a matter of law that the Respondent is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii).

ORDER

It is thus by Disciplinary Panel B of the Board, hereby:

ORDERED that the Respondent is **REPRIMANDED**; and it is further

ORDERED that the Respondent is placed on **PROBATION**,⁹ for a minimum period of **ONE (1) YEAR**. During the probationary period the Respondent shall comply with the following probationary terms and conditions:

1. The Respondent shall enroll in the Maryland Professional Rehabilitation Program (“MPRP”) as follows:

- (a) Within 5 business days, the Respondent shall contact MPRP to schedule an initial consultation for enrollment;
- (b) Within 15 business days, the Respondent shall enter into a Participant Rehabilitation Agreement and Participant Rehabilitation Plan with MPRP;
- (c) the Respondent shall fully and timely cooperate and comply with all MPRP’s referrals, rules, and requirements, including, but not limited to, the terms and conditions of the Participant Rehabilitation Agreement(s) and Participant Rehabilitation Plan(s) entered with MPRP, and shall fully participate and comply with all therapy, treatment, evaluations, and screenings as directed by MPRP;
- (d) the Respondent shall sign and update the written release/consent forms requested by the Board and MPRP, including release/consent forms to authorize MPRP to make verbal and written disclosures to the Board and to authorize the Board to disclose relevant information from MPRP records and files in a public order. The Respondent shall not withdraw his/her release/consent;
- (e) the Respondent shall also sign any written release/consent forms to authorize MPRP to exchange with (i.e., disclose to and receive from) outside entities (including all of the Respondent’s current therapists and treatment providers)

⁹ If the Respondent’s license expires during the period of probation, the probation and the probationary conditions will be tolled.

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verbal and written information concerning the Respondent and to ensure that MPRP is authorized to receive the medical records of the Respondent, including, but not limited to, mental health and drug or alcohol evaluation and treatment records. The Respondent shall not withdraw her release/consent;

(f) the Respondent's failure to comply with any of the above terms or conditions including terms or conditions of the Participant Rehabilitation Agreement(s) or Participant Rehabilitation Plan(s) constitutes a violation of this Consent Order; and

2. Within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete a **course in professionalism**. The following terms apply:

(a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;

(b) the disciplinary panel may accept a course taken in person or over the internet;

(c) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;

(d) the course may not be used to fulfill the continuing medical education credits required for license renewal; and

3. Within **SIX (6) MONTHS**, the Respondent shall pay a civil fine of **TWO THOUSAND DOLLARS (\$2,000.00)**. The Payment shall be by money order or bank certified check made payable to the Maryland Board of Physicians and mailed to P.O. Box 37217, Baltimore, Maryland 21297; and it is further

ORDERED that a violation of probation constitutes a failure to comply with the terms and conditions imposed by this Consent Order; and it is further

ORDERED that the Respondent shall not apply for the early termination of probation; and it is further

ORDERED that the effective date of the Consent Order is the date the Consent

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Order is signed by the Executive Director of the Board or her designee. The Executive Director or her designee signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

ORDERED that, after the Respondent has complied with all terms and conditions of the Consent Order, the minimum period of probation imposed by the Consent Order has passed, and MPRP has determined that probation is not necessary to ensure the Respondent's safe practice of medicine, the Respondent may submit a written petition for termination of probation. The Respondent may be required to appear before the disciplinary panel to discuss the petition for termination of probation. After consideration of the petition, the Respondent's probation will be terminated through an order of the disciplinary panel if the Respondent has complied with all probationary terms and conditions, Panel B determines probation is not necessary to ensure the Respondent's safe practice of medicine, and there are no pending complaints related to the charges; and it is further

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if there is no genuine

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dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

ORDERED that, after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend Respondent's license with appropriate terms and conditions, or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

ORDERED that this Consent Order is a public document. *See* Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

07/19/2021
Date

Signature on File

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians

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CONSENT

I, Lucy Blue Van Voorhees, M.D., acknowledge that I have consulted with counsel before signing this document.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order. I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

7/9/21
Date

Signature on File

Lucy Blue Van Voorhees, M.D.
Respondent

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NOTARY

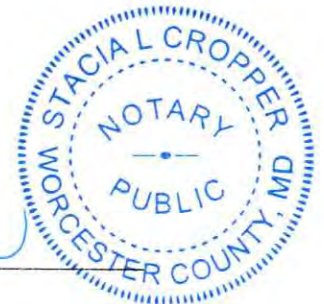
STATE OF MARYLAND

CITY/COUNTY OF WORCESTER

I HEREBY CERTIFY that on this 9TH day of JULY, 2021, before me, a Notary Public of the foregoing State and City/County, did personally appear Lucy Blue Van Voorhees, M.D., and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed.

AS WITNESSTH my hand and seal.

Stacia L Cropper
Notary Public



My commission expires: 06.01.2024