IN THE MATTER OF

\* BEFORE THE MARYLAND

ROWENA TAN GRUMBINE, M.D.

STATE BOARD OF

Respondent

\* PHYSICIANS

License Number: D87861

Case Number: 2222-0116 B

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### **CONSENT ORDER**

On March 21, 2023, Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") charged **ROWENA TAN GRUMBINE**, **M.D.** (the "Respondent"), License Number D87861, with violating the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2022 Repl. Vol.).

Panel B charged the Respondent with violating the following provisions 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;
  - (22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State; [and]

(40) Fails to keep adequate medical records as determined by appropriate peer review[.]

On May 24, 2023, 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

- 1. The Respondent was originally licensed to practice medicine in Maryland on July 8, 2019, under License Number D87861. The Respondent has retained continuous licensure in Maryland since that time. The Respondent's license is scheduled to expire on September 30, 2024.
- 1. The Respondent is also licensed to practice medicine in Indiana, Ohio, Pennsylvania, and Virginia.
  - 2. The Respondent is board-certified in pediatrics.
- 3. At all times relevant hereto and beginning in November 2019, the Respondent was a locum tenens provider and practiced as a pediatric hospitalist at four hospitals<sup>1</sup> in Maryland (the "Respondent's Prior Hospitals"). Most recently, she practiced at a hospital (the "Hospital") in Maryland from March 10, 2022, until March 14, 2022.

<sup>&</sup>lt;sup>1</sup> To maintain confidentiality, the names of individuals and health care facilities will not be identified in this Consent Order.

### II. The Report

- 5. On or about March 15, 2022, the Board received a Mandated 10-Day Report (the "Report") from the Hospital.
- 6. The Report stated that the Hospital summarily suspended the Respondent on March 14, 2022, alleging that the Respondent engaged in "conduct that presents an immediate threat of danger to [the Hospital's] patients' health and wellbeing."

## III. Board Investigation

7. The Board conducted an investigation into the Report. In furtherance of the investigation, the Board subpoenaed the Respondent's Quality Assurance/Risk Management files, interviewed Hospital employees, and obtained the Respondent's written response to the Report. The Board also subpoenaed a series of patient medical records, requested and received summaries of care from the Respondent, obtained a peer review of the Respondent's practice, and conducted an under-oath interview with the Respondent.

#### **Interviews with Hospital Employees**

8. The Board interviewed Hospital employees, including the Respondent's supervisor (the "Supervisor") and a nurse regarding the Respondent's practice of suctioning babies following delivery.<sup>2</sup>

The Supervisor

<sup>&</sup>lt;sup>2</sup> Suctioning is performed for the purpose of clearing upper airway secretions.

- 9. On April 8, 2022, Board investigators interviewed the Supervisor. In the under-oath interview, the Supervisor stated, among other things, that:
  - a. Between March 9, 2022<sup>3</sup> and March 12, 2022, she repeatedly informed the Respondent of the Hospital's practice regarding suctioning (the "Hospital Suctioning Practice"),<sup>4</sup> the Respondent, however, repeatedly violated the Hospital's Suctioning Practice.
  - b. On March 13, 2022, she asked the Respondent if she intended to continue suctioning in violation of the Hospital Suctioning Practice. The Respondent stated that she would continue to suction with a catheter at every delivery, regardless of the baby's condition, in violation of the Hospital's Suctioning Practice.
  - c. She then told the Respondent that she was no longer permitted to attend deliveries at the Hospital based on her refusal to follow the Hospital Suctioning Practice. The Respondent stated that she understood.
  - d. On March 14, 2022, the Respondent attended a delivery (the "March 14, 2022 Delivery") where she performed suctioning.
  - e. The Hospital subsequently summarily suspended the Respondent's privileges.

#### **Patient Records**

- 10. The Board subpoenaed patient medical records of patients the Respondent treated from the Respondent's Prior Hospitals.
- 11. In response to the subpoenas, the Board received the medical records of ten (10) patients ("Patients 1-10").

<sup>&</sup>lt;sup>3</sup> On March 9, 2022, the Respondent shadowed the Supervisor prior to beginning her employment at the Hospital on March 10, 2022.

<sup>&</sup>lt;sup>4</sup> The Hospital Suctioning Practice is based on American Academy of Pediatrics (AAP), American Heart Association, et al., <u>Textbook of Neonatal Resuscitation (NRP)</u>, 8<sup>th</sup> Edition (2021) guidelines which state, among other things, that routine suctioning for a crying, vigorous baby is not indicated.

#### **Peer Review**

- 12. In furtherance of its investigation, the Board submitted the medical records of Patients 1-10 to a peer review entity to determine if the Respondent complied with appropriate standards for the delivery of quality medical care and kept adequate medical records. Two peer reviewers, each board-certified in neonatology, independently reviewed the materials and submitted their reports to the Board.
- 13. In their reports the two physician peer reviewers concurred that the Respondent failed to meet appropriate standards for the delivery of quality medical care for nine (9) of the ten (10) patients.
- 14. Specifically, the peer reviewers found that for nine (9) patients, the Respondent failed to meet the standard of quality medical care by suctioning crying or vigorous newborns with a suction catheter as an initial step in resuscitation and unnecessarily conducted mechanical/deep suctioning in timed intervals. *See e.g.*, Patients 1, 2, 3, 4, 5, 6, 8, 9, and 10.
- 15. The peer reviewers also independently concluded that the Respondent failed to keep adequate medical records for two (2) patients. *See e.g.*, Patients 6 and 7.
- 16. The peer reviewers found that for Patient 6, the Respondent: (1) failed to document her rationale for performing intermittent suctioning, (2) created a resuscitation summary that was inconsistent with the nurse's documentation regarding the timing and number of mechanical suctioning attempts, and (3) failed to document in her daily progress note the neurological findings relevant to neonatal abstinence following a neurological examination.

17. The peer reviewers found that for Patient 7, the Respondent: (1) failed to adequately document positive pressure ventilation in her delivery resuscitation documentation including which pressures were used, the amount of oxygen given, the number of seconds of adequate positive pressure ventilation given prior to starting chest compressions, and the context of intubating at 24 minutes of age and not earlier; (2) documented an Apgar score that did not correlate with the medical record; (3) failed to include sufficient information for determining the patient's eligibility for therapeutic hypothermia and the severity of the infant's presentation following a neurological exam; and (4) provided summaries of care which contained information that could not be located in the medical records or contradicted information found in the medical records.

#### The Respondent's Interview

- 18. On June 9, 2022, Board staff interviewed the Respondent under oath and the Respondent stated, among other things, that:
  - a. Her responsibilities as a pediatric hospitalist included but were not limited to attending emergency deliveries.
  - b. She always suctions with a catheter following a high-risk delivery.
  - c. She has followed the same suctioning technique for 24 years which includes inserting a catheter in the nose and then down into the esophagus near the stomach area.
  - d. She did not notify the Supervisor and attended the March 14, 2022 Delivery as a "kind gesture" to the Supervisor.

# **CONCLUSIONS OF LAW**

Based on the 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); failed to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in a hospital in this State, in violation of Health Occ. § 14-404(a)(22); and failed to keep adequate medical records as determined by appropriate peer review, in violation of Health Occ. § 14-404(a)(40).

#### **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** for a minimum period of **EIGHTEEN** (18) MONTHS.<sup>5</sup> During probation, the Respondent shall comply with the following terms and conditions of probation:

- (1) Within **six (6) months**, the Respondent is required to take and successfully complete a course in (i) neonatal resuscitation and (ii) recordkeeping.
  - (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 will 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;
  - (e) the Respondent is responsible for the cost of the course; and
- (2) Within **eighteen (18) months**, the Respondent shall pay a civil fine of **five thousand dollars (\$5,000.00)**. 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. The Board will not

<sup>&</sup>lt;sup>5</sup> If the Respondent's license expires while the Respondent is on probation, the probationary period, and any probationary conditions, will be tolled.

renew or reinstate the Respondent's license if the Respondent fails to timely pay the fine to the Board.

# (3) 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 the 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) 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 the release/consent;
- (f) if, upon the authorization of MPRP, the Respondent transfers to a rehabilitation program in another state, the Respondent's failure to comply with any term or condition of that state's [the out-of-state's] rehabilitation program, constitutes a violation of this Order. The Respondent shall also sign any out-of-state written release/consent forms to authorize the Board to exchange with (i.e., disclose to and receive from) the out-of-state program verbal and written information concerning the Respondent, and to ensure that the Board 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 the release/consent;
- (g) 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;

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

**ORDERED** that a violation of probation constitutes a violation of the Consent Order; and it is further

**ORDERED** that after the Respondent has complied with all terms and conditions of probation and the minimum period of probation imposed by the Consent Order has passed, the Respondent may submit a written petition for termination of probation. After consideration of the petition, the Respondent's probation may be terminated through an order of the disciplinary panel. The Respondent may be required to appear before the disciplinary panel to discuss his petition for termination. The disciplinary panel may grant the petition to terminate the probation, though an order of the disciplinary panel if there are no pending complaints relating to the charges; 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 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 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 the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

**ORDERED** that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director 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 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).

06/07/2023 Date

# Signature On File

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians

#### **CONSENT**

I, Rowena Tan Grumbine, 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.

Date Date

Signature On File

Rowena/Tan Grumbine, M.D. Respondent

# **NOTARY**

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