

IN THE MATTER OF * BEFORE THE MARYLAND
RAVINDER RUSTAGI, M.D. * STATE BOARD OF
Respondent * PHYSICIANS
License Number: D24720 * Case Number: 2016-0933B

ORDER FOR SUMMARY SUSPENSION OF LICENSE TO PRACTICE MEDICINE

Disciplinary Panel B of the Maryland State Board of Physicians (the “Board”) hereby **SUMMARILY SUSPENDS** the medical license of Ravinder Rustagi, M.D. (the “Respondent”), License Number D24720. Disciplinary Panel B takes such action pursuant to its authority under Md. Code Ann., State Gov’t § 10-226(c)(2)(i) (2014 Repl. Vol. & 2015 Supp.), concluding that the public health, safety, or welfare imperatively requires emergency action.

INVESTIGATIVE FINDINGS¹

Based on information received by, and made known to Disciplinary Panel B of the Board, and the investigatory information obtained by, received by and made known to and available to Disciplinary Panel B and the Office of the Attorney General, including the instances described below, Disciplinary Panel B has reason to believe that the following facts are true:

¹ The statements regarding the Respondent’s conduct are intended to provide the Respondent with notice of the basis of the suspension. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent with this matter.

BACKGROUND

1. At all times relevant, the Respondent was a physician licensed to practice medicine in the State of Maryland. The Respondent was initially licensed in Maryland on or about February 11, 1980, and his license is presently active through September 30, 2017.

2. The Respondent, trained as a cardiologist, is not board-certified. At all times relevant, he practiced internal medicine and cardiology in a private practice with locations in Bowie and Cheverly, Maryland, and held hospital privileges at two Prince George's County hospitals, Hospitals A and B.²

3. On or about May 13, 2016, the Board received a 10-day Mandated Report from Hospital A (the "Report") notifying the Board that the Respondent's privileges had been suspended on May 6, 2016 for 14 days because he "presented an imminent danger to the health and safety" of Hospital A's patients and staff, and his conduct interfered with the orderly operations of Hospital A. The suspension was based on multiple complaints that had been received alleging the Respondent had engaged in disruptive conduct with patients and staff at Hospital A including berating staff and patients, disrupting orderly hospital operations, inappropriately documenting personal complaints in patient records, and inflicting pain on a patient by squeezing her wrist until she screamed, despite her prior objection that his actions had caused pain to her wrist.

4. Based on the Report, the Board initiated an investigation, and on or about July 13, 2016, notified the Respondent and requested a written response to the allegations.

² In order to maintain confidentiality, facility, patient and employee names will not be used in this document, but will be provided to the Respondent on request.

5. On or about July 27, 2016, the Respondent, through his attorney, submitted a written response to the complaint, denying the allegations and stating in part that Hospital A was retaliating against the Respondent as a “whistle blower.”

6. On or about August 5, 2016, the Respondent submitted to the Board a second written response, reiterating the allegations were false and contending that Hospital A was “retaliating against me for documenting poor medical practices.”

7. During the course of the Board’s investigation into Hospital A’s allegations, Board staff discovered that at the request of Hospital A, the Circuit Court for Prince George’s County had issued a Temporary Restraining Order to the Respondent prohibiting his entry to Hospital A for reasons set forth below.

8. On or about August 10, 2016, also during the course of the Board’s investigation of Hospital A’s Report, Board staff discovered that Hospital B was conducting an inquiry into the Respondent’s conduct after receiving multiple complaints alleging disruptive conduct toward staff and patients.

The Board’s investigative findings are set forth, in pertinent part below:

HOSPITAL A

9. On or about May 6, 2016, Hospital A issued to the Respondent a precautionary suspension of his privileges. Hospital A notified the Respondent that he could not enter Hospital A or have contact with any patients.

10. The precautionary suspension imposed by Hospital A was based on multiple complaints filed by Hospital A’s staff that took place largely during April and May 2016 alleging unprofessional, inappropriate and hostile behavior directed toward staff with

patients present. Additionally, the Respondent documented inappropriate comments in patient records regarding Hospital A's staff.

11. On or about May 7, 2016, despite Hospital A's suspension of the Respondent's hospital privileges, the Respondent attempted to gain entry to Hospital A in order to treat a patient in the Cardiac Care Unit. Hospital A's Staff and Security force barred the Respondent's entry and the Respondent reportedly engaged in "a lot of yelling" as witnessed by Hospital A's staff, that "woke up most of the patients and family members."

12. On or about May 17, 2016, Hospital A found that based on the Respondent's conduct, he was "likely an impaired practitioner" as defined by Hospital A's bylaws and procedures, and pursuant to the American Medical Association's ("AMA's") definition.³ In resolution of the precautionary suspension, Hospital A provided the Respondent with an opportunity to take a voluntary leave of absence and to participate in the Maryland Physician Health Program ("MPHP"). Upon the Respondent's successful participation/completion of the MPHP, Hospital A would allow the Respondent to request reinstatement of his privileges. If the Respondent did not accept Hospital A's offer, Hospital A would terminate the Respondent's hospital privileges and membership, and he would be entitled to an evidentiary hearing.

13. On or about May 27, 2016, the Circuit Court for Prince George's County granted to Hospital A a Temporary Restraining Order ("TRO") against the Respondent based on his failure to comply with the terms of the Precautionary Suspension imposed on May 6, 2016, as outlined in ¶ 11.

³ AMA ethical provision 9.031 defines impairment as a condition that interferes with the clinician's ability to engage safely in professional activities.

14. On or about June 2, 2016, the Respondent accepted Hospital A's offer to take a voluntary leave of absence and to initiate participation in the MPHP.⁴

15. On or about June 3, 2016, in resolution of the "TRO", the Respondent and Hospital A entered into a Consent Order that included a condition prohibiting the Respondent from entering Hospital A without an invitation from the administrative staff until his clinical privileges were restored.

HOSPITAL B

16. During the course of the Board's investigation, Board staff subpoenaed a copy of the Respondent's credentials and quality assurance file from Hospital B.

17. Several complaints had been filed by Hospital B's staff that alleged between April and August 2016, the Respondent had engaged in disruptive behavior with staff and patients.

18. On or about June 6, 2016, Hospital B notified the Respondent that he had engaged in unacceptable practice patterns in April 2016 with regard to a male patient, Patient A, that included disruptive behavior, and the Respondent yelling at Patient A, stating, "...If you go ahead to surgery today I will never see you or treat you again and you cannot call me again. If you have this surgery today, you will die." Hospital B described the Respondent's actions as "concerning."

19. On or about June 6, 2016, the Respondent telephoned the Chief Medical Officer ("CMO") to request placement on Hospital B's "call schedule"; however, the CMO refused the Respondent's request based on his (the Respondent's) past on-call performance and his recent unprofessional activity. According to the CMO, the

⁴ On or about June 22, 2016, the Respondent presented to MPHP for an evaluation. By letter dated August 19, 2016, MPHP closed the Respondent's case as he refused to pursue an evaluation for treatment at either of the facilities recommended by MPHP.

Respondent's response to his refusal was "belligerent...and...threatening." The loud, angry tone of the Respondent's voice during the telephone conversation necessitated that the CMO abruptly terminate the call.

20. On or about August 1, 2016, the CMO wrote a letter to the Respondent that Hospital B had received a complaint the Respondent had been acting unprofessionally in the presence of a patient ("Patient B") that included "yelling" at Patient B with regard to changing her code status. When Nurse A, Patient B's assigned nurse, attempted to speak with the Respondent about Patient B, the Respondent reacted by telling Nurse A he was incompetent, taking his (the Respondent's) hearing aids out, plugging his ears with his fingers and walking away. The CMO described the Respondent's conduct as "concerning" and that he was being evaluated pursuant to Hospital B's Disruptive Medical Staff Member policy.

21. Also, on or about August 1, 2016 the CMO wrote a letter to the Respondent notifying him that he had engaged in unprofessional behavior toward the nursing and volunteer staff when he made condescending remarks and yelled at staff with regard to another patient's care ("Patient C"). The CMO noted, "Dr. Rustagi has shown a period of unprofessional behavior that has affected many staff members of late..."

22. On or about August 18, 2016, Board staff conducted an interview of the CMO. He stated that Hospital B is presently evaluating the allegations with regard to the Respondent's conduct indicating that recent behaviors "point to a larger issue."

CONCLUSION OF LAW

Based on the foregoing facts, the Board concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. Code Ann., State Gov't. § 10-226 (c)(2)(i) (2014 Repl. Vol.).

ORDER

Based on the foregoing, it is, by a majority of the quorum of Disciplinary Panel B, **ORDERED** that pursuant to the authority vested by Md. Code Ann., State Gov't § 10-226(c)(2), the Respondent's license to practice medicine in the State of Maryland be and is hereby **SUMMARILY SUSPENDED**; and be it further

ORDERED that a post-deprivation hearing in accordance with Code Regs. Md. 10.32.02.09B (7) (c), D and E on the Summary Suspension has been scheduled for **September 28, 2016, at 11:15 a.m.**, at the Maryland State Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215-0095; and be it further

ORDERED that at the conclusion of the **SUMMARY SUSPENSION** hearing held before Disciplinary Panel B, the Respondent, if dissatisfied with the result of the hearing, may request within ten (10) days an evidentiary hearing, such hearing to be held within thirty (30) days of the request, before an Administrative Law Judge at the Office of Administrative Hearings, Administrative Law Building, 11101 Gilroy Road, Hunt Valley, Maryland 21031-1301; and be it further

ORDERED that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board's Compliance Analyst, the following items:

- (1) the Respondent's original Maryland License **D24720**; and

(2) the Respondent's current renewal certificate; and be it further

ORDERED that a copy of this Order of Summary Suspension shall be filed with the Board in accordance with Md. Code Ann., Health Occ. § 14-407 (2014 Repl. Vol. & 2015 Supp.); and be it further

ORDERED that this is a Final Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.*

09/14/2016
Date

Christine A. Farrelly
Christine A. Farrelly
Executive Director
Maryland State Board of Physicians