

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2022-046

In the Matter of

CAMY HUYNH, D.O.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Camy Huynh, D.O. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of Investigative Docket No. 19-249.

Findings of Fact

1. The Respondent graduated from the University of New England College of Osteopathic Medicine in 2003 and was issued a license to practice medicine in Massachusetts under certificate number 229165 on June 7, 2006. She specializes in internal medicine and worked as a hospitalist at Milford Regional Medical Center (MRMC) from approximately 2006 until May 21, 2019 when she was terminated.

Patient C:

2. In 2015, Patient C was a 90-year old male with a history of chronic obstructive pulmonary disease, deep vein thrombosis in 2014, heart block with a pacemaker, diabetes, and hypertension.
3. The Respondent admitted Patient C to MRMC on February 6, 2015 at approximately 10:56 p.m. for shortness of breath and a productive cough with yellow sputum.
4. Patient C was on warfarin¹ but reportedly had missed two doses of his medication.
5. Patient C's last (INR)² was measured ten days earlier at 1.7.
6. The Respondent did not measure Patient C's INR on admission.
7. The Respondent did not document in the medical record the method she used (decision scoring or clinical gestalt) to determine Patient C's pretest probability of a pulmonary embolism.
8. In her written response to the Board the Respondent categorized Patient C's pre-test probability of a pulmonary embolism as "high".
9. The Respondent ordered Patient C to have a CT Chest angiography and placed him on a therapeutic dose of lovenox, which is an anticoagulant that helps prevent blood clots.
10. Patient C's CT was completed February 7, 2015 at 6:32 a.m. and negative for a pulmonary embolism.
11. Patient C's INR was measured at approximately 8:00 a.m. on February 7, 2015 at 3.2, at which time the lovenox was discontinued.

¹ Warfarin is an anticoagulant used to prevent blood clots.

² An INR measures the time it takes for the liquid portion of an individual's blood to clot. *See* my.clevelandclinic.org/health/diagnostics/17691-prothrombin-time-pt-test
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12. The Respondent's treatment of Patient C was negligent and failed to meet the standard of care in the following ways:

- a. The Respondent did not measure Patient C's INR level at admission;
- b. The Respondent incorrectly concluded Patient C's pre-test probability of a pulmonary embolism was "high" rather than "indeterminate" or "low";
and
- c. The Respondent did not appropriately document the method she used to determine Patient C's pretest probability of a pulmonary embolism.

Patient D:

13. Patient D was a 67-year old female who reported to the Emergency Department on April 29, 2015 after she tripped over her dog's leash and fell onto her face. Patient D received sutures for a laceration on her chin and was then sent home.

14. Patient D returned to MRMC on April 30, 2015 at approximately 1:13 a.m. with severe pain and bleeding in her mouth, at which time the Respondent admitted her.

15. Patient D suffered a complex mandibular fracture, a complex fracture of the base of the right maxillary antrum extending into the macula, and a nondisplaced fracture of the right orbital process.

16. The Emergency Department contacted the oral surgeon who recommended Patient D be admitted, given her severe pain, and planned to see her in the morning for a surgical consultation.

17. At the time of her admission Patient D was on warfarin and aspirin and her INR level measured 2.1.

18. The Respondent reported in her admission note on April 30, 2015 Patient D had blood visible in her mouth.

19. The Respondent wrote an order to start morphine IV for pain and IV fluids because of acute renal failure from dehydration and inability to take oral hydration.

20. The Respondent also wrote an order to continue coumadin (an anticoagulant) with close monitoring and a plan to reverse the INR with vitamin K if bleeding worsens.

21. Notes from two cross-covering physicians at 8:03 a.m. on April 30, 2015 indicate nursing staff reported Patient D had a significant amount of bleeding from her mouth, was hypoxic and had difficulty speaking.

22. Patient D was placed on a 100% non-rebreather and then transferred to the ICU.

23. The Respondent was negligent and failed to follow the standard of care in her treatment of Patient D in the following ways:

- a. The Respondent's admission note does not indicate why Patient D was taking warfarin or include a discussion of the risks and benefits of continuing both the aspirin and the warfarin given her ongoing bleeding and likely impending surgery;
- b. The Respondent wrote warfarin could be continued because Patient D's vital signs were stable. Stable vital signs are not an appropriate consideration as a change in vital signs would occur *after* the patient experienced a significant loss of blood;
- c. The Respondent noted Patient D's fractures caused significant bleeding in her mouth but continued both the aspirin and the warfarin;
- d. Given the bleeding in Patient D's mouth, the warfarin should have been held, even if Patient D was at high risk of stroke from paroxysmal atrial fibrillation;

- e. Despite Patient D's limited range of motion due to her jaw fracture and bleeding mouth, the Respondent did not recognize her airway could have been compromised; and
- f. Given bleeding and the potential for surgery, the Respondent should have ordered a type and cross for blood products (FFP) earlier in her management of Patient D in case the bleeding worsened.

Patient E:

24. On August 12, 2015 Patient E was a 56-year-old male with a history of sarcoidosis, dyslipidemia, and hypothyroidism who developed chest pain radiating to his upper shoulders and neck with some shortness of breath during a long car trip.

25. The Respondent read the admitting EKG on August 13, 2015 as showing no ST or T wave changes.³

26. The Respondent admitted Patient E with a plan to follow up on his cardiac enzymes and an exercise stress test if the enzymes were negative.

27. An EKG at 4:17 a.m. on August 13, 2015 showed new ST elevations in leads I, II and V4-V6 compared to the EKG on August 12, 2015 at 10:43 p.m.

28. An EKG at 4:37 a.m. on August 13, 2015 showed worsening ST elevations in leads I, II, aVF, and V3-V6 compared to the earlier EKGs.

29. The Respondent drafted a discharge summary at 06:52 a.m. on August 13, 2015 to transfer Patient E to a tertiary facility.

30. In her discharge summary, the Respondent reported the EKG on the floor when Patient E's pain worsened showed an ST segment elevation in lead 2 and possible aVF and a PR depression in lead 2.

³ ST and T wave changes may represent cardiac pathology. See www.Uptodate.com
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31. The Respondent suggested Patient E's chest pain improved with Toradol and the chest pain may have been due to pericarditis.

32. The Respondent further stated she spoke with the covering cardiologist who recommended a transfer to rule out an acute myocardial infarction (MI).

33. The Respondent's care and treatment of Patient E was negligent and fell below the standard of care in the following ways:

a. The Respondent failed to appreciate the ST elevations in leads I, aVF and V3-V6, which worsened between the EKGs performed at 4:17 a.m. and 4:37 a.m. By doing so, the Respondent failed to appreciate a possible ST elevation MI, which is below the standard of care; and

b. The Respondent incorrectly focused on a PR depression in lead 2 as evidence of pericarditis rather than the acute MI.

Hospital Discipline & PLAS Assessment:

34. In 2019, the Respondent was ordered to complete a Post Licensure Assessment System (PLAS) program at Upstate New York Comprehensive Clinical Competency Center (UNYCCCC) as a condition of her continued employment at MRMC.

35. The Respondent was terminated from MRMC on May 21, 2019 before the PLAS program was scheduled to begin.

36. The Respondent attended and completed the PLAS program in June 2019.

37. The evaluators at the PLAS program concluded there were significant gaps in the Respondent's clinical knowledge and her performance during the evaluation, which included four simulated patient encounters, did not meet an accepted standard of care.

Conclusion of Law

The Respondent has violated G.L. c. 112, § 5, eighth par. (c) and 243 CMR 1.03(5)(a)3 by engaging in conduct that places into question the Respondent's competence to practice medicine including practicing medicine with negligence on repeated occasions.

Sanction and Order

The Respondent's inchoate right to renew her license is hereby INDEFINITELY SUSPENDED. That suspension may be stayed upon proof of the following: 1) completion of a Physician Health Services (PHS) evaluation; 2) completion of a neuropsychological assessment and any recommended follow up care; 3) successful completion of a clinical skills assessment; 4) documentation establishing the Respondent is fit to practice medicine; and 5) entry into a five-year Probation Agreement with terms and conditions the Board deems appropriate.

Execution of this Consent Order

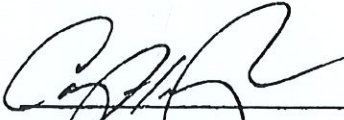
Complaint Counsel and the Respondent agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent's counsel are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.

As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on her behalf, has received any promises or representations regarding the same.

The Respondent waives any right of appeal that she may have resulting from the Board's acceptance of this Consent Order.

The Respondent shall provide a complete copy of this Consent Order and Probation Agreement, if applicable with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which she practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in-or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated for the duration of this stayed suspension and subsequent Probation Agreement. The Respondent is further directed to certify to the Board within ten (10) days that she has complied with this directive.

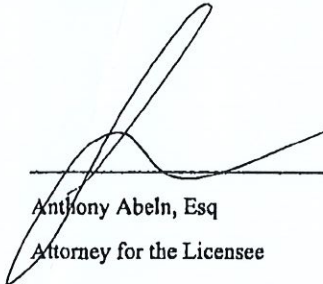
The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.



Camy Huynh, M.D. D.O.
Licensee CMH

9/20/22


Date



Anthony Abeln, Esq
Attorney for the Licensee

9/28/22

Date




Lisa L. Fuccione
Director of Enforcement

10/28/22

Date

So ORDERED by the Board of Registration in Medicine this 17th day of November
2022.



Julian N. Robinson, M.D.
Board Chair