

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

Board of Registration in Medicine

Adjudicatory Case No. 2024-034

In the Matter of

Janice Michelle P. Trull, D.O.

STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine (Board) has determined that good cause exists to believe the following acts occurred and constitute a violation for which a licensee may be sanctioned by the Board. The Board therefore alleges that Janice Michelle P. Trull, D.O., (“Respondent”) has practiced medicine in violation of law, regulations, or good and accepted medical practice as set forth herein. The investigative docket number associated with this order to show cause is Docket No. 22-004.

Biographical Information

1. The Respondent graduated from the Philadelphia College of Osteopathic Medicine in 2005 and is certified by the American Board of Family Medicine. She has been licensed to practice medicine in Massachusetts under certificate number 236883 since July 2008. She works at Family Medicine Associates of South Attleboro

Factual Allegations

2. In G.L. c. 4, § 7(26)(c) 2015, Patient A was a G.L. c. 4, § 7(26)(c) man with a medical history of

G.L. c. 4, § 7(26)(c)

A was experiencing significant pain, *G.L. c. 4, § 7(26)(c)*

The results of the *G.L. c. 4, § 7(26)(c)* were not consistent with *G.L. c. 4, § 7(26)(c)* as the cause of Patient A's *G.L. c. 4, § 7(26)(c)* pain. The *G.L. c. 4, § 7(26)(c)* specialist urged Patient A and his *G.L. c. 4, § 7(26)(c)* to discuss getting a *G.L. c. 4, § 7(26)(c)* evaluation with his PCP within one week. Despite Patient A's request, the *G.L. c. 4, § 7(26)(c)* specialist declined to prescribe more *G.L. c. 4, § 7(26)(c)* to ease Patient A's pain because she wanted a *G.L. c. 4, § 7(26)(c)* to evaluate his *G.L. c. 4, § 7(26)(c)* pain. The encounter notes were faxed to the Respondent's office on or around *G.L. c. 4, § 7(26)(c)* 2015. The *G.L. c. 4, § 7(26)(c)* provider did not recommend Patient A report to the ED for an urgent work up.

7. On *G.L. c. 4, § 7(26)(c)*, 2015, Patient A went back to the Respondent complaining of *G.L. c. 4, § 7(26)(c)* since the previous weekend. Patient A relayed the *G.L. c. 4, § 7(26)(c)* specialist's findings that his *G.L. c. 4, § 7(26)(c)* were not due to *G.L. c. 4, § 7(26)(c)* and most likely *G.L. c. 4, § 7(26)(c)* in nature and he should see a *G.L. c. 4, § 7(26)(c)*.

8. At the *G.L. c. 4, § 7(26)(c)* 2015 visit, the Respondent diagnosed Patient A with *G.L. c. 4, § 7(26)(c)* and prescribed *G.L. c. 4, § 7(26)(c)*). The Respondent encouraged Patient A's *G.L. c. 4, § 7(26)(c)* to make an appointment with a *G.L. c. 4, § 7(26)(c)* noting the appointment should be at the provider's discretion. Patient A was also instructed to follow up with the Respondent on *G.L. c. 4, § 7(26)(c)* 2015.

9. *G.L. c. 4, § 7(26)(c)*

10. Given the report by Patient A, his previous 2 recent presentations to the ED and discharges as well as her own examinations, the Respondent did not send Patient A to the

hospital for an urgent work up or schedule an urgent appointment for Patient A to see a

G.L. c. 4, § 7(26)(c)

11. The Respondent was not privy to the G.L. c. 4, § 7(26)(c) written recommendations until after Patient A was admitted to G.L. c. 4, § 7(26)(c) Hospital. Per Patient A's report during his G.L. c. 4, § 7(26)(c) 2015 office visit, he indicated there was a discrepancy between the G.L. c. 4, § 7(26)(c) and the G.L. c. 4, § 7(26)(c) specialist's interpretations of the G.L. c. 4, § 7(26)(c) 2015 G.L. c. 4, § 7(26)(c)

12. On G.L. c. 4, § 7(26)(c) 2015, at approximately G.L. c. 4, § 7(26)(c) Patient A contacted the Respondent through the Patient Portal to tell her he was unable to make an appointment with a G.L. c. 4, § 7(26)(c) until G.L. c. 4, § 7(26)(c) 2015. Patient A asked if the Respondent could get him in to see a G.L. c. 4, § 7(26)(c) sooner, as he could not deal with the pain for another three weeks.

13. The Respondent did not have an opportunity to review the patient portal communications until the afternoon of G.L. c. 4, § 7(26)(c) 2015. The Respondent did not facilitate an earlier appointment with a G.L. c. 4, § 7(26)(c) or direct her staff to do so. The Respondent responded on G.L. c. 4, § 7(26)(c) 2015 at G.L. c. 4, § 7(26)(c) through the patient portal by asking how the pain medication she had prescribed was working.

14. On G.L. c. 4, § 7(26)(c) 2015, at about G.L. c. 4, § 7(26)(c) Patient A went to G.L. c. 4, § 7(26)(c) Hospital's ED and reported he had been experiencing a G.L. c. 4, § 7(26)(c)

G.L. c. 4, § 7(26)(c) Patient A was administered G.L. c. 4, § 7(26)(c) medications for pain.

15. About one hour after he arrived at G.L. c. 4, § 7(26)(c) Hospital, Patient A's G.L. c. 4, § 7(26)(c) noticed an acute change in his G.L. c. 4, § 7(26)(c) A G.L. c. 4, § 7(26)(c) was ordered and revealed G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c)

16. Patient A was transferred to G.L. c. 4, § 7(26)(c) Hospital via G.L. c. 4, § 7(26)(c) the same evening and died in the hospital on G.L. c. 4, § 7(26)(c) 2017.

17. The Respondent's treatment of Patient A was negligent in the following respects:

- She failed to act with urgency in facilitating an appointment with a G.L. c. 4, § 7(26)(c) for Patient A given his G.L. c. 4, § 7(26)(c) despite his numerous pain medications, two previous emergency room visits, the G.L. c. 4, § 7(26)(c) specialist recommendation that he see a G.L. c. 4, § 7(26)(c), and Patient A's request for assistance in expediting a G.L. c. 4, § 7(26)(c) appointment;
- She did not document counseling Patient A to return to the clinic or the ED if his symptoms persisted or worsened;
- Upon diagnosing Patient A with G.L. c. 4, § 7(26)(c), she failed to facilitate a hospital admission for Patient A and consultation with a G.L. c. 4, § 7(26)(c) to address her diagnosis;
- She did not adequately consider other etiologies of Patient A's G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) beyond G.L. c. 4, § 7(26)(c) despite Patient A's medical history, G.L. c. 4, § 7(26)(c) and being over G.L. c. 4, § 7(26)(c)
- She did not consult the G.L. c. 4, § 7(26)(c) who read Patient A's G.L. c. 4, § 7(26)(c), 2015 G.L. c. 4, § 7(26)(c) and had a different interpretation than that of the G.L. c. 4, § 7(26)(c) specialist.

18. As a result of the above, Patient A was not sent for emergent care and subsequently suffered injuries that resulted in his death.

Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, § 5, eighth par. (c) and 243 CMR 1.03(5)(a) 3, the Board may discipline a physician upon proof satisfactory to a majority of the Board that the physician

engaged in conduct that places into question his or her competence to practice medicine including practicing medicine with negligence on repeated occasions.

A. Pursuant to 243 CMR 1.03(5)(a)17, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician committed malpractice within the meaning of M.G.L. c. 112, § 61.

The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01.

Nature of Relief Sought

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of Respondent's license to practice medicine. The Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public service, a course of education or training, or other restrictions upon Respondent's practice of medicine.

Order

Wherefore, it is hereby **ORDERED** that the Respondent show cause why the Board should not discipline Respondent for the conduct described herein.

By the Board of Registration in Medicine,



Frank O'Donnell
Acting Board Chair

Date: June 27, 2024