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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

ABDULKADIR A. HOURANI, M.D.

Holder of License No. **25270**
For the Practice of Allopathic Medicine
In the State of Arizona.

**Case No. MD-16-1104A, MD-17-0272A,
MD-17-0339A, and MD-17-0402A**

**INTERIM CONSENT AGREEMENT
FOR PROCTOR**

INTERIM CONSENT AGREEMENT

Abdulkadir A. Hourani, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Interim Consent Agreement for Proctor and consents to the entry of this Order by the Arizona Medical Board ("Board").

INTERIM FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of License No. 25270 for the practice of allopathic medicine in the State of Arizona.

MD-16-1104A

3. The Board initiated case number MD-16-1104A after receiving a complaint regarding Respondent's care and treatment of a 71 year-old male patient ("LH") alleging failure to provide medical records resulting in a delay in receiving CPAP equipment.

4. A Medical Consultant ("MC") who reviewed Respondent's care of LH identified a deviation from the standard of care in that Respondent failed to timely respond to requests for clarification of the CPAP order.

1 5. There was the potential for patient harm in that due to the patient's history of
2 sleep events and cardiac events, the patient was at risk for an untoward or acute event
3 during the period when the patient was without a CPAP.

4 **MD-17-0272A**

5 6. The Board initiated case number MD-17-0272A after receiving a report that
6 Respondent's privileges to practice at a Hospital had been suspended for failure to comply
7 with a corrective action plan requiring him to take the Physician Assessment and Clinical
8 Education ("PACE") Program Phase II evaluation.

9 7. Respondent completed the PACE Phase II evaluation November 27-
10 December 1, 2017. Based on their findings, the PACE evaluators identified deficiencies,
11 including a determination that Respondent experienced ongoing struggles with
12 professionalism, which had the potential for causing performance issues. PACE Phase II
13 recommended that Respondent complete a comprehensive fitness for duty
14 neuropsychological evaluation, as well as a focused professional practice evaluation
15 and/or ongoing monitoring.

16 8. On May 1, 2018, Respondent completed a Fitness for Duty and
17 Neuropsychological Evaluation at PACE. The evaluator opined that Respondent's
18 intellectual functioning was within range. However, the evaluator also opined that
19 Respondent experiences periods of cognitive inflexibility, and recommended that
20 Respondent be reassessed in one to two years.

21 9. During the course of the investigation, an MC who reviewed Respondent's
22 care and treatment of two different patients on whom Respondent performed
23 bronchoscopies.

24 10. The MC identified deviations from the standard of care with regard to
25 Respondent's treatment in that Respondent over utilized bronchoscopies in both patients.

1 11. There was the potential for patient harm in that Patient 2 was at
2 unreasonable risk for the known complications of the bronchoscopies performed by
3 Respondent. Overutilization of bronchoscopies on Patient 1 could have resulted in the
4 spread of a drug resistant tuberculosis strain to staff.

5 **MD-17-0339A**

6 12. The Board initiated case number MD-17-0339A after receiving a complaint
7 regarding Respondent's care and treatment of a 94 year-old female patient ("MF") alleging
8 failure to order CPAP machine.

9 13. An MC who reviewed Respondent's care and treatment of MF identified a
10 deviation from the standard of care in that Respondent failed to timely follow-up on a
11 CPAP order for a person with presumed sleep apnea.

12 14. There was actual patient harm in that there was ill will created by
13 communication issues and failure of office processes. There was the potential for patient
14 harm in that MF was at risk for adverse effects from untreated sleep apnea.

15 **MD-17-0402A**

16 15. The Board initiated case number MD-17-0402A after receiving a complaint
17 regarding Respondent's care and treatment of an 82 year-old male patient ("WH") alleging
18 inadequate care and treatment, failure to properly conduct a bronchoscopy, conducting
19 medically unnecessary tests, prematurely discharging the patient, and patient
20 abandonment.

21 16. An MC who reviewed Respondent's care and treatment of Patient WH, as
22 well as three other patients ("TG," "DP" and "WM") identified deviations from the standard
23 of care with regard to Respondent's treatment of all three patients, including that for WH,
24 Respondent prescribed high dose steroids without proper indication or justification, and
25 failed to timely respond to calls reporting that WH's condition was deteriorating.

1 17. With regard to WH, there was patient harm in that Respondent's failure to
2 timely respond to the calls from the ICU may have contributed to the patient's demise, and
3 the high dose steroid treatment may have made the patient more susceptible to fungal
4 infection.

5 18. With regard to Patient TG, DP, and WM the MC found that Respondent
6 deviated from the standard of care by failing to call a code on Patient TG, who was in
7 ventricular fibrillation, by failing to recognize or consider the possibility of an intra-
8 abdominal bleed for patient DP and by failing to timely respond to reports of bleeding for
9 WM.

10 19. There was potential for patient harm in that TG could have developed more
11 severe complications such as inadequate circulation and development of cerebral
12 hypoxemic damage and/or death. There was actual patient harm to DP and WM in that
13 both patients experienced additional blood loss.

14 20. The aforementioned information was presented to the investigative staff, the
15 medical consultant and the lead Board member. All reviewed the information and concur
16 that an interim consent agreement pending the outcome of a formal interview or formal
17 hearing is appropriate.

18 21. The investigation into this matter is pending Board review.

19 **INTERIM CONCLUSIONS OF LAW**

20 1. The Board possesses jurisdiction over the subject matter hereof and over
21 Respondent.

22 2. Pursuant to A.R.S. § 32-1405(C)(25) the Executive Director has authority to
23 enter into a consent agreement when there is evidence of danger to the public health and
24 safety.

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1 violation of this Interim Consent Agreement, including, but not limited to, summarily
2 suspending Respondent's license.

3 4. Because this is an Interim Consent Agreement and not a final decision by
4 the Board regarding the investigation, it is subject to further consideration by the Board.

5 5. This Interim Consent Agreement shall be effective on the date signed by the
6 Board's Executive Director.

7 **RECITALS**

8 Respondent understands and agrees that:

9 1. The Board, through its Executive Director, may adopt this Interim Consent
10 Agreement, or any part thereof, pursuant to A.R.S. § 32-1405(C)(25) and A.A.C. R4-16-
11 504.

12 2. Respondent has read and understands this Interim Consent Agreement as
13 set forth herein, and has had the opportunity to discuss this Interim Consent Agreement
14 with an attorney or has waived the opportunity to discuss this Interim Consent Agreement
15 with an attorney. Respondent voluntarily enters into this Interim Consent Agreement and
16 by doing so agrees to abide by all of its terms and conditions.

17 3. By entering into this Interim Consent Agreement, Respondent freely and
18 voluntarily relinquishes all rights to an administrative hearing on the matters set forth
19 herein, as well as all rights of rehearing, review, reconsideration, appeal, judicial review or
20 any other administrative and/or judicial action, concerning the matters related to the
21 Interim Consent Agreement.

22 4. Respondent understands that this Interim Consent Agreement does not
23 constitute a dismissal or resolution of this matter or any matters that may be currently
24 pending before the Board and does not constitute any waiver, express or implied, of the
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1 Board's statutory authority or jurisdiction regarding this or any other pending or future
2 investigations, actions, or proceedings. Respondent also understands that acceptance of
3 this Interim Consent Agreement does not preclude any other agency, subdivision, or
4 officer of this State from instituting civil or criminal proceedings with respect to the conduct
5 that is the subject of this Interim Consent Agreement. Respondent further does not
6 relinquish his rights to an administrative hearing, rehearing, review, reconsideration,
7 judicial review or any other administrative and/or judicial action, concerning the matters
8 related to a final disposition of this matter, unless he/she affirmatively does so as part of
9 the final resolution of this matter.

10
11 5. Respondent acknowledges and agrees that upon signing this Interim
12 Consent Agreement and returning it to the Board's Executive Director, Respondent may
13 not revoke acceptance of this Interim Consent Agreement or make any modifications to it.
14 Any modification of this original document is ineffective and void unless mutually approved
15 by the parties in writing.

16 6. Respondent understands that this Interim Consent Agreement shall not
17 become effective unless and until it is signed by the Board's Executive Director.

18 7. Respondent understands and agrees that if the Board's Executive Director
19 does not adopt this Interim Consent Agreement, he will not assert in any future
20 proceedings that the Board's consideration of this Interim Consent Agreement constitutes
21 bias, prejudice, prejudgment, or other similar defense.

22 8. Respondent understands that this Interim Consent Agreement is a public
23 record that may be publicly disseminated as a formal action of the Board, and that it shall
24 be reported as required by law to the National Practitioner Data Bank.
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1 9. Respondent understands that this Interim Consent Agreement does not
 2 alleviate Respondent's responsibility to comply with the applicable license-renewal
 3 statutes and rules. If this Interim Consent Agreement remains in effect at the time
 4 Respondent's allopathic medical license comes up for renewal, Respondent must renew
 5 the license if Respondent wishes to retain the license. If Respondent elects not to renew
 6 the license as prescribed by statute and rule, Respondent's license will not expire but
 7 rather, by operation of law (A.R.S. § 32-3202), become suspended until the Board takes
 8 final action in this matter. Once the Board takes final action, in order for Respondent to be
 9 licensed in the future, Respondent must submit a new application for licensure and meet
 10 all of the requirements set forth in the statutes and rules at that time.

11 10. Respondent understands that any violation of this Interim Consent
 12 Agreement constitutes unprofessional conduct under A.R.S. § 32-1401(27)(r) ("[v]iolating a
 13 formal order, probation, consent agreement or stipulation issued or entered into by the
 14 board or its executive director under this chapter.").

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 16 
 17 ABDULKADIR A. HOURANI, M.D.

DATED: 10/2/18

18
 19 DATED this 2nd day of October, 2018.

20 ARIZONA MEDICAL BOARD

21 By Patricia E. McSorley
 22 Patricia E. McSorley
 23 Executive Director

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EXECUTED COPY of the foregoing e-mailed
this 2nd day of October, 2018 to:

Stephen Myers, Esq.
Mitchell, Stein, Carey, Chapman, PC
One Renaissance Square
2 North Central Avenue, Suite 1450
Phoenix, AZ 85004
Attorney for Respondent

ORIGINAL of the foregoing filed
this 2nd day of October, 2018 with:

Arizona Medical Board
1740 West Adams, Suite 4000
Phoenix, Arizona 85007

Mary Boben
Board staff