BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **THOMAS R. HANSEN, M.D** Holder of License No. 18493 For the Practice of Medicine In the State of Arizona.	**Case No. MD-17-0621A** **ORDER FOR SURRENDER OF LICENSE AND CONSENT TO THE SAME**

Thomas R. Hansen, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Surrender of License; admits the jurisdiction of the Arizona Medical Board ("Board") as well as the facts stated herein; and consents to the entry of this Order by the Board.

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 number 18493 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-17-0621A after receiving information indicating that Respondent was non-compliant with the Board's Order Granting Probationary License and Consent to Same in MD-14-0906A ("Probation Agreement").

4. On November 20, 2014, the Board granted Respondent a license subject to probationary terms and conditions, as set forth in the Probation Agreement.

5. The Probation Agreement required Respondent to be employed at Cobre Valley Regional Medical Center ("Cobre Valley") for the duration of his Probation, and to notify the Board within 5 days in the event that his employment was terminated.

6. Respondent failed to notify the Board in a timely manner that his employment with Cobre Valley had been terminated.

7. The Probation Agreement required Respondent to comply with all rules governing the practice of medicine in Arizona.

8. During the course of the Board's investigation into this matter, Respondent reported that there had been patient care concerns during his tenure at Cobre Valley. Based on this disclosure, Board staff obtained Medical Consultant ("MC") reviews of five charts of Respondent's patients at Cobre Valley. The MC concluded that Respondent deviated from the standard of care in three of the patients as follows:

Patient BO

9. Patient BO, a 66 year-old male, presented to Cobre Valley with complaints of abdominal pain. A work up in the emergency department ("ED") on May 25, 2015 revealed a leukocytosis of 23.2 and CT scan showing a bilobed cystic mass in the right abdomen extending across to the left abdomen, measuring approximately 21 cm in size.

10. BO was seen in Respondent's office and eventually scheduled for resection on June 11, 2015. On the day of the operation, BO required transportation to the hospital in an ambulance due to weakness. BO was found to be tachycardic to 125 and hypotensive to 90/59, with a white blood count of 15.1 and Creatinine of 1.9. BO was resuscitated with IV fluids due to acute dehydration and taken to the operating room that day for resection of the mass. According to Respondent's operative notes, once the abdomen cavity was entered, the mass was found to be retroperitoneal in its origin. When attempting to mobilize the mass, Respondent encountered a large amount of bleeding, and noted a 4-5 cm tear in the inferior vena cava. Respondent attempted a repair, but BO had a fatal blood loss and expired in the operating room. Follow up pathology found that the cystic mass was extensively hemorrhagic and necrotic renal cell carcinoma, clear cell type.

Patient LM

11. This 56 year-old male presented to Respondent's office with complaints of significant gastroesophageal reflux disease, and undergoing Proton pump inhibitor ("PPI") treatment that was not effective. Respondent recommended operative repair for LM's

reflux. On July 12, 2016, Respondent performed a laparoscopic Nissen fundoplication with mesh placement and a revision of an umbilical scar on LM.

12. Postoperatively, LM became tachycardic and hypotensive, with the heartrate ranging between the 120s and 140s. LM was initially bolused with IV fluid for low urine output, with an initial working diagnosis of hypovolemia. LM continued to have tachycardia, hypotension and low urine output. Due to continued issues with worsening renal failure, LM was transferred to another Hospital for continued care.

Patient BB

13. This 63 year-old male was seen by Respondent due to complaints of rectal bleeding. BB had a known history of Hepatitis C, and ulcerative colitis, with bloody flair-ups, the last one controlled with steroids. Respondent recommended a total abdominal colectomy with ileorectal anastomosis, which he performed on June 28, 2016. During the operation, Respondent also performed a sigmoidoscopy to examine the new ileorectal anastomosis and a leak test was performed with negative results.

14. Postoperatively, BB was admitted to the ICU for care. He received two units of packed red blood cells on postoperative day two for decreased hemoglobin/hematocrit, which was attributed to fluid losses from the operation. BB's postoperative albumin was 2.0 and his white blood count continued to rise postoperatively; up to 31 on postoperative day three. No further imaging was done due to BB stating that he was feeling well and continued to be afebrile. BB's white blood count was rechecked on postoperative day six, and was down to 18.

15. On postoperative day four, BB developed some ectopy for which cardiology was consulted to evaluate and treat. BB subsequently had an acute deterioration of blood pressure requiring transfer back to the ICU. BB continued to deteriorate and coded on postoperative day six and expired. An autopsy revealed an anastomotic dehiscence with seropurulence in the abdomen and a fatty liver with early cirrhosis.

Deviations from the Standard of Care

16. The standard of care requires the operating surgeon to manage multiple clinical issues arising with straightforward and medically complicated patients, in the setting of undiagnosed abdominal masses, acute cholecystitis and acute appendicitis, ulcerative colitis, gastroesophageal reflux disease and the presence of metastatic lung cancer. The standard of care further requires a surgeon to perform any interventions in a safe fashion and to have the ability to evaluate and handle any postoperative issues that may arise with all medically complicated patients.

17. Respondent deviated from the standard of care in the case of patient BO by failing to transfer the patient to an institution with the appropriate resources in light of the confusion about the tumor's origin on imaging studies.

18. Respondent deviated from the standard of care in his treatment of patient LM by failing to have leak or perforation high on his list of differential diagnoses, which should have been investigated either by imaging or by operative exploration.

19. Respondent additionally deviated from the standard of care by failing to adequately manage patient BB postoperatively including the failure to investigate a postoperative white blood count rising from 21 to 31 in one day.

20. Actual harm occurred in that BO and BB expired, and LM required additional treatment at another facility.

21. With regard to all five patients reviewed, the MC commented that Respondent's documentation was inadequate. The MC found that Respondent's chart notes for these patients do not provide insight into Respondent's thought process, and do not provide adequate information such as patient discussions and treatment plans.

CONCLUSIONS OF LAW

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

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e) ("Failing or refusing to maintain adequate records on a patient.").

3. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("Any conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

4. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(r) ("Violating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under the provisions of this chapter.").

5. The Board possesses statutory authority to enter into a consent agreement with a physician and accept the surrender of an active license from a physician who admits to having committed an act of unprofessional conduct. A.R.S. § 32-1451(T)(2).

ORDER

IT IS HEREBY ORDERED THAT Respondent immediately surrender License Number 18493, issued to Thomas R. Hansen, M.D., for the practice of allopathic medicine in the State of Arizona, and return his certificate of licensure to the Board.

DATED and effective this 16th day of April, 2018.

ARIZONA MEDICAL BOARD

By: Patricia E. McSorley
Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

6. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

7. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.

8. If the Board does not adopt this Order, Respondent will not assert as a defense that the Board's consideration of the Order constitutes bias, prejudice, prejudgment or other similar defense.

9. ***Respondent has read and understands the terms of this agreement.***

Thomas R. Hansen
THOMAS R. HANSEN, M.D.

Dated: 3/14/18

EXECUTED COPY of the foregoing mailed by US Mail this 16th day of April, 2018 to:

Thomas R. Hansen, M.D.
Address of Record

ORIGINAL of the foregoing filed this 16th day of April, 2018 with:

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

Mary Bobey
Board staff