

BEFORE THE
BOARD OF MEDICAL EXAMINERS
STATE OF OREGON

In the Matter of)
ROBERTA ASHLEY EKHOLM, DO) STIPULATED ORDER
LICENSE NO. DO12667)

1.

9 The Board of Medical Examiners (Board) is the state agency responsible for licensing,
10 regulating and disciplining certain health care providers, including physicians, in the State of
11 Oregon. Roberta Ashley Ekhholm (Licensee) is a licensed physician in the State of Oregon.

2.

13 The Board proposed to take disciplinary action pursuant to ORS 677.205 against
14 Licensee for violations of the Medical Practice Act, to wit: ORS 677.190(14) gross negligence or
15 repeated negligence in the practice of medicine; ORS 677.190(18) willfully violating any Board
16 statute, or any rule adopted by the Board or Board order or failing to comply with a Board
17 request pursuant to ORS 677.320; and ORS 677.190 (25) prescribing controlled substances
18 without a legitimate medical purpose, or prescribing controlled substances without following
19 accepted procedures for examination of patients, or prescribing controlled substances without
20 following accepted procedures for record keeping or without giving the notice required under
21 ORS 677.485.

3.

23 The acts and conduct alleged to violate the Medical Practice Act are:

24 3.1 Patient A, a 44 year old female smoker, began to see Licensee for medical care in
25 1992. On December 26, 1997, she came to Licensee's clinic complaining of ongoing chest
26 pains, and that it hurt to take a deep breath. Patient A's blood pressure was 182/102 with a pulse
27 of 84.

1 Licensee ordered an electrocardiogram (EKG). Licensee read this EKG in comparison
2 with a previous EKG that was done on April 4, 1997 (and had been interpreted as normal, even
3 though there is no indication in the medical chart that the AVF, AVR, or AVL leads were
4 recorded). Licensee interpreted the December 26th EKG as normal. Licensee misinterpreted the
5 EKG—it revealed that Patient A had a myocardial infarction on or about December 26, 1997, the
6 time of the EKG. As a result, Patient A did not receive immediate and appropriate treatment.
7 On January 19, 1998, a cardiologist diagnosed previous MI, coronary artery disease and referred
8 the patient for coronary artery bypass surgery. Licensee discharged Patient A from her care on
9 January 6, 1998 because she did not adopt certain lifestyle changes recommended by Licensee.

10 3.2 Licensee failed to effectively manage and follow-up with Patient B, an 18-year-
11 old female, that had a history that included open-heart surgery. She came to Licensee's clinic
12 on about August 11, 1997 for a physical examination and reported panic attacks and shortness of
13 breath. Licensee examined Patient B and ordered an EKG, although the EKG strip was mounted
14 and countersigned by Licensee in the patient chart, Licensee did not document an interpretation
15 of the EKG. It was later interpreted by another provider at the clinic and recorded as "...rt
16 [right] bundle type conduction delay, Q in lead III, C/W [compatible with] old IMI [inferior
17 myocardial infarction]." Licensee conducted a pulmonary function test on Patient B on October
18 17, 1997 but did not document an interpretation of the test.

19 3.3 Licensee failed to provide adequate primary care in her management of Patient C,
20 a 26 year-old male, who was seen by Licensee from 1995 through 1997. Patient C came to
21 Licensee's clinic on February 17, 1997 complaining of chest and arm pain. Licensee examined
22 him and ordered an EKG. Licensee correctly interpreted the EKG as normal, but it is unclear
23 whether any additional tests were obtained or recommendations were made regarding referrals.
24 Although Licensee referenced health problems and current medications in various chart notes,
25 these were not readily accessible without paging through each chart entry. Licensee also failed
26 to maintain a problem list or current medications list in the patient chart, or to have an effective
27 system in place to follow-up with this patient.

1 3.4 Licensee failed to adequately manage Patient D, an urgent care drop-in patient,
2 although Licensee provided primary care to Patient D from March through December 1997.
3 Although Licensee referenced health problems and current medications in various chart notes,
4 these were not readily accessible without paging through each chart entry. Licensee failed to
5 maintain a problem list or current medications list in this patient's chart, or to have an effective
6 system in place to follow-up with this patient or to check for drug interactions.

7 3.5 On or about October 7, 2002, a Board investigator, accompanied by a licensed
8 physician serving as a Board consultant, visited Licensee's medical clinic to conduct a random
9 review of charts pursuant to the Board's Corrective Action Order dated January 18, 2001. This
10 site visit revealed many patient charts that were poorly organized – to include many charts that
11 contained illegible notations, reports filed without appropriate patient identification, unsigned
12 orders, and records that were haphazardly collected within the chart. The site review also
13 revealed that many charts lacked current laboratory reports and x-ray reports and were devoid of
14 problem and medication lists. Numerous charts lacked documentation of physical examinations,
15 plans, and diagnoses. Licensee's failure to keep her patients' charts updated violated the Board's
16 Order and breached the standard of care.

17 3.6 While reviewing the chart of Patient E during the site review, it was found that
18 Patient E, a long-standing patient with a diagnosis of Type II diabetes and chronic back pain, had
19 virtually no documentation of discussions of diabetes at any office visits. Patient E's blood
20 pressure was recorded three times in the 140/90s, yet Licensee did not carry a diagnosis of
21 hypertension, nor were appropriate laboratory tests obtained on a regular basis. Pulmonary
22 function tests were conducted several times but were often not signed, and were not referred to in
23 the chart notes. And there is an incomplete chart note.

24 3.7 On Patient F's chart it was found that on 09/10/92 Licensee terminated the patient
25 from her practice for continuing to smoke cigarettes. On the same date, Licensee gave Patient F
26 a prescription for Tylenol #4 with multiple refills. There was no documentation in the chart
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- 1 about why the patient needed this medication and no Material Risk Notification was located,
- 2 despite the fact that the patient had been on this medication for some time.

3 3.8 Patient G's chart revealed that this 18-year-old was seen for an ankle injury and
4 had a blood pressure of 148/96. No comment about the blood pressure was in the chart.
5 Previous visits also note elevated blood pressure, yet the chart lacks any mention or plan to deal
6 with this information.

7 4.

8 Licensee and the Board desire to settle this matter by the entry of this Stipulated Order.
9 Licensee understands that she has the right to a contested case hearing under the Administrative
10 Procedures Act (chapter 183), Oregon Revised Statutes, and fully and finally waives the right to
11 a contested case hearing and any appeal therefrom by the signing of and entry of this Order in the
12 Board's records. Licensee stipulates that she engaged in the conduct described in paragraph 3
13 and that this conduct violated ORS 677.190(14) gross negligence or repeated negligence in the
14 practice of medicine; ORS 677.190(18) willfully violating any Board statute, or any rule adopted
15 by the Board or Board order or failing to comply with a Board request pursuant to ORS 677.320;
16 and ORS 677.190 (25) prescribing controlled substances without a legitimate medical purpose,
17 or prescribing controlled substances without following accepted procedures for examination of
18 patients, or prescribing controlled substances without following accepted procedures for record
19 keeping or without giving the notice required under ORS 677.485.

20 5.

21 Licensee and the Board agree to resolve this matter by the entry of this Stipulated Order.

22 Licensee is placed on probation and is subject to the following terms:

23 5.1 Licensee is reprimanded.

26 5.3 Licensee is suspended from the practice of medicine for 30 days. This suspension
27 shall begin on December 12, 2003.

1 5.4 Licensee shall not engage in the solo practice of medicine.

2 5.5 Licensee shall keep all medical charts updated. Licensee's charts and her practice
3 setting are subject to random, no notice review by the Board's Compliance
4 Officer and/or his designee.

5 5.6 Licensee shall maintain an updated problem list and medication list for every
6 chart, as appropriate, and shall ensure that all reports, to include x-ray and
7 laboratory reports, shall be posted in the patient chart within 48 hours of receipt or
8 in accord with the standard practice of her employer and the patient notified, as
9 appropriate.

10 5.7 Prior to functioning as a physician in any capacity, Licensee must submit a
11 description of any prospective employment and practice setting in the health care
12 field to the Board's Medical Director for approval. Licensee is prohibited from
13 working in the State of Oregon for each and every source of employment as a
14 physician until she obtains the necessary approval from the Board's Medical
15 Director.

16 5.8 For whatever practice setting that is approved by the Medical Director, Licensee
17 shall submit the name of an on-site practice mentor who will review Licensee's
18 practice and charts on an ongoing basis (with at least a 10% chart review for
19 timeliness and completeness) and will submit quarterly reports to the Board. This
20 practice mentor will continue to assess Licensee's competency in the clinical
21 setting and will ensure that her practice meets the standard of care. This provision
22 does not apply if Licensee is enrolled in and under the active mentorship of the
23 Physicians Evaluation Education Renewal program for her entire practice, as set
24 forth in paragraph 5.10.

25 5.9 Licensee shall enroll in and successfully complete a CME on charting approved in
26 advance by the Board's Medical Director.

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- 5.10 Licensee shall enroll in and successfully complete the Oregon Physicians Evaluation Education Renewal (PEER) program. Licensee shall enroll in PEER within 30 days from the date she obtains employment as a physician in the State of Oregon, provided the Director of PEER accepts her as a candidate.
- 5.11 Employment as a locum tenens will not be approved by the Board's Medical Director unless PEER accepts the Licensee as a candidate for its program in that setting.
- 5.12 Licensee shall provide a copy of this Order to all employers that hire Licensee in her capacity as a physician (to include administrative medicine) within 24 hours of her initial employment.
- 5.13 In the event Licensee finds a setting that is approved by the Board's Medical Director to practice "travel medicine," Licensee shall comply with the standard of care for travel medicine, to include taking an appropriate history and physical, reviewing appropriate patient records for possible contra-indications, and provide appropriate follow-up for patients.
- 5.14 Licensee shall establish and maintain a relationship with a psychiatrist approved by the Board's Medical Director. Licensee will comply with the treatment recommendations from this physician.
- 5.15 Licensee will ensure that the approved psychiatrist provides quarterly reports to the Board regarding Licensee's status in treatment and ability to practice medicine safely.
- 5.16 Licensee will obey all federal and state laws concerning the practice of medicine.
- 5.17 Licensee stipulates and agrees that any deviation from the terms of this Order shall be grounds for discipline pursuant to ORS 677.190

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6.

This Order becomes effective the date it is signed by the Board Chair.

IT IS SO STIPULATED this 9th day of November, 2003.


ROBERTA ASHLEY EKHOLM, DO

IT IS SO ORDERED this 4th day of December, 2003.

BOARD OF MEDICAL EXAMINERS
State of Oregon


JUDITH L. RICE
Board Chair