BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against AMY SUE HAYES, M.D., Respondent.	**Case No. 20-11777-1**

FILED

JUL 21 2020

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, Esq., General Counsel and attorney for the IC, having a reasonable basis to believe that Amy Sue Hayes, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 8308). Respondent was originally licensed by the Board on July 14, 1997.

A. Respondent's Treatment of Patient A

2. Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

3. On April 25, 2012, Patient A was admitted to Carson Tahoe Regional Medical Center due to her active child birth labor, and was seen by Respondent.

At 6:02 a.m., Respondent monitored Patient A, and the fetal heart rate (FHR) was at 145 bpm.

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[1] The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), at the time this formal Complaint was authorized for filing, was composed of Dr. Rachakonda Prabhu, M.D., Chairman, Ms. April Mastroluca, and Dr. Victor Muro, M.D.

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At 6:05 a.m., Respondent broke the amniotic sac of Patient A; from this moment the FHR began to decrease.

At 6:35 a.m., FHR was at 60 bpm and Nurse Narrative states Respondent "away" (sp: "aware") of FHR.

At 6:39 a.m., there was fetal spiral electrode applied, an intrauterine pressure catheter applied and oxygen mask placed upon Patient A; the FHR was at 65.

At 6:45 a.m., the FHR was at 70 bpm, as Respondent remained at bedside, aware of 70 bpm FHR.

At 6:50 a.m., the FHR was at 90 bpm.

At 6:55 a.m., the OB Labor Flowsheet (Flowsheet), under the section "Fetal A HR Baseline," states "unable to determine baseline."

At 6:57 a.m., Patient A was receiving oxygen treatment and birth position changed.

At 7:05 a.m., the Flowsheet indicates the following: "unable to determine baseline and [variable decelerations(s) abrupt decrease in FHR of >= 15 bpm; onset to nadir < 30 seconds; lasting >= 15 seconds and < 2 minutes," and the FHR was 160 bpm.

At 7:10 a.m., the Flowsheet indicates the following: "prolonged deceleration (s) decrease in baseline >= 15 bpm, lasting >= 2 minutes but <= 10 minutes," and the FHR was 70 bpm."

At 7:25 a.m., the Flowsheet indicates the following: "HR baseline: unable to determine baseline; [variable deceleration(s)] abrupt decrease in FHR of >= 15 seconds and < 2 minutes."

At 7:30 a.m., the Flowsheet indicates [variable deceleration(s)] abrupt decease in FHR of >= 15 bpm; onset to nadir < 30 second; lasting >= 15 seconds and < 2 minutes; [prolonged deceleration(s)] decrease in baseline >= 15 bpm, lasting > = 2 minutes <= 10 minutes," and, the FHR was 120 bpm.

At 7:35 a.m., Patient A was taken to the operating room and the FHR baseline was "unable to determine baseline."

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At 7:48 a.m., Patient A delivered via a Caesarian section with the baby's APGARs at zero (0) at minute one, one (1) at five minutes, one (1) at ten minutes and three (3) at 15 minutes. Infant was delivered approximately one (1) hour and six (6) minutes after the bradycarida developed, and suffered from hypoxic-ischemic encephalopathy.

At the time of the aforementioned FHR abnormalities, Patient A was already fully dilated, and, yet Respondent did not attempt any vaginal/C-section delivery until these FHR abnormalities lasted more than one hour. Respondent spent too much time on intrauterine resuscitative measures when an extrauterine resuscitation could have been more expedient and perhaps more effective. According to the medical records, there was about 20 minutes of bradycarida and Patient A's baby suffered from hypoxic-ischemic encephalopathy.

Count I

(Malpractice) (NRS 630.301(4))

4. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

5. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

6. NAC 630.040 defines malpractice as the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

7. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when he provided medical services to Patient A.

8. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

Count II

(Failure to Maintain Complete Medical Records)

(NRS 630.3062(1)(a))

9. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

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10. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating disciplinary action against a licensee.

11. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A by failing to document her actions when she treated Patient A, whose medical records were not timely, legible, accurate, and complete.

12. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

Count III

(Violation of Standards of Practice Established by Regulation)

(NRS 630.306(1)(b)(2))

13. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

14. Violation of a standard of practice adopted by regulations of the Board is grounds for imitating disciplinary action pursuant to NRS 630.306(1)(b)(2).

15. NAC 630.210 requires a physician to seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services.

16. Respondent failed to timely seek consultation with regard to Patient A's medical condition of FHR abnormalities and should have consulted with an appropriate care provider to address this urgent medical condition, as such a consultation would have confirmed or denied such a diagnosis.

17. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against her and give her notice that she may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 21 day of July, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Robert Kilroy, Esq., General Counsel
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Rachakonda D. Prabhu, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 21st day of July, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

D Prabhu Rachakonda MD

Rachakonda D. Prabhu, M.D., Chairman

CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on the 21st day of July, 2020, I served a filed copy of the formal COMPLAINT, via USPS e-certified, return receipt mail to the following:

Amy Sue Hayes, M.D.
c/o Edward J. Lemons, Esq.
Lemons, Grundy & Eisenberg
6005 Plumas Street, Suite 300
Reno, NV 89519
(775) 786-6868

Dated this 21st day of July, 2020.

Sheri L. Quigley

Sheri L. Quigley, Legal Assistant

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