BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against:

ALAN DAVID STELJES, M.D.,

Respondent.

Case No. 23-8417-1

FILED

APR 2 8 2023

NEVADA STATE BOARD OF MEDICALEXAMINERS

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through William P. Shogren, Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Alan David Steljes, 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:

- Respondent was at all times relative to this Complaint a medical doctor holding an 1. active license to practice medicine in the State of Nevada (License No. 6360). Respondent was originally licensed by the Board on October 10, 1989. Respondent's specialties are listed as cardiovascular diseases and internal medicine.
 - Patient A^2 was a thirty-six (36) year-old male at the time of the events at issue. 2.
- On May 16, 2017, Patient A was referred to Respondent by his primary physician 3. due to an abnormal EKG result.
- On June 9, 2017, Patient A presented to Respondent's cardiology clinic. Respondent ordered an echocardiogram and sleep study for Patient A.

¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Bret W. Frey, M.D., Col. Eric D. Wade, USAF (Ret.), and Carl N. Williams, Jr., M.D.

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

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- On June 29, 2017, Patient A underwent the echocardiogram ordered by 5. Respondent. Respondent's cardiology clinic then generated a two-page report showing the results of the echocardiogram. That same day, Respondent signed the echocardiogram report as the interpreting physician.
- The second page of the echocardiogram report clearly indicated Patient A's aortic 6. root was significantly dilated at 5.5cm. The echocardiogram report also indicated that Patient A had a moderately severe aortic valve regurgitation.
- Thoracic aortic measurements greater than 4cm are generally considered to be 7. consistent with an aneurysm. A thoracic aortic aneurysm increases the risk of dissection and rupture as the aortic size increases.
- On July 19, 2017, Patient A met with Respondent to review the echocardiogram 8. results. Respondent did not inform Patient A that Patient A's thoracic aortic root was significantly dilated. Respondent further did not explain and address a management plan with Patient A regarding the dilated thoracic aortic root in conjunction with Patient A's moderate aortic valve regurgitation.
- On July 19, 2017, Respondent further did not refer Patient A to a cardiothoracic 9. surgeon for further evaluation.
- 10. Patient A died on or about October 9, 2017. A postpartum examination showed Patient A died of dissection and rupture of his ascending aorta with hemopericardium, as a consequence of hypertensive cardiovascular disease.

COUNT I

NRS 630.301(4) - Malpractice

- All of the allegations contained in the above paragraphs are hereby incorporated by 11. reference as though fully set forth herein.
- NRS 630.301(4) provides that malpractice of a physician is grounds for initiating 12. disciplinary action against a licensee.

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	13.	N.	AC 6	630.040	define	s ma	alpract	ice	as "the	failure	of a p	physician	, in tr	eating a
patient	, to	use	the	reasona	ble c	are,	skill,	or	knowle	dge o	rdinaril	y used	under	simila
circum	stanc	es."												

- 14. 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 rendering medical services to Patient A when Respondent failed to 1) inform Patient A of the dilated aortic root after Patient A's June 29, 2017 echocardiogram; and 2) explain and address a management plan with Patient A regarding the dilated thoracic aortic root in conjunction with Patient A's moderate aortic valve regurgitation.
- 15. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.301(4) - Malpractice

- 16. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- 17. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.
- 18. 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."
- 19. 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 rendering medical services to Patient A when Respondent failed to refer Patient A to a cardiothoracic surgeon for further evaluation.
- 20. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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COUNT III

NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation -Consultation

- 21. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- 22. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).
- 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."
- 24. Respondent failed to timely seek consultation with regard to Patient A's medical condition on or about June 29, 2017. Respondent should have consulted with an appropriate care provider, such as a cardiothoracic surgeon, to address the diagnosis of Patient A's medical condition and such a timely consultation may have enhanced the quality of medical care provided to the patient regarding Patient A's dilated thoracic aortic root.
- 25. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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;
- That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

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OFFICE OF THE GENERAL COUNSEL Nevada State Board of Medical Examiners 9600 Gateway Drive Reno, Nevada 89521 (775) 688-2559

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

DATED this 26th day of April, 2023.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

WILLIAM P. SHOGREN

Deputy General Counsel 9600 Gateway Drive

Reno, NV 89521 Tel: (775) 688-2559

Email: shogrenw@medboard.nv.gov
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL Nevada State Board of Medical Examiners

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VERIFICATION

STATE OF NEVADA)
	: SS.
COUNTY OF WASHOE)

Bret W. Frey, 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 26th day of April, 2023.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

BRET W. F Y, M.D.

Chairman of the Investigative Committee

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 26th day of April, 2023, I served a file-stamped copy of the foregoing **COMPLAINT** as well as file-stamped copy of the **PATIENT DESIGNATION** and required fingerprinting materials, via USPS Certified Mail, postage pre-paid, to the following parties:

ALAN DAVID STELJES, M.D. 2480 Kings Gate Lane Mt. Pleasant, SC 29466

Tracking No..____

9171 9690 0935 0254 7678 24

DATED this ____day of April, 2023.

MERCEDES FUENTES

Legal Assistant

Nevada State Board of Medical Examiners