BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	)	
	)	
	)	
JAYSHREE MAHESH VYAS, M.D.	)	**Case No. 8002014003471**
	)	
Physician's and Surgeon's Certificate No. A 37968	)	
	)	
	)	
Respondent	)	
	)	

DECISION AND ORDER

The attached Stipulated Surrender of License and Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on May 5, 2017.

IT IS SO ORDERED April 28, 2017.

MEDICAL BOARD OF CALIFORNIA

By: _____
Kimberly Kirchmeyer
Executive Director

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
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300 So. Spring Street, Suite 1702
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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **JAYSHREE MAHESH VYAS, M.D.** **8245 East Monte Vista Road, Suite 200** **Anaheim, CA 92808** **Physician's and Surgeon's Certificate No. A37968,** Respondent.	Case Nos. 800-2014-003471 800-2016-024861 800-2016-024336 800-2016-024298 OAH No. 2016090825 **STIPULATED SURRENDER OF LICENSE AND ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Christine R. Friar, Deputy Attorney General.

2. Jayshree Mahesh Vyas, M.D. (Respondent) is represented in this proceeding by Raymond J. McMahon, Esq. of Doyle Schafer McMahon, LLP, located at 100 Spectrum Center Drive, Suite 520, Irvine, California 92618.

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3. On or about January 18, 1982, the Board issued Physician's and Surgeon's Certificate No. A37968 to Jayshree Mahesh Vyas, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2014-003471 and will expire on August 31, 2017, unless renewed.

JURISDICTION

4. Accusation No. 800-2014-003471 was filed before the Medical Board of California (Board), and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 11, 2016. Respondent timely filed her Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2014-003471 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2014-003471. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2014-003471, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

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9. For the purpose of resolving the Accusation and pending investigations without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline. Respondent hereby gives up her right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation she enables the Board to issue an order accepting the surrender of her Physician's and Surgeon's Certificate without further process.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A37968, issued to Respondent Jayshree Mahesh Vyas, M.D., is surrendered and accepted by the Medical Board of California.

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1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Medical Board of California.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board her pocket license and, if one was issued, her wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2014-003471 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition. Respondent may petition for reinstatement no earlier than two (2) years from the effective date of the Decision and Order.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2014-003471 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney, Raymond J. McMahon. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 1/27/17

JAYSHREE MAHESH VYAS, M.D.
Respondent

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I have read and fully discussed with Respondent Jayshree Mahesh Vyas, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: January 27 2017

RAYMOND MCMAHON
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

Dated: 1/30/2017

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

CHRISTINE R. FRIAR
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2014-003471

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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **JAYSHREE MAHESH VYAS, M.D.** **8245 East Monte Vista Road, Suite 200** **Anaheim, CA 92808** **Physician's and Surgeon's Certificate No. A37968,** Respondent.	Case No. 800-2014-003471 **A C C U S A T I O N**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about January 18, 1982, the Medical Board issued Physician's and Surgeon's Certificate Number A37968 to Jayshree Mahesh Vyas, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2017, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, be placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"...

"...

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care."

6. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

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CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

7. Respondent Jayshree Mahesh Vyas, M.D. is subject to disciplinary action under section Code section 2234, subdivision (c), in that she committed repeated negligent acts in the care and treatment of Patient M.G.W.[1] The circumstances are as follows:

8. Respondent is Board certified in Obstetrics and Gynecology.

9. On or about April 2, 2012, Patient M.G.W., a sixty-six (66) year old female, established care with Respondent.

10. Patient M.G.W.'s chief complaint was of a bladder infection.

11. Patient M.G.W. was post-menopausal and on oral hormone therapy. Patient M.G.W. reported a past medical history that included two Cesarean sections and bladder suspension surgery. M.G.W. also suffered from hypertension, hyperlipidemia and obesity.

12. At the April 2, 2012 appointment, Respondent took a complete history and performed a physical exam. A urine culture was also performed. Her urinary tract infection was treated with an injection of Rocephin, an antibiotic.

13. Patient M.G.W. was treated by Respondent numerous times over the course of the next two and a half months. Patient M.G.W. was evaluated and treated for symptoms of urinary incontinence and changes were made to her medications for hypertension.

14. On May 31, 2012, Respondent discussed treatment options with Patient M.G.W. for her urinary incontinence. Several options were presented: observation (conservative therapy), biofeedback, a bladder neck suspension, a bladder neck suspension with a hysterectomy and a combination of surgery and behavioral therapy.

15. On or about July 17, 2012, Patient M.G.W. underwent a laparoscopic assisted vaginal hysterectomy right salpingo-oophorectomy, extensive lysis of adhesions, bladder neck suspension with transobturator sling, cystocoele repair, rectocele repair, enterocoele repair and

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[1] In this Accusation, the patient is referred to by initial to protect her right of privacy. The patient's full name will be disclosed to Respondent when discovery is provided pursuant to Government Code section 11507.6.

cystourethroscopy. The surgery was performed by Respondent at St. Joseph Hospital in Orange, California.

16. According to Respondent's notes, the surgery was complicated by extensive adhesions throughout the pelvic area and "paper thin" tissue between the rectum and vaginal mucosa. Despite the extensive adhesions noted, Respondent failed to check for a bowel perforation, intra operatively.

17. Patient M.G.W. was then transferred to the recovery room and kept overnight at the hospital to be monitored. Respondent discharged Patient M.G.W. the following day, July 18, 2012. Patient M.G.W.'s last complete blood count test before being discharged revealed an elevated white blood cell count of 17.9 and a hemoglobin count of 11.0.

18. On July 19, 2012, Patient M.G.W. returned to the emergency department. She had a fever of 102 degrees and complained of abdominal pain. At the emergency department, she was noted to be in moderate distress with tachycardia (abnormally rapid heart rate), labored breathing and an abdominal exam showed diffuse moderate tenderness.

19. The emergency room physician conducted numerous tests, including blood work, a chest X-ray, a VQ scan (to rule out a pulmonary embolism), and an abdominal and pelvic CT scan.

20. Patient M.G.W. was admitted for observation, placed on IV antibiotics and pain medication.

21. While in the hospital, Patient M.G.W. was treated by several medical consultants, including Respondent. While her respiratory status gradually improved, she increasingly exhibited symptoms of a bowel obstruction – abdominal distention, nausea and vomiting and an ever increasing white blood cell count.

22. On July 25, 2012, a surgery consultant performed an exploratory laparotomy which showed extensive bowel adhesions and a rectal perforation with evidence of peritonitis and sepsis.

23. A transverse loop colostomy was performed by the general surgeon. Following a complicated post-operative course, Patient M.G.W. was discharged on August 8, 2012.

24. Patient M.G.W. has since had multiple surgeries and complications since the surgery performed by Respondent, including another bladder suspension surgery to correct her persistent urinary incontinence. Patient M.G.W. also now lives with a permanent colostomy bag.

25. According to Respondent's records, she recommended a hysterectomy based on a mild uterine prolapse. The applicable standard of care in the medical community requires that prior to making such a recommendation that a pelvic exam be performed and an appropriate description of the pelvic prolapse be documented. Also, because pelvic prolapses can be asymptomatic and, thus, not require repair, the patient's symptoms and dysfunctions caused by the pelvic prolapse should be documented.

26. Respondent's notes do not indicate that Patient M.G.W. complained of symptoms specifically related to the prolapse. Further, Respondent conducted one pelvic exam before the pre-operative exam and only described the vagina as "relaxed." The prolapse is not mentioned again in Respondent's records until the operative note. Respondent's recommendation of a major surgery (the hysterectomy) for a minor problem (a mild prolapse) in a patient with multiple co-morbidities constitutes a simple departure from the standard of care.

27. There are several methods of performing a hysterectomy and bilateral salpingo-oophorectomy. Those methods include vaginal surgery, a laparoscopic procedure, a combination of vaginal and laparoscopic surgery or an open hysterectomy with bilateral salpingo-oophorectomy. The applicable standard of care in the medical community requires that the appropriate method of surgery be selected based on the surgeon's training and skill, the patient's desires, the patient's past medical and surgical history, the physical exam and the intra-operative findings.

28. Respondent elected to perform a vaginal hysterectomy which is contraindicated given the complicated and extensive pelvic adhesions she noted in Patient M.G.W., including possible bowel adhesions to the uterus. Respondent's choice of an inappropriate surgical method and failure to test for a bowel injury intra-operatively constitutes a simple departure from the standard of care.

29. The applicable standard of care in the medical community requires that after surgery

a patient be adequately evaluated and cared for in the post-operative period and prior to discharge. This post-operative care includes monitoring vital signs, subjective data, physical findings and conducting any necessary laboratory studies to ensure that the patient is recovering properly and ready for discharge at the appropriate time.

30. Prior to discharging Patient M.G.W., Respondent failed to properly evaluate her. Specifically, Patient M.G.W.'s last complete blood count test revealed an elevated white blood cell count of 17.9 and a hemoglobin count of 11.0. Respondent should have repeated the complete blood count test to determine whether Patient M.G.W.'s white blood cell count was increasing or decreasing prior to discharging Patient M.G.W. Respondent's failure to properly evaluate Patient M.G.W. and repeat the blood test, in light of Patient M.G.W.'s elevated white blood cell count, constitutes a simple departure from the applicable post-operative standard of care.

31. The applicable standard of care in the medical community requires that when a patient returns to the hospital after being discharged, that the patient be adequately evaluated such that a diagnosis can be formulated of the presenting problem and the patient can be properly treated.

32. When Patient M.G.W. returned to the hospital on July 19, 2012, she complained of shortness of breath and abdominal pain. Numerous tests were conducted, however, Respondent did not adequately consider and explore the possibility of a bowel injury. She then failed to timely request a surgical consult. Instead, she observed Patient M.G.W. and kept her on antibiotics, despite Patient M.G.W. rising white blood cell count and differential. The rectal perforation was not discovered and treated by the consulting surgeon until July 25, 2012. Respondent's evaluation and management of Patient M.G.W. constitutes a simple departure from the standard of care.

33. Respondent's acts and/or omissions as set forth in paragraphs 8 through 32, inclusive above, constitute repeated negligent acts in violation of section 2234, subdivision (c), of the Code. As such, cause for discipline exists.

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SECOND CAUSE FOR DISCIPLINE

(Inadequate Record Keeping)

34. Respondent Jayshree Mahesh Vyas, M.D. is subject to disciplinary action under Code section 2266 in that she failed to maintain adequate records concerning her care and treatment of Patient M.G.W. The circumstances are as follows:

35. Paragraphs 8 through 32 are incorporated by reference and re-alleged as if fully set forth herein.

36. Respondent's dictated operative note is vague regarding the dissection of the adhesions and she failed to describe the type of instrumentation used for the dissection of the adhesions.

37. Respondent's handwritten notes and records for Patient M.G.W. are difficult to read and often illegible.

38. Respondent's acts and/or omissions as set forth in paragraphs 35 through 37, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute inadequate record keeping in violation of section 2266 of the Code and cause for discipline exists.

DISCIPLINARY CONSIDERATIONS

39. To determine the degree of discipline, if any, to be imposed on Respondent Jayshree Mahesh Vyas, M.D., Complainant alleges that Respondent was previously disciplined for repeated negligent acts. Specifically, on or about November 27, 2000, in a prior disciplinary action entitled, *In the Matter of the Accusation Against: Jayshree M. Vyas, M.D.*, Medical Board of California, Case Number 04-1998-82852, Respondent's license was revoked with the revocation stayed and five (5) years of probation imposed. That decision is now final and is incorporated by reference as if fully set forth herein.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A37968, issued to Jayshree Mahesh Vyas, M.D.;

2. Revoking, suspending or denying approval of Jayshree Mahesh Vyas, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering Jayshree Mahesh Vyas, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: August 11, 2016

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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