

**State of New Hampshire
Board of Medicine
Concord, New Hampshire 03301**

In the Matter of:
Jan Vanderlinde, M.D.
No.: 9956
(Misconduct Allegations)

SETTLEMENT AGREEMENT

In order to avoid the delay and expense of further proceedings and to promote the best interests of the public and the practice of medicine, the New Hampshire Board of Medicine (“Board”) and Jan Vanderlinde, M.D. (“Respondent”), a physician licensed by the Board, do hereby stipulate and agree to resolve certain allegations of professional misconduct now pending before the Board according to the following terms and conditions:

1. Pursuant to RSA 329:17, I; RSA 329:18; RSA 329:18-a; and Medical Administrative Rule (“Med”) 206 and 210, the Board has jurisdiction to investigate and adjudicate allegations of professional misconduct committed by physicians. Pursuant to RSA 329:18-a, III, the Board may, at any time, dispose of such allegations by settlement and without commencing a disciplinary hearing.
2. The Board first granted Respondent a license to practice medicine in the State of New Hampshire on March 5, 1997. Respondent holds license number 9956. Respondent practices emergency medicine at Exeter Hospital.
3. The Board received a copy of a Writ of Summons filed in Rockingham Superior Court in which the patient alleges that Respondent failed to properly treat her when she presented to the emergency department at Exeter Hospital. The plaintiff has subsequently voluntarily dismissed her lawsuit.

4. In response to the original writ of summons, the Board conducted an investigation and obtained information from various sources pertaining to Respondent's medical care rendered to the patient.
5. Respondent stipulates that if a disciplinary hearing were to take place, Hearing Counsel would seek to prove that Respondent engaged in professional misconduct, in violation of RSA 329:17, VI (d), by the following facts:
 - A. The patient was thirty-eight years old when she suffered a stroke in a tanning salon on September 22, 2008. En route to the hospital, the ambulance crew learned from the 911 dispatcher that bystanders reported that the patient appeared to experience a stroke and exhibited right-sided paralysis and facial droop.
 - B. The patient arrived at Exeter Hospital at approximately 1:00 p.m. and was triaged at approximately 1:22 p.m.
 - C. At 1:32 p.m., a nurse documented the following: "[Patient] is awake, non-verbal on presentation. [Patient] will open eyes sometimes when asked, sometimes she will not. Lifted left arm over [patient's] face, when released, [patient's] arm goes slowly to the bed, over her head. When right arm lifted, [patient] dropped her arm when released and hit herself in the face. Asked to 'scoot up' in the bed, [patient] complies." No purposeful motion of the patient's right arm was documented.
 - D. At 1:49 p.m., a nurse documented a neurological exam performed on the patient in which the nurse noted "No Activity" in the patient's right arm and "Some Movement" in her right leg. The nurse also noted: "[Patient] does not move legs on command, does cross and uncross legs herself. [Patient] reaches over and grabs right arm to reposition it."

- E. Respondent became aware of the patient at approximately 3:00 p.m. and first saw her at 3:28 p.m.
 - F. Respondent diagnosed patient with “Probable conversion disorder” and “Possible cerebrovascular accident.” If he had a question about the diagnosis, Respondent could have consulted a neurologist.
 - G. The record is devoid of any discussion of thrombolysis. The window for administering thrombolysis would have closed at 3:15 p.m. Respondent did fail to document whether acute thrombolysis was indicated, marginally indicated or contraindicated.
 - H. Respondent failed to calculate patient’s score using the National Institute of Health Stroke Scale or document why the Stroke Scale was inapplicable.
 - I. The next day, magnetic resonance imaging (MRI) revealed that the patient had suffered a large stroke in the left side of her brain, requiring extensive rehabilitation.
6. The Board finds that the facts described above if proved by Hearing Counsel, would constitute misconduct subject to discipline pursuant to RSA 329:17, VI (d).
7. Respondent, in an effort to settle this matter with the Board, neither admitting nor denying the allegations or the alleged misconduct, consents to the Board imposing the following discipline, pursuant to RSA 329:17, VII:
- A. Respondent is REPRIMANDED.
 - B. Respondent is required to meaningfully participate in eight (8) live continuing medical education credits in the area of acute neurologic emergencies.

Respondent may satisfy this requirement by participating in the CME Course at the Massachusetts Medical Society, sponsored by Harvard Medical School on the topic of neurologic emergencies and taught by Dr. Jonathan Edlow. These hours shall be in addition to the hours required by the Board for renewal of licensure and shall be completed within twelve (12) months from the effective date of this *Settlement Agreement*. Within fifteen (15) days of completing these hours, Respondent shall notify the Board and provide written proof of completion.

- C. Respondent is assessed an ADMINISTRATIVE FINE in the amount of \$1,000. Respondent shall pay this fine in full within thirty (30) days of the effective date of this *Settlement Agreement*, as defined further below, by delivering a money order or bank check, made payable to "Treasurer, State of New Hampshire," to the Board's office at 2 Industrial Park Drive, Suite 8, Concord, New Hampshire.
- D. The Board may consider Respondent's compliance with the terms and conditions herein in any subsequent proceeding before the Board regarding Respondent's license.
- E. Within ten (10) days of the effective date of this agreement, as defined further below, Respondent shall furnish a copy of the *Settlement Agreement* to any current employer for whom Respondent performs services as a physician or work which requires a medical degree and/or medical license or directly or indirectly involves patient care, and to any agency or authority which licenses, certifies or credentials physicians, with which Respondent is presently affiliated.
- F. For a continuing period of one (1) year from the effective date of this agreement, Respondent shall furnish a copy of this *Settlement Agreement* to any employer to

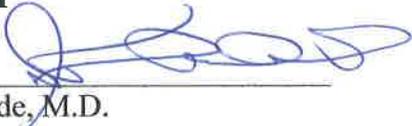
which Respondent may apply for work as a physician or for work in any capacity which requires a medical degree and/or medical license or directly or indirectly involves patient care, and to any agency or authority that licenses, certifies or credentials physicians, to which Respondent may apply for any such professional privileges or recognition.

9. Respondent's breach of any terms or conditions of this *Settlement Agreement* shall constitute unprofessional conduct pursuant to RSA 329:17, VI (d), and a separate and sufficient basis for further disciplinary action by the Board.
10. Except as provided herein, this *Settlement Agreement* shall bar the commencement of further disciplinary action by the Board based upon the misconduct described above. However, the Board may consider this misconduct as evidence of a pattern of conduct in the event that similar misconduct is proven against Respondent in the future. Additionally, the Board may consider the fact that discipline was imposed by this Order as a factor in determining appropriate discipline should any further misconduct be proven against Respondent in the future.
11. This *Settlement Agreement* shall become a permanent part of Respondent's file, which is maintained by the Board as a public document.
12. Respondent voluntarily enters into and signs this *Settlement Agreement* and states that no promises or representations have been made to him other than those terms and conditions expressly stated herein.
13. The Board agrees that in return for Respondent executing this *Settlement Agreement*, the Board will not proceed with the formal adjudicatory process based upon the facts described herein.

14. Respondent understands that his action in entering into this *Settlement Agreement* is a final act and not subject to reconsideration or judicial review or appeal.
15. Respondent has had the opportunity to seek and obtain the advice of an attorney of his choosing in connection with his decision to enter into this agreement.
16. Respondent understands that the Board must review and accept the terms of this *Settlement Agreement*. If the Board rejects any portion, the entire *Settlement Agreement* shall be null and void. Respondent specifically waives any claims that any disclosures made to the Board during its review of this *Settlement Agreement* have prejudiced his right to a fair and impartial hearing in the future if this *Settlement Agreement* is not accepted by the Board.
17. Respondent is not under the influence of any drugs or alcohol at the time he signs this *Settlement Agreement*.
18. Respondent certifies that he has read this document titled *Settlement Agreement*. Respondent understands that he has the right to a formal adjudicatory hearing concerning this matter and that at said hearing he would possess the rights to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on his own behalf, to contest the allegations, to present oral argument, and to appeal to the courts. Further, Respondent fully understands the nature, qualities and dimensions of these rights. Respondent understands that by signing this *Settlement Agreement*, he waives these rights as they pertain to the misconduct described herein.
19. This *Settlement Agreement* shall take effect as an Order of the Board on the date it is signed by an authorized representative of the Board.

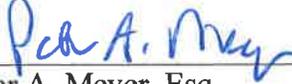
FOR RESPONDENT

Date: 8.25.12



Jan Vanderlinde, M.D.
Respondent

Date: 8.30.12

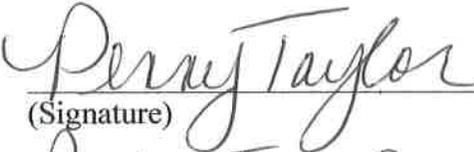


Peter A. Meyer, Esq.
Counsel for Respondent

FOR THE BOARD*

This proceeding is hereby terminated in accordance with the binding terms and conditions set forth above.

Date: 10/8/2012



(Signature)


(Print or Type Name)
Authorized Representative of the
New Hampshire Board of Medicine

* Amy Feitelson, M.D., Board member, recused.