

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
 : FINAL DECISION AND ORDER
DEVINDER KAUR SIDHU, M.D., :
RESPONDENT. : **ORDER 0002361**

Division of Legal Services and Compliance Case No. 13 MED 005

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

Devinder Kaur Sidhu, M.D.
9512 43rd Avenue
Pleasant Prairie, WI 53158

Wisconsin Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 8935
Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Medical Examining Board (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Devinder Kaur Sidhu, M.D., (dob August 5, 1949), is licensed in the State of Wisconsin to practice medicine and surgery, having license number 41617-20, first issued on August 27, 1999, with registration current through October 31, 2013. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 9512 43rd Avenue, Pleasant Prairie, Wisconsin 53158.

2. Before 2012, Respondent was treated for chronic back and shoulder pain. In 2012, as her chronic pain progressed, Respondent began self-treating her condition with Fentanyl withdrawn from the hospital's Pyxis system.

3. On December 14, 2012, at 1345 hrs, Respondent removed two (2) 100 mcg vials of Fentanyl from the Pyxis for a patient. Records indicate that this patient's procedure had been cancelled and not rescheduled. The record did not account for the two (2) 100 mcg vials of Fentanyl.

4. On December 19, 2012, at 1038 hrs, Respondent removed two (2) 100 mcg vials of Fentanyl from the Pyxis for a patient. Records indicate that Respondent administered one (1) 100 mcg dose to the patient during the procedure. The record did not account for the remaining 100 mcg vial of Fentanyl.

5. On December 21, 2012, at 1330 hrs, Respondent removed one (1) 100 mcg vial of Fentanyl from the Pyxis for a patient. Records indicate that Respondent did not administer this medication to the patient. The record did not account for the 100 mcg vial of Fentanyl.

6. On December 23, 2012, at 2059 hrs, Respondent removed one (1) 100 mcg vial of Fentanyl from the Pyxis for a patient. Records indicate that this patient's case was completed 32 hours prior. The record did not account for the 100 mcg vial of Fentanyl.

7. On December 27, 2012, at 0857 hrs, Respondent removed one (1) 100 mcg vial of Fentanyl from the Pyxis for a patient. Records indicate that the patient's case had been cancelled and not rescheduled. The record did not account for the 100 mcg vial of Fentanyl.

8. On December 31, 2012, at 1304 hrs, Respondent removed three (3) 100 mcg vials of Fentanyl from the Pyxis for a patient. Records indicate that Respondent administered 250 mcg of Fentanyl to the patient during the procedure. There was no documentation related to the remaining .50 mcg of Fentanyl. The record did not account for the .50 mcg of Fentanyl.

9. On December 31, 2012, at 0857 hrs, Respondent removed three (3) 100 mcg vial of Fentanyl from the Pyxis for a patient. Records indicate that Respondent administered one (1) 100 mcg of the Fentanyl to the patient during the procedure. There was no documentation for the remaining two (2) vials of Fentanyl.

10. On January 1, 2013, at 1815 hrs, Respondent removed one (1) 100 mcg vial of Fentanyl from the Pyxis for a patient. Records indicate the patient named did not have a procedure on this date. The record did not account for the 100 mcg of Fentanyl.

11. On January 2, 2013, at 1856 hrs, Respondent removed one (1) 100 mcg vial of Fentanyl from the Pyxis for a patient. Records indicate that this patient's case ended at 1619 hrs on this date. There is no documentation that indicates this medication was administered to this patient. The record did not account for the 100 mcg of Fentanyl.

12. On January 2, 2013, at 1202 hrs, Respondent removed one (1) 100 mcg vial of Fentanyl from the Pyxis for a patient. Records indicate that this medication was not administered to the patient during the procedure. The record did not account for the 100 mcg vial of Fentanyl.

13. On January 7, 2013, at 1701 hrs, Respondent removed one (1) 100 mcg vial of Fentanyl from the Pyxis for a patient. Records indicate that this medication was not

administered to the patient during the procedure. The record did not account for the 100 mcg of Fentanyl.

14. On January 8, 2013, at 1114 hrs, Respondent removed one (1) vial of Fentanyl from the Pyxis for a patient. Records indicate that this medication was not administered to the patient during the procedure. The record did not account for the 100 mcg of Fentanyl.

15. On January 8, 2013, at 0920 hrs, Respondent removed one (1) 100 mcg vial of Fentanyl from the Pyxis for a patient. Records indicate that this medication was not administered to the patient during the procedure, nor is there any record to indicate any part of the medication was wasted. The record did not account for the 100 mcg of Fentanyl.

16. On January 8, 2013, at 0740 hrs, Respondent removed two (2) 100 mcg 2 ml vials of Fentanyl from the Pyxis for a patient. Records indicate Respondent administered .50 mcg to the patient during the procedure. The remaining 150 mcg of Fentanyl cannot be accounted for.

17. On January 6, 2013, at 1322 hrs, Respondent removed four (4) 100 mcg 2 ml vials of Fentanyl for a patient. Records indicate Respondent administered three (3) 100 mcg 2 ml vials of Fentanyl to this patient during the procedure. The record did not account for the other 100 mcg 2 ml vial.

18. On January 12, 2013, at 1720 hrs, Respondent used her employer issued access card to enter the medical center's preoperative area where she removed one (1) 250 mcg 5 ml vial of injectable Fentanyl from the Pyxis for a patient who did not have a scheduled procedure. It was later determined that Respondent had no medical center related reason to be at the hospital on this evening. There is no record to account for the 250 mcg 5 ml vial of Fentanyl.

19. On March 20, 2013, the Board issued an Interim Order suspending Respondent's license to practice medicine and surgery until the Board orders this case closed, either informally or through formal order.

20. Respondent is currently and voluntarily seeking medical treatment for her condition. Respondent cooperated with the Board by self-reporting this matter.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 448.02(3), and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

2. By the conduct described in the Findings of Fact, Respondent Devinder Kaur Sidhu, M.D., engaged in unprofessional conduct pursuant to Wis. Admin. Code § Med 10.02(2)(p) by self-administering Fentanyl for her chronic pain.

3. As a result of the above conduct, Devinder Kaur Sidhu, M.D., is subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

1. The attached Stipulation is accepted.
2. The medicine and surgery license issued to Respondent Devinder Kaur Sidhu, D.O., (license number 41617-20) is **SUSPENDED** as follows:

SUSPENSION

- A.1. The license of Devinder Kaur Sidhu, M.D., to practice medicine and surgery in the State of Wisconsin is **SUSPENDED** for an indefinite period.
- A.2. Respondent shall not engage in the practice of medicine and surgery in any capacity unless her suspension is stayed and she is in full compliance with this Order. Respondent shall mail or physically deliver all indicia of registration to the Department Monitor within 14 days of the effective date of this Order.
- A.3. Upon a showing by Respondent of continuous, successful compliance for a period of at least five (5) years with the terms of this Order, including at least 600 hours of active practice for every year the suspension is stayed, the Board may grant a petition by Respondent under paragraph D.4. for return of full licensure. At the Board's discretion, the 5-year period may be started anew for every substantial or repeated violation of any provision of Sections C or D of this Order.
- A.4. The Board may, on its own motion or at the request of the Department Monitor, grant full licensure at any time.

STAY OF SUSPENSION

- B.1. The suspension shall not be stayed for the first three (3) months, but any time after three (3) months the suspension may be stayed upon Respondent providing proof, which is determined by the Board or its designee to be sufficient, that Respondent has been in compliance with the provisions of Sections C and D of this Order for the most recent three (3) consecutive months.
- B.2. The Board or its designee may, without hearing, remove the stay upon receipt of information that Respondent is in substantial or repeated violation of any provision of Sections C or D of this Order. Repeated violation is defined as the multiple violation of the same provision or violation of more than one provision. The Board may, in conjunction with any removal of any stay, prohibit Respondent for a specified period of time from seeking a reinstatement of the stay under paragraph B.4.
- B.3. This suspension becomes reinstated immediately upon notice of the removal of the stay being provided to Respondent either by:
 - (a) Mailing to Respondent's last-known address provided to the Department of Safety and Professional Services pursuant to Wis. Stat. § 440.11; or
 - (b) Actual notice to Respondent or Respondent's attorney.

- B.4. The Board or its designee may reinstate the stay, if provided with sufficient information that Respondent is in compliance with the Order and that it is appropriate for the stay to be reinstated. Whether to reinstate the stay shall be wholly in the discretion of the Board or its designee.
- B.5. If Respondent requests a hearing on the removal of the stay, a hearing shall be held using the procedures set forth in Wis. Admin. Code ch. SPS 2. The hearing shall be held in a timely manner with the evidentiary portion of the hearing being completed within 60 days of receipt of Respondent's request, unless waived by Respondent. Requesting a hearing does not stay the suspension during the pendency of the hearing process.

LIMITATIONS

The license to practice medicine and surgery of Respondent is LIMITED as set forth in Wis. Stat. § 448.02(3)(e), and as follows:

Treatment Required

- C.1. Respondent shall enter into and continue, in a drug and alcohol treatment program with a Treater acceptable to the Board or its designee. Treater must be an addictionologist who has experience with impaired professionals. Respondent shall participate in, cooperate with, and follow all treatment recommended by Treater.
- C.2. Respondent shall immediately provide Treater with a copy of this Final Decision and Order and all other subsequent orders.
- C.3. Treater shall be responsible for coordinating Respondent's rehabilitation, drug monitoring and treatment program as required under the terms of this Order, and shall immediately report any relapse, violation of any of the terms and conditions of this Order, and any suspected unprofessional conduct, to the Department Monitor (See D.1., below). If Treater is unable or unwilling to serve as Treater, Respondent shall immediately seek approval of a successor Treater by the Board or its designee.
- C.4. The rehabilitation program shall include individual and/or group therapy sessions at a frequency to be determined by Treater. Therapy may end only upon a determination by the Board or its designee after receiving a petition for modification as required by D.4., below.
- C.5. Treater shall submit formal written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in the drug and alcohol treatment program. Treater shall report immediately to the Department Monitor any violation or suspected violation of this Order.

Releases

- C.6. Respondent shall provide and keep on file with Treater, all treatment facilities and personnel, laboratories and collections sites current releases complying with state and federal laws. The releases shall allow the Board, its designee, and any employee of the Department of Safety and Professional Services, Division of Legal Services and Compliance to: (a) obtain all urine, blood and hair specimen screen results and patient

health care and treatment records and reports, and (b) discuss the progress of Respondent's treatment and rehabilitation. Copies of these releases shall immediately be filed with the Department Monitor.

AA/NA Meetings

- C.7. Respondent shall attend Narcotics Anonymous meetings or an equivalent program for recovering professionals, at the frequency recommended by Treater. Attendance of Respondent at such meetings shall be verified and reported monthly to Treater and the Department Monitor.

Sobriety

- C.8. Respondent shall abstain from all personal use of alcohol.
- C.9. Respondent shall abstain from all personal use of controlled substances as defined in Wis. Stat. § 961.01(4), and all mood-altering or psychoactive substances, except when prescribed, dispensed or administered by a practitioner for a legitimate medical condition. Respondent shall disclose Respondent's drug and alcohol history and the existence and nature of this Order to the practitioner prior to the practitioner ordering the controlled substance. Respondent shall at the time the controlled substance is ordered immediately sign a release in compliance with state and federal laws authorizing the practitioner to discuss Respondent's treatment with, and provide copies of treatment records to, Treater and the Board or its designee.
- C.10. Respondent shall abstain from all use of over-the-counter medications or other substances which may mask consumption of controlled substances or of alcohol, create false positive screening results, or interfere with Respondent's treatment and rehabilitation.
- C.11. Within 24 hours of ingestion or administration, Respondent shall report to Treater and the Department Monitor all medications and drugs, over-the-counter or prescription, taken by Respondent, shall identify the person or persons who prescribed, dispensed, administered or ordered said medications or drugs, and shall provide the Department Monitor with a copy of the prescription. If Respondent has not provided a release as required by C.9 above, within 24 hours of a request by Treater or the Board or its designee, Respondent shall provide releases in compliance with state and federal laws. The releases shall authorize the person who prescribed, dispensed, administered or ordered the medication to discuss Respondent's treatment with, and provide copies of treatment records to, the requester.

Drug and Alcohol Screens

- C.12. Respondent shall enter into and continue in a drug and alcohol monitoring program which is approved by the Department pursuant to Wis. Admin. Code § SPS 7.11 ("Approved Program"). A list of Approved Programs is available from the Department Monitor.
- C.13. At the time Respondent enrolls in the Approved Program, Respondent shall review all of the rules and procedures made available by the Approved Program. Failure to comply with all requirements for participation in drug and alcohol monitoring established by the

Approved Program – including any positive test for any controlled substance or alcohol – is a substantial violation of this Order. The requirements shall include:

- (a) Contact with the Approved Program as directed on a daily basis, including vacations, weekends and holidays.
 - (b) Production of a urine specimen at a collection site designated by the Approved Program within five (5) hours of notification of a test.
- C.14. The Approved Program shall require the testing of urine specimens at a frequency of not less than 48 times per year, for the first year of this Order. After the first year, the frequency may be reduced only upon a determination by the Board or its designee after receiving a petition for modification as required by D.4., below.
- C.15. The Department Monitor, Board or Board designee shall determine the tests to be performed upon the specimens. If any urine, blood or hair specimen is positive or suspected positive for any controlled substances or alcohol, Respondent shall promptly submit to additional tests or examinations as the Treater or the Board or its designee shall determine to be appropriate to clarify or confirm the positive or suspected positive test results.
- C.16. In addition to any requirement of the Approved Program, the Board or its designee may require Respondent to do any or all of the following: (a) submit additional urine specimens, (b) submit blood, hair or breath specimens, (c) furnish any specimen in a directly witnessed manner.
- C.17. All confirmed positive test results shall be presumed to be valid. Respondent must prove by a preponderance of the evidence an error in collection, testing or other fault in the chain of custody.
- C.18. The Approved Program shall submit information and reports to the Department Monitor in compliance with the requirements of Wis. Admin. Code § SPS 7.11.

Controlled Substance Privileges

- C.19. This Order does not impose any limitations on Respondent’s prescribing, dispensing, administering or ordering of controlled substances.

Reporting Required

- C.20. It is the responsibility of Respondent to promptly notify the Department Monitor of any suspected violations of any of the terms and conditions of this Order.
- C.21. Respondent shall provide a copy of this Final Decision and Order and all other subsequent orders immediately to supervisory personnel where Respondent is engaged in the practice of medicine or surgery as defined at Wis. Stat. § 448.01(9).
- C.22. It is Respondent’s responsibility to arrange for written reports from her employer or practice partner(s) to be provided to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent’s work performance, and shall include the number of hours of active practice worked during that quarter.

- C.23. Respondent shall arrange for agreement by her employer or practice partner(s) to immediately report to the Board and to the Treater any conduct or condition of Respondent that may constitute a violation of this Order or a danger to the public.

Practice Limitation

- C.24. Respondent may not practice anesthesiology for at least 6 months after the initial stay of suspension is granted. After 6 months, with an opinion from the Treater that returning the practice of anesthesiology would not place Respondent at an unacceptable risk of relapse, Respondent may petition the Board for removal or amendment of the practice restriction. The Board or its designee may, in an exercise of discretion, reject, accept or alter the conditions of restriction on Respondent's license. The decision of whether or not to accept or amend the practice restriction is entirely within the Board's discretion.

MISCELLANEOUS

Department Monitor

- D.1. Any requests, petitions, reports and other information required by this Order shall be mailed, e-mailed, faxed or delivered to:

Department Monitor
Division of Legal Services and Compliance
Wisconsin Department of Safety and Professional Services
P.O. Box 8935, Madison, WI 53708-8935
Telephone: (608) 267-3817; Fax: (608) 266-2264
DSPSMonitoring@wisconsin.gov

Required Reporting by Respondent

- D.2. Respondent is responsible for compliance with all of the terms and conditions of this Order, including the timely submission of reports by others. Respondent shall promptly notify the Department Monitor of any failures of the Treater, treatment facility, Approved Program or collection sites to conform to the terms and conditions of this Order. Respondent shall promptly notify the Department Monitor of any violations of any of the terms and conditions of this Order by Respondent. Additionally, every three (3) months, the Respondent shall notify the Department Monitor of the Respondent's compliance with the terms and conditions of the Order, and shall provide the Department Monitor with a current address and home telephone number.
- D.3. Respondent shall report to the Board any change of employment status, residence, address or telephone number within five (5) days of the date of a change.

Change of Treater or Approved Program by Board

- D.4. If the Board or its designee determines the Treater or Approved Program has performed inadequately or has failed to satisfy the terms and conditions of this Order, the Board or

its designee may direct that Respondent continue treatment and rehabilitation under the direction of another Treater or Approved Program.

Petitions for Modification of Limitations or Termination of Order

D.5. Respondent may petition the Board for modification of the terms of this Order or termination, however, no such petition for modification shall occur earlier than one year from the date of this Order, no such petition shall be made any earlier than three months from the date the Board has acted on the last such petition, and no such petition for termination shall occur other than in compliance with paragraph A.3. Any such petition for modification shall be accompanied by a written recommendation from Respondent's Treater expressly supporting the specific modifications sought. Denial of a petition in whole or in part shall not be considered a denial of a license within the meaning of Wis. Stat. § 227.01(3)(a), and Respondent shall not have a right to any further hearings or proceedings on the denial.

Costs of Compliance

D.6. Respondent shall be responsible for all costs and expenses incurred in conjunction with the monitoring, screening, supervision and any other expenses associated with compliance with the terms of this Order. Being dropped from a program for non-payment is a violation of this Order.

Costs of Proceeding

D.7. Respondent shall pay costs of \$400.00 to the Department of Safety and Professional Services, within ninety (90) days of this Order. In the event Respondent fails to timely submit full payment of costs, Respondent's license SHALL BE SUSPENDED, without further notice or hearing, until Respondent has paid them in full, together with any accrued interest.

Additional Discipline

D.8. In addition to any other action authorized by this Order or law, violation of any term of this Order may be the basis for a separate disciplinary action pursuant to Wis. Stat. § 448.02(3).

WISCONSIN MEDICAL EXAMINING BOARD

By: 
A Member of the Board

9/18/13
Date