



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Bjorn B. Krane, MD
Master Case No.: M2015-669
Document: Stipulation to Informal Disposition

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice
as a Physician and Surgeon of:

BJORN KRANE, MD
License No. MD00044958

Respondent.

No. M2015-669

**STIPULATION TO INFORMAL
DISPOSITION**

Pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, the Medical Quality Assurance Commission (Commission) issued a Statement of Allegations and Summary of Evidence (Statement of Allegations) alleging the conduct described below. Respondent does not admit any of the allegations. This Stipulation to Informal Disposition (Stipulation) is not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice, or as restrictions or limitations

1. ALLEGATIONS

1.1 On April 29, 2005, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active. Respondent is board certified in neurology.

1.2 On August 15, 2012, Respondent was the physician in charge of supervising the intraoperative neuromonitoring aspect of Patient A's spinal decompression surgery.

1.3 Respondent was not present in the operating room during Patient A's surgery. Respondent was at his off-site office supervising the neuromonitoring technician who was present in the operating room during Patient A's surgery. Respondent was remotely reviewing data from Patient A's surgery on his desktop and his laptop in real-time while an orthopedic surgeon was performing the surgery.

1.4 In addition to monitoring Patient A's surgery, Respondent was also simultaneously acting as a supervisor for the intraoperative monitoring of two other patients. Respondent was seeing patients in his office in addition to neuromonitoring.

1.5 Prior to Patient A's surgery, there was a lack of clear communication about the nature of the case and the use of a new device. Respondent understood the

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operation to be a routine L4/L5 hemilaminectomy as opposed to an operation with a new and unproven device with significant risk of complication.

1.6 During Patient A's surgery, the orthopedic surgeon inserted the newly marketed device, the iO-Flex, a micro-blade shaver, into Patient A's back. During the surgery, on two separate occasions, there was a significant drop in Patient A's nerve signals and function decreased. The signals never returned to baseline but the surgery continued. The neuromonitoring technician informed Respondent of the signal changes, and documented she informed the surgeon of the changes. Respondent did not independently communicate with the surgeon or the neuromonitoring technician as Respondent observed the neuromonitoring technician had communicated the information about the signal changes in a timely and appropriate manner. Respondent was not in the operating room and had no awareness of what the surgeon was doing or the use of the iO-flex device. Patient A's cauda equina (bundle of spinal nerves and spinal nerve roots) was damaged.

1.7 It took over one month for Respondent to finalize his report relating to the surgery. Respondent's report, dated September 14, 2012, stated that Patient A suffered spinal cord damage, which is inaccurate as there is no spinal cord where the cauda equina is located. Respondent's report is inaccurate when he wrote, "there is no nerve root injury" when Patient A certainly suffered severe nerve root damage. Patient A suffered damage to his cauda equina that required additional surgery and resulted in ongoing neurological deficits.

1.8 Communication between the remote monitor and the neuromonitoring technician and surgeon is critical to the neuromonitoring process. The pathways of communication were not mutually understood and did not work as a result. Communication between Respondent and the neuromonitoring technician and surgeon was less than satisfactory

2. STIPULATION

2.1 The Commission alleges that the conduct described above, if proven, would constitute a violation of RCW 18.130.180(4).

2.2 The parties wish to resolve this matter by means of a Stipulation pursuant to RCW 18.130.172(1).

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2.3 Respondent agrees to be bound by the terms and conditions of this Stipulation.

2.4 This Stipulation is of no force and effect and is not binding on the parties unless and until it is accepted by the Commission.

2.5 If the Commission accepts the Stipulation it will be reported to the National Practitioner Data Bank (45 CFR Part 60), the Federation of State Medical Boards' Physician Data Center and elsewhere as required by law.

2.6 The Statement of Allegations and this Stipulation are public documents. They will be placed on the Department of Health website, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). They are subject to disclosure under the Public Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

2.7 The Commission agrees to forego further disciplinary proceedings concerning the allegations.

2.8 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

2.9 A violation of the provisions of Section 3 of this Stipulation, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

3. INFORMAL DISPOSITION

The Commission and Respondent stipulate to the following terms:

3.1 **Compliance Orientation.** Respondent shall complete a compliance orientation in person or by telephone within fourteen (14) days of the effective date of this Stipulation. Respondent must contact the Compliance Unit at the Commission by calling (360) 236-2763, or by sending an email to: Medical.compliance@doh.wa.gov within ten (10) days of the effective date of this Stipulation. Respondent must provide a contact phone number where Respondent can be reached for scheduling purposes.

3.2 **Ethics Course.** Within ninety (90) days of the effective date of this Stipulation, Respondent will successfully complete and pass the course:

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Fundamentals of Medical Ethics

Norwegian Medical Association

<http://www.wma.net/en/70education/10onlinecourses/30ethics/index.html>

3.3 **Communication Course.** Within ninety (90) days of the effective date of this Stipulation, Respondent will successfully complete and pass the course:

Impact of Effective Communication

Massachusetts Medical Society

<http://www.massmed.org/Continuing-Education-and-Events/Online-CME/Courses/Impact-of-Effective-Communication/Impact-of-Effective-Communication/>

Respondent will submit proof of completion of the required coursework to:

Compliance Officer
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, Washington 98504-7866

3.4 **Paper.** Within thirty (30) days of completing the above courses, Respondent must submit a typewritten paper of no less than one thousand (1,000) explaining what he learned about appropriate communication and medical ethics from the courses, and how this knowledge relates to this case. Respondent should be prepared to discuss the subject matter of the written paper with the Commission at his personal appearance. The paper must be submitted to the Commission, in both electronic and printed format, to the addresses below:

1. Medical.compliance@doh.wa.gov
2. Compliance Officer
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, Washington 98504-7866

3.5 **Personal Appearance.** Respondent must personally appear before the Commission after completion of the above terms. The purpose of the appearance is to provide meaningful oversight of Respondent's compliance with the requirements of this Stipulation. Respondent should be prepared to demonstrate ongoing affirmative conduct and compliance with this Stipulation to the Commission. The date and location of the appearance will be determined by the Commission

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3.6 **Cost Recovery.** Respondent agrees to reimburse costs to the Commission in the amount of one thousand dollars (\$1,000) which must be received by the Commission within ninety (90) days of the effective date of this Stipulation. The reimbursement shall be paid by certified or cashier's check or money order, made payable to the Department of Health and mailed to:

Department of Health
Medical Quality Assurance Commission
P.O. Box 1099
Olympia, Washington 98507-1099

3.7 **Obey Laws.** Respondent must obey all federal, state, and local laws and all administrative rules governing the practice of the profession in Washington.

3.8 **Costs.** Respondent must assume all costs of complying with this Stipulation.

3.9 **Violations.** If Respondent violates any provision of this Stipulation in any respect, the Commission may initiate further action against Respondent's license.

3.10 **Change of Address.** Respondent must inform the Commission and the Adjudicative Clerk Office in writing, of changes in his residential and/or business address within thirty (30) days of such change.

3.11 **Effective Date.** The effective date of this Stipulation is the date the Adjudicative Clerk Office places the signed Stipulation into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Stipulation.

3.12 **Termination of Stipulation.** The Commission will release Respondent from this Stipulation when Respondent has successfully completed all of its terms. A Compliance Officer will send Respondent a letter stating Respondent is released from the Stipulation.

4. COMPLIANCE WITH SANCTION RULES

4.1 The Commission applies WAC 246-16-800, *et. seq.*, to determine appropriate sanctions. Tier B of the "Practice Below Standard of Care" schedule, WAC 246-16-810, applies to cases where substandard practices cause moderate patient harm or risk of moderate to severe patient harm. Respondent's failure to ensure that the surgeon understood the information he received from the technician, along with

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his failure to document Patient A's injury accurately, caused or contributed to moderate to severe patient harm.

4.2 Tier B requires the imposition of sanctions ranging from two years of oversight to five years of oversight, unless revocation. Respondent may complete the terms of this Stipulation in less than two years; therefore the sanctions in this Stipulation are a deviation. The Commission believes the deviation is appropriate, as provided by WAC 246-16-800(3)(d)(iii), because of the following mitigating factors: Respondent cooperated with the Commission's investigation by promptly providing requested medical records. The allegations in this case are limited to one patient. Respondent is no longer doing neuromonitoring and does not intend to in the future. The Commission did not identify any aggravating factors, and believes that additional oversight beyond the terms in Section 3 is unnecessary. The Commission believes the sanctions will adequately protect the public. The sanctions include satisfactory completion of approved CMEs, a paper, a personal appearance, and cost recovery.

5. RESPONDENT'S ACCEPTANCE

I, BJORN KRANE, MD, Respondent, certify that I have read this Stipulation in its entirety; that my counsel of record, SCOTT O'HALLORAN, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation, I understand that I will receive a signed copy.



BJORN KRANE, MD
RESPONDENT

11/9/17

DATE



SCOTT O'HALLORAN, WSBA# 25236
ATTORNEY FOR RESPONDENT

11/9/17

DATE

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6. COMMISSION'S ACCEPTANCE

The Commission accepts this Stipulation. All parties shall be bound by its terms and conditions.

DATED: Jan 12, 2017.

STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION

Miriam Winstler

PANEL CHAIR

PRESENTED BY:

Rick Glein

RICK GLEIN, WSBA NO. 23692
COMMISSION STAFF ATTORNEY

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