

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF MEDICINE**

IN RE:

WILTON O. NEDD, M.D.

License No.: MD14391

Respondent

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This matter comes before the District of Columbia Board of Medicine (the “Board” or “D.C. Board”) pursuant to the Health Occupations Revision Act (HORA). D.C. Official Code § 3-1201.01, *et seq.* (2016 Repl.). The HORA authorizes the Board to regulate the practice of medicine in the District of Columbia. The Board has broad jurisdiction to impose a variety of disciplinary sanctions upon a finding of a violation of the HORA. D.C. Official Code, § 3-1201.03; *Mannan v. District of Columbia Board of Medicine*, 558 A.2d 329, 333 (D.C. 1989). The Council of the District of Columbia, in amending the HORA, “intended to strengthen enforcement of its licensing laws.” *Davidson v. District of Columbia Board of Medicine*, 562 A.2d 109, 113 (D.C. 1989). And the HORA “was designed to ‘address modern advances and community needs with the paramount consideration of protecting the public interest.’” *Joseph v. District of Columbia Board of Medicine*, 587 A.2d 1085, 1088 (D.C. 1991) (*quoting* Report of the D.C. Council on Consumer and Regulatory Affairs on Bill 6-317, at 7 (November 26, 1985)) (emphasis added by court).

Background

Dr. Wilton O. Nedd (Respondent) has been licensed to practice medicine in the District of Columbia since February 28, 1984. He practices vascular surgery in the District and in the state of Maryland.

On November 30, 2021, the Maryland Board of Physicians (“Maryland Board”) imposed a reprimand and placed his license on probation. *See* Attachment A, *In the Matter of Wilton Nedd, MD, Final Decision and Order, Case Nos. 2219-0019A* (“2021 Maryland Order”), attached to and incorporated herein.

The Maryland Board “Disciplinary Panel A” charged Respondent with ‘failure to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care (“standard of care”) and a failure to keep adequate medical records as determined by appropriate peer review.’ (Md. Code Ann. Health Occ. §§ 14-404(a)(22) and (40)). *See* Att. A, p. 1. An evidentiary hearing was held before an Administrative Law Judge who issued a proposed decision. After an exceptions hearing, the Maryland Board concluded that:

1. Respondent violated the standard of care for “Patient A” in violation of Md. Code Ann. Health Occ. § 14-404(a)(22). Patient A had been admitted to the emergency department on May 26, 2014, following a myocardial infarction and underwent surgery for the implant five right coronary stents; he also had a femoral artery Angio-Seal device used to prevent further bleeding. On June 2, 2014, Patient A was readmitted to the emergency room with signs of sepsis due to an infected groin hematoma. Respondent met with Patient A and the next day performed “an exploration of Patient A’s right groin, a thrombectomy of the right superficial femoral artery with ligation, and partial resection of the common femoral artery after finding an infected hematoma caused by the Angio-Seal.” *Id.* at pp. 2-3. Respondent did not use a Doppler scan after performing the ligation procedure to determine if there was any blood flow to the extremity. Failure to use a Doppler scan was a violation of the

standard of care. Additionally, Respondent delayed a second surgery for ischemia of Patient A's foot; his failure to perform an MRA (Magnetic Resonance Angiogram) while Patient A was still on the operating table, and to perform the second surgery, was a violation of the standard of care. Patient A's foot was eventually amputated in a later surgery. *Id.* at pp. 3 – 4. Finally, the Maryland Board also found that Respondent violated the standard of care when he failed to include the possibility of a bypass procedure in the informed consent documentation. *Id.* pp. 2 – 4.

2. Respondent violated the standard of care with regard to "Patient C." Respondent had performed an "elective placement of a loop dialysis graft on Patient C's right thigh" on August 2, 2017. She was discharged on August 18, 2017 but readmitted on August 21, 2017, with an infected graft in her right thigh previously inserted by Respondent. Respondent waited to examine her until the next day for sepsis or necrotizing fasciitis, although he did discuss her condition over the phone with the emergency room doctor; he also waited three days to remove an infected graft. *Id.* pp. 4-5.
3. The ALJ found, and the Maryland Board agreed, that Respondent failed to keep adequate medical records for patients A and C. *Id.* p. 6.

The Board considered the 2021 Maryland Order at its meeting on December 14, 2022. At that meeting, the Board voted to take disciplinary action against Respondent's District of Columbia medical license in response to the 2021 Maryland Order. Respondent and the Board now agree to enter into this Consent Order.

Conclusions of Law

The D.C. Board is authorized, pursuant to D.C. Official Code § 3-1205.14(a)(3), to take reciprocal action when a respondent has been disciplined by a licensing authority of another jurisdiction for conduct that would be grounds for Board action. In pertinent part, D.C. Official Code § 3-1205.14(a)(3) states:

Each board, subject to the right of a hearing as provided by this subchapter, on an affirmative vote of a quorum of its appointed members may take one or more of the disciplinary actions...against any person permitted by this subchapter to practice a health occupation regulated by the board in the District who is **disciplined by a licensing or disciplinary authority...of any jurisdiction for conduct that would be grounds for disciplinary action under this section.** (emphasis added)

Under the D.C. Official Code, a physician licensed in the District must conform to standards of acceptable conduct and prevailing practice within a health profession or be subject to disciplinary action. *See* D.C. Official Code §§ 3-1205.14(a)(26). Respondent's conduct in Maryland did not conform to the standards of acceptable conduct in the practice of medicine such as to constitute a violation of D.C. Official Code §3-1205.14(a)(26) had that conduct occurred in the District of Columbia. Similarly, Respondent failed to keep adequate medical records as determined by a review of a board such as to constitute a violation of D.C. Official Code § 3-1205.14(a)(37).

Accordingly, Respondent's conduct has provided the Board with a basis in law and fact to take action against Respondent under the authority of D.C. Official Code §§ 3-1205.14(a)(3), (26) and (37).

ORDER

Based on the forgoing, it is by the District of Columbia Board of Medicine hereby, **ORDERED**, that Respondent's license to practice medicine in the District of Columbia is **REPRIMANDED**; and it is further

ORDERED, that Respondent's license is on **PROBATION** for a minimum of two years, with the following terms and conditions:

1. Respondent is prohibited from performing emergency or on-call hospital procedures during probation;
2. Respondent is required to take a course in medical record-keeping that satisfies the 2021 Maryland Order ; the continuing medical education (CME) cannot be used to count as part of the fifty CME required for license renewal; cryosurgery. Respondent shall provide proof to the Board within three (3) months of the execution date of this Order (that is, after Respondent and BArod Chair have signed) by sending proof of completion to the Board via email at dcbomed@dc.gov;
3. Respondent shall provide to the Board proof of enrollment and compliance with the Maryland Professional Rehabilitation Program (MPRP) and have them provide quarterly (that is every three months) reports of continued compliance or of any issues the Participant Rehabilitation Agreement and Plan. Respondent shall provide to the MPRP within thirty (30) days of the execution date of this Order a copy of this Order and shall sign all release forms necessary in order for the MPRP to provide to the Board the quarterly reports. These reports may be emailed to dcbomed@dc.gov or may be mailed to: D.C. Board of Medicine, D.C. Health – HRLA, 2nd Floor, 899 North Capitol St. NE, Washington DC, 20002.
4. Respondent may petition for probation to be terminated only after the Maryland Board has issued an order terminating his probation in Maryland.
5. Probation shall continue until Respondent requests, and the Board agrees, to terminate the probation and an Order is issued terminating probation. It is further

ORDERED that Respondent shall bear all costs for compliance with this Order; and it is further


ORDERED that Respondent shall comply with all laws, rules, and regulations of the District of Columbia, while within its jurisdiction;

ORDERED, that if Respondent fails to satisfactorily fulfill the terms of this Consent Order the Board may issue a notice of intent to take additional formal disciplinary action against Respondent's license; and it is further

ORDERED, that this is a public document.

DISTRICT OF COLUMBIA BOARD OF MEDICINE

05/22/23
Date

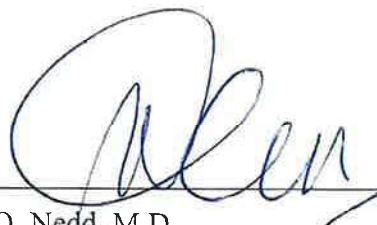

By: Andrea Anderson, MD, FAAFP
Chairperson

AGREEMENT OF RESPONDENT

By signing this public consent order, I agree to accept and abide by its terms. I acknowledge its validity and acknowledge that I have agreed to the terms set forth in this agreement. I fully acknowledge that by signing this consent order, I am waiving my right to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections provided by law. I also recognize that I am waiving my right to appeal any adverse ruling by the Board that might have followed any such hearing. By signing this settlement agreement, I waive all such rights.

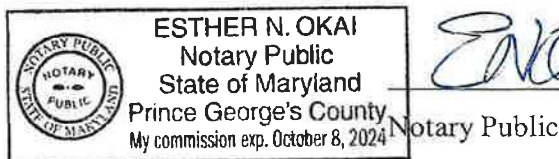
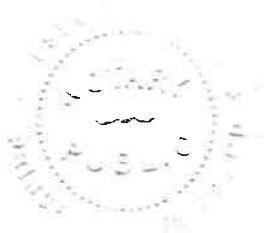
I have had the opportunity to review this document and to seek the advice of my own legal counsel. I choose to sign this consent order willingly and without reservation and am fully aware of its meaning and effect.

2/18/2023
Date



Wilton O. Nedd, M.D.
License No.: MD14391

Sworn to and subscribed before me this 18th day of Feb., 2023.





Notary Public

This Consent Order shall be deemed a public document and shall be distributed as appropriate.