

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **DANIEL H. HU, M.D.**

4 Holder of License No. 21586  
5 For the Practice of Allopathic Medicine  
6 In the State of Arizona.

**Case No. MD-20-0154A**

**ORDER FOR LETTER OF REPRIMAND  
AND PROBATION; AND CONSENT TO  
THE SAME**

7 Daniel H. Hu, M.D. ("Respondent") elects to permanently waive any right to a  
8 hearing and appeal with respect to this Order for a Letter of Reprimand and Probation;  
9 admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of  
10 this Order by the Board.

11 **FINDINGS OF FACT**

12 1. The Board is the duly constituted authority for the regulation and control of  
13 the practice of allopathic medicine in the State of Arizona.

14 2. Respondent is the holder of license number 21586 for the practice of  
15 allopathic medicine in the State of Arizona.

16 3. The Board initiated case number MD-20-0154A after receiving notification  
17 from a Hospital that Respondent had voluntarily agreed to refrain from exercising his staff  
18 privileges. Based on the complaint, Board staff requested Medical Consultant ("MC")  
19 review of Respondent's care and treatment of eight patients.

20 4. CG a 23 year-old female with a history of chronic abruption and  
21 oligohydramnios with ongoing bleeding and contractions was admitted to the Hospital on  
22 January 7, 2020 at 22+ weeks. A maternal-fetal medicine ("MFM") consult was obtained  
23 and magnesium sulfate was initiated. On January 13, 2020, Respondent was on call and  
24 was contacted regarding increased bleeding, significant pain, and a change in the fetal  
25 heart rate tracing. Respondent was called three times prior to making contact at which  
time he ordered an increase in the magnesium sulfate. Respondent was subsequently

1 asked to come to the hospital but did not respond for 30 minutes during which time the  
2 hospitalist was contacted and ordered a STAT C-section but precipitous vaginal delivery  
3 ensued with the infant delivered from the breech position. Respondent arrived 15 minutes  
4 after delivery.

5 5. On October 5, 2016, Respondent performed a total laparoscopic  
6 hysterectomy ("TLH") with bilateral salpingectomy on SB, a gravita 2/para 1 female.  
7 Respondent failed to write a post-operative note which delayed her transfer from the  
8 PACU to Observation.

9 6. On June 22, 2019, RA a 33 year-old gravita 2/para 1 female with a history of  
10 a previous C-section presented to the Hospital at 37+ weeks with spontaneous rupture of  
11 membranes ("SROM"). Breech presentation was noted and the patient underwent a C-  
12 section performed by Respondent's partner. On June 23, 2019, RA was seen by  
13 Respondent's partner for post-operative care. On June 24, 2019, Respondent was  
14 scheduled to see the patient but did not. On June 25, 2019, Respondent's partner was  
15 notified that Respondent had not seen the patient. Respondent saw the patient and  
16 documented her status two days later. On June 26, 2019, nursing staff attempted to reach  
17 Respondent for discharge orders; however, they were unable to contact him so they  
18 elected to call a different physician for the order.

19 7. On January 4, 2019, JT a 22 year-old was a gravita 2/para 0 female who was  
20 admitted at 39 weeks with premature rupture of membranes ("PROM") and labor. JT  
21 progressed to a vaginal delivery with subsequent episiotomy repair which was performed  
22 by Respondent.

23 8. On January 4, 2019, HS a 41 year-old gravita 2/para 1 female admitted with  
24 SROM and contractions with a history of gestational diabetes. HS was admitted and  
25 delivered by Respondent. Shoulder dystocia was present and a third-degree episiotomy

1 was documented in the nursing notes. Respondent documented a procedure note on  
2 October 8, 2019, that identified a second degree episiotomy.

3 9. On June 16, 2019, TS a 36 year-old gravita 7/para 0 female admitted with  
4 oligohydramnios for induction. Respondent proceeded to a vaginal delivery with TS,  
5 including a laceration in need of repair. Respondent noted an intention to use Vicryl;  
6 however, the patient reported that she was allergic to Vicryl. According to a subsequent  
7 delivery note, Respondent used Chromic as an alternative.

8 10. On June 14, 2019, CK a 33 year-old gravita 2/para 1 female, was admitted to  
9 the Hospital at 36.5 weeks for induction due to preeclampsia and cholestasis. CK also had  
10 issues with hyperemesis gravidarium during the pregnancy. The patient was admitted by  
11 her primary obstetrician and started on magnesium sulfate and a hypertensive protocol.  
12 On June 15, 2019, CK underwent a primary C-section and bilateral tubal ligation ("BTL")  
13 due to fetal intolerance of labor with delivery at 0650 performed by her primary  
14 obstetrician. At 1328, Respondent was on-call and was paged twice within a period of 40  
15 minutes for blood loss of 1300cc without response causing nursing staff to call another  
16 physician for orders. CK's hemoglobin was 8.2. At 1523, Respondent was again paged  
17 requesting a response to the patient's low blood pressure and again at 1600 with orders  
18 received from him. On June 16, 2019, CK had a hemoglobin of 5.9 and 2 units of PRBC's  
19 were ordered by Respondent and transfused at 0956 and 1200. At 1315, CK requested a  
20 change of her medications from Percocet to Demerol due to nausea and vomiting.  
21 Respondent ordered Fentanyl which the patient refused. At 1745, CK passed a 500cc  
22 blood clot and Respondent was contacted and ordered an H&H.

23 11. On January 1, 2019, KS a 24 year-old gravita 2/para 0 female was admitted  
24 to the Hospital with cramping and bleeding at 22 weeks gestation. Cervical incompetence  
25 and SROM at 22 weeks gestation were diagnosed. KS was seen by maternal/fetal

1 medicine specialist and magnesium sulfate was recommended to be managed by the  
2 primary obstetrician. On January 5, 2019, CK was seen by Respondent who did not order  
3 any changes in treatment. On January 6, 2019, Dr. Hu was initially called at 1620 and was  
4 not reached until 1713 after 3 calls. At that time, KS requested to change her care to a  
5 different physician group. At 1715, Dr. Hu was asked to speak with Dr. Harmon to transfer  
6 care. At 2002, Dr. Harmon was present and placed orders. At 2252, delivery was carried  
7 out by Dr. Harmon. On January 7, 2019, Dr. Hu's partner saw the patient for post-partum  
8 care.

9       12. The standard of care requires a physician to timely respond when a patient is  
10 high risk. Respondent deviated from the standard of care for CG by failing to timely  
11 respond to changes in an unstable, high risk patient.

12       13. The standard of care requires a physician to document procedures, events,  
13 and daily progress notes in a timely manner. Respondent deviated from the standard of  
14 care by failing to complete an immediate post-operative note for SB resulting in delay  
15 transfer from PACU to Observation, and for Patients JT and HS, by failing to provide a  
16 delivery summary including episiotomy repair for 10 months after each procedure.

17       14. The standard of care requires a physician to maintain communication with  
18 call coverage for continuity of care. Respondent deviated from the standard of care for  
19 Patient RA and KS by failing to communicate with shared call coverage for continuity of  
20 services.

21       15. The standard of care requires a physician to acknowledge and document a  
22 patient's allergies. Respondent deviated from the standard of care by failing to  
23 acknowledge and document TS's allergy to Vicryl sutures.

24       16. The standard of care requires a physician to timely respond and  
25 communicate with nursing staff when requested for orders or evaluation. Respondent

1 deviated from the standard of care by failing to respond to nursing staff regarding Patient  
2 CK's 1300cc blood loss.

3 17. There was actual patient harm in that the response to CK's blood loss was  
4 delayed.

5 18. There was potential for patient harm in that CG was at risk of significant  
6 maternal blood loss with shock and potential disseminated intravascular coagulation  
7 ("DIC"). Patients SB, RA, TS, HS, JT and KS were at risk of potential harm in that a delay  
8 in documentation could negatively affect continuity of care. Patient CK was at risk of  
9 significant additional blood loss without appropriate treatment.

10 19. On January 11-12, 2021, Respondent completed an intensive, in-person  
11 medical recordkeeping continuing medical education ("CME") course for 17 credit hours.

12 20. On April 8-10, 2021, Respondent completed an intensive, in-person CME  
13 course in Improving Inter-Professional Communications for Professionals for 19 credit  
14 hours.

15 21. On July 22-23, 2021, Respondent completed an additional intensive, in-  
16 person CME course in medical recordkeeping with a second provider for a total of 17  
17 credit hours.

### 18 **CONCLUSIONS OF LAW**

19 a. The Board possesses jurisdiction over the subject matter hereof and over  
20 Respondent.

21 b. The conduct and circumstances described above constitute unprofessional  
22 conduct pursuant to A.R.S. § 32-1401(27)(e) ("Failing or refusing to maintain adequate  
23 records on a patient.").

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1 c. The conduct and circumstances described above constitute unprofessional  
2 conduct pursuant to A.R.S. § 32-1401(27)(r) (“Committing any conduct or practice that is or  
3 might be harmful or dangerous to the health of the patient or the public.”).

4 **ORDER**

5 IT IS HEREBY ORDERED THAT:

- 6 1. Respondent is issued a Letter of Reprimand.  
7 2. Respondent is placed on probation for a period of 1 year with the following  
8 terms and conditions:

9 a. **Continuing Medical Records/Performance Improvement Plan**

10 Within six months of the effective date of this Order, Respondent shall complete the  
11 intensive, in-person medical recordkeeping course offered by the Center for Personalized  
12 Education for Physicians (“CPEP”). Respondent shall within 30 days of the date of this  
13 Order provide Board staff with satisfactory proof of enrollment. Upon completion of the  
14 CME, Respondent shall provide Board staff with satisfactory proof of attendance. The  
15 CME hours shall be in addition to the hours required for the renewal of licensure.

16 Within 30 days of successful completion of the CPEP CME, Respondent shall enroll  
17 in the Personalized Implementation Program (“PIP”) with successful completion.  
18 Respondent shall comply with any and all requirements and practice recommendations  
19 made by his PIP reviewer as well as follow any and all recommendations made for further  
20 education and/or remediation by the PIP, subject to the approval of the Board or its staff.  
21 Respondent shall provide Board staff with proof that he successfully completed the PIP.  
22 Respondent shall sign any and all consents or releases necessary to allow for CPEP to  
23 communicate to the Board directly. Respondent shall be responsible for the expenses of  
24 participation in the PIP, and shall notify the Board staff of enrollment in the PIP.

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1 Respondent shall not revoke any release prior to successful completion of the CME and  
2 PIP.

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5 **b. Obey All Laws**

6 Respondent shall obey all state, federal and local laws, all rules governing the  
7 practice of medicine in Arizona, and remain in full compliance with any court ordered  
8 criminal probation, payments and other orders.

9 **c. Tolling**

10 In the event Respondent should leave Arizona to reside or practice outside the  
11 State or for any reason should Respondent stop practicing medicine in Arizona,  
12 Respondent shall notify the Executive Director in writing within ten days of departure and  
13 return or the dates of non-practice within Arizona. Non-practice is defined as any period of  
14 time exceeding thirty days during which Respondent is not engaging in the practice of  
15 medicine. Periods of temporary or permanent residence or practice outside Arizona or of  
16 non-practice within Arizona, will not apply to the reduction of the probationary period.

17 **d. Probation Termination**

18 Prior to the termination of Probation, Respondent must submit a written request to  
19 the Board for release from the terms of this Order. Respondent's request for release will  
20 be placed on the next pending Board agenda, provided a complete submission is received  
21 by Board staff no less than 30 days prior to the Board meeting. Respondent's request for  
22 release must provide the Board with evidence establishing that he has successfully  
23 satisfied all of the terms and conditions of this Order. The Board has the sole discretion to  
24 determine whether all of the terms and conditions of this Order have been met or whether  
25 to take any other action that is consistent with its statutory and regulatory authority





1           6.       Notwithstanding any language in this Order, this Order does not preclude in  
2 any way any other State agency or officer or political subdivision of this state from  
3 instituting proceedings, investigating claims, or taking legal action as may be appropriate  
4 now or in the future relating to this matter or other matters concerning Respondent,  
5 including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent  
6 acknowledges that, other than with respect to the Board, this Order makes no  
7 representations, implied or otherwise, about the views or intended actions of any other  
8 state agency or officer or political subdivisions of the State relating to this matter or other  
9 matters concerning Respondent


10           7.       Upon signing this agreement, and returning this document (or a copy thereof)  
11 to the Board's Executive Director, Respondent may not revoke the consent to the entry of  
12 the Order. Respondent may not make any modifications to the document. Any  
13 modifications to this original document are ineffective and void unless mutually approved  
14 by the parties.

15           8.       This Order is a public record that will be publicly disseminated as a formal  
16 disciplinary action of the Board and will be reported to the National Practitioner's Data  
17 Bank and on the Board's web site as a disciplinary action.

18           9.       If any part of the Order is later declared void or otherwise unenforceable, the  
19 remainder of the Order in its entirety shall remain in force and effect.

20           10.      If the Board does not adopt this Order, Respondent will not assert as a  
21 defense that the Board's consideration of the Order constitutes bias, prejudice,  
22 prejudgment or other similar defense.

23           11.      ***Respondent has read and understands the terms of this agreement.***

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DANIEL HU, M.D.

DATED: 11/22/21

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EXECUTED COPY of the foregoing mailed  
this 2<sup>nd</sup> day of December, 2021 to:

Stephen Myers, Esq.  
Mitchell Stein Care Chapman, PC  
2 North Central Avenue #1450  
Phoenix, Arizona 85004  
Attorney for Respondent

ORIGINAL of the foregoing filed  
this 2<sup>nd</sup> day of December, 2021 with:

Arizona Medical Board  
1740 West Adams, Suite 4000  
Phoenix, Arizona 85007

Michelle Rodas  
Board staff