

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

In the Matter of:
Cara A. O'Connor, M.D.
License No.: 16321
(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 Cara A. O'Connor, M.D. (“Dr. O'Connor” or “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 September 4, 2013. Respondent holds license number 16321. Respondent practices pediatric medicine in Concord, New Hampshire.
3. On February 5, 2015, the Board received a complaint alleging, in part, medical negligence and failure to exercise reasonable care for the safety of SL during the delivery of her daughter, EL.

4. In response to this, the Board conducted an investigation and obtained information from various sources pertaining to Respondent's alleged misconduct.
5. Respondent stipulates that if a disciplinary hearing were to take place, Hearing Counsel would prove that Respondent engaged in professional misconduct, in violation of NH RSA 329:17, VI(c), by the following facts:
 - A. On August 15, 2014, Respondent became involved in the infant's care when the delivering physician requested Respondent to attend the emergency caesarean section. The delivering physician ordered the emergency caesarean section because of a sporadic fetal heart rate tracing and fetal bradycardia in the 60s.
 - B. The infant was born on August 15, 2014 at 4:01 a.m. following a severe uterine rupture.
 - C. Immediately upon birth, the infant was placed on the warmer and resuscitation efforts began. The infant had Apgar scores of 1, 3, 4, and 5. At first, the infant was limp with no heart rate and no respiratory effort. Respondent administered positive pressure ventilation via mask, which was successful.
 - D. Respondent first intubated the infant at 4:05 a.m., but then extubated the infant at 4:08 a.m. The Patient was re-intubated at 4:11 a.m. and at 4:13 a.m. it was documented the infant had a steady heart rate, pink skin color, and bilateral breath sounds. The oxygen saturation was 98%.
 - E. One minute later, it is documented that the infant's oxygen saturation levels decreased to 88% and her skin color became pale pink. Over approximately

the next fifty minutes, the infant's oxygen saturation levels continued to decrease and were repeatedly noted to be "labile" with values consistently found to be less than 90% and commonly less than 50%. There was no documentation regarding auscultation of the chest or stomach, capnography (ET-CO₂), bilateral breath sounds or chest rise, or condensation within the endotracheal tube. The heart rate remained at a normal level during this time period. Respondent adjusted and suctioned the ET Tube at 4:23 a.m.

- F. Respondent ordered a chest x-ray and the radiology technician obtained a single view at 4:34 a.m. The radiologist requested an additional view, which was completed at 4:54 a.m. The radiologist notified Respondent that the endotracheal tube was in the esophagus after receiving the second view. Respondent immediately extubated the infant thereafter, at approximately 5:04 a.m.
- G. After being re-intubated by Respondent at 5:17 a.m., the infant's oxygen saturation levels and skin color improved. A subsequent chest x-ray confirmed proper placement of the endotracheal tube.

6. The Board finds that Respondent committed the acts as described above and concludes that, Respondent violated RSA 329:17, VI (d), by failing to recognize the EL had been improperly intubated for an extended period of time.
7. Respondent acknowledges that this conduct constitutes grounds for the Board to impose disciplinary sanctions against Respondent's license to practice as a physician in the State of New Hampshire.

8. Respondent 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 five (5) hours of CONTINUING MEDICAL EDUCATION in the area of neonatal resuscitation. These hours shall be in addition to the hours required by the Board for renewal of licensure and shall be completed within one (1) year 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. 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.
 - D. 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 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 her 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 her 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 her choosing in connection with her 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 her 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 she signs this *Settlement Agreement*.
18. Respondent certifies that she has read this document titled *Settlement Agreement*. Respondent understands that she has the right to a formal adjudicatory hearing concerning this matter and that at said hearing she would possess the rights to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on her 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*, she 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: 5/28/18

Cara O'Connor
Cara A. O'Connor, M.D.
Respondent

Date: 4/5/18

Melissa Hanlon
Melissa Hanlon, Esq.
Counsel for Respondent

FOR THE BOARD/*

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

Date: 7/16/2018

Penny Taylor
(Signature)

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

Board members, recused:

David Conway, MD
Nina Gardner, Public Member