

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

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IN THE MATTER OF DISCIPLINARY :  
PROCEEDINGS AGAINST :  
 : FINAL DECISION AND ORDER  
GRAIG A. ADERS, M.D., :  
RESPONDENT. : **0003320**

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Division of Legal Services and Compliance Case No. 12 MED 381

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

Graig A. Aders, M.D.  
5593 Apricot Court.  
Greendale, WI 53129

Wisconsin Medical Examining Board  
P.O. Box 8366  
Madison, WI 53708-8366

Division of Legal Services and Compliance  
Department of Safety and Professional Services  
P.O. Box 7190  
Madison, WI 53707-7190

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 Graig A. Aders, M.D., (dob December 06, 1977), is licensed in the State of Wisconsin to practice medicine and surgery, having license number 56394-20, first issued on October 10, 2011, with registration current through October 31, 2015. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is 5593 Apricot Court, Greendale, Wisconsin 53129.

2. On October 3, 2012, at approximately 8:14 a.m., Patient A, a twenty-five year-old male, was admitted to a county-operated inpatient mental health facility under a petition for emergency detention.

3. Earlier that morning Patient A had gone to a neighbor's home dressed only in sleepwear, looking confused, drooling, and unresponsive. Police were called to Patient A's residence and observed the patient sliding down a stairwell on his stomach, feet first. Family members reported that Patient A had been fasting for four days, refusing food and water. Patient A refused to cooperate with police, insisted he did not need care, and declined to leave under his own volition. When police officers carried Patient A to an awaiting transport vehicle, Patient A offered no assistance and became "dead weight".

4. Police transported Patient A to a psychiatric crisis unit. At approximately 9:07 a.m., Dr. C.L. conducted a medical screening examination and found no obvious signs of severe head trauma, with "no new onset of sensorimotor deficits."

5. At 9:50 a.m., Dr. C.L. spoke with Patient A's mother and reported that since Patient A's last mental health emergency detention, he has become increasingly more bizarre, talking nonsense and seems to be having a breakdown or something. Patient A's mother also was noted as stating that after Patient A returned from the neighbor's house that morning, he had been laying on the floor at home and refusing to get up.

6. At 10:00 a.m., Dr. C.L. noted:

[Patient A] refuses transfer to a medical acute care hospital for medical clearance and given patient presentation as healthy, not delirious, seems well-nourished, will defer transfer to ER as patient seems likely to erupt or elope.

7. At 10:55 a.m., Dr. C.L. conducted an Abnormal Involuntary Movement Scale (AIMS) and documented that Patient A had normal movement of upper and lower extremities. Dr. C.L. also recorded that Patient A was a high elopement risk based upon his statement that if he was sent off-site for medical clearance he would leave.

8. Dr. C.L. diagnosed Patient A as suffering from psychosis, not otherwise specified.

9. At 2:45 p.m., Patient A was transferred to an inpatient unit, where he was anxious, restless, answered questions appropriately, but wanted to leave. A full physical assessment was not completed at that time because the nurse's shift was ending. The initial information was passed on to a relief nurse.

10. Patient A spent some time pacing around the nurses' station and walking around exploring the unit, checking doors to see if locked.

11. At approximately 5:30 p.m., a nursing assistant heard someone calling for help from Patient A's room. The nursing assistant found that a cardboard folder had been stuffed under the base of the door from within the room, preventing the nursing assistant from entering the room.

12. A registered nurse was able to get the door open. Patient A was lying on the floor, in a prone position.

13. An incident report generated at 5:40 p.m. indicated that Patient A said he had fallen, that he couldn't move his legs and asked to be sent to a specialty hospital to get checked out.

14. When Patient A reported a fall, Respondent was a third-year resident in psychiatry. On the date in question he was working independently in the psychiatric crisis services. Part of his duties included serving as the medical consultant to the acute inpatient unit.

15. At 6:25 p.m., Respondent documented:

Pt found by writer in room, Pt states he can't move, needs to go to hospital...Pt states he hit his head, but when asked where he won't respond...no trauma noted to head...Pt reports pain. [Patient A] is noted to turn head...Patient A] is noted to intermittently move left foot...refused to discuss reason for admission, repeats he wants to go to [a] hospital."

16. Based upon his assessment, Respondent determined that transfer of Patient A was unwarranted as the risk of elopement outweighed the need for further medical evaluation. Respondent concluded that it was highly unlikely that Patient A had a traumatic injury because Patient A had engaged in similar conduct with police, had concealed himself when the unwitnessed fall occurred, and had no signs of trauma "on brief exam."

17. Based on concerns about Respondent's fasting, Respondent recommended a complete blood count and automated differential count, as well as a complete metabolic panel, stat.

18. Respondent recommended follow-up with the "medical" team the next day.

19. Had Respondent decided to refer Patient A off-site for evaluation, the inpatient treatment facility's policies allowed for security staff to accompany patients who were elopement risks.

20. Respondent failed to document the specific examination he performed to assess Patient A's report that he could not feel his legs.

21. The applicable standard for medical care in response to a report of an unwitnessed fall, with a blow to the head and restricted ability to control lower extremities, required Respondent to perform and document a thorough physical examination before concluding it was "highly unlikely" that the symptoms were the result of a physical condition. Alternatively the standard required referral to another physician equipped to make that determination.

22. In failing to comply with the standard for medical care as set out in paragraph 21, Respondent created an unacceptable risk that Patient A would suffer severe injury or death due to undiagnosed physical condition.

23. A physical examination and the findings of the examination constitute pertinent medical information that were, under the circumstances of this case, minimal requirements of a patient health care record.

24. Respondent neither admits nor denies these allegations, any of the facts contained herein, or the Conclusions of Law. Respondent has voluntarily consented to resolution of this matter pursuant to the parties' Stipulation.

#### 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. Respondent Graig A. Aders, M.D., violated Wis. Admin. Code § Med 10.02(2)(h)<sup>1</sup> by failing to conduct an adequate physical examination of Patient A, post unwitnessed fall. Respondent's conduct created an unacceptable risk of severe injury or death due to undiagnosed physical condition.

3. Respondent Graig A. Aders, M.D., violated Wis. Admin. Code § Med 10.02(2)(za) by failing to create and maintain patient health care records consistent with the requirements of Wis. Admin. Code ch. Med 21.

4. As a result of the above conduct, Graig A. Aders, M.D., is subject to discipline pursuant to Wis. Stat. § 448.02(3).

#### ORDER

1. The attached Stipulation is accepted.
2. Graig A. Aders, M.D., (license number 56394-20) has demonstrated successful completion of the following relevant education, which the Board deems acceptable:
  - a. Neurological Emergencies: Case Studies in Critical Diagnoses, sponsored by Harvard Medical School, Department of Continuing Education, approved for 4 hours of AMA PRA Category 1 credits.
  - b. Risk Management Essentials: Documentation, sponsored by Medical Risk Management, Inc., accredited by the Accreditation Council for Continuing Medical Education, approved for 10 hours of AMA PRA Category 1 credits.
  - c. In May 2014, Respondent has, upon his own initiative, modified his residency education to include an elective rotation on the Neurology Consult Service at the Zablocki VA Medical Center in West Allis, Wisconsin, and has provided proof of satisfactory performance there.
3. Within 90 days from the date of this Order, Graig A. Aders, M.D., shall pay COSTS of this matter in the amount of \$3,000.00.

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<sup>1</sup> Note: All references to Wis. Admin. Code § Med 10.02(2) refer to the Code as it existed before October 1, 2013.

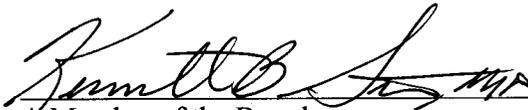
4. Payment of costs (made payable to the Wisconsin Department of Safety and Professional Services) shall be sent by Respondent to the Department Monitor at the address below:

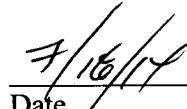
Department Monitor  
Division of Legal Services and Compliance  
Department of Safety and Professional Services  
P.O. Box 7190, Madison, WI 53707-7190  
Telephone (608) 267-3817; Fax (608) 266-2264  
DPSMonitoring@wisconsin.gov

5. Violation of any of the terms of this Order, including failure to pay costs as ordered, may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit payment of costs as ordered or fails to submit proof of successful completion of the ordered education as set forth above, Respondent's license (no. 56394-20) may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with payment of the costs and completion of the education.

6. This Order is effective on the date of its signing.

WISCONSIN MEDICAL EXAMINING BOARD

by:   
A Member of the Board

  
Date

STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY  
PROCEEDINGS AGAINST

GRAIG A. ADERS, M.D.,  
RESPONDENT.

:  
:  
:  
:  
:

STIPULATION

0003320

Division of Legal Services and Compliance Case No. 12 MED 381

Respondent Graig A. Aders, M.D., and the Division of Legal Services and Compliance, Department of Safety and Professional Services stipulate as follows:

1. This Stipulation is entered into as a result of a pending investigation by the Division of Legal Services and Compliance. Respondent neither admits nor denies the alleged facts and conclusions of law. However, Respondent consents to the resolution of this investigation by Stipulation.

2. Respondent understands that by signing this Stipulation, Respondent voluntarily and knowingly waives the following rights:

- the right to a hearing on the allegations against Respondent, at which time the State has the burden of proving those allegations by a preponderance of the evidence;
- the right to confront and cross-examine the witnesses against Respondent;
- the right to call witnesses on Respondent's behalf and to compel their attendance by subpoena;
- the right to testify on Respondent's own behalf;
- the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision;
- the right to petition for rehearing; and
- all other applicable rights afforded to Respondent under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and other provisions of state or federal law.

3. Respondent is aware of Respondent's right to seek legal representation and has been provided an opportunity to obtain legal counsel before signing this Stipulation. Respondent is represented by Attorney Michael Russart.

4. Respondent agrees to the adoption of the attached Final Decision and Order by the Wisconsin Medical Examining Board (Board). The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall then be returned to the Division of Legal Services and Compliance for further proceedings. In the event that the Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Legal Services and Compliance and any member of the Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of Respondent, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with deliberations on the Stipulation. Additionally, any such advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

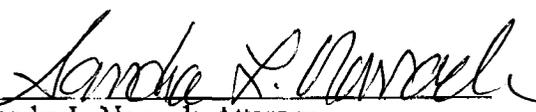
7. The parties know, understand and agree that this Stipulation is relevant only to the proceedings currently before the Medical Examining Board.

8. Respondent is informed that should the Board adopt this Stipulation, the Board's Final Decision and Order is a public record and will be published in accordance with standard Department procedure.

9. The Division of Legal Services and Compliance joins Respondent in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

  
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 Graig A. Aders, M.D., Respondent  
 5593 Aprieot Court.  
 Greendale, WI 53129  
 License no. 56394-20

6-18-14  
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 Date

  
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 Sandra L. Nowack, Attorney  
 State Bar Number 1025643  
 Department of Safety and Professional Services  
 Division of Legal Services and Compliance  
 P.O. Box 7190  
 Madison, WI 53707-7190  
 Tel. (608) 266-8098  
[sandra.nowack@wisconsin.gov](mailto:sandra.nowack@wisconsin.gov)

6/20/14  
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 Date