



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
*Commissioner
NYS Department of Health*

Dennis P. Whalen
*Executive Deputy Commissioner
NYS Department of Health*

Dennis J. Graziano, Director
Office of Professional Medical Conduct

William P. Dillon, M.D.
Chair

Denise M. Bolan, R.P.A.
Vice Chair

Ansel R. Marks, M.D., J.D.
Executive Secretary

February 14, 2002

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Ida A. Campagna, M.D.
c/o Lawrence J. Vilardo, Esq.
Connors and Vilardo, LLP
1020 Liberty Street
420 Main Street
Buffalo, New York 14202

RE: License No. 154118

Dear Dr. Campagna:

Enclosed please find Order #BPMC 02-57 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect February 14, 2002.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order to Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Lawrence J. Vilardo, Esq.
Connors and Vilardo, LLP
1020 Liberty Building
420 Main Street
Buffalo, New York 14202

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

**IN THE MATTER
OF
IDA M. CAMPAGNA, M.D.**

**CONSENT
ORDER**

BPMC No. 02-57

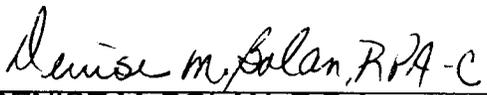
Upon the proposed agreement of IDA M. CAMPAGNA, M.D. (Respondent), for Consent Order, which application is made a part hereof, it is agreed to and

ORDERED, that the application and the provisions thereof are hereby adopted and so ORDERED, and it is further

ORDERED, that this order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to Respondent at the address set forth in this agreement or to Respondent's attorney by certified mail, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 2/10/02


DENISE M. BOLAN, R.P.A.
Vice-Chair
State Board for Professional
Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

**IN THE MATTER
OF
IDA M. CAMPAGNA, M.D.**

**CONSENT
AGREEMENT
AND
ORDER**

IDA M. CAMPAGNA, M.D. (Respondent), representing all statements herein made to be true, deposes and says:

That on or about May 13, 1983, I was licensed to practice as a physician in the State of New York, having been issued License No. 154118 by the New York State Education Department.

My current address is 40 Indian Trail, Williamsville, New York 14221, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with Sixteen Specifications of professional misconduct.

A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

I do not contest the First Specification concerning Factual Allegations B.2, E.1, and G in full satisfaction of the charges against me.

I hereby agree to the following penalty: a one year license suspension which shall be fully stayed contingent on my full compliance during a probationary period of three years with the Terms of Probation annexed hereto, made a part hereof, and marked as Exhibit "B."

I further agree that the Consent Order for which I hereby apply shall impose the following conditions:

That, except during periods of actual suspension, Respondent shall maintain active registration of Respondent's license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and will continue while the licensee possesses her license; and

That Respondent shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of all matters regarding Respondent. Respondent shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall meet with a person designated by the Director of OPMC as directed. Respondent shall respond promptly and provide any and all documents and information within Respondent's control upon the direction of OPMC. This condition shall be in effect beginning upon the effective date of the Consent Order and will continue while the licensee possesses her license.

I hereby stipulate that any failure by me to comply with such conditions shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that in the event I am charged with professional misconduct in the future, this agreement and order shall be admitted into evidence in that proceeding.

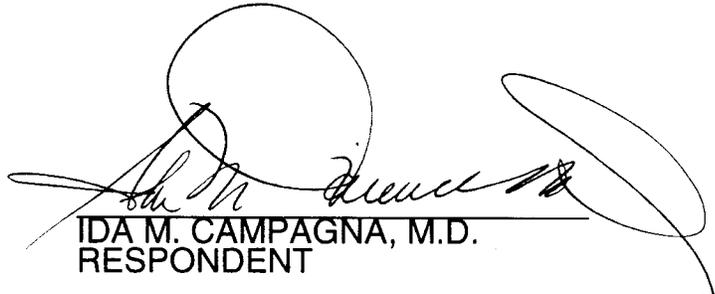
I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict confidence, and such denial by the Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same. I agree that such order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to me at the address set forth in this agreement, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Consent Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

DATE: 01/14/02


IDA M. CAMPAGNA, M.D.
RESPONDENT

The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

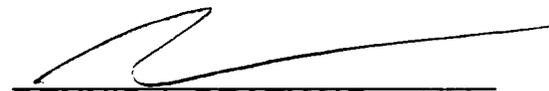
DATE: 1/21/02


LAWRENCE J. VILARDO
Attorney for Respondent

DATE: 1/25/02


KEVIN P. DONOVAN
Associate Counsel
Bureau of Professional
Medical Conduct

DATE: 2/06/02


DENNIS J. GRAZIANO
Director
Office of Professional
Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----X

IN THE MATTER : STATEMENT
OF : OF
IDA CAMPAGNA, M.D. : CHARGES

-----X

IDA CAMPAGNA, M.D., the Respondent, was authorized to practice medicine in New York State on or about May 13, 1983, by the issuance of license number 154118 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Respondent treated Patient A (patients are identified in the attached Appendix A), at her office and during an admission beginning October 1, 1998, at Sisters of Charity Hospital, Buffalo, New York. Patient A was pregnant with an estimated date of confinement (EDC) of December 18, 1998, and was admitted for a surgical procedure on an ovary. Respondent's care and treatment of Patient A did not meet acceptable standards of care in that:

1. Respondent failed to plan, order, or write orders for adequate pre-operative and/or post-operative monitoring of Patient A's fetus.
2. Respondent failed to timely return to assess the patient and her fetus after post-operative fetal bradycardia, drop in maternal blood pressure, and maternal tachycardia.

B. Respondent treated Patient B at her office and during an admission beginning February 27, 1995, at Sisters of Charity Hospital. Patient B was pregnant with an EDC of March 9, 1995. Respondent's care and treatment of Patient B did not meet acceptable standards of care in that:

1. Respondent induced labor without adequate indication and with a cervix noted as thick, 70%, and -4 station.
2. Respondent diagnosed the patient as having pregnancy induced hypertension and moderate toxemia without adequate justification.
3. Respondent used an epidural too soon into labor with a high station and inadequate cervical dilatation.
4. Respondent failed to perform a timely cesarean section despite non-reassuring fetal heart monitoring results.

C. Respondent treated Patient C at her office and during an admission beginning October 27, 1997, at Sisters of Charity Hospital. Patient C was pregnant with an EDC of November 19, 1997. Respondent's care and treatment of Patient C did not meet acceptable standards of care in that:

1. Respondent failed to timely and adequately perform or record an evaluation of Patient C for blood pressure of 140/100, edema, and proteinuria, on or about October 22, 1997.
2. Respondent failed to perform adequate evaluation, monitoring, or documentation when Aldomet was prescribed to Patient C.
3. Respondent induced labor in Patient C on or about October 27, 1997, without adequate indication.

D. Respondent treated Patient D at her office and during admissions at Sisters of Charity Hospital. Patient D was pregnant with an EDC of August 22, 1997. Respondent's care and treatment of Patient D did not meet acceptable standards of care in that:

1. Respondent failed to perform or record appropriate evaluation and/or treatment of Patient D on or around February 17, 1997, after findings of 4+ albumin, fetal heart rate of 202, no weight gain during the last two weeks, shortness of breath and dry cough.
2. Respondent failed to appropriately comment on or counsel Patient D concerning her blood pressure of 132/90 on August 6, 1997.
3. Respondent failed to perform or record timely and adequate evaluation of Patient D on or around August 13, 1997, when she was found to have a blood pressure of 133/100.
4. Respondent failed to perform or record timely and adequate evaluation of Patient D on or around August 20, 1997, when she was found to have a blood pressure of 138/100.

E. Respondent treated Patient E at her office and during admissions to Sisters of Charity Hospital during multiple pregnancies. Respondent's care and treatment of Patient E did not meet acceptable standards of care in that:

1. During Patient E's pregnancy with an EDC of March 30, 1989, Respondent failed to perform or record an appropriate response to an elevated glucose test dated January 16, 1989.
2. During Patient E's pregnancy with an EDC of October 16, 1996, Respondent failed to perform or record timely evaluation and monitoring of Patient E for possible gestational diabetes early in her pregnancy.
3. During Patient E's pregnancy with an EDC of October 16, 1996, Respondent failed to perform or record appropriate monitoring of Patient E's blood sugar levels during the latter portion of her pregnancy, and after receiving an abnormal GTT (glucose tolerance test).
4. During Patient E's pregnancy with an EDC of October 16, 1996, Respondent failed to perform or record appropriate evaluation of fetal well-being after 36 weeks gestation.

F. Respondent treated Patient F at her office and during admissions to Sister of Charity Hospital, during multiple pregnancies. Respondent's care and treatment of Patient F did not meet acceptable standards of care in that:

1. During Patient F's pregnancy with an EDC of March 9, 1995, Respondent inappropriately administered prostaglandin gel and Pitocin to Patient F, who had three prior cesarean sections.
2. During Patient F's pregnancy with an EDC of March 9, 1995, Respondent attempted vaginal birth after cesarean section (VBAC) despite a cervix noted as thick and one centimeter dilated, a high station, and three prior cesarean sections.
3. During Patient F's pregnancy with an EDC of March 9, 1995, Respondent did not obtain or record appropriate informed consent before administering prostaglandin gel and Pitocin to Patient F, and attempting a VBAC.
4. During Patient F's pregnancy with an EDC of July 11, 1996, Respondent inappropriately administered prostaglandin gel and Pitocin to Patient F, who had three prior cesarean sections.

5. During Patient F's pregnancy with an EDC of July 11, 1996, Respondent attempted vaginal birth after cesarean section (VBAC) despite a cervix that was thick and one centimeter dilated, -3 or -2 station, and three prior cesarean sections.
6. During Patient F's pregnancy with an EDC of July 11, 1996, Respondent did not obtain or record appropriate informed consent before administering prostaglandin gel and Pitocin to Patient F, and attempting a VBAC.

G. Respondent treated Patient G at her office and during an admission beginning May 20, 1995, at Sisters of Charity Hospital. Patient G was pregnant with an EDC of June 4, 1995. Respondent's care and treatment of Patient G did not meet acceptable standards of care in that Respondent performed a cesarean section on or about May 20, 1995, without having or recording adequate indication.

SPECIFICATIONS OF MISCONDUCT

FIRST SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with practicing the profession with negligence on more than one occasion within the meaning of New York Education Law § 6530(3), in that Petitioner charges two or more of the following:

1. The facts of paragraphs A and A.1, A and A.2, B and B.1, B and B.2, B and B.3, B and B.4, C and C.1, C and C.2, C and C.3, D and D.1, D and D.2, D and D.3, D and D.4, E and E.1, E and E.2, E and E.3, E and E.4, F and F.1, F and F.2, F and F.3, F and F.4, F and F.5, F and F.6 and/or G.

SECOND SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with practicing the profession with incompetence on more than one occasion within the meaning of New York Education Law § 6530(5), in that Petitioner charges two or more of the following:

2. The facts of paragraphs A and A.1, A and A.2, B and B.1, B and B.2, B and B.3, B and B.4, C and C.1, C and C.2, C and C.3, D and D.1, D and D.2, D and D.3, D and D.4, E and E.1, E and E.2, E and E.3, E and E.4, F and F.1, F and F.2, F and F.3, F and F.4, F and F.5, F and F.6 and/or G.

THIRD THROUGH NINTH SPECIFICATIONS

GROSS NEGLIGENCE

Respondent is charged with practicing the profession with gross negligence within the meaning of New York Education Law § 6530(4), in that Petitioner charges:

3. The facts of paragraphs A and A.1 and/or A and A.2.
4. The facts of paragraphs B and B.1, B and B.2, B and B.3 and/or B and B.4.
2. The facts of paragraphs C and C.1, C and C.2 and/or C and C.3.
3. The facts of paragraphs D and D.1, D and D.2, D and D.3 and/or D and D.4.
4. The facts of paragraphs E and E.1, E and E.2, E and E.3 and/or E and E.4.
8. The facts of paragraphs F and F.1, F and F.2, F and F.3, F and F.4., F and F.5 and/or F and F.6.
9. The facts of paragraph G.

TENTH SPECIFICATION

GROSS INCOMPETENCE

Respondent is charged with practicing the profession with gross incompetence within the meaning of New York Education Law § 6530(6), in that Petitioner charges:

10. The facts of paragraphs A and A.1, A and A.2, B and B.1, B and B.2, B and B.3, B and B.4, C and C.1, C and C.2, C and C.3, D and D.1, D and D.2, D and D.3, D and D.4, E and E.1, E and E.2, E and E.3, E and E.4, F and F.1, F and F.2, F and F.3, F and F.4, F and F.5, F and F.6 and/or G.

ELEVENTH THROUGH SIXTEENTH SPECIFICATIONS

FAILURE TO MAINTAIN ADEQUATE RECORDS

Respondent is charged with failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient within the meaning of New York Education Law § 6530(32), in that Petitioner charges:

11. The facts of paragraphs A.1.
12. The facts of paragraphs C and C.1 and/or C and C.2.
13. The facts of paragraphs D and D.1, D and D.2, D and D.3 and/or D and D.4.
14. The facts of paragraphs E and E.1, E and E.2, E and E.3 and/or E and /E.4.
15. The facts of paragraphs F and F.3 and/or F and F.6.
16. The facts of paragraph G.

DATED: *January 25*, 2002
Albany, New York


PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional
Medical Conduct

EXHIBIT "B"

Terms of Probation

1. Respondent shall conduct herself in all ways in a manner befitting her professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by her profession. Respondent acknowledges that if she commits professional misconduct as enumerated in New York State Education Law §6530 or §6531, those acts shall be deemed to be a violation of probation and that an action may be taken against Respondent's license pursuant to New York State Public Health Law §230(19).
2. Respondent shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299; said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.
3. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by New York State. This includes but is not limited to the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive Law section 32].
4. The period of probation shall be tolled during periods in which Respondent is not engaged in the active practice of medicine in New York State. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in or intends to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more. Respondent shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon Respondent's return to practice in New York State.
5. Respondent's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with Respondent and her staff at practice locations or OPMC offices.

6. Respondent shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. Respondent's office and hospital progress notes shall contain her medical reasoning concerning her evaluation and treatment of patients. The medical records shall contain all information required by State rules and regulations regarding controlled substances.
7. Respondent's practice of obstetrics shall be limited concerning high risk obstetrical patients as follows:
 - a. If a patient becomes high risk before term, the patient's care shall be transferred to an appropriate physician; if the patient becomes high risk at term, Respondent shall obtain and document in the medical record a consult from an appropriate physician.
 - b. At a minimum, a high risk patient shall include:
 1. High blood pressure, including chronic hypertension, pregnancy induced hypertension, and preeclampsia.
 2. Diabetes, including pre-existing and gestational diabetes.
 3. Multiple gestation.
 4. Post term pregnancy.
 5. Preterm labor episodes in present pregnancy.
 6. Unexplained abnormal MSAFP screening test.
 7. Fetal abnormality.
 8. Unresolved placenta previa.
 9. Abnormal fetal presentation at term or during labor
 10. Maternal age of 40 or older.
 11. Maternal age of 16 or younger.
 12. Previous classical cesarean section.
 13. Labor management of previous low transverse cesarean section (VBAC).
 14. Intrauterine growth restriction/retardation (IUGR).
 15. Maternal illegal drug use or regular use of alcohol or tobacco.
 16. Known thrombophilia (increased risk of blood clotting) i.e.: Leiden V mutation, etc.
 17. Morbid obesity, excessive weight gain in pregnancy or maternal malnutrition.
 18. Previous major uterine surgery such as full thickness fibroid resection.
 19. Poor Ob history:
 - Previous preterm delivery
 - Previous incompetent cervix
 - Recurrent spontaneous abortions
 - Previous 2nd or 3rd trimester fetal deaths
 - Previous deep vein thrombosis in pregnancy or while on oral contraceptives
 - Serious pre-existing medical condition.
 - c. If Respondent is uncertain as to whether a patient falls within any of the categories set forth in paragraph 7(b), she shall seek and document in the medical record the advice of her practice monitor, or

a Board certified ob/gyn if the monitor is not available in a timely manner.

8. Respondent shall notify patients at the first antenatal visit that she manages high risk obstetrical patients as set forth in term number 7 of these Terms of Probation.
9. Respondent shall not perform more than 120 deliveries per year.
10. Within 60 days of the effective date of this order, Respondent shall have a written coverage agreement with another obstetrical medical practice signed by both her and the covering practice. The coverage agreement shall have the prior written approval of the Director of OPMC. No participant in the covering practice may be the practice monitor, discussed below. Respondent shall not travel to Canada without having coverage in effect.
11. Respondent shall personally attend all deliveries except when her practice is being covered by another physician pursuant to the terms of the written coverage agreement.
12. Respondent shall enroll in and successfully complete at least 60 hours of continuing medical education (CME) in the area of obstetrics during the period of probation, which shall be subject to the prior written approval of the Director of OPMC. 20 hours of the CME must be completed within 12 months of the effective date of this order, 20 additional hours by the 24th month after the effective date of this order, and the final 20 credit hours by the 36th month.
13. Within 30 days of the effective date of the Order, Respondent shall practice medicine only when monitored in accordance with the provisions of paragraphs 13.a, 13.b, and 13.c, by a licensed physician, board certified in obstetrics and gynecology, ("practice monitor") proposed by Respondent and subject to the prior written approval of the Director of OPMC. Practice beyond 30 days without a practice monitor is the unauthorized practice of medicine.
 - a. Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection of records (no fewer than 25) maintained by Respondent, including patient records, prescribing information and office records. Some of the records reviewed should include high risk patients. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care and the terms of this order. Any perceived deviation

from either or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.

- b. Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
 - c. Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC, concerning the monitor's observations concerning Respondent's practice.
 - d. Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice under this requirement for a practice monitor.
14. Respondent shall comply with all terms, conditions, restrictions, limitations and penalties to which she is subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against Respondent as may be authorized pursuant to the law.