

CASE PRESENTATION

Case Number:
98-07-0058MD

Date: October 15, 1998
Presented by: Bill N. Crowell, PA-C

Respondent: Pamela Gee Silverstein, MD

Complainant: Physicians Insurance Exchange

CASE SUMMARY

The Respondent: Is a 48-year-old Board Certified Obstetrician and Gynecologist, who has been licensed in the State of Washington since January 1981.

The Complainant: Malpractice Insurance Carrier

Malpractice Settlement: \$200,000.

The Complaint: Medical negligence.

Case Review: Alleged improper management of a post-surgical patient, which brought about the development of a septic-like condition. This, in turn, aggravated a pre-existing undiagnosed cardiac abnormality, that led to the death of a 38-year-old married female patient.

The Respondent replies through her attorney saying that the patient had a long history of pelvic pain unresponsive to conservative treatment. On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis, and to perform laparoscopic nerve ablation.

The Respondent goes on to say the procedure went without incident. However, after the procedure, the patient displayed persistent discomfort and was kept in the hospital overnight for observation. The Respondent notes that on the following morning, January 14, 1995, an ultrasound that she had ordered showed fluid in the patient's abdomen. The Respondent adds that she and another physician, who was board certified in general surgery, immediately took the patient to surgery, where a small puncture of a knuckle of adheses bowel in the area of the umbilicus was identified and easily oversewn. The Respondent comments that the general surgeon then undertook postoperative management of the patient.

The Respondent states that when she rounded on the patient that evening, the patient was in stable condition. However, as the evening progressed, the patient's condition started to deteriorate, despite the interventions of the general surgeon to raise the patient's blood pressure. The patient subsequently progressed into cardiac failure and died.

The Respondent notes that the cause of the patient's death, within so few hours after the bowel repair was a matter of considerable dispute. The Respondent goes on to say it was determined the patient had suffered a complete and discrete failure of her left ventricle.

The Respondent adds that while the plaintiffs alleged the patient's problems occurred as a result of sepsis from the bowel perforation, there are those specialists in the area of cardiac function, critical care, and infectious disease control, who concluded that sepsis was in no way related to the patient's bizarre left ventricular failure. The cause remains unknown.

Prior Cases:

#94-03-0002MD. Malpractice report indicating a \$38,500 settlement for ureteral obstruction during surgery. The Respondent performed a bilateral salpingo-oophorectomy on a 41-year-old patient. About 3 weeks later, the patient began to complain of abdominal fullness. An obstructed right ureter with a secondary retroperitoneal urinoma was found and drained percutaneously. Two months later a ureteroureterostomy repair was done with the patient apparently doing well subsequently. Closed no cause for action.

#95-02-0011MD. Patient alleged that the Respondent did not provide an anesthetic prior to performing a D&C. Closed no cause for action.

Health Professions Section 5
**Transmittal Sheet To
 Legal Unit**



FROM: <input checked="" type="checkbox"/> IRP <input type="checkbox"/> CASESTAFFING <input type="checkbox"/> PROGRAM	RCM: PAXTON	MC: HEYE
CASE NUMBER: 98-07-0058MD	DATE LEGAL RECEIVED: 10-26-98	DATE ASSIGNED: 10-27-98
RESPONDENT LAST NAME: SILVERSTEIN,	FIRST: PAMELA	MIDDLE INITIAL: G
		CODE (UDA): 4
PRIORITY: <input type="checkbox"/> 1-HIGH <input checked="" type="checkbox"/> 2-MEDIUM <input type="checkbox"/> 3-LOW		
STAFF ATTORNEY ASSIGNED: STICKLER IRVIN		
REQUESTED ACTION: <input checked="" type="checkbox"/> LEGAL REVIEW <input type="checkbox"/> ADD TO OTHER CASES <input type="checkbox"/> EXPERT REVIEW <input type="checkbox"/> STID ORDERED		
<input type="checkbox"/> CHARGES ORDERED <input type="checkbox"/> RSA ORDERED <input type="checkbox"/> RETURNED FROM INVESTIGATIONS		

Respondent: Silverstein, Pamela Gee
Case #: 98-07-0058MD
IRP Presenter: Crowell

MEDICAL QUALITY ASSURANCE COMMISSION
Initial Review Panel
Case Assignment Transmittal

Date: 10/15/98

- To: _____ Legal _____, Staff Attorney
_____ Investigations
_____ Licensing Manager
_____ Medical Consultant
_____ Case Coordinator
_____ Compliance Officer

The following action was ordered by the Initial Review Panel at the 10/15/98 meeting:

- | | |
|--|--|
| <input type="checkbox"/> Close "no cause for action" | <input type="checkbox"/> Close with letter of concern |
| <input type="checkbox"/> Close "no jurisdiction" | <input type="checkbox"/> Close no jurisdiction. To local Medical Society |
| <input type="checkbox"/> Administrative closure | <input type="checkbox"/> Expert Review by _____ |
| <input checked="" type="checkbox"/> To RCM _____ | <input type="checkbox"/> Legal Review |
| <input type="checkbox"/> Close "below threshold" | |

_____ Further investigation concerning _____

_____ Practice review with emphasis on _____

_____ Other _____

Special Instructions: _____

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS SECTION 5
MEMORANDUM

DATE: September 21, 1998
TO: Chief Investigator James H. Smith
FROM: Tim Slavin, Investigator
SUBJECT: Pamela Gee Silverstein, MD
#98-07-0058MD
RE: Returning case for review.

The Washington State Medical Quality Assurance Commission received a mandatory insurance report from the Physicians Insurance Exchange Company which indicated a \$200,000.00 settlement concerning the Respondent, Pamela Gee Silverstein, M.D. See page 1. A copy of the patient's 2 - Healthcare Information ... medical records accompanied the case. See Attachments 1, pages 1-261.

This case alleges that the Respondent improperly managed a post-surgical patient, which brought about the development of a septic-like condition. This in turn, aggravated a pre-existing undiagnosed cardiac abnormality, that led to the death of a 38-year-old married female patient.

The Investigator's Review Panel Member requests an investigator to obtain a statement from the Respondent concerning her care of this patient.

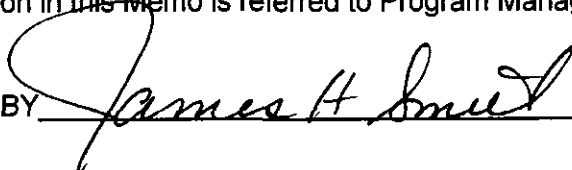
On 07-31-98, I mailed the Respondent's letter of cooperation. See pages 3-4. The Respondent was asked to provide a statement concerning her care of 2 - Healthcare Information

On 09-01-98, I received Attorney Michael J. Myers' faxed Notice of Appearance. See page 5.

On 09-11-98, I received Mr. Myers' faxed two-page statement which was prepared on behalf of the Respondent's reply of her care given to this patient in this mandatory malpractice report. See pages 9-10.

The information in this Memo is referred to Program Management for review.

APPROVED BY



DATE

9/23/98

ACTIVITY REPORT

<u>Date</u>	<u>Activity</u>
1. 07-28-98	Program Management letter to the Respondent. See page 2.
2. 07-31-98	Received & reviewed.
3. 07-31-98	Contacted Respondent's office manger, Ms. Dawn by phone. Infomed Ms. Dawn of my inquiry concerning malpractice report and that I would mail a letter to Dr. Silverstein which would ask her for a statement concerning the care provided to 2 - Healthcare Infor... . Ms. Dawn stated that respondent would provide me a statement. End of conversation. (509) 747-1055.
4. 07-31-98	Mailed Respondent's letter of cooperation. See pages 3-4.
5. 09-01-98	8:31 a.m., Received phone call from paralegal, Cheryl Overby. Ms. Overby informed me that she would fax me Mr. Myers' Notice of Appearance and a brief statement indicating that I had granted an extension until 09-11-98. Gave my fax #. End of conversation.
6. 09-01-98	Received Mr. Myers' faxed Notice of Appearance. See page 5.
7. 09-01-98	Received Mr. Myers' original Notice of Appearance & mailing envelope. See page 6.
8. 09-11-98	Received Mr. Myers' faxed statement. See pages 8-10.
9. 09-14-98	Received Mr. Myers' original statement & mailing envelope. See pages 11-13.
10. 09-21-98	Computer time in writing the Memorandum.

SUMMARY OF PREVIOUS CASES

Case #94-03-0002MD-Malpractice report indicating a \$38,500.00 settlement for ureteral obstruction during surgery. The respondent performed a bilateral salpingo-oophorectomy on a 41 year-old patient. About three weeks later the patient began to complain of abdominal fullness. An obstructed right ureter with secondary retroperitoneal urinoma was found and drained percutaneously. Two months later a ureteroureterostomy repair was done with the patient apparently doing well subsequently. MDB closed case. NCFA.

Case #95-02-0011MD-Patient complaint alleging that the Respondent did not provide an anesthesia prior to performing a D&C. MDB closed case. NCFA.

WASHINGTON STATE MEDICAL DISCIPLINARY BOARD
REQUEST FOR INVESTIGATIVE SERVICES

TO: *Medical Investigations Unit*

FROM: *Cindy Hamilton, Intake Coordinator*

PHONE: *586-2710*

DATE: *7-29-98*

CASE #: *98-07-0058MO*

RESPONDENT: *Silverstein, Pamela G.*

LOCATION: *Spokane*

DATE ASSIGNED: *7/29/98*

PRIORITY: *3* CODE: *04*

INVESTIGATOR ASSIGNED: *Tim*

BACKGROUND COMMENTS

INITIAL ASSESSMENT REVIEW
Case Number: 98-07-0058MD

Date: July 28, 1998

Presented by: Bill N. Crowell, PA-C

Respondent: Pamela G. Silverstein, MD

Complainant: Physicians Insurance Exchange

CASE SUMMARY

The Respondent: Is a 48-year-old Board Certified Obstetrician and Gynecologist, who has been licensed in the State of Washington since January 1981.

The Complainant: Malpractice Insurance Carrier

Malpractice Settlement: \$200,000.

The Complaint: Medical negligence.

Complaint Review: Alleged improper management of a post-surgical patient, which brought about the development of a septic-like condition. This, in turn, aggravated a pre-existing undiagnosed cardiac abnormality, that led to the death of a 38-year-old married female patient.

Prior Cases: #94-03-0002MD and #95-02-0011MD.

Code: 04

Notification: Yes

Investigative Plan:

- Already have copy of patient records from insurance company.
- Respondent's statement

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS QUALITY ASSURANCE DIVISION - SECTION 5

INTAKE SHEET

Respondent Information

Case No: 98-07-0058MD Case Opened: 07/28/1998
Case ID: 10565
Name: Pamela Gee Silverstein, MD Lic/Cert/Reg No: MD00018869 Issued: 1/12/1981
Address: 910 W 5th Avenue, Suite 510 D.O.B.: 9/30/1949 Expires: 9/30/1998
Spokane, WA 99204 Soc Sec No:
School Attended: Baylor Coll of Med; Houston, TX Year Completed: 1974
Specialty: Obstetrics and Gynecology Board Certified: Yes

Complainant Information

Name: Physicians Insurance Exchange
Address: 1730 Minor Avenue, Suite 1800 Seattle, WA 98101-1499

Companion Case Information (other Respondent)

Previous Case Information (same respondent)

Case No: 94-03-0002MD Case Disposition: Closed Reason Closed: NCFA
Complainant: Physician Insurance
Case No: 95-02-0011MD Case Disposition: Closed Reason Closed: NCFA
Complainant:

***Steps:**

A=Assess I=Investigating LR=Legal Review F=Final Action
RM = Reviewing Member LD=Legal Drafting LS = Legal Service
S=Settlement LP=Legal Prehearing RAG=Legal Support

RPT002 07/28/1998

Page 1 of 1

✓98-07-0058MD

MEDICAL BOARD

crh0303

INDIVIDUAL NAME

LAST SILVERSTEIN

FIRST PAMELA

MIDDLE GEE

RESIDENCE INFORMATION

910 W 5TH AVE, SUITE 510

SPOKANE, WA 99204

PHONE: () -
() -

COUNTY: 32
LGL ST:

NOTES

ASSESSMENT SYSTEMS, INC.

REAL SYSTEM

(JR, SR, III)

07-28-98

V2.5.18

10:51:05 AM

REFERENCE # MD00018869

SOC SEC NUM - -

+--ADDITIONAL INFORMATION-----+

SEX F = MARRIED Y =

OTHER NAME
CORP. OFFICER =
TRUST ACCOUNT

BIRTH PLACE
DATE 09-30-1949

SCHOOL CODE 048-04
CE UNITS 0.00 REQD BY 09-30-2000

+-----+

+-----+
CURRENT STATUS: A D EXPIRATION DATE: 09-30-1998 FIRST ISSUE DATE: 01-12-1981

RENEWAL STATUS: Z LAST ACTIVE DATE: - - LAST RENEWAL DATE: 09-26-1997

COMPLAINTS O/C: 0/ 2 AUTHORITY:

+-----+

98-07-0058MD
MEDICAL BOARD
crh0303

ASSESSMENT SYSTEMS, INC.
REAL SYSTEM

V2.5.18

07-28-98
10:51:28 AM

CASE NUMBER	COMPLAINANT	COMPLAINT DATE	INVESTIGATOR	TYPE	STATUS
94030002	PHYSICIAN INSURANCE	03-01-1994			CLOSED
95020011	<small>3 - Identity - Whistleblower Reg...</small>	02-03-1995		13	CLOSED

RANDALL & DANSKIN, P.S.

ATTORNEYS AND COUNSELORS

1500 SEAFIRST FINANCIAL CENTER
601 WEST RIVERSIDE AVENUE
SPOKANE, WASHINGTON 99201-0683

TELEPHONE (509) 747-2052

TELECOPIER (509) 624-2528

C. D. RANDALL (1885-1967)
F. B. DANSKIN (1888-1971)
A. A. LUNDIN (1914-1976)
G. L. KIMER (1918-1986)

PAUL J. ALLISON (WA)
ROBERT T. CARTER (WA, ID, OR)
OF COUNSEL

KEITH D. BROWN (WA, ID)
ANTHONY E. GRABICKI (WA, ID)
PETER J. GRABICKI (WA, ID, TX)
ROBERT P. HALEY (WA, ID, CA)
TIMOTHY C. KRISUL (WA, ID)
DAVID A. KULISCH (WA, CA)
MICHAEL J. MYERS (WA, ID)
DONALD K. QUERNA (WA, ID)
CAROLE L. ROLANDO (WA)
DOUGLAS J. SIDDOWAY (WA, ID, NY)
LAUREL H. SIDDOWAY (WA, ID, NY)
MICHAEL L. WOLFE (WA, CA)

March 26, 1999

Ms. Rosemary J. Irvin
Attorney at Law
Department of Health
P.O. Box 47866
Olympia, Washington 98504-7866

Re: Pamela Silverstein, M.D.
Docket No. 99-02-A-1088MD/Program No. 98-07-0058MD
Our File No. 13695

Dear Ms. Irvin:

Since my letter of February 23, 1999, I have not had any further contact with your office, but want to be sure that you have all you need from Dr. Silverstein.

Dr. Silverstein is concerned about the status of this matter and is very interested in resolving it fairly and informally. She appreciates the opportunity to resolve this matter by a stipulation to informal disposition if that is necessary. For that reason I want to reiterate our concerns about the present documents.

The Statement of Allegations and Summary of Evidence lists "medical records of patient A" and "respondent's statement provided by Michael J. Myers, attorney of record". Dr. Silverstein is in complete agreement with those paragraphs as being an accurate and factual summary of what occurred. She cannot therefore sign a stipulation which suggests that she does not admit any of those facts. Further, if her signing of the stipulation is construed as an admission that the above-referenced "evidence" constitutes unprofessional conduct that likewise poses problems. One of the concerns is that the Statement of Allegations and Summary of Evidence is no more specific than a listing of the above documents and the statement that the facts included in these documents constitute negligence, malpractice, or grounds for discipline. I think a re-reading of the documents will show you my point.

I hope that the additional information I have provided to you about the facts of this case, will obviate the need for even a stipulation to informal disposition. If not, I would be pleased to work

1.1.2 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle/ of the heart.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4).

Respondent alleges that the patient care referred to in paragraph 1.1.1 and 1.1.2 does not constitute unprofessional conduct, negligence or malpractice.

a violation of RCW 18.130.180(4) and does not constitute

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent admits the facts regarding care set forth in 1.1.1 and 1.1.2 above but contends that the care referenced therein was in accord with the standard of care required of her. This

Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct, or inability to practice, malpractice,

RANDALL & DANSKIN, P.S

601 West Riverside Avenue, Suite 1500

Spokane, Washington 99201-0653

Phone: (509) 747-2052

Facsimile: (509) 624-2528

FACSIMILE MESSAGE — PLEASE DELIVER PROMPTLY

TO: Rosemary Irvin
Dept. of Health**FAX NO.:** 360-586-0745**FROM:** Michael J. Myers**DATE:** April 8, 1999**TIME:** 10:21 AM**RE:** Pamela Silverstein, MD
Our File: 13695**TOTAL NUMBER OF PAGES (including cover):** 2

MESSAGE:

Please see attached. It is Dr. Silverstein's plan to attend all portions of the meeting which deal with complications of gynecologic endoscopy, a significant portion of which is being presented by one of our retained experts, Dr. Richard Soderstrom.

Hard copy to be mailed this date: YES | | NO [x]**FAX OPERATOR:** Cheryl**Telephone Number for Verification of Transmission:** (509) 747-2052**Telecopier Number:** (509) 624-2528

CONFIDENTIALITY NOTICE: The document(s) accompanying this facsimile transmission contain(s) confidential information belonging to the sender which is legally privileged. The information is intended only for the use of the individual or entity stated on this form. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please immediately notify us by telephone (collect, if necessary) to arrange for disposition of the original documents.



**Global Congress of
Gynecologic Endoscopy
AAGL 28th Annual Meeting**

November 7-11, 1999

Bally's Hotel & Casino • Las Vegas, Nevada

Please note that this year's Global Congress on Gynecologic Endoscopy/AAGL 28th Annual Meeting will be held Sunday, November 7 (registration) through Thursday, November 11, 1999 at Bally's Hotel & Casino in Las Vegas. If you haven't already received your copy of the Call for Papers and would like to submit an abstract or video, please contact the AAGL office today, or visit our website at www.aagl.com. Deadline for abstracts and videos is **March 31, 1999**.

* * * COMMUNICATION RESULT REPORT (APR. 9.1999 10:07AM) * * *

TTI MEDICAL QA COMMISSION

FILE MODE	OPTION	ADDRESS (GROUP)	RESULT	PAGE
258 MEMORY TX		8-561827-2065478994	OK	P. 2/2

REASON FOR ERROR

E-1) HANG UP OR LINE FAIL
E-3) NO ANSWER

E-2) BUSY

E-4) NO FACSIMILE CONNECTION

04/08/99 THU 10:27 FAX 509 624 2528

RANDALL&DANSKIN

001

RANDALL & DANSKIN, P.S

601 West Riverside Avenue, Suite 1500

Spokane, Washington 99201-0653

Phone: (509) 747-2052

Facsimile: (509) 624-2528

FACSIMILE MESSAGE — PLEASE DELIVER PROMPTLY**TO:** Rosemary Irvin
Dept. of Health**FAX NO.:** 360-586-0745**FROM:** Michael J. Myers**DATE:** April 8, 1999**TIME:** 10:21 AM**RE:** Pamela Silverstein, MD
Our File: 13695

TOTAL NUMBER OF PAGES (including cover): 2

MESSAGE:

To: "Jansen, Maryella E.", "Heye, George H.", "Creighton, Vicki I.", "Smith, James H."
Cc: "Bahn, Michael L.", "Irvin, Rosemary J.", "Farrell, Michael L." @ SPO1.WA-DOH, "Bradley, Carolyn J.", "Batdorf, Casandra E."
From: Kelly, Gerald D.
Subject: Stapleton
Date: 04/02/1999 Time: 4:13PM

To All: The following case has been reassigned from SA Irvin to Bahn:

STAPLETON, ROSS B. 98-06-0066MD RCM - CHAVELLE SA - BAHN

Gerald D. Kelly
Lead Staff Attorney
Health Professions Section 5
1300 SE Quince Street
Olympia, WA 98504-7866
(360) 236-4810
Email: gdk0303@doh.wa.gov
FAX: (360) 586-0745

* * * COMMUNICATION RESULT REPORT (APR.12.1999 5AM) * * *

TTI MEDICAL QA COMMISSION

FILE MODE	OPTION	ADDRESS (GROUP)	RESULT	PAGE
270	MEMORY TX	8-342705-5099256830	OK	P. 7/7

REASON FOR ERROR

E-1) HANG UP OR LINE FAIL
E-3) NO ANSWERE-2) BUSY
E-4) NO FACSIMILE CONNECTION

Facsimile Cover Sheet

To: Jan Paxton, PA-C**Company:** Reviewing Commission Member**Phone:** (509) 925-6828/ 925-3151**Fax:** (509) 925-6830**From:** Rosemary Irvin, Attorney**Office:** Health Professions Quality

Assurance Division, Section 5 Legal

Department of Health

PO Box 47866

Olympia WA 98504-7866

Phone: (360) 236-4812**Fax:** (360) 586-0745**Date:** 4/12/99**Pages including this cover page:** 7 pages. Please review this for final approval. Cas will fix the spacing

Facsimile Cover Sheet

To: Jan Paxton, PA-C
Company: Reviewing Commission Member
Phone: (509) 925-6828/ 925-3151
Fax: (509) 925-6830

From: Rosemary Irvin, Attorney
Office: Health Professions Quality
Assurance Division, Section 5 Legal
Department of Health
PO Box 47866
Olympia WA 98504-7866
Phone: (360) 236-4812
Fax: (360) 586-0745

Date: 4/12/99
Pages including this cover page: 7 pages. Please review this for final approval. Cas will fix the spacing, etc. on the document.

The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above. If you received this in error, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this message in error, please notify us by telephone immediately.

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to)
Practice as a Physician and Surgeon of) Docket No.
)
) **STIPULATION TO INFORMAL**
PAMELA G. SILVERSTEIN, M.D.) **DISPOSITION**
License No. 18869)
)
Respondent.)

Section 1: STIPULATION

The parties to the above-entitled matter stipulate as follows:

1.1 Pamela G. Silverstein, M.D., Respondent, is informed and understands that the Program Manager, of the Commission, on designation by the Commission, has made the following allegations:

1.1.1 Patient A had a long history of pelvic pain unresponsive to conservative treatment. On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis of Patient A and to perform laparoscopic nerve ablation on Patient A. After the procedure, Patient A displayed persistent discomfort and was kept in the hospital overnight for observation. On the morning of January 14, 1995, the Respondent ordered an ultrasound, which showed fluid in Patient A's abdomen. Respondent, along with another board-certified surgeon, immediately took Patient A to surgery. A small puncture of a knuckle of adhesed bowel in the area of the umbilicus was identified and easily oversewn. The second general surgeon undertook postoperative management of the patient.

1.1.2 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4). Respondent alleges that the patient care referred to in paragraph 1.1.1 and 1.1.2 does not constitute unprofessional conduct, negligence or malpractice.

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent admits the facts regarding care set forth in 1.1.1 and 1.1.2 above but contends that the care referenced therein was in accord with the standard of care required of her. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. It is not subject to the reporting requirements of RCW 18.130.110 or any interstate/national reporting requirement.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

Section 2: INFORMAL DISPOSITION

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition:

2.1 The Respondent shall attend the Global Congress of Gynecologic Endoscopy in Las Vegas, Nevada on November 7-11, 1999. Within 30 consecutive days of completing attendance at the Meeting, Respondent shall submit to the Department of Health, Medical Quality Assurance Commission, a detailed report of information covered at the meeting, with particular attention

given to the information regarding complications from gynecologic endoscopy. Respondent shall report what she learned by attending the Meeting, how she intends to apply what she has learned, and how she anticipates this will affect her future practice. Any necessary absences from the Meeting, except for unanticipated emergencies, shall be subject to prior approval by the Commission or its designee.

2.2 Within six months for the effective date of this Order, the Respondent shall pay to the Department of Health, Medical Quality Assurance, \$1000 (one thousand dollars) for the recovery of costs in this matter. Payment shall be made to the following address:

Department of Health
Accounting Department
Post Office Box 1099
Olympia, Washington 98507-1099

I, Pamela Gee Silverstein, M.D., Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

Pamela Gee Silverstein, M.D.
Respondent

Date

Attorney for Respondent

Date

Section 3: ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED this ____ day of _____, 199__.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Panel Chair

Presented by:

Rosemary J. Irvin WSB#8137
Department of Health Staff Attorney

Date

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

**** Program No.98-07-0058MD**

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.17.310(1)(d) and 18.19.100.

Patient A:

* * * COMMUNICATION RESULT REPORT (APR.12.1999 2:01 PM) * * *

TTI MEDICAL QA COMMISSION

FILE MODE	OPTION	ADDRESS (GROUP)	RESULT	PAGE
283	MEMORY TX	8-342705-5096242528	OK	P. 7/7

REASON FOR ERROR

E-1) HANG UP OR LINE FAIL
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E-4) NO FACSIMILE CONNECTION

Facsimile Cover Sheet

To: Michael Myers, Attorney
Company: Randall & Danskin, P.S.
Phone: (509) 747-2052
Fax: (509) 624-2528

From: Rosemary Irvin, Attorney
Office: Health Professions Quality
 Assurance Division, Section 5 Legal
 Department of Health
 PO Box 47866
 Olympia WA 98504-7866
Phone: (360) 236-4812
Fax: (360) 586-0745
 Casandra Batdorf, Paralegal
Phone: (360)236-4808

Facsimile Cover Sheet

To: Michael Myers, Attorney
Company: Randall & Danskin, P.S.
Phone: (509) 747-2052
Fax: (509) 624-2528

From: Rosemary Irvin, Attorney
Office: Health Professions Quality
Assurance Division, Section 5 Legal
Department of Health
PO Box 47866
Olympia WA 98504-7866
Phone: (360) 236-4812
Fax: (360) 586-0745

Casandra Batdorf, Paralegal
Phone: (360)236-4808

Date: April 12, 1999

Pages including this cover page:

8 This is the final copy approved by the RCM. Please note the modifications to section 2.1. We will be FedEx'ing it to you today. Please FedEx it to the address given so that we have the original by Wed., if at all possible. If that is not possible, please send a faxed copy for presentation. Thanks

(except for format modifications)

The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above. If you received this in error, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this message in error, please notify us by telephone immediately.

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to)
Practice as a Physician and Surgeon of) Docket No.
)
) STIPULATION TO INFORMAL
PAMELA G. SILVERSTEIN, M.D.) DISPOSITION
License No. 18869)
)
Respondent.)

Section 1: STIPULATION

The parties to the above-entitled matter stipulate as follows:

1.1 Pamela G. Silverstein, M.D., Respondent, is informed and understands that the Program Manager, of the Commission, on designation by the Commission, has made the following allegations:

1.1.1 Patient A had a long history of pelvic pain unresponsive to conservative treatment. On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis of Patient A and to perform laparoscopic nerve ablation on Patient A. After the procedure, Patient A displayed persistent discomfort and was kept in the hospital overnight for observation. On the morning of January 14, 1995, the Respondent ordered an ultrasound, which showed fluid in Patient A's abdomen. Respondent, along with another board-certified surgeon, immediately took Patient A to surgery. A small puncture of a knuckle of adhered bowel in the area of the umbilicus was identified and easily oversewn. The second general surgeon undertook postoperative management of the patient.

1.1.2 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4).

Respondent alleges that the patient care referred to in paragraph 1.1.1 and 1.1.2 does not constitute unprofessional conduct, negligence or malpractice.

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent admits the facts regarding care set forth in 1.1.1 and 1.1.2 above but contends that the care referenced therein was in accord with the standard of care required of her. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. It is not subject to the reporting requirements of RCW 18.130.110 or any interstate/national reporting requirement.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

Section 2: INFORMAL DISPOSITION

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition:

2.1 The Respondent shall attend the Global Congress of Gynecologic Endoscopy in Las Vegas, Nevada on November 7-11, 1999. Any necessary absences from the Meeting, except for unanticipated emergencies, shall be subject to prior approval by the Commission or its designee.

Within 30 consecutive days of completing attendance at the Meeting, Respondent shall submit to the Department of Health, Medical Quality Assurance Commission, a detailed written report of information covered at the meeting, with particular attention given to the information regarding complications from gynecologic endoscopy. Respondent shall report what she learned by attending the Meeting, how she intends to apply what she has learned, and how she anticipates this will affect her future practice. For compliance of this provision, the written report must be reviewed and approved for sufficiency by the Medical Quality Assurance Commission or its designee.

2.2 Within six months for the effective date of this Order, the Respondent shall pay to the Department of Health, Medical Quality Assurance, \$1000 (one thousand dollars) for the recovery of costs in this matter. Payment shall be made to the following address:

Department of Health
Accounting Department
Post Office Box 1099
Olympia, Washington 98507-1099

I, Pamela Gee Silverstein, M.D., Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

Pamela Gee Silverstein, M.D.
Respondent

Date

Attorney for Respondent

Date

Section 3: ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED this ____ day of _____, 199__.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Panel Chair

Presented by:

Rosemary J. Irvin WSB#8137
Department of Health Staff Attorney

Date

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

**** Program No.98-07-0058MD**

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.17.310(1)(d) and 18.19.100.

Patient A:

FedEx

Federal Express

EXPRESS SHIPPING LABEL
FOR USE BY POWER RATED CUSTOMERS ONLY

246

ART 148394 Rev. 7/96 UBFW 4/97
1990-96 Federal Express Corporation

00512/010002187311
Sender's Account Number
1297-4911-3

952 9234 653

FedEx

952 9234 653

CUSTOMER PACKAGE TRACKING NUMBER — PULL UP PURPLE TAB

From Ship Date

Rosemary Frvin
STATE OF WA/DEPT OF HEALTH
1300 SE QUINCE STREET DEPT 303
OLYMPIA WA 98504

To (If Hold for Pickup, Print FEDEX Address Here) (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.)

Michael J. Myers
Randall E. Wanskin
1500 Sea First Financial Center
601 West Riverside Ave
Release No. Phone No.
Sookane WA 99201-0653

Reference Info
62502600

Routing Code

SVC. CODE	Priority Overnight Service				Standard Overnight Service			Econ. Two-Day	FedEx Express						
	1- Your Pkg	2- FedEx Letter	3- FedEx Pak	4- FedEx Box	7- FedEx Letter	8- FedEx Pak	9- FedEx Tube	5- Svc.	83- Saver Freight						
WEIGHT	DECLARED VALUE	SPECIAL HANDLING CODES		1- HOLD FOR PICK-UP		2- DELIVER WEEK-DAY		3- DELIVER SATURDAY		4- DANGEROUS GOODS		5- DRY ICE		6- 10	

SENDER'S COPY



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

April 12, 1999

Michael J. Myers
Randall & Danskin
Attorneys at Law
1500 SeaFirst Financial Center
601 West Riverside Avenue
Spokane, WA 99201-0653

Re: Pamela Silverstein, M.D.
Program No. 98-07-0058MD

Dear Mr. Myers:

Enclosed is the final version of the Stipulation to Informal Disposition which incorporates the suggested changes. Please have your client sign where indicated, and return the Stipulation to Maryella Jansen, Program Manager, as soon as possible. The commission meeting is scheduled for April 15.

If you have any questions or concerns, please contact Rosemary at (360) 236-4812, or you may contact me at (360) 236-4808.

Sincerely,

Cassandra Batdorf
Paralegal

Enclosures



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to)	
Practice as a Physician and Surgeon of	)	Docket No. 99-02-A-1088MD
)	
PAMELA G. SILVERSTEIN, M.D.	)	STIPULATION TO INFORMAL
<i>License No. 18869</i>	)	DISPOSITION
)	
Respondent.)	

Section 1: STIPULATION

The parties to the above-entitled matter stipulate as follows:

1.1 Pamela G. Silverstein, M.D., Respondent, is informed and understands that the Program Manager, of the Commission, on designation by the Commission, has made the following allegations:

1.1.1 Patient A had a long history of pelvic pain unresponsive to conservative treatment. On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis of Patient A and to perform laparoscopic nerve ablation on Patient A. After the procedure, Patient A displayed persistent discomfort and was kept in the hospital overnight for observation. On the morning of January 14, 1995, the Respondent ordered an ultrasound, which showed fluid in Patient A's abdomen. Respondent, along with another board-certified surgeon, immediately took Patient A to surgery. A small puncture of a knuckle of adhered bowel in the area of the umbilicus was identified and easily oversewn. The second general surgeon undertook postoperative management of the patient.

1.1.2 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4). Respondent alleges that the patient care referred to in paragraph 1.1.1 and 1.1.2 does not constitute unprofessional conduct, negligence or malpractice.

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent admits the facts regarding care set forth in 1.1.1 and 1.1.2 above but contends that the care referenced therein was in accord with the standard of care required of her. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. It is not subject to the reporting requirements of RCW 18.130.110 or any interstate/national reporting requirement.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

Section 2: INFORMAL DISPOSITION

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition:

2.1 The Respondent shall attend the Global Congress of Gynecologic Endoscopy in Las Vegas, Nevada on November 7-11, 1999. Any necessary absences from the Meeting, except for unanticipated emergencies, shall be subject to prior approval by the Commission or its designee. Within 30 consecutive days of completing attendance at the Meeting, Respondent shall submit to the Department of Health, Medical Quality Assurance Commission, a detailed written report of information covered at the meeting, with particular attention given to the information regarding complications from gynecologic endoscopy. Respondent shall report what she learned by

attending the Meeting, how she intends to apply what she has learned, and how she anticipates this will affect her future practice. For compliance of this provision, the written report must be reviewed and approved for sufficiency by the Medical Quality Assurance Commission or its designee.

2.2 Within six months for the effective date of this Order, the Respondent shall pay to the Department of Health, Medical Quality Assurance, \$1000 (one thousand dollars) for the recovery of costs in this matter. Payment shall be made to the following address:

Department of Health
Accounting Department
Post Office Box 1099
Olympia, Washington 98507-1099

I, Pamela Gee Silverstein, M.D., Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

Pamela Gee Silverstein, M.D.
Respondent

Date

Attorney for Respondent

Date

Section 3: ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED this ____ day of _____, 199__.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Panel Chair

Presented by:

Rosemary J. Irvin WSB#8137
Department of Health Staff Attorney

Date

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

**** Program No.98-07-0058MD**

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.17.310(1)(d) and 18.19.100.

Patient A: 2 - Healthcare Information R...

RANDALL & DANSKIN, P.S.

ATTORNEYS AND COUNSELORS

1500 SEAFIRST FINANCIAL CENTER

601 WEST RIVERSIDE AVENUE

SPOKANE, WASHINGTON 99201-0653

TELEPHONE (509) 747-2052

TELECOPIER (509) 624-2528

KEITH D. BROWN (WA, ID)
ANTHONY E. GRABICKI (WA, ID)
PETER J. GRABICKI (WA, ID, TX)
ROBERT P. HAILEY (WA, ID, CA)
TIMOTHY C. KRSUL (WA, ID)
DAVID A. KULISCH (WA, CA)
MICHAEL J. MYERS (WA, ID)
DONALD K. QUERNA (WA, ID)
CAROLE L. ROLANDO (WA)
DOUGLAS J. SIDDOWAY (WA, ID, NY)
LAUREL H. SIDDOWAY (WA, ID, NY)
MICHAEL L. WOLFE (WA, CA)

C. D. RANDALL (1885-1967)
F. B. DANSKIN (1889-1971)
A. A. LUNDIN (1914-1976)
G. L. KIMER (1918-1988)

RECEIVED

APR 07 1999

LEGAL UNIT

PAUL J. ALLISON (WA)
ROBERT T. CARTER (WA, ID, OR)
OF COUNSEL

April 5, 1999

Ms. Rosemary J. Irvin
Attorney at Law
Department of Health
P.O. Box 47866
Olympia, Washington 98504-7866

VIA FAX (360) 586-0745
AND REGULAR MAIL

Re: Pamela Silverstein, M.D.
Docket No. 99-02-A-1088MD/Program No. 98-07-0058MD
Our File No. 13695

Dear Ms. Irvin:

Enclosed find a draft of suggested changes to paragraphs 1.2, 1.6 and 2.1 of the Stipulation to Informal Disposition. Hopefully you will give these your consideration. Please don't hesitate to contact me to discuss the matter further.

Very truly yours,

RANDALL & DANSKIN, P.S.



Michael J. Myers

MJM/ss

Enclosure

\\13695\mqac06

1.2 Respondent is informed and understands that the Commission has alleged that the conduct describe above, if proven, would constitute a violation of RCW 18.130.180(4). Respondent alleges that the patient care referred to in paragraph 1.1.1 and 1.1.2 does not constitute unprofessional conduct, negligence or malpractice.

1.6 Respondent admits the facts regarding care set forth in 1.1.1 and 1.1.2 above but contends that the care referenced therein was in accord with the standard of care required of her. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

2.1 Within 90 days of the acceptance of this Stipulation to Informal Disposition, Respondent shall provide the Commission a paper discussing the complications of laparoscopic surgery, including needle and trocar injuries and other complications of operative intervention. The paper shall be of sufficient content to exhibit satisfactory knowledge and understanding of those topics. The paper shall also explain how the Respondent applies the knowledge referenced in that paper to her practice, and how she anticipates such knowledge may affect her future practice.

[Respondent requests that the provisions for payment set forth in paragraph 2.2 be deleted.]

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to)	
Practice as a Physician and Surgeon of	)	Docket No. 99-02-A-1008MD
)	
	)	STIPULATION TO INFORMAL
PAMELA G. SILVERSTEIN, M.D.	)	DISPOSITION
License No. 18869MD)	
)	
Respondent.)	

Section 1: STIPULATION

The parties to the above-entitled matter stipulate as follows:

1.1 Pamela G. Silverstein, M.D., Respondent, is informed and understands that the Program Manager, of the Commission, on designation by the Commission, has made the following allegations:

1.1.1 Patient A had a long history of pelvic pain unresponsive to conservative treatment. On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis of Patient A and to perform laparoscopic nerve ablation on Patient A. After the procedure, Patient A displayed persistent discomfort and was kept in the hospital overnight for observation. On the morning of January 14, 1995, the Respondent ordered an ultrasound, which showed fluid in Patient A's abdomen. Respondent, along with another board-certified surgeon, immediately took Patient A to surgery. A small puncture of a knuckle of adhered bowel in the area of the umbilicus was identified and easily oversewn. The second general surgeon undertook postoperative management of the patient.

1.1.2 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4).

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent does not admit any of the allegations in the Statement of Allegations and Summary of Evidence or in paragraph 1.1 above. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. It is not subject to the reporting requirements of RCW 18.130.110 or any interstate/national reporting requirement.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of

Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160..

Section 2: INFORMAL DISPOSITION

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition:

2.1 Within twelve months of acceptance of this Stipulation to Informal Disposition, Respondent shall attend twenty hours of continuing medical education on the topic of complications of laparoscopic surgery, including trocar injuries and other complications of operative intervention. Within 14 consecutive days of completion of the education course(s), Respondent shall submit to the Department of Health, Medical Quality Assurance Commission, a detailed report(s) of information covered in the CME(s), what Respondent has learned by attending the CME(s), how she intends to apply what she has learned, and how she anticipates this will affect his future practice.

2.2 Within six months for the effective date of this Order, the Respondent shall pay to the Department of Health, Medical Quality Assurance, \$1000 (one thousand dollars) for the recovery of costs in this matter. Payment shall be made to the following address:

Department of Health
Accounting Department
Post Office Box 1099
Olympia, Washington 98507-1099

I, Pamela Gee Silverstein, M.D., Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

Pamela Gee Silverstein, M.D.
Respondent

Date

Attorney for Respondent

Date

Section 3: ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED this ____ day of _____, 199__.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Panel Chair

Presented by:

Rosemary J. Irvin WSB#8137
Department of Health Staff Attorney

Date

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

**** Program No. 98-07-0058MD**



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

April 29, 1999

Pamela Gee Silverstein, MD
910 W 5th Avenue, Suite 510
Spokane, WA 99204

SUBJECT: Pamela Gee Silverstein, MD
Case No: 98-07-0058MD

Dear Dr. Silverstein:

The Medical Quality Assurance Commission considered a medical malpractice payment report.

After careful consideration of the records and information obtained during its investigation, the Medical Quality Assurance Commission has determined to close this case no cause for action because risk is minimal and not likely to reoccur. However, this case may be reconsidered if additional information is received that warrants further investigation. The complainant will also be advised of the decision to close this case.

Thank you for your cooperation in this matter. If you have any questions, please feel free to contact me at (360) 236-4792.

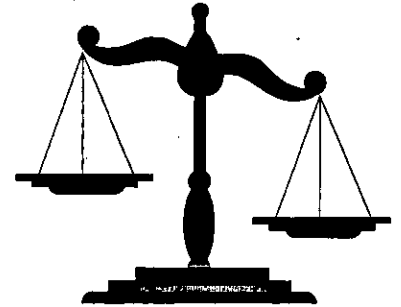
Respectfully,

COPY

Maryella Jansen, Program Manager
Medical Quality Assurance Commission

Health Professions Section 5

Transmittal Sheet From Legal Unit



TO: PROGRAM	RCM: DAXTON	MC: HEVE
CASE NUMBER: 98-02-0058 MD	DATE LEGAL FORWARDED: 4-21-99	
RESPONDENT LAST NAME: SILVERSTEIN	FIRST: PAMELA	MIDDLE INITIAL: GEE
PRIORITY: <input type="checkbox"/> 1-HIGH	<input type="checkbox"/> 2-MEDIUM	<input type="checkbox"/> 3-LOW
STAFF ATTORNEY: IRVIN		
REASON FOR FORWARDING: <input type="checkbox"/> SEND TO REVIEWING COMMISSION MEMBER <input type="checkbox"/> FURTHER INVESTIGATION <input type="checkbox"/> TRANSFERRED TO AAG		
CASE COMPLETION: <input checked="" type="checkbox"/> CLOSED, NO CAUSE FOR ACTION STID REJECTED	<input type="checkbox"/> CLOSED, NO JURISDICTION	<input type="checkbox"/> CLOSED, WITH LETTER OF CONCERN
<input type="checkbox"/> STID ACCEPTED	<input type="checkbox"/> RSA ACCEPTED	<input type="checkbox"/> AGREED ORDER ACCEPTED
<input type="checkbox"/> LICENSE APPLICATION GRANTED	<input type="checkbox"/> COMMISSION ORDER ISSUED	<input type="checkbox"/> DEFAULT ORDER

Request for Scheduling

Date of Request: 4-13-99

To: Maryella Jansen, Disciplinary Manager

From: Legal Unit

Please Schedule: Respondent's Name: Pamela Silverstein, M.D.
Case Number: 98-07-0058MD

- Check One: Stipulation & Agreed Order
 Stipulation of Informal Disposition
 Retired Status Agreement
 Withdrawal of Charges
 Other:

For Presentation at the April meeting,
by Rosemary Iwan

Preferred Session: A.M. P.M.

Reviewing Commission Member: Jean Paxton

Staff Attorney: RJI

AAG Prosecutor: _____

Respondent's Attorney: Michael Myers
Randall C. Drentkin
500 Sea First Financial Center
601 West Riverside Ave
Spokane WA 99201-0653

Respondent's Address: _____

Has Waiver of Notice of Presentation Been Signed? Yes No

NOTE: If waiver has not been signed and there is not time for appropriate notice to be sent (20 days), you will need to provide a signed waiver of presentation before this matter can be scheduled. If waiver is not obtained, the matter will be scheduled for the next meeting.

PLEASE ATTACH ORIGINAL DOCUMENT TO THIS REQUEST

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to)	
Practice as a Physician and Surgeon of	)	Docket No. 99-02-A-1088MD
)	
	)	STIPULATION TO INFORMAL
PAMELA G. SILVERSTEIN, M.D.	)	DISPOSITION
License No. 18869)	
)	
Respondent.)	

Section 1: STIPULATION

The parties to the above-entitled matter stipulate as follows:

1.1 Pamela G. Silverstein, M.D., Respondent, is informed and understands that the Program Manager, of the Commission, on designation by the Commission, has made the following allegations:

1.1.1 Patient A had a long history of pelvic pain unresponsive to conservative treatment. On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis of Patient A and to perform laparoscopic nerve ablation on Patient A. After the procedure, Patient A displayed persistent discomfort and was kept in the hospital overnight for observation. On the morning of January 14, 1995, the Respondent ordered an ultrasound, which showed fluid in Patient A's abdomen. Respondent, along with another board-certified surgeon, immediately took Patient A to surgery. A small puncture of a knuckle of adhered bowel in the area of the umbilicus was identified and easily oversewn. The second general surgeon undertook postoperative management of the patient.

1.1.2 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4).

Respondent alleges that the patient care referred to in paragraph 1.1.1 and 1.1.2 does not constitute unprofessional conduct, negligence or malpractice.

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent admits the facts regarding care set forth in 1.1.1 and 1.1.2 above but contends that the care referenced therein was in accord with the standard of care required of her. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. It is not subject to the reporting requirements of RCW 18.130.110 or any interstate/national reporting requirement.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

Section 2: INFORMAL DISPOSITION

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition:

2.1 The Respondent shall attend the Global Congress of Gynecologic Endoscopy in Las Vegas, Nevada on November 7-11, 1999. Any necessary absences from the Meeting, except for unanticipated emergencies, shall be subject to prior approval by the Commission or its designee. Within 30 consecutive days of completing attendance at the Meeting, Respondent shall submit to the Department of Health, Medical Quality Assurance Commission, a detailed written report of information covered at the meeting, with particular attention given to the information regarding complications from gynecologic endoscopy. Respondent shall report what she learned by

attending the Meeting, how she intends to apply what she has learned, and how she anticipates this will affect her future practice. For compliance of this provision, the written report must be reviewed and approved for sufficiency by the Medical Quality Assurance Commission or its designee.

2.2 Within six months for the effective date of this Order, the Respondent shall pay to the Department of Health, Medical Quality Assurance, \$1000 (one thousand dollars) for the recovery of costs in this matter. Payment shall be made to the following address:

Department of Health
Accounting Department
Post Office Box 1099
Olympia, Washington 98507-1099

I, Pamela Gee Silverstein, M.D., Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

Pamela Gee Silverstein MD

Pamela Gee Silverstein, M.D.
Respondent

4/13/99
Date

Carole R. Palauco
D. Randall and Silverstein P.S.
Attorneys for Respondent

April 13, 1999
Date

Section 3: ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED this _____ day of _____, 199__.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Panel Chair

Presented by:

Rosemary J. Irvin WSB#8137
Department of Health Staff Attorney

Date

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

**** Program No. 98-07-0058MD**

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.17.310(1)(d) and 18.19.100.

Patient A:

RANDALL & DANSKIN, P.S.

ATTORNEYS AND COUNSELORS

1500 SEAFIRST FINANCIAL CENTER
601 WEST RIVERSIDE AVENUE
SPOKANE, WASHINGTON 99201-0653

TELEPHONE (509) 747-2052

TELECOPIER (509) 624-2528

C. D. RANDALL (1888-1927)
F. D. DANSKIN (1899-1971)
A. A. LUNDIN (1814-1876)
G. L. KIMER (1810-1886)PAUL J. ALLISON (WA)
ROBERT T. CARTER (WA, ID, OR)
OF COUNSELKEITH D. BROWN (WA, ID)
ANTHONY E. GRABICKI (WA, ID)
PETER J. GRABICKI (WA, ID, TX)
ROBERT P. HAILEY (WA, ID, CA)
TIMOTHY C. KRSUL (WA, ID)
DAVID A. KULISCH (WA, CA)
MICHAEL J. MYERS (WA, ID)
DONALD K. QUERNA (WA, ID)
CAROLE L. ROLANDO (WA)
DOUGLAS J. SIDDOWAY (WA, ID, NY)
LAUREL M. SIDDOWAY (WA, ID, NY)
MICHAEL L. WOLFE (WA, CA)VIA FEDERAL EXPRESS

April 13, 1999

Ms. Maryella Jansen, Program Manager
Department of Health
1300 SE Quince St.
P.O. Box 47866
Olympia, Washington 98504-7866Re: Pamela Silverstein, M.D.
Program No. 98-07-0058MD
Our File No. 13695RECEIVED
APR 13 1999
LEGAL UNIT

Dear Ms. Jansen:

In accordance with instructions from Casandra Batdorf, we enclose the original Stipulation to Informal Disposition signed by Dr. Silverstein today.

Very truly yours,

RANDALL & DANSKIN, P.S.



Michael J. Myers

Enclosure: Original Stipulation to Informal Disposition

xc: Ms. Rosemary Irvin (via fax only)

13695\mqac07:c

RANDALL & DANSKIN, P.S

601 West Riverside Avenue, Suite 1500

Spokane, Washington 99201-0653

Phone: (509) 747-2052

Facsimile: (509) 624-2528

FACSIMILE MESSAGE — PLEASE DELIVER PROMPTLY

TO: Rosemary Irvin
Dept. of Health

COPY TO: Rosemary Irvin

FAX NO.: 360-586-0745

FAX NO.: 206-547-8994

FROM: Michael J. Myers

DATE: April 13, 1999

TIME: _____

RE: Pamela Silverstein, MD

Our File: 13695

TOTAL NUMBER OF PAGES (including cover): 8

MESSAGE: Attached for your information is a copy of the signed original Stipulation to Informal Disposition and our transmittal letter. In accordance with instructions from Casandra Batdorf, this material is being Fed Ex'd to Maryella Jansen, Program Manager, today.

Hard copy to be mailed this date in accordance with above instructions: YES [X] NO []

FAX OPERATOR: Cheryl

Telephone Number for Verification of Transmission: (509) 747-2052
 Telecopier Number: (509) 624-2528

CONFIDENTIALITY NOTICE: The document(s) accompanying this facsimile transmission contain(s) confidential information belonging to the sender which is legally privileged. The information is intended only for the use of the individual or entity stated on this form. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please immediately notify us by telephone (collect, if necessary) to arrange for disposition of the original documents.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to)	
Practice as a Physician and Surgeon of	)	Docket No. 99-02-A-1088MD
)	
	)	STIPULATION TO INFORMAL
PAMELA G. SILVERSTEIN, M.D.	)	DISPOSITION
License No. 18869)	
)	
Respondent.)	

Section 1: STIPULATION

The parties to the above-entitled matter stipulate as follows:

1.1 Pamela G. Silverstein, M.D., Respondent, is informed and understands that the Program Manager, of the Commission, on designation by the Commission, has made the following allegations:

1.1.1 Patient A had a long history of pelvic pain unresponsive to conservative treatment. On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis of Patient A and to perform laparoscopic nerve ablation on Patient A. After the procedure, Patient A displayed persistent discomfort and was kept in the hospital overnight for observation. On the morning of January 14, 1995, the Respondent ordered an ultrasound, which showed fluid in Patient A's abdomen. Respondent, along with another board-certified surgeon, immediately took Patient A to surgery. A small puncture of a knuckle of adhered bowel in the area of the umbilicus was identified and easily oversewn. The second general surgeon undertook postoperative management of the patient.

1.1.2 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4). Respondent alleges that the patient care referred to in paragraph 1.1.1 and 1.1.2 does not constitute unprofessional conduct, negligence or malpractice.

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent admits the facts regarding care set forth in 1.1.1 and 1.1.2 above but contends that the care referenced therein was in accord with the standard of care required of her. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. It is not subject to the reporting requirements of RCW 18.130.110 or any interstate/national reporting requirement.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

Section 2: INFORMAL DISPOSITION

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition:

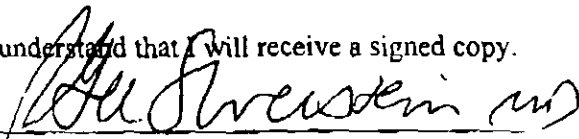
2.1 The Respondent shall attend the Global Congress of Gynecologic Endoscopy in Las Vegas, Nevada on November 7-11, 1999. Any necessary absences from the Meeting, except for unanticipated emergencies, shall be subject to prior approval by the Commission or its designee. Within 30 consecutive days of completing attendance at the Meeting, Respondent shall submit to the Department of Health, Medical Quality Assurance Commission, a detailed written report of information covered at the meeting, with particular attention given to the information regarding complications from gynecologic endoscopy. Respondent shall report what she learned by

attending the Meeting, how she intends to apply what she has learned, and how she anticipates this will affect her future practice. For compliance of this provision, the written report must be reviewed and approved for sufficiency by the Medical Quality Assurance Commission or its designee.

2.2 Within six months for the effective date of this Order, the Respondent shall pay to the Department of Health, Medical Quality Assurance, \$1000 (one thousand dollars) for the recovery of costs in this matter. Payment shall be made to the following address:

Department of Health
Accounting Department
Post Office Box 1099
Olympia, Washington 98507-1099

I, Pamela Gee Silverstein, M.D., Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.


Pamela Gee Silverstein, M.D.
Respondent

4/13/99
Date

Casee R. Palauco
of Randall and Worskin P.S.
Attorney for Respondent

April 13, 1999
Date

Section 3: ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED this ____ day of _____, 199__.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Panel Chair

Presented by:

Rosemary J. Irvin WSB#8137
Department of Health Staff Attorney

Date

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

**** Program No.98-07-0058MD**

RANDALL & DANSKIN, P.S.

ATTORNEYS AND COUNSELORS
1500 SEAFIRST FINANCIAL CENTER
501 WEST RIVERSIDE AVENUE
SPOKANE, WASHINGTON 99201-0653
TELEPHONE (509) 747-2058
TELECOPIER (509) 624-2528

C. D. RANDALL (1998-1997)
P. D. DANSKIN (1999-1971)
A. A. LUNDIN (1914-1978)
G. L. KIMER (1910-1988)

PAUL J. ALLISON (WA)
ROBERT T. CARTER (WA, ID, OR)
OF COUNSEL

KEITH D. BROWN (WA, ID)
ANTHONY E. GRABICKI (WA, ID)
PETER J. GRABICKI (WA, ID, TX)
ROBERT P. HAILEY (WA, ID, CA)
TIMOTHY C. KREUL (WA, ID)
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CAROLE L. ROLANDO (WA)
DOUGLAS J. SIDDOWAY (WA, ID, NY)
LAUREL M. SIDDOWAY (WA, ID, NY)
MICHAEL L. WOLFE (WA, CA)

VIA FEDERAL EXPRESS

April 13, 1999

Ms. Maryella Jansen, Program Manager
Department of Health
1300 SE Quince St.
P.O. Box 47866
Olympia, Washington 98504-7866

Re: Pamela Silverstein, M.D.
Program No. 98-07-0058MD
Our File No. 13695

Dear Ms. Jansen:

In accordance with instructions from Casandra Batdorf, we enclose the original Stipulation to Informal Disposition signed by Dr. Silverstein today.

Very truly yours,

RANDALL & DANSKIN, P.S.

Michael J. Myers

Michael J. Myers

Enclosure: Original Stipulation to Informal Disposition

xc: Ms. Rosemary Irvin (via fax only)

13695\mqpc07:c

RANDALL & DANSKIN, P.S

601 West Riverside Avenue, Suite 1500

Spokane, Washington 99201-0653

Phone: (509) 747-2052

Facsimile: (509) 624-2528

FACSIMILE MESSAGE — PLEASE DELIVER PROMPTLY

TO: Rosemary Irvin
Dept. of Health

COPY TO: Rosemary Irvin

FAX NO.: 360-586-0745

FAX NO.: 206-547-8994

FROM: Michael J. Myers

DATE: April 13, 1999

TIME: _____

RE: Pamela Silverstein, MD

Our File: 13695

TOTAL NUMBER OF PAGES (including cover): 8

MESSAGE: Attached for your information is a copy of the signed original Stipulation to Informal Disposition and our transmittal letter. In accordance with instructions from Casandra Batdorf, this material is being Fed Ex'd to Maryella Jansen, Program Manager, today.

Hard copy to be mailed this date in accordance with above instructions: YES [X] NO []

FAX OPERATOR: Cheryl

Telephone Number for Verification of Transmission: (509) 747-2052
Telecopier Number: (509) 624-2528

CONFIDENTIALITY NOTICE: The document(s) accompanying this facsimile transmission contain(s) confidential information belonging to the sender which is legally privileged. The information is intended only for the use of the individual or entity stated on this form. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please immediately notify us by telephone (collect, if necessary) to arrange for disposition of the original documents.

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.17.310(1)(d) and 18.19.100.

Patient A:

Ms. Rosemary J. Irvin

March 26, 1999

Page 2

with you in drafting some acceptably alternative language to address whatever concerns the Commission may legitimately have to accomplish what they feel is necessary. Please don't hesitate to call me for that purpose.

Very truly yours,

RANDALL & DANSKIN, P.S.



Michael J. Myers

MJM/ss

f:\users\13695\mqac05

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to)
Practice as a Physician and Surgeon of) Docket No. 99-02-A-1088MD
)
) STIPULATION TO INFORMAL
PAMELA G. SILVERSTEIN, M.D.) DISPOSITION
License No. 18869)
)
Respondent.)

Section 1: STIPULATION

The parties to the above-entitled matter stipulate as follows:

1.1 Pamela G. Silverstein, M.D., Respondent, is informed and understands that the Program Manager, of the Commission, on designation by the Commission, has made the following allegations:

1.1.1 Patient A had a long history of pelvic pain unresponsive to conservative treatment. On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis of Patient A and to perform laparoscopic nerve ablation on Patient A. After the procedure, Patient A displayed persistent discomfort and was kept in the hospital overnight for observation. On the morning of January 14, 1995, the Respondent ordered an ultrasound, which showed fluid in Patient A's abdomen. Respondent, along with another board-certified surgeon, immediately took Patient A to surgery. A small puncture of a knuckle of adhered bowel in the area of the umbilicus was identified and easily oversewn. The second general surgeon undertook postoperative management of the patient.

1.1.2 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4).

Respondent alleges that the patient care referred to in paragraph 1.1.1 and 1.1.2 does not constitute unprofessional conduct, negligence or malpractice.

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent admits the facts regarding care set forth in 1.1.1 and 1.1.2 above but contends that the care referenced therein was in accord with the standard of care required of her. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. It is not subject to the reporting requirements of RCW 18.130.110 or any interstate/national reporting requirement.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

Section 2: INFORMAL DISPOSITION

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition:

2.1 The Respondent shall attend the Global Congress of Gynecologic Endoscopy in Las Vegas, Nevada on November 7-11, 1999. Any necessary absences from the Meeting, except for unanticipated emergencies, shall be subject to prior approval by the Commission or its designee. Within 30 consecutive days of completing attendance at the Meeting, Respondent shall submit to the Department of Health, Medical Quality Assurance Commission, a detailed written report of information covered at the meeting, with particular attention given to the information regarding complications from gynecologic endoscopy. Respondent shall report what she learned by

attending the Meeting, how she intends to apply what she has learned, and how she anticipates this will affect her future practice. For compliance of this provision, the written report must be reviewed and approved for sufficiency by the Medical Quality Assurance Commission or its designee.

2.2 Within six months for the effective date of this Order, the Respondent shall pay to the Department of Health, Medical Quality Assurance, \$1000 (one thousand dollars) for the recovery of costs in this matter. Payment shall be made to the following address:

Department of Health
Accounting Department
Post Office Box 1099
Olympia, Washington 98507-1099

I, Pamela Gee Silverstein, M.D., Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

Pamela Gee Silverstein (M)
Pamela Gee Silverstein, M.D.

Respondent

4/13/99
Date

Casee R. Palouco
D. Randall and Danskin P.S.
Attorneys for Respondent

April 13, 1999
Date

Section 3: ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED this _____ day of _____, 199__.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Panel Chair

Presented by:

Rosemary J. Irvin WSB#8137
Department of Health Staff Attorney

Date

FOR INTERNAL USE ONLY: INTERNAL TRACKING NUMBERS:
**** Program No. 98-07-0058MD**

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice)
as a Physician and Surgeon of) **Docket No. 99-02-A-1008MD**
)
PAMELA G. SILVERSTEIN, M.D.) **STATEMENT OF ALLEGATIONS**
License No. 18869MD) **AND SUMMARY OF EVIDENCE**
Respondent.)
)
)
)
_____)

The Program Manager of the Commission, on designation by the Commission, makes the allegations below. The patient referred to in this Statement of Allegations and Summary of Evidence is identified in an attached Confidential Schedule.

Section 1: ALLEGED FACTS

1.1 Pamela G. Silverstein, M.D., Respondent was issued a license, to practice as a physician and surgeon by the State of Washington in January 1981.

1.2 Patient A had a long history of pelvic pain unresponsive to conservative treatment.

On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis of Patient A and to perform laparoscopic nerve ablation on Patient A. After the procedure, Patient A displayed persistent discomfort and was kept in the hospital overnight for observation. On the morning of January 14, 1995, the Respondent ordered an ultrasound, which showed fluid in Patient A's abdomen. Respondent, along with another board-certified surgeon, immediately took Patient A to surgery. A small puncture of a knuckle of adhered bowel in the area of the umbilicus was

2/5/99

identified and easily oversewn. The second general surgeon undertook postoperative management of the patient.

1.3 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle.

Section 2: SUMMARY OF EVIDENCE

- 2.1 Medical records of Patient A.
- 2.2 Respondent's statement provided by Michael J. Myers, attorney of record.

Section 3: ALLEGED VIOLATIONS

3.1 The facts alleged Paragraphs 2.1 and 2.2, if proven, would constitute unprofessional conduct under RCW 18.130.180 (4) which provides in part:

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed...

Section 4: NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition, pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission, believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate to address the conduct alleged in this Statement of Allegations and Summary of Evidence,

Respondent should sign and date the Stipulation to Informal Disposition and return it within 30 days to the Commission at the following address:

Maryella Jansen, Disciplinary Manager
Department of Health
Health Professions Section 5
1300 SE Quince Street
PO Box 47866
Olympia, WA 98504-7866

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate to address the conduct alleged in the Statement of Allegations and Summary of Evidence, Respondent should contact Rosemary Irvin, Department of Health Staff Attorney, Health Professions Section 5, 1300 SE Quince Street, PO Box 47866, Olympia, WA 98504-7866 within fourteen (14) days.

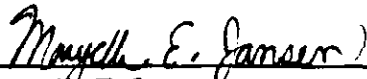
4.4 If Respondent does not respond within fourteen (14) days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

4.5 In the event Respondent declines to resolve the allegations by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against Respondent by filing a statement of charges, pursuant to RCW 18.130.172(3).

4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license. Pursuant to WAC 246-01-100, Respondent must notify, in writing, the Commission, if Respondent's name and/or address changes.

DATED this 5th day of February, 1999.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION



Maryella E. Jansen
Program Manager



Rosemary J. Iryin WSBA #8137
Department of Health Staff Attorney

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

****Program No. 98-07-0058MD**

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to)	
Practice as a Physician and Surgeon of	)	Docket No. 99-02-A-1088MD
)	
	)	STIPULATION TO INFORMAL
PAMELA G. SILVERSTEIN, M.D.	)	DISPOSITION
<i>License No. 18869</i>)	
)	
Respondent.)	

Section 1: STIPULATION

The parties to the above-entitled matter stipulate as follows:

1.1 Pamela G. Silverstein, M.D., Respondent, is informed and understands that the Program Manager, of the Commission, on designation by the Commission, has made the following allegations:

1.1.1 Patient A had a long history of pelvic pain unresponsive to conservative treatment. On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis of Patient A and to perform laparoscopic nerve ablation on Patient A. After the procedure, Patient A displayed persistent discomfort and was kept in the hospital overnight for observation. On the morning of January 14, 1995, the Respondent ordered an ultrasound, which showed fluid in Patient A's abdomen. Respondent, along with another board-certified surgeon, immediately took Patient A to surgery. A small puncture of a knuckle of adhered bowel in the area of the umbilicus was identified and easily oversewn. The second general surgeon undertook postoperative management of the patient.

- 1.1.2 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle.
- 1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4). Respondent alleges that the patient care referred to in paragraph 1.1.1 and 1.1.2 does not constitute unprofessional conduct, negligence or malpractice.
- 1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).
- 1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.
- 1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.
- 1.6 Respondent admits the facts regarding care set forth in 1.1.1 and 1.1.2 above but contends that the care referenced therein was in accord with the standard of care required of her. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.
- 1.7 This Stipulation to Informal Disposition is not formal disciplinary action. It is not subject to the reporting requirements of RCW 18.130.110 or any interstate/national reporting requirement.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

Section 2: INFORMAL DISPOSITION

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition:

2.1 The Respondent shall attend the Global Congress of Gynecologic Endoscopy in Las Vegas, Nevada on November 7-11, 1999. Any necessary absences from the Meeting, except for unanticipated emergencies, shall be subject to prior approval by the Commission or its designee. Within 30 consecutive days of completing attendance at the Meeting, Respondent shall submit to the Department of Health, Medical Quality Assurance Commission, a detailed written report of information covered at the meeting, with particular attention given to the information regarding complications from gynecologic endoscopy. Respondent shall report what she learned by

attending the Meeting, how she intends to apply what she has learned, and how she anticipates this will affect her future practice. For compliance of this provision, the written report must be reviewed and approved for sufficiency by the Medical Quality Assurance Commission or its designee.

2.2 Within six months for the effective date of this Order, the Respondent shall pay to the Department of Health, Medical Quality Assurance, \$1000 (one thousand dollars) for the recovery of costs in this matter. Payment shall be made to the following address:

Department of Health
Accounting Department
Post Office Box 1099
Olympia, Washington 98507-1099

I, Pamela Gee Silverstein, M.D., Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

Pamela Gee Silverstein (M)

Pamela Gee Silverstein, M.D.
Respondent

4/13/99

Date

Casee R. Palouco

D Randall and Worskin P.S.
Attorneys for Respondent

April 13, 1999

Date

Section 3: ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED this ____ day of _____, 199__.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Panel Chair

Presented by:

Rosemary J. Irvin WSB#8137
Department of Health Staff Attorney

Date

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

**** Program No.98-07-0058MD**

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice)
as a Physician and Surgeon of) **Docket No. 99-02-A-1008MD**
)
PAMELA G. SILVERSTEIN, M.D.) **STATEMENT OF ALLEGATIONS**
License No. 18869MD) **AND SUMMARY OF EVIDENCE**
Respondent.)
)
)
)
_____)

The Program Manager of the Commission, on designation by the Commission, makes the allegations below. The patient referred to in this Statement of Allegations and Summary of Evidence is identified in an attached Confidential Schedule.

Section 1: ALLEGED FACTS

1.1 Pamela G. Silverstein, M.D., Respondent was issued a license, to practice as a physician and surgeon by the State of Washington in January 1981.

1.2 Patient A had a long history of pelvic pain unresponsive to conservative treatment.

On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis of Patient A and to perform laparoscopic nerve ablation on Patient A. After the procedure, Patient A displayed persistent discomfort and was kept in the hospital overnight for observation. On the morning of January 14, 1995, the Respondent ordered an ultrasound, which showed fluid in Patient A's abdomen. Respondent, along with another board-certified surgeon, immediately took Patient A to surgery. A small puncture of a knuckle of adhered bowel in the area of the umbilicus was

2/5/99

identified and easily oversewn. The second general surgeon undertook postoperative management of the patient.

1.3 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle.

Section 2: SUMMARY OF EVIDENCE

2.1 Medical records of Patient A.

2.2 Respondent's statement provided by Michael J. Myers, attorney of record.

Section 3: ALLEGED VIOLATIONS

3.1 The facts alleged Paragraphs 2.1 and 2.2, if proven, would constitute unprofessional conduct under RCW 18.130.180 (4) which provides in part:

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed...

Section 4: NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition, pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission, believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate to address the conduct alleged in this Statement of Allegations and Summary of Evidence, Respondent should sign and date the Stipulation to Informal Disposition and return it within 30 days to the Commission at the following address:

Maryella Jansen, Disciplinary Manager
Department of Health
Health Professions Section 5
1300 SE Quince Street
PO Box 47866
Olympia, WA 98504-7866

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate to address the conduct alleged in the Statement of Allegations and Summary of Evidence, Respondent should contact Rosemary Irvin, Department of Health Staff Attorney, Health Professions Section 5, 1300 SE Quince Street, PO Box 47866, Olympia, WA 98504-7866 within fourteen (14) days.


4.4 If Respondent does not respond within fourteen (14) days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

4.5 In the event Respondent declines to resolve the allegations by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against Respondent by filing a statement of charges, pursuant to RCW 18.130.172(3).


4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license. Pursuant to WAC 246-01-100, Respondent must notify, in writing, the Commission, if Respondent's name and/or address changes.

DATED this 5th day of January, 1999.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION



Maryella E. Jansen
Program Manager



Rosemary J. Iryin WSBA #8137
Department of Health Staff Attorney

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:
****Program No. 98-07-0058MD**

* * * COMMUNICATION RESULT REPORT (APR. 5.19 4:07PM) * * *

TTI MEDICAL QA COMMISSION

FILE MODE	OPTION	ADDRESS (GROUP)	RESULT	PAGE
190 MEMORY TX		8-342705-5099256830	OK	P. 9/9

REASON FOR ERROR

E-1) HANG UP OR LINE FAIL
E-3) NO ANSWERE-2) BUSY
E-4) NO FACSIMILE CONNECTION

Facsimile Cover Sheet

To: Jan Paxton, PA-C**Company:** Reviewing Commission Member**Phone:** (509) 925-6828/ 925-3151**Fax:** (509) 925-6830**From:** Rosemary Irvin, Attorney**Office:** Health Professions Quality
Assurance Division, Section 5 Legal
Department of Health
PO Box 47866
Olympia WA 98504-7866**Phone:** (360) 236-4812**Fax:** (360) 586-0745**Date:** 4/5/99**Pages including this cover page:** 9 pages. Jan, here are the proposed changes from Silverstein's attorney

Facsimile Cover Sheet

To: Jan Paxton, PA-C
Company: Reviewing Commission Member
Phone: (509) 925-6828/ 925-3151
Fax: (509) 925-6830

From: Rosemary Irvin, Attorney
Office: Health Professions Quality
Assurance Division, Section 5 Legal
Department of Health
PO Box 47866
Olympia WA 98504-7866
Phone: (360) 236-4812
Fax: (360) 586-0745

Date: 4/5/99
Pages including this cover page: 9 pages. Jan, here are the proposed changes from Silverstein's attorney. I haven't yet read it - I wanted to get it off to you before I leave here tonight. I will be working at home tomorrow.

The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above. If you received this in error, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this message in error, please notify us by telephone immediately.

RANDALL & DANSKIN, P.S

601 West Riverside Avenue, Suite 1500

Spokane, Washington 99201-0653

Phone: (509) 747-2052

Facsimile: (509) 624-2528

FACSIMILE MESSAGE — PLEASE DELIVER PROMPTLY

TO: Rosemary Irvin
Dept. of Health

FAX NO.: 360-586-0745

FROM: Michael J. Myers

DATE: April 5, 1999

TIME: 4:10 PM

RE: Pamela Silverstein, MD
Our File: 13695

TOTAL NUMBER OF PAGES (including cover): 8

MESSAGE:

Please see attached.

Hard copy to be mailed this date: YES [x] NO []

FAX OPERATOR: Sherry

Telephone Number for Verification of Transmission: (509) 747-2052
Telecopier Number: (509) 624-2528

CONFIDENTIALITY NOTICE: The document(s) accompanying this facsimile transmission contain(s) confidential information belonging to the sender which is legally privileged. The information is intended only for the use of the individual or entity stated on this form. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please immediately notify us by telephone (collect, if necessary) to arrange for disposition of the original documents.

RANDALL & DANSKIN, P.S.

ATTORNEYS AND COUNSELORS

1500 SEAFIRST FINANCIAL CENTER
601 WEST RIVERSIDE AVENUE
SPOKANE, WASHINGTON 99201-0853

TELEPHONE (509) 747-2052
TELECOPIER (509) 624-2528

C. D. RANDALL (1885-1967)
F. B. DANSKIN (1889-1971)
A. A. LUNDIN (1914-1978)
G. L. KIMER (1918-1988)

PAUL J. ALLISON (WA)
ROBERT T. CARTER (WA, ID, OR)
OF COUNSEL

KEITH D. BROWN (WA, ID)
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LAUREL H. SIDOWAY (WA, ID, NY)
MICHAEL L. WOLFE (WA, CA)

April 5, 1999

Ms. Rosemary J. Irvin
Attorney at Law
Department of Health
P.O. Box 47866
Olympia, Washington 98504-7866

VIA FAX (360) 586-0745
AND REGULAR MAIL

Re: Pamela Silverstein, M.D.
Docket No. 99-02-A-1088MD/Program No. 98-07-0058MD
Our File No. 13695

Dear Ms. Irvin:

Enclosed find a draft of suggested changes to paragraphs 1.2, 1.6 and 2.1 of the Stipulation to Informal Disposition. Hopefully you will give these your consideration. Please don't hesitate to contact me to discuss the matter further.

Very truly yours,

RANDALL & DANSKIN, P.S.



Michael J. Myers

MJM/ss
Enclosure
\\13695\mqac06

1.2 Respondent is informed and understands that the Commission has alleged that the conduct describe above, if proven, would constitute a violation of RCW 18.130.180(4). Respondent alleges that the patient care referred to in paragraph 1.1.1 and 1.1.2 does not constitute unprofessional conduct, negligence or malpractice.

1.6 Respondent admits the facts regarding care set forth in 1.1.1 and 1.1.2 above but contends that the care referenced therein was in accord with the standard of care required of her. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

2.1 Within 90 days of the acceptance of this Stipulation to Informal Disposition, Respondent shall provide the Commission a paper discussing the complications of laparoscopic surgery, including needle and trocar injuries and other complications of operative intervention. The paper shall be of sufficient content to exhibit satisfactory knowledge and understanding of those topics. The paper shall also explain how the Respondent applies the knowledge referenced in that paper to her practice, and how she anticipates such knowledge may affect her future practice.

[Respondent requests that the provisions for payment set forth in paragraph 2.2 be deleted.]

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to)	
Practice as a Physician and Surgeon of	)	Docket No. 99-02-A-1008MD
)	
	)	STIPULATION TO INFORMAL
PAMELA G. SILVERSTEIN, M.D.	)	DISPOSITION
License No. 18869MD)	
)	
Respondent.)	

Section 1: STIPULATION

The parties to the above-entitled matter stipulate as follows:

1.1 Pamela G. Silverstein, M.D., Respondent, is informed and understands that the Program Manager, of the Commission, on designation by the Commission, has made the following allegations:

1.1.1 Patient A had a long history of pelvic pain unresponsive to conservative treatment. On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis of Patient A and to perform laparoscopic nerve ablation on Patient A. After the procedure, Patient A displayed persistent discomfort and was kept in the hospital overnight for observation. On the morning of January 14, 1995, the Respondent ordered an ultrasound, which showed fluid in Patient A's abdomen. Respondent, along with another board-certified surgeon, immediately took Patient A to surgery. A small puncture of a knuckle of adhered bowel in the area of the umbilicus was identified and easily oversewn. The second general surgeon undertook postoperative management of the patient.

1.1.2 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4).

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent does not admit any of the allegations in the Statement of Allegations and Summary of Evidence or in paragraph 1.1 above. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. It is not subject to the reporting requirements of RCW 18.130.110 or any interstate/national reporting requirement.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of

Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160..

Section 2: INFORMAL DISPOSITION

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition:

2.1 Within twelve months of acceptance of this Stipulation to Informal Disposition, Respondent shall attend twenty hours of continuing medical education on the topic of complications of laparoscopic surgery, including trocar injuries and other complications of operative intervention. Within 14 consecutive days of completion of the education course(s), Respondent shall submit to the Department of Health, Medical Quality Assurance Commission, a detailed report(s) of information covered in the CME(s), what Respondent has learned by attending the CME(s), how she intends to apply what she has learned, and how she anticipates this will affect his future practice.

2.2 Within six months for the effective date of this Order, the Respondent shall pay to the Department of Health, Medical Quality Assurance, \$1000 (one thousand dollars) for the recovery of costs in this matter. Payment shall be made to the following address:

Department of Health
Accounting Department
Post Office Box 1099
Olympia, Washington 98507-1099

I, Pamela Gee Silverstein, M.D., Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

Pamela Gee Silverstein, M.D.
Respondent

Date

Attorney for Respondent

Date

Section 3: ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED this ____ day of _____, 199__.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Panel Chair

Presented by:

Rosemary J. Irvin WSB#8137
Department of Health Staff Attorney

Date

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

**** Program No. 98-07-0058MD**

* * * COMMUNICATION RESULT REPORT (MAR.29.1999 4:10PM) * * *

TTI MEDICAL QA COMMISSION

FILE MODE	OPTION	ADDRESS (GROUP)	RESULT	PAGE
101	MEMORY TX	8-342705-5099256830	OK	P. 3/3

REASON FOR ERROR

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Facsimile Cover Sheet

To: Jan Paxton, PA-C**Company:** Reviewing Commission Member**Phone:** (509) 925-6828/ 925-3151**Fax:** (509) 925-6830**From:** Rosemary Irvin, Attorney**Office:** Health Professions Quality

Assurance Division, Section 5 Legal

Department of Health

PO Box 47866

Olympia WA 98504-7866

Phone: (360)236-4812**Fax:** (360) 586-0745**Date:** 3/26/99**Pages including this cover page:** 3 pages. Jan, have you any thoughts on this? Do you want me

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RANDALL & DANSKIN, P.S.

ATTORNEYS AND COUNSELORS
1500 SEAFIRST FINANCIAL CENTER
601 WEST RIVERSIDE AVENUE
SPOKANE, WASHINGTON 99201-0653
TELEPHONE (509) 747-2052
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DOUGLAS J. SIDDOWAY (WA, ID, NY)
LAUREL H. SIDDOWAY (WA, ID, NY)
MICHAEL L. WOLFE (WA, CA)

February 23, 1999

Ms. Rosemary J. Irvin
Attorney at Law
Department of Health
P.O. Box 47866
Olympia, WA 98504-7866

VIA FAX (360) 586-0745
AND REGULAR MAIL

Re: Pamela Silverstein, M.D.
Docket No. 99-02-A-1008MD/Program No. 98-07-0058MD
Our File No. 13695

Dear Ms. Irvin:

I am in receipt of your letter of February 19, 1999. Thank you for your continued contact with me on this matter.

Dr. Silverstein testified that in this instance, with a history of previous abdominal surgeries, she examined the patient carefully prior to surgery for evidence of pelvic adhesions, and gave careful consideration to the method of entry. The patient's previous surgeries had been in the upper abdomen. None had been in the lower abdomen or pelvis. The videotape of Dr. Silverstein's surgery confirms that there were no adhesions in the pelvic area viewed. Dr. Beyersdorf, the surgeon who performed the bowel repair surgery testified that adhesions were noted in the upper abdomen, but none were noted in the pelvic area.

Dr. Silverstein testified that prior to surgery she manually palpated the lower abdominal area for any evidence of adhesions. While this process would not have been completely diagnostic of the presence of adhesions in the lower abdomen, Dr. Silverstein's judgment was that the typical "closed" approach was an appropriate one under the circumstances.

This history, examination, and judgment regarding "closed" entry was reviewed by Drs. Levinson, Levy, Eschenbach, and Soderstrom. All were of the opinion that it was an appropriate judgment under the circumstances. The diagnostic benefits of Dr. Silverstein's approach were discussed and I'm sure your reviewers are familiar with these. Dr. Soderstrom

Ms. Rosemary J. Irvin
February 24, 1999
Page 2

also pointed out to me in consultation that "nicks" or injuries to bowel are reported even with "open" laparoscopies.

Importantly for your purposes, Dr. Silverstein also testified that she was well aware of the importance of previous abdominal surgeries, the concern regarding adhesions, and the choices of open versus closed entry. What may not be apparent from the record that you have is that 2 - Healthcare Information Read...s previous surgeries were all in the upper abdomen and Dr. Silverstein considered carefully the type of approach used in this instance.

Obviously, in retrospect, anyone can criticize surgical judgment. However, in this instance, our expert witnesses felt that Dr. Silverstein had given consideration to the important criteria prior to her entry with the Veress needle.

I will be more than happy to provide you with deposition testimony in this regard if it is necessary, but will await further request from you in that regard. Thank you very much for the continued opportunity to address your concerns.

Very truly yours,

RANDALL & DANSKIN, P.S.



Michael J. Myers

MJM/ss
(13695\mqac02)

Facsimile Cover Sheet

To: Jan Paxton, PA-C
Company: Reviewing Commission Member
Phone: (509) 925-6828/ 925-3151
Fax: (509) 925-6830

From: Rosemary Irvin, Attorney
Office: Health Professions Quality
Assurance Division, Section 5 Legal
Department of Health
PO Box 47866
Olympia WA 98504-7866
Phone: (360)236-4812
Fax: (360) 586-0745

Date: 3/26/99
Pages including this cover page: 3 pages. Jan, have you any thoughts on this? Do you want me to get an expert review and go for charges?

The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above. If you received this in error, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this message in error, please notify us by telephone immediately.

Facsimile Cover Sheet

To: Michael J. Myers, Attorney
Company: Randall & Danskin, P.S.
Phone: 509-747-2052
Fax: 509-624-2528

From: Rosemary Irvin, Attorney
Office: Health Professions Quality
Assurance Division, Section 5 Legal
Department of Health
PO Box 47866
Olympia WA 98504-7866
Phone: (360) 664- 4812
Fax: (360) 586-0745

Date: February 19, 1999
Pages including this cover page: 2
In response to your letter of Feb. 16.

The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above. If you received this in error, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this message in error, please notify us by telephone immediately.



State of Washington

DEPARTMENT OF HEALTH

Health Professions Quality Assurance Division

1300 S.E. Quince St.

PO Box 47866

Olympia WA 98504-7866



RANDALL & DANSKIN, P.S.

ATTORNEYS AND COUNSELORS
1500 SEAFIRST FINANCIAL CENTER
601 WEST RIVERSIDE AVENUE
SPOKANE, WASHINGTON 99201-0653
TELEPHONE (509) 747-2052
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C. D. RANDALL (1885-1937)
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A. A. LUNDIN (1914-1976)
G. L. KIMER (1916-1988)

PAUL J. ALLISON (WA)
ROBERT T. CARTER (WA, ID, OR)
OF COUNSEL

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February 16, 1999

Ms. Rosemary J. Irvin
Attorney at Law
Department of Health
P.O. Box 47866
Olympia, WA 98504-7866

Re: Pamela Silverstein, M.D.
Docket No. 99-02-A-1008MD/Program No. 98-07-0058MD
Our File No. 13695

Dear Ms. Irvin:

On behalf of Dr. Silverstein, please accept this as my notice of representation of her and an expression of my gratitude for allowing me to supplement my previous report relative to this case.

I understand very clearly the concern and thoroughness that the Board brings to reviewing these matters. It is my hope however, that expanding a bit on the available facts will perhaps prompt some reconsideration of the Commission's present position.

Initial Postoperative Management

Dr. Silverstein's surgery ended at approximately 11:45 a.m. on January 13, 1995. Postoperative medications were initiated. At 1:30 p.m. the patient's temperature was 99°, pulse 72, respirations 18, blood pressure 110/68.

The patient complained of continued discomfort and pain medications were changed. At 4:00 p.m. on January 13, the patient's pulse was 78, respirations 18, blood pressure 100/60. She reported "being a little more comfortable".

At 4:45 p.m., because the patient continued to complain of discomfort Dr. Silverstein ordered that the patient be admitted to the 10th floor for closer observation.

At 8:00 p.m. the patient's temperature was 98.4°, pulse 80, respirations 16, and blood pressure 130/86. Pain medications were changed. At midnight the patient remained stable with a temperature of 98.8°, pulse of 84, respirations of 16, and a blood pressure of 128/84.

At 8:00 a.m. on January 14th, the patient had a temperature of 101°, an increased pulse, a respiratory rate of 28. Her blood pressure was 110/50. A pelvic ultrasound and CBC were ordered. Dr. Silverstein was in to see the patient. By 11:50 a.m. the patient was transported to the operating room where the second surgery was commenced.

In my previous letter I identified various physicians who have reviewed this matter from a gynecologic standpoint. By identifying those experts who confirm that Dr. Silverstein's postoperative care was in accord with the standard required, it is not my intent to suggest that members of the panel do not have the capacity to evaluate the postoperative care. However, physicians such as Carl Levinson, M.D. formerly of Stanford University, and Barbara Levy, M.D., a nationally known gynecologic laparoscopist believe that the postoperative follow-up by Dr. Silverstein was in accord with the accepted standard of care. Dr. David Eschenbach, gynecologic infectious disease specialist at the University of Washington agrees. I can also advise you and the Commission that Seattle gynecologist, Richard Soderstrom, M.D. reviewed this matter for us. As you may know, he has written on the topic of laparoscopic injuries and postoperative care. He is of the opinion that Dr. Silverstein's postoperative care was appropriate and the patient was diagnosed and re-operated within an appropriate period of time. These physicians feel strongly that Dr. Silverstein's care was neither negligent nor unprofessional in any way.

Causation

Sepsis did not cause this patient's death. The patient's bowel puncture was caused by the Veress needle, not by a trocar. This was substantiated by Dr. Beyersdorf and by Dr. Silverstein who were present at the second surgery. A video examination of the pelvis during Dr. Silverstein's surgery (which is available) gave no indication of bowel injury. There was no evidence of pelvic adhesions.

After the second surgery the patient initially appeared to be responding appropriately and in the words of her husband, felt better than she had the preceding 24 hours. She suddenly suffered complete and isolated left ventricular failure. This was confirmed by real-time cardiac studies done at the time. No cardiologist involved in the case as a treating physician had ever seen such a phenomenon. The report of cardiologist Dr. Brian Fuhs regarding the discrete left ventricular failure is in the medical records.

Cardiac wedge pressures remained high, a condition antithetical to the vasodilation of sepsis. Experts in cardiophysiology all testified that Ms. [2 - Healthcare I...]s left ventricular failure was unrelated to Veress needle puncture of the small bowel and was not caused by sepsis. The

Ms. Rosemary J. Irvin

February 16, 1999

Page 3

treating physicians whose initial impression was that sepsis may have been the cause, testified that after a complete review of the medical records including the real-time cardiac studies, sepsis was likely not the cause and that this situation was so decidedly unusual as to constitute the first example of such a phenomenon they had either seen or ever read about. Dr. Dennis Reichenbach, cardiopathologist at Harborview Medical Center is of the opinion that the left ventricular failure was not caused by sepsis.

I am uncertain exactly how much in the way of medical record you or the Commission have. Certainly you have Dr. Silverstein's records, which I have forwarded. I am not sure whether you have the hospital records which confirm this extraordinarily unusual ventricular failure. I would be more than happy to provide them to you so that they can be reviewed closely. I would also be willing to provide the depositions of the above experts should you wish to review them.

Dr. Silverstein is a board certified obstetrician/gynecologist having done her training at Baylor University. She has a large and active laparoscopic surgical practice. Her complication rate is deemed to be exceedingly low. If it's necessary or helpful to provide substantiation of this, it can be done.

Conclusion

It is my hope that with this additional information a reconsideration of the situation can occur and this matter closed without stipulation for informal disposition. Please don't hesitate to contact me or Dr. Silverstein for any additional information.

As you have suggested, I request an extension of time in which to respond to the present stipulation for informal disposition until you and the Commission have had an opportunity to review these supplemental materials.

Very truly yours,

RANDALL & DANSKIN, P.S.

Michael J. Myers/ss

Michael J. Myers

MJM/ss

(13695\mqac)

Cheryl

February 19, 1999

Michael Myers, Attorney
Randall & Danskin, P.S.
1500 Seafirst Financial Center
601 West Riverside Avenue
Spokane, Washington 99201-0653

Re: Pamela Silverstein, M.D.
Docket No. 99-02-A-1008MD/Program No. 98-07-0058MD
Your file No. 13695

Dear Mr. Myers:

I forwarded your communication of February 16, 1999 to Janice Paxton, PA-C, the Reviewing Commission Member for this case. The following is not only her response, but also that of the Commission members to whom the case was presented.

The concerns regarding Dr. Silverstein's care originate from the initial insertion of Veress needle that caused the initial puncture to the patient's bowel. The blind insertion of the Veress needle is the care that raised the Commission's concerns and which they wish to address in the form of a Stipulation to Informal Disposition.

Please advise your client that a Stipulation to Informal Disposition is not considered discipline by the Commission. Although it is discoverable, it is not reportable as discipline.

Thank you for your response. If you have any further questions or concerns, please advise.

Sincerely,

Rosemary Irvin
Staff Attorney

Cc: Janice Paxton, PA-C, Reviewing Commission Member
George Heye, M.D., Medical Consultant



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

February 19, 1999

Michael Myers, Attorney
Randall & Danskin, P.S.
1500 Seafirst Financial Center
601 West Riverside Avenue
Spokane, Washington 99201-0653

Re: Pamela Silverstein, M.D.
Docket No. 99-02-A-1008MD/Program No. 98-07-0058MD
Your file No. 13695

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Thank you for your response. If you have any further questions or concerns, please advise.

Sincerely,

Rosemary Irvin
Staff Attorney

Cc: Janice Paxton, PA-C, Reviewing Commission Member
George Heye, M.D., Medical Consultant

RANDALL & DANSKIN, P.S.

ATTORNEYS AND COUNSELORS

1500 SEAFIRST FINANCIAL CENTER

601 WEST RIVERSIDE AVENUE

SPOKANE, WASHINGTON 99201-0653

TELEPHONE (509) 747-2052

TELECOPIER (509) 624-2528

KEITH D. BROWN (WA, ID)
ANTHONY E. GRABICKI (WA, ID)
PETER J. GRABICKI (WA, ID, TX)
ROBERT P. HAILEY (WA, ID, CA)
TIMOTHY C. KRSUL (WA, ID)
DAVID A. KULISCH (WA, CA)
MICHAEL J. MYERS (WA, ID)
DONALD K. QUERNA (WA, ID)
CAROLE L. ROLANDO (WA)
DOUGLAS J. SIDDOWAY (WA, ID, NY)
LAUREL H. SIDDOWAY (WA, ID, NY)
MICHAEL L. WOLFE (WA, CA)

C. D. RANDALL (1885-1967)

F. B. DANSKIN (1889-1971)

A. A. LUNDIN (1914-1976)

G. L. KIMER (1918-1988)

PAUL J. ALLISON (WA)
ROBERT T. CARTER (WA, ID, OR)
OF COUNSEL

March 26, 1999

Ms. Rosemary J. Irvin
Attorney at Law
Department of Health
P.O. Box 47866
Olympia, Washington 98504-7866

Re: Pamela Silverstein, M.D.
Docket No. 99-02-A-1088MD/Program No. 98-07-0058MD
Our File No. 13695

Dear Ms. Irvin:

Since my letter of February 23, 1999, I have not had any further contact with your office, but want to be sure that you have all you need from Dr. Silverstein.

Dr. Silverstein is concerned about the status of this matter and is very interested in resolving it fairly and informally. She appreciates the opportunity to resolve this matter by a stipulation to informal disposition if that is necessary. For that reason I want to reiterate our concerns about the present documents.

The Statement of Allegations and Summary of Evidence lists "medical records of patient A" and "respondent's statement provided by Michael J. Myers, attorney of record". Dr. Silverstein is in complete agreement with those paragraphs as being an accurate and factual summary of what occurred. She cannot therefore sign a stipulation which suggests that she does not admit any of those facts. Further, if her signing of the stipulation is construed as an admission that the above-referenced "evidence" constitutes unprofessional conduct that likewise poses problems. One of the concerns is that the Statement of Allegations and Summary of Evidence is no more specific than a listing of the above documents and the statement that the facts included in these documents constitute negligence, malpractice, or grounds for discipline. I think a re-reading of the documents will show you my point.

I hope that the additional information I have provided to you about the facts of this case, will obviate the need for even a stipulation to informal disposition. If not, I would be pleased to work

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MAR 29 1999
LEGAL UNIT

Ms. Rosemary J. Irvin
March 26, 1999
Page 2

with you in drafting some acceptably alternative language to address whatever concerns the Commission may legitimately have to accomplish what they feel is necessary. Please don't hesitate to call me for that purpose.

Very truly yours,

RANDALL & DANSKIN, P.S.


A handwritten signature in cursive script, appearing to read "Michael J. Myers".

Michael J. Myers

MJM/ss
f:\users\13695\mqac05

Facsimile Cover Sheet

To: Jan Paxton, PA-C
Company: Reviewing Commission Member
Phone: (509) 925-6828/ 925-3151
Fax: (509) 925-6830

From: Rosemary Irvin, Attorney 
Office: Health Professions Quality
Assurance Division, Section 5 Legal
Department of Health
PO Box 47866
Olympia WA 98504-7866
Phone: (360)236-4812
Fax: (360) 586-0745

Date: 2/18/99
Pages including this cover page: 4 pages. Silverstein's attorney warned me this was coming.... For your review and comment. Thanks!

The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above. If you received this in error, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this message in error, please notify us by telephone immediately.

RANDALL & DANSKIN, P.S.

ATTORNEYS AND COUNSELORS
1500 SEAFIRST FINANCIAL CENTER
601 WEST RIVERSIDE AVENUE
SPOKANE, WASHINGTON 99201-0653

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PAUL J. ALLISON (WA)
ROBERT T. CARTER (WA, ID, OR)
OF COUNSEL

RECEIVED
FEB 18 1999
LEGAL UNIT

February 16, 1999

Ms. Rosemary J. Irvin
Attorney at Law
Department of Health
P.O. Box 47866
Olympia, WA 98504-7866

Re: Pamela Silverstein, M.D.
Docket No. 99-02-A-1008MD/Program No. 98-07-0058MD
Our File No. 13695

Dear Ms. Irvin:

On behalf of Dr. Silverstein, please accept this as my notice of representation of her and an expression of my gratitude for allowing me to supplement my previous report relative to this case.

I understand very clearly the concern and thoroughness that the Board brings to reviewing these matters. It is my hope however, that expanding a bit on the available facts will perhaps prompt some reconsideration of the Commission's present position.

Initial Postoperative Management

Dr. Silverstein's surgery ended at approximately 11:45 a.m. on January 13, 1995. Postoperative medications were initiated. At 1:30 p.m. the patient's temperature was 99°, pulse 72, respirations 18, blood pressure 110/68.

The patient complained of continued discomfort and pain medications were changed. At 4:00 p.m. on January 13, the patient's pulse was 78, respirations 18, blood pressure 100/60. She reported "being a little more comfortable".

At 4:45 p.m., because the patient continued to complain of discomfort Dr. Silverstein ordered that the patient be admitted to the 10th floor for closer observation.

At 8:00 p.m. the patient's temperature was 98.4°, pulse 80, respirations 16, and blood pressure 130/86. Pain medications were changed. At midnight the patient remained stable with a temperature of 98.8°, pulse of 84, respirations of 16, and a blood pressure of 128/84.

At 8:00 a.m. on January 14th, the patient had a temperature of 101°, an increased pulse, a respiratory rate of 28. Her blood pressure was 110/50. A pelvic ultrasound and CBC were ordered. Dr. Silverstein was in to see the patient. By 11:50 a.m. the patient was transported to the operating room where the second surgery was commenced.

In my previous letter I identified various physicians who have reviewed this matter from a gynecologic standpoint. By identifying those experts who confirm that Dr. Silverstein's postoperative care was in accord with the standard required, it is not my intent to suggest that members of the panel do not have the capacity to evaluate the postoperative care. However, physicians such as Carl Levinson, M.D. formerly of Stanford University, and Barbara Levy, M.D., a nationally known gynecologic laparoscopist believe that the postoperative follow-up by Dr. Silverstein was in accord with the accepted standard of care. Dr. David Eschenbach, gynecologic infectious disease specialist at the University of Washington agrees. I can also advise you and the Commission that Seattle gynecologist, Richard Soderstrom, M.D. reviewed this matter for us. As you may know, he has written on the topic of laparoscopic injuries and postoperative care. He is of the opinion that Dr. Silverstein's postoperative care was appropriate and the patient was diagnosed and re-operated within an appropriate period of time. These physicians feel strongly that Dr. Silverstein's care was neither negligent nor unprofessional in any way.

Causation

Sepsis did not cause this patient's death. The patient's bowel puncture was caused by the Veress needle, not by a trocar. This was substantiated by Dr. Beyersdorf and by Dr. Silverstein who were present at the second surgery. A video examination of the pelvis during Dr. Silverstein's surgery (which is available) gave no indication of bowel injury. There was no evidence of pelvic adhesions.

After the second surgery the patient initially appeared to be responding appropriately and in the words of her husband, felt better than she had the preceding 24 hours. She suddenly suffered complete and isolated left ventricular failure. This was confirmed by real-time cardiac studies done at the time. No cardiologist involved in the case as a treating physician had ever seen such a phenomenon. The report of cardiologist Dr. Brian Fuhs regarding the discrete left ventricular failure is in the medical records.

Cardiac wedge pressures remained high, a condition antithetical to the vasodilation of sepsis. Experts in cardiophysiology all testified that Ms. [2 - Healthcare L...] s left ventricular failure was unrelated to Veress needle puncture of the small bowel and was not caused by sepsis. The

Ms. Rosemary J. Irvin

February 16, 1999

Page 3

treating physicians whose initial impression was that sepsis may have been the cause, testified that after a complete review of the medical records including the real-time cardiac studies, sepsis was likely not the cause and that this situation was so decidedly unusual as to constitute the first example of such a phenomenon they had either seen or ever read about. Dr. Dennis Reichenbach, cardiopathologist at Harborview Medical Center is of the opinion that the left ventricular failure was not caused by sepsis.

I am uncertain exactly how much in the way of medical record you or the Commission have. Certainly you have Dr. Silverstein's records, which I have forwarded. I am not sure whether you have the hospital records which confirm this extraordinarily unusual ventricular failure. I would be more than happy to provide them to you so that they can be reviewed closely. I would also be willing to provide the depositions of the above experts should you wish to review them.

Dr. Silverstein is a board certified obstetrician/gynecologist having done her training at Baylor University. She has a large and active laparoscopic surgical practice. Her complication rate is deemed to be exceedingly low. If it's necessary or helpful to provide substantiation of this, it can be done.

Conclusion

It is my hope that with this additional information a reconsideration of the situation can occur and this matter closed without stipulation for informal disposition. Please don't hesitate to contact me or Dr. Silverstein for any additional information.

As you have suggested, I request an extension of time in which to respond to the present stipulation for informal disposition until you and the Commission have had an opportunity to review these supplemental materials.

Very truly yours,

RANDALL & DANSKIN, P.S.

Michael J. Myers/ss

Michael J. Myers

MJM/ss

(13695\mqac)



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866

CERTIFIED MAIL -
RETURN RECEIPT REQUESTED

February 5, 1999

Pamela G. Silverstein, M.D.
910 West 5th Avenue, Suite 510
Spokane, WA 99204

Re: In the Matter of the License to Practice Medicine of
Pamela G. Silverstein, M.D., Docket No. 99-02-A-1008MD/Program No. 98-
07-0058MD

Dear Dr. Silverstein:

You have been under investigation by the Washington State Medical Quality Assurance Commission for alleged unprofessional conduct. As a resolution of the case, the Commission has moved to allow you to enter into a Stipulation to Informal Disposition rather than filing a formal Statement of Charges. Please read these documents carefully and consult your attorney if you need legal advice.

I have enclosed the original and one copy of the Stipulation to Informal Disposition which I, as the staff attorney for the Department of Health, have prepared. The terms of the Stipulation to Informal Disposition are those proposed by the Commission. Signing the Stipulation does not constitute an admission of any violation of law. Note that a Stipulation to Informal Disposition is not disciplinary action, nor is it published or sent to the National Practitioner Data Bank.

I have also enclosed a document entitled "Statement of Allegations." The legislature has required that this be served along with a Stipulation to Informal Disposition. It merely recites the allegations against you.

If you choose to enter into the Stipulation to Informal Disposition, please sign the original in the spaces indicated and return it to me. Keep the copy for your records. I will forward a conformed copy to you when the original is signed.

*RJI
For your
files*

Pamela G. Silverstein, M.D.

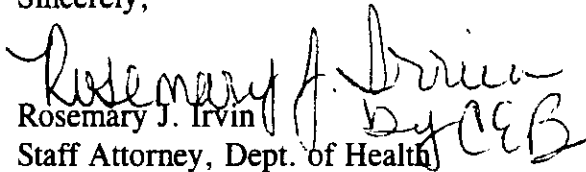
February 5, 1999

Page - 2

If you choose not to accept the Stipulation to Informal Disposition, please inform me in writing within 10 days. The matter will then be re-presented to the Commission to determine whether to issue a Statement of Charges in this case.

You are, of course, free to consult with and engage an attorney to represent you in these matters. If you have any further questions or concerns, you may contact me at the telephone number referenced below, or you may contact my paralegal, Casandra Batdorf at (360) 236-4808.

Sincerely,


Rosemary J. Irvin
Staff Attorney, Dept. of Health
(360) 236-4812

RJI/ceb

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice as a Physician and Surgeon of)	
	)	Docket No. 99-02-A-1008MD
)	
PAMELA G. SILVERSTEIN, M.D. License No. 18869MD	)	STATEMENT OF ALLEGATIONS AND SUMMARY OF EVIDENCE
Respondent.)	
)	
)	
)	

The Program Manager of the Commission, on designation by the Commission, makes the allegations below. The patient referred to in this Statement of Allegations and Summary of Evidence is identified in an attached Confidential Schedule.

Section 1: ALLEGED FACTS

1.1 Pamela G. Silverstein, M.D., Respondent was issued a license, to practice as a physician and surgeon by the State of Washington in January 1981.

1.2 Patient A had a long history of pelvic pain unresponsive to conservative treatment.

On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis of Patient A and to perform laparoscopic nerve ablation on Patient A. After the procedure, Patient A displayed persistent discomfort and was kept in the hospital overnight for observation. On the morning of January 14, 1995, the Respondent ordered an ultrasound, which showed fluid in Patient A's abdomen. Respondent, along with another board-certified surgeon, immediately took Patient A to surgery. A small puncture of a knuckle of adhered bowel in the area of the umbilicus was

identified and easily oversewn. The second general surgeon undertook postoperative management of the patient.

1.3 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle.

Section 2: SUMMARY OF EVIDENCE

- 2.1 Medical records of Patient A.
- 2.2 Respondent's statement provided by Michael J. Myers, attorney of record.

Section 3: ALLEGED VIOLATIONS

3.1 The facts alleged Paragraphs 2.1 and 2.2, if proven, would constitute unprofessional conduct under RCW 18.130.180 (4) which provides in part:

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed...

Section 4: NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition, pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission, believes is necessary to address the conduct alleged in this *Statement of Allegations and Summary of Evidence*.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate to address the conduct alleged in this Statement of Allegations and Summary of Evidence, Respondent should sign and date the Stipulation to Informal Disposition and return it within 30 days to the Commission at the following address:

Maryella Jansen, Disciplinary Manager
Department of Health
Health Professions Section 5
1300 SE Quince Street
PO Box 47866
Olympia, WA 98504-7866

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate to address the conduct alleged in the Statement of Allegations and Summary of Evidence, Respondent should contact Rosemary Irvin, Department of Health Staff Attorney, Health Professions Section 5, 1300 SE Quince Street, PO Box 47866, Olympia, WA 98504-7866 within fourteen (14) days.

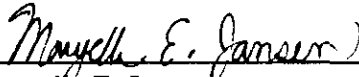
4.4 If Respondent does not respond within fourteen (14) days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

4.5 In the event Respondent declines to resolve the allegations by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against Respondent by filing a statement of charges, pursuant to RCW 18.130.172(3).


4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license. Pursuant to WAC 246-01-100, Respondent must notify, in writing, the Commission, if Respondent's name and/or address changes.

DATED this 5th day of February, 1999.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION



Maryella E. Jansen
Program Manager



Rosemary J. Irvin WSBA #8137
Department of Health Staff Attorney

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:
****Program No. 98-07-0058MD**

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.17.310(1)(d) and 18.19.100.

Patient A:

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to)	
Practice as a Physician and Surgeon of	)	Docket No. 99-02-A-1008MD
)	
	)	STIPULATION TO INFORMAL
PAMELA G. SILVERSTEIN, M.D.	)	DISPOSITION
License No. 18869MD)	
)	
Respondent.)	

Section 1: STIPULATION

The parties to the above-entitled matter stipulate as follows:

1.1 Pamela G. Silverstein, M.D., Respondent, is informed and understands that the Program Manager, of the Commission, on designation by the Commission, has made the following allegations:

1.1.1 Patient A had a long history of pelvic pain unresponsive to conservative treatment. On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis of Patient A and to perform laparoscopic nerve ablation on Patient A. After the procedure, Patient A displayed persistent discomfort and was kept in the hospital overnight for observation. On the morning of January 14, 1995, the Respondent ordered an ultrasound, which showed fluid in Patient A's abdomen. Respondent, along with another board-certified surgeon, immediately took Patient A to surgery. A small puncture of a knuckle of adhered bowel in the area of the umbilicus was identified and easily oversewn. The second general surgeon undertook postoperative management of the patient.

- 1.1.2 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle.
- 1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4).
- 1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).
- 1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.
- 1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.
- 1.6 Respondent does not admit any of the allegations in the Statement of Allegations and Summary of Evidence or in paragraph 1.1 above. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.
- 1.7 This Stipulation to Informal Disposition is not formal disciplinary action. It is not subject to the reporting requirements of RCW 18.130.110 or any interstate/national reporting requirement.
- 1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of

Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

Section 2: INFORMAL DISPOSITION

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition:

2.1 Within twelve months of acceptance of this Stipulation to Informal Disposition, Respondent shall attend twenty hours of continuing medical education on the topic of complications of laparoscopic surgery, including trocar injuries and other complications of operative intervention. Within 14 consecutive days of completion of the education course(s), Respondent shall submit to the Department of Health, Medical Quality Assurance Commission, a detailed report(s) of information covered in the CME(s), what Respondent has learned by attending the CME(s), how she intends to apply what she has learned, and how she anticipates this will affect his future practice.

2.2 Within six months for the effective date of this Order, the Respondent shall pay to the Department of Health, Medical Quality Assurance, \$1000 (one thousand dollars) for the recovery of costs in this matter. Payment shall be made to the following address:

Department of Health
Accounting Department
Post Office Box 1099
Olympia, Washington 98507-1099

I, Pamela Gee Silverstein, M.D., Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

Pamela Gee Silverstein, M.D.
Respondent

Date

Attorney for Respondent

Date

Section 3: ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED this ____ day of _____, 199__.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Panel Chair

Presented by:

Rosemary J. Irvin WSB#8137
Department of Health Staff Attorney

Date

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

**** Program No.98-07-0058MD**

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to)	
Practice as a Physician and Surgeon of	)	Docket No. 99-02-A-1008MD
)	
Pamela G. Silverstein, M.D.	)	DECLARATION OF SERVICE
)	
Respondent.)	
<hr/>		

I declare under penalty of perjury under the laws of the state of Washington that the following is true and correct:

On February 5, 1999, I served a true and correct copy of the **Statement of Allegations and Summary of Evidence, and Stipulation to Informal Disposition**, signed by or for Maryella E. Jansen, Program Manager, on February 5, 1999, by placing same in the U.S. mail by 4:30 p.m, postage prepaid, on the following parties to this case:

Pamela G. Silverstein, M.D.
910 W. 5th Avenue, Suite 510
Spokane, WA 99204

DATED: February 5, 1999, Olympia, Washington.


Cassandra Batdorf, Paralegal

original filed with:

Adjudicative Clerk Office
1107 Eastside Street
PO Box 7879
Olympia WA 98504-7879

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

Program No. 98-07-0058MD

DECLARATION OF SERVICE

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice as a Physician and Surgeon of	)	Docket No.
)	
PAMELA G. SILVERSTEIN, M.D. License No. 18869MD	)	STATEMENT OF ALLEGATIONS AND SUMMARY OF EVIDENCE
Respondent.)	
)	
)	

The Program Manager of the Commission, on designation by the Commission, makes the allegations below. The patient referred to in this Statement of Allegations and Summary of Evidence is identified in an attached Confidential Schedule.

Section I: ALLEGED FACTS

1.1 Pamela G. Silverstein, M.D., Respondent was issued a license, to practice as a physician and surgeon by the State of Washington in January 1981.

1.2 *Patient A had a long history of pelvic pain unresponsive to conservative treatment.*

On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis of Patient A and to perform laparoscopic nerve ablation on Patient A. After the procedure, Patient A displayed persistent discomfort and was kept in the hospital overnight for observation. On the morning of January 14, 1995, the Respondent ordered an ultrasound, which showed fluid in Patient A's

abdomen. Respondent, along with another board-certified surgeon, immediately took Patient A to surgery. A small puncture of a knuckle of adhered bowel in the area of the umbilicus was identified and easily oversewn. The second general surgeon undertook postoperative management of the patient.

1.3 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle.

Section 2: SUMMARY OF EVIDENCE

- 2.1 Medical records of Patient A.
- 2.2 Respondent's statement provided by Michael J. Myers, attorney of record.

Section 3: ALLEGED VIOLATIONS

3.1 The facts alleged Paragraphs 2.1 and 2.2, if proven, would constitute unprofessional conduct under RCW 18.130.180 (4) which provides in part:

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed...

Section 4: NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition, pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission, believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate to address the conduct alleged in this Statement of Allegations and Summary of Evidence, Respondent should sign and date the Stipulation to Informal Disposition and return it within 30 days to the Commission at the following address:

Maryella Jansen, Disciplinary Manager
Department of Health
Health Professions Section 5
1300 SE Quince Street
PO Box 47866
Olympia, WA 98504-7866

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate to address the conduct alleged in the Statement of Allegations and Summary of Evidence, Respondent should contact Rosemary Irvin, Department of Health Staff Attorney, Health Professions Section 5, 1300 SE Quince Street, PO Box 47866, Olympia, WA 98504-7866 within fourteen (14) days.

4.4 If Respondent does not respond within fourteen (14) days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

4.5 In the event Respondent declines to resolve the allegations by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against Respondent by filing a statement of charges, pursuant to RCW 18.130.172(3).

4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license. Pursuant to WAC 246-01-100, Respondent must notify, in writing, the Commission, if Respondent's name and/or address changes.

DATED this _____ day of _____, 199__.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Maryella E. Jansen
Program Manager

Rosemary J. Irvin WSBA #8137
Department of Health Staff Attorney

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

*****Program No. 98-07-0058MD***

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.17.310(1)(d) and 18.19.100.

Patient A:

Facsimile Cover Sheet

To: Jan Paxton, PA-C
Company: Medical Quality Assurance
Commission
Phone: 509-925-3151
Fax: 509-925-6830

From: Rosemary Irvin, Attorney
Office: Health Professions Quality
Assurance Division, Section 5 Legal
Department of Health
PO Box 47866
Olympia WA 98504-7866
Phone: (360) 236-4812/(206)547-1224
Fax: (360) 586-0745

Date: 2/2/99

DRAFT

The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above. If you received this in error, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this message in error, please notify us by telephone immediately.

Pages including this cover page: Jan, Here's Silverstein for your review. Did the Commission actually find that she fell below the standard of care in her treatment? If she doesn't accept this, we will have to get an expert to say so....

I added in some terms you may wish to vary – the days for response, the number of hours of the CME, and the days to write the follow-up paper.

I trust you got my message on Nuki. Hope all is well with your mom.

This is a total of 12 pages.

-R

The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above. If you received this in error, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this message in error, please notify us by telephone immediately.

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

DRAFT

In the Matter of the License to Practice as a <i>Physician and Surgeon</i> of	)	Docket No.
)	
PAMELA G. SILVERSTEIN, M.D. License No. 18869MD	)	STATEMENT OF ALLEGATIONS AND SUMMARY OF EVIDENCE
Respondent.)	
)	
_____)	

The Program Manager of the Commission, on designation by the Commission, makes the allegations below. The patient referred to in this Statement of Allegations and Summary of Evidence is identified in an attached Confidential Schedule.

Section 1: ALLEGED FACTS

1.1 Pamela G. Silverstein, M.D., Respondent was issued a license, to practice as a physician and surgeon by the State of Washington in January 1981.

Section 2: SUMMARY OF EVIDENCE

2.1 Patient A had a long history of pelvic pain unresponsive to conservative treatment. On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis of Patient A and to perform laparoscopic nerve ablation on Patient A. After the procedure, Patient A displayed persistent discomfort and was kept in the hospital overnight for observation. On the morning

of January 14, 1995, the Respondent ordered an ultrasound, which showed fluid in Patient A's abdomen. Respondent, along with another board-certified surgeon, immediately took Patient A to surgery. A small puncture of a knuckle of adhered bowel in the area of the umbilicus was identified and easily oversewn. The second general surgeon undertook postoperative management of the patient.

2.2 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle.

Section 3: ALLEGED VIOLATIONS

3.1 The facts alleged Paragraphs 2.1 and 2.2, if proven, would constitute unprofessional conduct under RCW 18.130.180 (4) which provides in part:

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed...

Section 4: NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition, pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission, believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate to address the conduct alleged in this Statement of Allegations and Summary of Evidence,

Respondent should sign and date the Stipulation to Informal Disposition and return it within 30 days to the Commission at the following address:

Maryella Jansen, Disciplinary Manager
Department of Health
Health Professions Section 5
1300 SE Quince Street
PO Box 47866
Olympia, WA 98504-7866

- 4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to *Informal Disposition* are appropriate to address the conduct alleged in the *Statement of Allegations* and Summary of Evidence, Respondent should contact Rosemary Irvin, Department of Health Staff Attorney, Health Professions Section 5, 1300 SE Quince Street, PO Box 47866, Olympia, WA 98504-7866 within fourteen (14) days.
- 4.4 If Respondent does not respond within fourteen (14) days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.
- 4.5 In the event Respondent declines to resolve the allegations by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against Respondent by filing a statement of charges, pursuant to RCW 18.130.172(3).

4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license. Pursuant to WAC 246-01-100, Respondent must notify, in writing, the Commission, if Respondent's name and/or address changes.

DATED this ____ day of _____, 199__.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Maryella E. Jansen
Program Manager

Rosemary J. Irvin WSBA #8137
Department of Health Staff Attorney

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

***Program No. 98-07-0058MD*

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.17.310(1)(d) and 18.19.100.

Patient A:

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to)
Practice as a Physician and Surgeon of) Docket No.
)
) STIPULATION TO INFORMAL
PAMELA G. SILVERSTEIN, M.D.) DISPOSITION
License No. 18869)
)
Respondent.)

Section 1: STIPULATION

The parties to the above-entitled matter stipulate as follows:

1.1 Pamela G. Silverstein, M.D., Respondent, is informed and understands that the Program Manager, of the Commission, on designation by the Commission, has made the following allegations:

1.1.1 Patient A had a long history of pelvic pain unresponsive to conservative treatment.

On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis of Patient A and to perform laparoscopic nerve ablation on Patient A. After the procedure, Patient A displayed persistent discomfort and was kept in the hospital overnight for observation. On the morning of January 14, 1995, the Respondent ordered an ultrasound, which showed fluid in Patient A's abdomen. Respondent, along with another board-certified surgeon, immediately took Patient A to surgery. A small puncture of a knuckle of adhered bowel in the area of the umbilicus was identified and easily oversewn. The second general surgeon undertook postoperative management of the patient.

1.1.2 When Respondent rounded Patient A that evening, the patient was in stable condition. However, as the evening progressed, Patient A's condition started to deteriorate, despite the interventions of the general surgeon to raise Patient A's blood pressure. Patient A subsequently progressed into cardiac failure and died. It was later determined that Patient A had suffered a complete and discrete failure of the left ventricle.

1.2 Respondent is informed and understands that the Commission has alleged that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4).

1.3 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).

1.4 Respondent agrees to be bound by the terms and conditions of the Stipulation to Informal Disposition.

1.5 This Stipulation to Informal Disposition is of no force and effect and is not binding on the parties unless and until this Stipulation to Informal Disposition is accepted by the Commission.

1.6 Respondent does not admit any of the allegations in the Statement of Allegations and Summary of Evidence or in paragraph 1.1 above. This Stipulation to Informal Disposition shall not be construed as a finding of unprofessional conduct or inability to practice.

1.7 This Stipulation to Informal Disposition is not formal disciplinary action. It is not subject to the reporting requirements of RCW 18.130.110 or any interstate/national reporting requirement.

1.8 This Stipulation to Informal Disposition is releasable to the public upon request pursuant to the Public Records Act, chapter 42.17 RCW. The Statement of Allegations and Summary of

Evidence and the Stipulation to Informal Disposition shall remain part of Respondent's file and cannot be expunged.

1.9 The Commission agrees to forego further disciplinary proceedings concerning the allegations contained in sections 1.1 and 1.2 above.

1.10 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.11 Respondent is advised and understands that a violation of the provisions of section 2 of this Stipulation to Informal Disposition, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

Section 2: INFORMAL DISPOSITION

Pursuant to RCW 18.130.172 (2) and based upon the foregoing stipulation, the parties agree to the following Informal Disposition:

2.1 Within twelve months of acceptance of this Stipulation to Informal Disposition, Respondent shall attend twenty hours of continuing medical education on the topic of complications of laparoscopic surgery, including trocar injuries and other complications of operative intervention. Within 14 consecutive days of completion of the education course(s), Respondent shall submit to the Department of Health, Medical Quality Assurance Commission, a detailed report(s) of information covered in the CME(s), what Respondent has learned by attending the CME(s), how she intends to apply what she has learned, and how she anticipates this will affect his future practice.

2.2 Within six months for the effective date of this Order, the Respondent shall pay to the Department of Health, Medical Quality Assurance, \$1000 (one thousand dollars) for the recovery of costs in this matter. Payment shall be made to the following address:

Department of Health
Accounting Department
Post Office Box 1099
Olympia, Washington 98507-1099

I, Pamela Gee Silverstein, M.D., Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.

Pamela Gee Silverstein, M.D.
Respondent

Date

Attorney for Respondent

Date

Section 3: ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED this ____ day of _____, 199__.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Panel Chair

Presented by:

Rosemary J. Irvin WSB#8137
Department of Health Staff Attorney

Date

FOR INTERNAL USE ONLY. INTERNAL TRACKING NUMBERS:

**** Program No.98-07-0058MD**

Respondent: Silverstein, Pamela G.
Case # 98-07-0058MD
RCM: Paxton

**Medical Quality Assurance Commission
Case Assignment Transmittal**

Date: 12/10/98

TO: Legal Irvin, Staff Attorney
 Investigations
 Licensing Manager
 Medical Consultant
 Case Coordinator
 Compliance Officer

FROM: **Maryella Jansen, Program Manager**



The following action was ordered by the Commission at the 12/10/98 meeting:

- | | |
|---|--|
| <input type="checkbox"/> Close "no cause for action" | <input type="checkbox"/> Close with letter of concern |
| <input type="checkbox"/> Close "no jurisdiction" | <input checked="" type="checkbox"/> Authorized Stipulation to Informal Disposition |
| <input type="checkbox"/> Offer non-reportable RSA | <input type="checkbox"/> Offer reportable RSA |
| <input type="checkbox"/> Summary Suspension | <input type="checkbox"/> Statement of Charges _____ |
| <input type="checkbox"/> Interim order for evaluation | <input type="checkbox"/> Expert review by _____ |
| <input type="checkbox"/> Legal review | <input type="checkbox"/> RCM Re-assignment |
| <input type="checkbox"/> Defer | |
| <input type="checkbox"/> Further investigation concerning _____ | |
| <input type="checkbox"/> Practice review with emphasis on _____ | |
| <input type="checkbox"/> Other _____ | |

Special Instructions: _____

CASE REVIEW WORKSHEET FOR STIDS

Respondent name: _____ No. 98-07-0058
Licensed in other state(s) _____

1. Restriction or limitation of practice: _____

2. CMEs: _____

3. Corrective action (e.g. writing a paper): _____

4. Triplicates: _____

5. Time Frame (one year?): _____

6. Administrative costs: \$1000 _____

7. Join WPHP: _____

8. Other: CME - ESSAY - COMPLICATIONS

of Lap surgery including trocar injuries
AND other complications of operative
intervention

NOTICE

WAC 246-15-030, Procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of Health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is **not disclosed.**

NOTICE



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

July 28, 1998

Pamela Gee Silverstein, MD
910 W 5th Avenue, Suite 510
Spokane, WA 99204

Dear Dr. Silverstein:

The purpose of this letter is to inform you that the Medical Quality Assurance Commission has received a Medical Malpractice Payment Report as required by RCW 18.71.350. Accordingly, a case file has been opened under your name with the identification number **98-07-0058MD**. At this time we will request appropriate records from the insurance carrier. Once we have them, the case will be reviewed. At the completion of the review, the Commission will do one of two things:

- 1) They will either close the file without further inquiry in which case you will receive a letter to that effect; or
- 2) They will request to have the matter investigated further. In that event, you may again be contacted by mail and asked to submit a statement and/or records concerning the case.

If you wish to submit a statement concerning the malpractice case, you may do so at any time. You are not, however, obligated to send us anything at this time.

If the Commission receives any inquiries about the status of your license, the existence of file **98-07-0058MD** will be disclosed. However, while this file is under active review, its contents will not be disclosed. Once the review process is completed and the case is either closed or acted upon further, the contents of the file, including any statements submitted by you, will be subject to release within the guidelines established by Washington's public disclosure laws.

Please be advised that due to staff limitations and the volume of cases of all types handled by the Commission, the initial review process on your case may take from three to six months.

For your information we have also enclosed the brochure "*What Happens Next?*" which briefly describes how the Medical Commission proceeds when it receives a report concerning a physician.

If you have any questions, please feel free to call James Smith, Chief Investigator, at (360) 586-4574, or George Heye, MD, Medical Consultant, at (360) 664-8872.

Respectfully,

COPY

Maryella Jansen, Program Manager
Medical Quality Assurance Commission

Enclosure

2





STATE OF WASHINGTON

DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

July 31, 1998

Certified Mail - Return Receipt Requested

Pamela Gee Silverstein, MD
910 W 5th Avenue, #510
Spokane, WA 99204

Re File No.: 98-07-0058MD

COPY

Dear Dr. Silverstein:

The Washington State Medical Quality Assurance Commission received a mandatory insurance report indicating a \$200,000.00 settlement. The report alleged improper management of a post-surgical patient, 2 - Healthcare Information R... Please address my question listed on page two of this letter.

The Washington State Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe medical care. Under the provisions of RCW 18.130.050, the Washington State Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation.

Under provisions of RCW 18.130.180(8) and WAC 246-919-620, a health care provider shall cooperate by providing a full and complete explanation covering the matter under investigation and/or request for records and documents in his or her possession. Failure to cooperate may be deemed to be unprofessional conduct pursuant to RCW 18.130.180 (8).

The Health Care Information Act, RCW 70.02.050 (2)(a), authorizes and requires that a health care provider disclose health care information about a patient without patient authorization when that information is needed to determine compliance with state licensure regulations and laws when needed to protect the public health. Pursuant to the Health Care Information Act compulsory process (subpoena) is no longer required to obtain health care information.

3



Under provisions of the laws mentioned on page 1, you are requested to provide:

1. A narrative statement addressing the factual background of this case.

You are free to consult with and engage an attorney at your expense to represent you in this matter prior to making your response. Your response may be used if disciplinary action is deemed necessary. If you wish to have an attorney represent you, please have the attorney file a Notice of Appearance at the address below.

Please submit your response within fourteen (14) days after receipt of this letter. Mail your response to:

Tim Slavin, Investigator
Department of Health
Medical Investigations Unit
PO Box 47866
Olympia, Washington 98504-7866

If you have any questions concerning this request, please contact me at (360) 586-0515.
Thank you for your anticipated cooperation.

Respectfully,
COPY
Tim Slavin, Investigator

RANDALL & DANSKIN, P.S.

ATTORNEYS AND COUNSELORS
1300 SEAFIRST FINANCIAL CENTER
601 WEST RIVERSIDE AVENUE
SPOKANE, WASHINGTON 99201-0553
TELEPHONE (509) 747-2052
TELECOPIER (509) 624-2528

C. D. RANDALL (1955-1987)
F. S. DANSKIN (1950-1971)
A. A. LUNDIN (1914-1979)
G. L. KIMER (1918-1989)

PAUL J. ALLISON (WA)
ROBERT T. CARTER (WA, ID, OR)
OF COUNSEL

KEITH D. BROWN (WA, ID)
ANTHONY E. GRABICKI (WA, ID)
PETER J. GRABICKI (WA, ID, TX)
ROBERT P. HAILEY (WA, ID, CA)
TIMOTHY C. KRISUL (WA, ID)
DAVID A. KULISCH (WA, CA)
MICHAEL J. MYERS (WA, ID)
DONALD K. QUERNA (WA, ID)
CAROLE L. ROLANDO (WA)
DOUGLAS J. SIDDOWAY (WA, ID, NY)
LAUREL M. SIDDOWAY (WA, ID, NY)
MICHAEL L. WOLFE (WA, CA)

September 1, 1998

VIA FAX 360-586-4573

Mr. Tim Slavin, Investigator
Department of Health
Medical Investigations Unit
P. O. Box 47866
Olympia, WA 98504-7866

Re: File No. 98-07-0058MD
Pamela Gee Silverstein, M.D.

Dear Mr. Slavin:

This note will confirm our conversation this morning and my advice that Michael J. Myers will be appearing for Dr. Silverstein with regard to this file. This note will also confirm your agreement to extend the time for Dr. Silverstein's response to your July 31, 1998 letter to September 11, 1998.

We sincerely appreciate your accommodation of this request.

Very truly yours,

RANDALL & DANSKIN, P.S.



Cheryl Overby, Paralegal
for Michael J. Myers

xc - Pamela Gee Silverstein, M.D. - Personal & Confidential

RANDALL & DANSKIN, P.S.

ATTORNEYS AND COUNSELORS
1500 SEAFIRST FINANCIAL CENTER
601 WEST RIVERSIDE AVENUE
SPOKANE, WASHINGTON 99201-0653
TELEPHONE (509) 747-2052
TELECOPIER (509) 624-2528

KEITH D. BROWN (WA, ID)
ANTHONY E. GRABICKI (WA, ID)
PETER J. GRABICKI (WA, ID, TX)
ROBERT P. HAILEY (WA, ID, CA)
TIMOTHY C. KRSUL (WA, ID)
DAVID A. KULISCH (WA, CA)
MICHAEL J. MYERS (WA, ID)
DONALD K. QUERNA (WA, ID)
CAROLE L. ROLANDO (WA)
DOUGLAS J. SIDDOWAY (WA, ID, NY)
LAUREL H. SIDDOWAY (WA, ID, NY)
MICHAEL L. WOLFE (WA, CA)

C. D. RANDALL (1885-1967)
F. B. DANSKIN (1889-1971)
A. A. LUNDIN (1914-1976)
G. L. KIMER (1918-1988)

PAUL J. ALLISON (WA)
ROBERT T. CARTER (WA, ID, OR)
OF COUNSEL

RECEIVED

SEP 03 1998

INVESTIGATIONS

September 1, 1998

VIA FAX 360-586-4573

Mr. Tim Slavin, Investigator
Department of Health
Medical Investigations Unit
P. O. Box 47866
Olympia, WA 98504-7866

Re: File No. 98-07-0058MD
Pamela Gee Silverstein, M.D.


Dear Mr. Slavin:

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We sincerely appreciate your accommodation of this request.

Very truly yours,

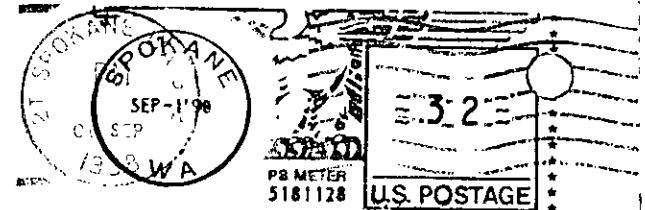
RANDALL & DANSKIN, P.S.


Cheryl Overby, Paralegal
for Michael J. Myers

xc - Pamela Gee Silverstein, M.D. - Personal & Confidential

RANDALL & DANSKIN, P.S.

ATTORNEYS AND COUNSELORS
1500 SEAFIRST FINANCIAL CENTER
601 WEST RIVERSIDE AVENUE
SPOKANE, WASHINGTON 99201-0653



Mr. Tim Slavin, Investigator
Department of Health
Medical Investigations Unit
P. O. Box 47866
Olympia, WA 98504-7866

7

985047866



RANDALL & DANSKIN, P.S

601 West Riverside Avenue, Suite 1500
Spokane, Washington 99201-0653
Phone: (509) 747-2052
Facsimile: (509) 624-2528

FACSIMILE MESSAGE — PLEASE DELIVER PROMPTLY

TO: Tim Slavin
360-586-4573

FROM: Michael J. Myers

DATE: September 11, 1998
TIME: 2:58 PM

REGARDING: 2 - Healthcare ... v. Silverstein, et al.

Our Client No.: 13695

TOTAL NUMBER OF PAGES (including cover): 3

MESSAGE: Please see attached.

Hard copy to be mailed this date: YES [x] NO []

TELECOPIER OPERATOR: Sherry

Telephone Number for Verification of Transmission: (509) 747-2052
Telecopier Number: (509) 624-2528

CONFIDENTIALITY NOTICE: The document(s) accompanying this facsimile transmission contain(s) confidential information belonging to the sender which is legally privileged. The information is intended only for the use of the individual or entity stated on this form. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please immediately notify us by telephone (collect, if necessary) to arrange for disposition of the original documents.

RANDALL & DANSKIN, P.S.

ATTORNEYS AND COUNSELORS

1500 SEAFIRST FINANCIAL CENTER
601 WEST RIVERSIDE AVENUE
SPOKANE, WASHINGTON 99201-0653

TELEPHONE (509) 747-2082

TELECOPIER (509) 624-2528

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DOUGLAS J. SIDDOWAY (WA, ID, NY)
LAUREL M. SIDDOWAY (WA, ID, NY)
MICHAEL L. WOLFE (WA, CA)

C. D. RANDALL (1855-1887)
F. B. DANSKIN (1855-1871)
A. A. LUNDIN (1914-1976)
G. L. KIMER (1918-1988)

PAUL J. ALLISON (WA)
ROBERT T. CARTER (WA, ID, OR)
OF COUNSEL

September 11, 1998

Mr. Tim Slavin
Investigator
P.O. Box 47866
Olympia, WA 98504-7866

**VIA FAX 360-586-4573
AND REGULAR MAIL**

Re: 2 - Healthcare I... v. Silverstein
Our File No. 13695

Dear Mr. Slavin:

First let me thank you for your very gracious extension of time in which to answer. My schedule has kept me out of the office for most of the last three weeks.

2 - Healthcare Information Rea... was a 39 year old woman with a long history of pelvic pain unresponsive to conservative treatment. On January 13, 1995, a diagnostic laparoscopy was scheduled and performed to examine the pelvis for causes of pain, and to perform laparoscopic nerve ablation. This procedure was performed at Deaconess Medical Center in Spokane, Washington.

The procedure went without obvious incident. Mrs. 2 - Healthcare I... displayed persistent discomfort however after the procedure and was kept in the hospital overnight for observation. The following morning, January 14, 1995, Dr. Silverstein ordered an ultrasound which showed fluid in the abdomen. She immediately took Mrs. 2 - Healthcare I... to surgery with Dr. Steven Beyersdorf, a board certified general surgeon. A small puncture of a knuckle of adhered bowel in the area of the umbilicus was identified and easily oversewn. Dr. Beyersdorf undertook postoperative management of the patient.

Dr. Silverstein rounded on the patient that evening at which time the patient was in stable condition. Thereafter, throughout that evening and the following morning her condition very strangely deteriorated notwithstanding interventions by Dr. Beyersdorf to raise her blood pressure. Ultimately she suffered cardiac failure and died.

The cause of her death, within so few hours after bowel repair surgery was a matter of some substantial dispute. Indeed, it was determined that Mrs. 2 - Healthcare... had suffered a complete and

Mr. Tim Slavin
September 11, 1998
Page 2

discrete failure of her left ventricle. This is a virtually unheard of phenomenon the cause for which is unknown.

While plaintiffs alleged Mrs. 2 - Healthcare L...'s problems occurred as a result of sepsis from the bowel perforation, many of the finest experts in the area of cardiac function, critical care, and infectious disease concluded that sepsis was in no way related to her bizarre left ventricular failure. These experts included Gust Bardy, M.D., cardiophysiolgist at the University of Washington; David Eschenbach, M.D., a specialist in gynecologic infectious disease; Allen Arieff, M.D., from the University of California - San Francisco, internist and critical care specialist; and others. The cause of this bizarre cardiac failure remains unknown.

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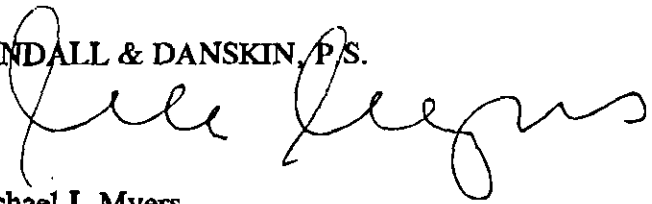
Pursuant to Washington law plaintiffs moved for and obtained an order requiring mediation. At that mediation this matter was settled in the amount you refer to in your letter of July 31, 1998, but, as between the parties, on a confidential basis. Obviously, settlement occurred because of the uncertainties associated with any jury trial. Dr. Silverstein believes that her care was in conformity with the standard required of her.

In order to get you this report in a timely fashion I have dictated this narrative. I am of course, copying this to Dr. Silverstein; and if you feel you need more in way of direct narrative from her on the topic, please advise and it will be promptly forthcoming.

Once again thank you very much for your cooperation in this matter.

Very truly yours,

RANDALL & DANSKIN, P.S.


Michael J. Myers

MJM/ss

cc: P. Silverstein, M.D. - Personal & Confidential
(MJM/ss\13695\slavin1)

RANDALL & DANSKIN, P.S.

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September 11, 1998

RECEIVED

SEP 14 1998

INVESTIGATIONS

VIA FAX 360-586-4573
AND REGULAR MAIL

Mr. Tim Slavin
Investigator
P.O. Box 47866
Olympia, WA 98504-7866

Re: 2 - Healthcare Infor... v. Silverstein
Our File No. 13695

Dear Mr. Slavin:

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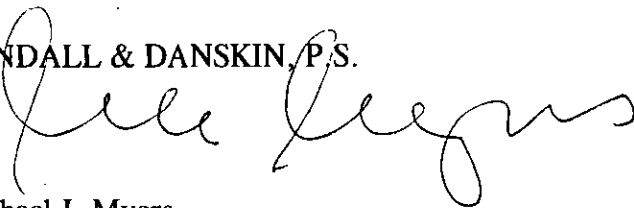
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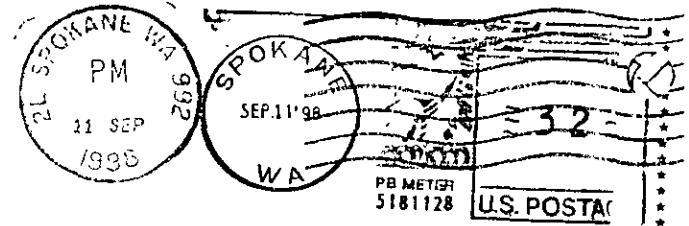


Michael J. Myers

MJM/ss

cc: P. Silverstein, M.D. - Personal & Confidential
(MJM\ss\13695\slavin1)

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SPOKANE, WASHINGTON 99201-0653



Mr. Tim Slavin, Investigator
Department of Health
Medical Investigations Unit
P. O. Box 47866
Olympia, WA 98504-7866

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385047866



ATTACHMENT 1

MEDICAL RECORDS OF 2 - Healthcare Information Readily Identifiable to a Pers...

CASE #98-07-0058MD PAMELA G. SILVERSTEIN, MD

MEDICAL CHRONOLOGY

2 - Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW ...

Redaction Summary (33 redactions)

3 Privilege / Exemption reasons used:

1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (1 instance)

2 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" (30 instances)

3 -- "Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1)" (2 instances)

Redacted pages:

- Page 5, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances
- Page 6, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 10, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 10, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
- Page 12, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
- Page 26, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 34, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 42, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 59, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 69, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 101, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 106, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 114, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 122, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 133, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 140, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 151, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 156, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 157, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 5 instances
- Page 158, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 159, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 5 instances
- Page 160, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 162, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
- Page 163, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance