

Respondent: Silverstein, Pamela Gee  
Case #: 03-10-0047MD  
IRP Presenter: Crowell

**MEDICAL QUALITY ASSURANCE COMMISSION**  
*Initial Review Panel*  
**Case Assignment Transmittal**

Date: FEB 18 2004

- 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 FEB 18 2004 meeting:

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

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**INITIAL REVIEW PANEL  
CASE PRESENTATION**

Case Number:  
**03-10-0047MD**

MD/PA	_____
AGE	_____
FOP	_____
TOM	_____
C/C	____, ____ , ____
Disp	_____

Date: February 10, 2004  
Presented by: Bill N. Crowell, PA-C

**Respondent: Pamela Gee Silverstein, MD Spokane County**

**Complainant:** 3 - Healthcare Information ...

**CASE SUMMARY**

The Respondent: Is a 54-year-old Board Certified OB/GYN physician, who has been licensed in the State of Washington since January 12, 1981.

The Complainant: A former patient.

Malpractice Settlement: N/A

The Complaint: Medical negligence.

Complaint Review: The Complainant reports that on September 5, 2003, she underwent a laparoscopy procedure by the Respondent for suspected endometriosis. The Complainant notes that the Respondent lacerated the iliac artery during the procedure, necessitating emergency intervention by another provider. The Complainant notes that the day-surgery turned into a nine-day hospital stay and that she is now faced with a number of bills that she finds she is unable to pay due to the fact that she is unable to work.

The Respondent, represented by counsel, replies by saying that while doing a diagnostic laparoscopy on the Complainant, a 26-year-old female, an injury to the left iliac vein occurred at the bifurcation of the right and left iliac veins from the inferior vena cava. The Respondent goes on to say that this was thought to have occurred when the trocar brushed the sacral promontory on entry of the abdominal cavity.

The Respondent contends that this type of injury is a recognized complication of laparoscopy and can occur despite due care. The Respondent points out that the injury was promptly recognized, that a general surgeon was consulted and an immediate repair of the iliac vein was completed.

Postoperatively, the Complainant received packed red blood cells and was placed on anticoagulant therapy per general surgery. In addition, the Respondent notes that the Complainant developed an abdominal wall hematoma during her hospitalization that spontaneously drained. The Complainant was doing well at her 7-week postoperative check-up.

Admitted on September 5, 2003, the Complainant was discharged on September 13, 2003.

Prior Cases: 3

**#94-03-0002MD.** Beyond archival retention. Closed.

**#95-02-0011MD.** Beyond archival retention. Closed.

**#98-07-0058MD.** Medical malpractice settlement for \$200,000. 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. Closed NCF.

**DEPARTMENT OF HEALTH  
HEALTH PROFESSIONS SECTION 5  
INVESTIGATIONS UNIT**

**CONFIDENTIAL INVESTIGATIVE REPORT**

**PREPARED FOR THE**

**MEDICAL QUALITY ASSURANCE COMMISSION**

\*\*\*\*\*

**CASE # 2003-10-0047MD**

**Respondent:**

Pamela Gee Silverstein, MD  
WomanHealth  
Deaconess Hlth & Ed. Bldg.  
910 West Fifth, Suite 510  
Spokane, WA 99204

**Attorney:**

Keith D. Brown, Atty. at Law  
Randall & Danskin, P.S.  
1500 Bank of America Fin. Ctr.  
601 West Riverside Avenue  
Spokane, WA 99201-0653

(509) 747-1055 Fax: (509) 747-7984 (509) 747-2052

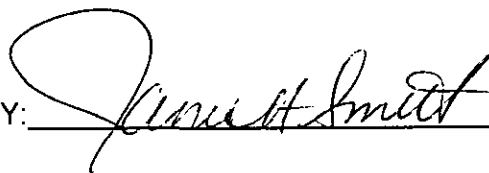
**Complainant:**

**Attorney: None Provided**

3 - Healthcare Information Readily Identifiable to a Per...

Investigative Case File completed by Investigator: T.R. Heafey on February 06, 2004

APPROVED BY:



DATE:

2/9/04

## GENERAL CASE SUMMARY

**COMPLAINT / ALLEGATIONS:** A complaint was received by the WA State Department of Health/Medical Quality Assurance Commission on October 09, 2003 from [redacted] 3 - Healthc... alleging Dr. Pamela Gee Silverstein tore the iliac vein during an laparoscopic procedure for endometriosis on September 05, 2003 resulting in a 9-day hospital stay.

**CASE REVIEW:** A Request for Investigation was received in the Spokane Office on Oct. 22, 2003. The complainant was contacted on 12/19/2003 at her parent's home telephone number [redacted] 3 - Healthcare Information... in Ritzville, WA. (pg 11). [redacted] 3 - Healthcare Inform... had re-located to [redacted] 3 - Healthcare Information Readily I... I mailed her a Whistleblower waiver form and Authorization for Release of Confidential Information the same day which she signed and returned to this office on January 02, 2004 (pp 12 & 13). Letters of Request for [redacted] 3 - Healthcare Inform... patient records were sent to Deaconess Medical Center in Spokane, WA.; Dr. Nathan Stime, MD; and Dr. Shane McNevin on January 07, 2004. A Letter of Cooperation was sent to Dr. Silverstein on January 07, 2004, as well. A Notice of Appearance was received by fax from Attorney Keith Brown on January 21, 2004. On February 5, 2004, Dr. Silverstein's response was received accompanied by patient records of [redacted] 3 - Healthcare Informatio... .

In that response, Dr. Silverstein admits [redacted] 3 - Healthcare Inform... suffered an injury to the left iliac vein at the bifurcation, occurring when the trocar brushed the sacral promontory on entry to the abdominal cavity. Dr. Silverstein writes, "This type of injury is a recognized complication of laparoscopy and can occur despite due care". (pg 129)

The investigation was completed on Feb. 06, 2004 and forwarded to the Chief Investigator in Tumwater, WA.

1. Contacts Made	3. Significant Activity
2. Key Evidence / Attachments	4. Prior Case History

### 1) Contacts:

Thomas R. Heafey, Health Care Investigator III  
Department of Health/Medical Investigations  
1500 West Fourth Avenue, Suite 313  
Spokane, WA 99204

(509) 458-3642

Nathan Stime, MD

[redacted] 1 - DOH Licensee Health Professional Home A...

Lyn Willett, Med. Records  
Deaconess Medical Center  
W. 800 – 5<sup>th</sup> Avenue  
P O Box 248  
Spokane, WA 99210

(509) 473-7324

Shane McNevin, MD  
104 W. 5<sup>th</sup> Avenue  
Spokane, WA 99204

### 2) Key Evidence / Attachments:

<u>Page</u>	<u>Description</u>
1-8	Intake, Letters of Notification & Acknowledgment.

- 9-10 Whistleblower waiver form and Release of Information form sent to complainant.
- 11 Memo to File regarding a telephone conversation with the complainant.
- 12-13 Signed Whistleblower waiver form and Authorization for release of confidential information.
- 14-15 Copy of the Letter of Request for [3 - Healthcare Information Rea...] medical records from Deaconess Medical center in Spokane, WA.
- 16-102 Patient records of [3 - Healthcare Information ...] obtained from Deaconess Medical Center on January 16, 2004.
- 102-103 Copy of the Letter of Request for [3 - Healthcare Information Rea...] medical records from Dr. Nathan Stime, MD.
- 104-112 Patient records of [3 - Healthcare Information ...] obtained from Dr. Stime.
- 113-114 Copy of the Letter of Request for [3 - Healthcare Information Rea...] medical records from Dr. Shane McNevin.
- 115-122 Patient records of [3 - Healthcare Information ...] obtained from Dr. McNevin.
- 123-124 Copy of the Letter of Cooperation sent to Dr. Silverstein.
- 125-127 Fax and "hard copy" of Attorney Keith Brown's Notice of Appearance.
- 128-129 Attorney Keith Brown's cover letter and Dr. Silverstein's response.
- 130-191 Patient records of [3 - Healthcare Information ...] supplied by the Respondent.

**3) Activity:**

<u>Date</u>	<u>Activity</u>
10-09-2003	Complaint received by the WA State Department of Health.
10-14-2003	Initial Assessment Review
10-15-2003	Request for Investigation received MIU/Olympia.
10-15-2003	Investigation assigned to T. Heafey.
10-22-2003	Request for Investigation received MIU/Spokane.
12-19-2004	10:00 am. T/C to Complainant. ( pg 11)

- 01-02-2004 Signed Whistleblower waiver and Authorization to release confidential information received from complainant.
- 01-07-2004 Letter of Request for patient records formulated and sent to Lyn Willett at Deaconess Medical Center (pp 14-15)
- 01-07-2004 Letter of Request for patient records formulated and sent to Dr. Nathan Stime, MD.
- 01-07-2004 Letter of Request for patient records formulated and sent to Dr. Shane McNevin, MD.
- 01-07-2004 Letter of Cooperation sent to Dr. Pamela Silverstein.
- 01-12-2004 Requested records received from Dr. Stime and Dr. McNevin.
- 01-12-2004 Requested records received from Deaconess Medical Center.
- 01-21-2004 Notice of Appearance received by Fax from Attorney Brown.
- 02-05-2004 Dr. Silverstein's response received by courier from Attorney Brown's Office.
- 02-06-2004 Investigation closed and forwarded to the Chief Investigator.

4) **Prior Case History:** 3

<u>Case Number</u>	<u>Complainant</u>	<u>Date</u>	<u>Type</u>	<u>Status</u>
1994-03-0002	Physician Ins.	03-01-1994		Closed
1995-02-0011	Pamela Wise	02-03-1995	13	Closed
1998-07-0058	Physicians Ins.	07-28-1998	35	CNAG

.....  
**WASHINGTON STATE MEDICAL QUALITY ASSURANCE COMMISSION**  
**REQUEST FOR INVESTIGATIVE SERVICES**  
.....

TO: Medical Investigations Unit  
FROM: Cindy Hamilton, Intake Coordinator  
PHONE: 236-4805

**RECEIVED**  
OCT 22 2003  
INVESTIGATIONS

DATE ASSIGNED: 10/15/03

CASE #: 03-10-00471419

RESPONDENT: Silverstein, Pamela L.

LOCATION: Spokane, WA

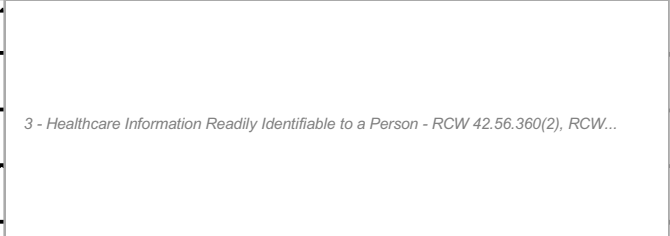
PRIORITY: 3 CODE: 04

INVESTIGATOR ASSIGNED: Thomas Hefey

PA CONSULTANT ASSIGNED: BC

BACKGROUND COMMENTS: C = LACK NET, RONDA

Comp's new address & tel. no.:





**INITIAL ASSESSMENT REVIEW**  
**Case Number: 03-10-0047MD**

Date: October 14, 2003  
Presented by: Bill N. Crowell, PA-C

Respondent: Pamela Gee Silverstein, MD Spokane County

Complainant: 3 - Healthcare Information...

**CASE SUMMARY**

The Respondent: Is a 54-year-old Board Certified OB/GYN physician, who has been licensed in the State of Washington since January 12, 1981.

The Complainant: A former patient.

Malpractice Settlement: N/A

The Complaint: Medical negligence.

Complaint Review: The Complainant reports that on September 5, 2003, she underwent a laparoscopy procedure by the Respondent for suspected endometriosis. The Complainant notes that the Respondent lacerated the iliac artery during the procedure, necessitating emergency intervention by another provider. The Complainant notes that the day surgery turned into a nine-day hospital stay and that she is now faced with a number of bills that she finds she is unable to pay due to the fact that she is unable to work.

Prior Cases: 3

**#94-03-0002MD.** Beyond archival retention. Closed.

**#95-02-0011MD.** Beyond archival retention. Closed.

**#98-07-0058MD.** Medical malpractice settlement for \$200,000. 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. Closed NCFA.

Code: 04

Notification: Yes  No

Investigative Plan:

- Whistleblower waiver.
- Copy of patient medical records including intervening surgeon who made the repair.
- Respondent's statement.



**CASE PRESENTATION**  
 STATE OF WASHINGTON  
 Case Number:  
 DEPARTMENT OF HEALTH  
**98-07-0058MD**

• P.O. Box 47866 • Olympia, Washington 98504-7866

**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.

*PRIOR*

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

*PRIOR*

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.

Prior

DEPARTMENT OF HEALTH  
HEALTH PROFESSIONS QUALITY ASSURANCE DIVISION - SECTION 5

INTAKE SHEET

Respondent Information

Case No: 03-10-0047MD

Case Opened: 10/09/2003

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: 9/30/2005

Spokane, WA 99204

Soc Sec No: 2 - DOH Licens...

School Attended: Baylor Coll of Med; Houston, TX

Year Completed: 1974

Specialty: Obstetrics and Gynecology

Board Certified: Yes

Complainant Information

Name: 3 - Healthcare Information Re...

Address: 3 - Healthcare Information Readily...

*new address:*

3 - Healthcare Information Readily Identifiable to a Per...

Companion Case Information (other Respondent)

Previous Case Information (same respondent)

Case No: 94-03-0002MD

Case Disposition: Closed

Reason Closed: \_\_\_\_\_

Complainant: Physician Insurance

Case No: 95-02-0011MD

Case Disposition: Closed

Reason Closed: NCFA

Complainant: 4 - Identity - Whis...

Case No: 98-07-0058MD

Case Disposition: Closed

Reason Closed: NCFA

Complainant: Physicians Insurance Excha

**\*Steps**

A=Assess  
RM = Reviewing Member  
S=Settlement

I=Investigating  
LD=Legal Drafting  
LP=Legal Prehearing

LR=Legal Review  
LS = Legal Service  
RAG=Legal Support

F=Final Action

RPT002 10/15/2003

# American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources  
515 North State Street  
Chicago, Illinois 60610  
<http://www.ama-assn.org/amaprofiles>



## AMA Physician Profile

**Name and Mailing Address:**

PAMELA SILVERSTEIN MD  
910 W 5TH AVE STE 510  
SPOKANE WA 99204-2972

**Primary Office Address:**

SAME AS MAILING ADDRESS

**Phone:** 1-509-747-1055

**Birthdate:** 09/30/1949

**Birthplace:** HOUSTON, TX UNITED STATES OF AMERICA

**Physician's Major Professional Activity:** OFFICE BASED PRACTICE

**Practice Specialties Self Designated by the Physician:**

**Primary Specialty:** OBSTETRIC & GYNECOLOGY

**Secondary Specialty:** INTERNAL MEDICINE

**AMA membership:** MEMBER

————— **Data From This Point Forward is Primary Source Reported** —————

**Current and/or Historical Medical School:**

BAYLOR COLL OF MED, HOUSTON TX 77030

**Reported Year of Graduation:** 1974

**Degree Awarded:** Yes

**Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):**

*Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".*

**Institution:** BAYLOR COLL OF MED

**Specialty :** INTERNAL MEDICINE

**State:** TEXAS

07/1974 - 06/1975  
(VERIFIED)

# American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources  
515 North State Street  
Chicago, Illinois 60610  
<http://www.ama-assn.org/amaprofiles>



## AMA Physician Profile

### Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

*Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".*

**Institution:** BAYLOR COLL OF MED  
**Specialty :** INTERNAL MEDICINE

**State:** TEXAS  
07/1975 - 12/1975  
(VERIFIED)

**Institution:** BAYLOR COLL OF MED  
**Specialty :** UROLOGY

**State:** TEXAS  
06/1978 - 06/1981  
(VERIFIED)

**Note:** If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

**NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 1975**

### Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
WASHINGTON	MD	01/12/1981	09/30/2003	ACTIVE	UNLIMITED	08/15/2003
COLORADO	MD	10/14/1975	05/31/1983	INACTIVE	UNLIMITED	08/06/2003
TEXAS	MD	08/17/1974	12/31/1982	INACTIVE	UNLIMITED	09/04/2003

**Note:** When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

### ECFMG Certification:

#### **Applicant Number:**

**Note:** The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

# American Medical Association

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Division of Survey and Data Resources  
515 North State Street  
Chicago, Illinois 60610  
<http://www.ama-assn.org/amaprofiles>



## AMA Physician Profile

### Federal Drug Enforcement Administration:

FEDERAL DEA REGISTRATION INFORMATION WAS LAST REPORTED TO THE AMA ON 08/06/2003.  
DEA REGISTRATION IS VALID THROUGH 02/28/2005.

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

### Specialty Board Certification(s):

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

**Certifying Board:** AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

**Certificate:** OBSTETRICS & GYNECOLOGY

**Certificate Type:** GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Occurrence</u>	<u>Last Reported</u>
LIFETIME	01/01/1984		INITIAL	07/09/2003

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (\*\*) Indicates an expired certificate.

### Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

### Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

### Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please mark them on a copy of the profile and mail or fax to:

Division of Survey and Data Resources  
Attn: Physician Profile Unit  
515 N. State Street  
Chicago, IL 60610  
312 464-5199  
312 464-5900 (fax)

# American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources  
515 North State Street  
Chicago, Illinois 60610  
<http://www.ama-assn.org/amaprofiles>



## AMA Physician Profile



crh0303  
INDIVIDUAL NAME  
LAST SILVERSTEIN  
FIRST PAMELA  
MIDDLE GEE

REAL SYSTEM  
(JR, SR, III)

V2.5.74 01:44:23 PM  
REFERENCE # MD00018869  
SOC SEC NUM 2-DOH Licensee Social...

+--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 09-30-2005

RESIDENCE INFORMATION  
910 W 5TH AVE STE 510  
SPOKANE WA 99204

PHONE: ( ) - COUNTY: 32  
( ) - LGL ST:

NOTES

+-----+  
CURRENT STATUS: A D EXPIRATION DATE: 09-30-2005 FIRST ISSUE DATE: 01-12-1981  
RENEWAL STATUS: Z LAST ACTIVE DATE: - - LAST RENEWAL DATE: 09-18-2003  
COMPLAINTS O/C: 0/3 AUTHORITY:  
+-----+

2003 10 0047  
19/4 10-9-03

Brd Cert - OBGYN  
1974 Baylor; Houston, TX

Complainant

3 - Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56...

crh0303

REAL SYSTEM

V2.5.74

01:44:33 PM

CASE NUMBER	COMPLAINANT	COMPLAINT DATE	INVESTIGATOR	TYPE	STATUS
94030002	PHYSICIAN INSURANCE	03-01-1994			CLOSED
95020011	<span style="border: 1px solid black; padding: 2px;">4 - Identity - Whistleblo...</span>	02-03-1995		13	CLOSED
98070058	PHYSICIANS INS EXCH	07-28-1998		35	CNAG



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

March 5, 2004

3 - Healthcare Information Readily Identifiable to a Perso...

SUBJECT: Pamela Gee Silverstein, MD  
Case No: 2003-10-0047MD

Dear 3 - Healthcare Inform...

The Medical Quality Assurance Commission has completed its investigation regarding the concerns you expressed about Pamela Gee Silverstein, MD.

After careful consideration of the records and information obtained during the investigation, it was determined that disciplinary action is not necessary at this time. In order to take action against the license of a health care provider in the state of Washington, the Commission must prove that there were violations of rules or regulations governing the profession. It is the decision of the Commission that it would be unable to present sufficient evidence to support disciplinary action against Dr. Silverstein.

Thank you for bringing your concerns to our attention. If you have any questions, please feel free to contact me at (360)236-4792 or Lisa Noonan at (360)236-4791.

Sincerely,

MARYELLA JANSEN, Deputy Executive Director  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia, WA 98504-7866

(C)NCFA-RPT032.DOC



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

March 5, 2004

Pamela Gee Silverstein, MD  
WomanHealth  
Deaconess Health & Ed Bldg  
910 West Fifth, Suite 510  
Spokane, WA 99204

SUBJECT: Pamela Gee Silverstein, MD  
Case No: 2003-10-0047MD

Dear Dr. Silverstein:

The Medical Quality Assurance Commission has completed its investigation regarding allegations of medical negligence.

In order to take action, the Commission must prove that there were violations of rules or regulations governing the profession. After careful consideration of the records and information obtained during its investigation, it was determined that disciplinary action is not necessary.

As a reminder, you may submit an additional written statement if you wish it to be added to the case filed. The file will be subject to release within the guidelines established by Washington public disclosure laws. Public disclosure requests usually come from insurance companies and employers.

Thank you very much for your cooperation in this matter. If you have any questions, please feel free to contact me at (360)236-4792 or Lisa Noonan at (360)236-4791.

Respectfully,

MARYELLA JANSEN, Deputy Executive Director  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia, WA 98504-7866

cc: Keith D. Brown



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

• P.O. Box 47866 • Olympia, Washington 98504-7866

October 16, 2003

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

Dear Dr. Silverstein:

SUBJECT: Respondent: Pamela Gee Silverstein, MD  
Case No: 2003-10-0047MD

The purpose of this letter is to inform you that the Medical Quality Assurance Commission received a report concerning an allegation of unprofessional conduct as defined in RCW 18.130.180 (4), the Uniform Disciplinary Act, and opened a file to consider the report on October 9, 2003. RCW 18.130.050, of the Uniform Disciplinary Act, authorizes the Medical Quality Assurance Commission to investigate complaints of unprofessional conduct.

A preliminary investigation to gather the facts will be conducted by an investigator from the Department of Health, Medical Assessment and Medical Investigations Unit. The investigator will contact you as soon as possible during the investigation if a statement or other information from you is required.

Please note that the Medical Quality Assurance Commission is bound by statute to comply with two different laws, which may seem to conflict. The first requires that we immediately notify a practitioner that a complaint has been filed. The second, the whistleblower law RCW 43.70.075, prohibits us from releasing the name of the complainant or any specific details about the report which could identify the complainant until we have received a signed waiver authorizing us to do so. We are sensitive to the fact that it can be very disconcerting to know a complaint has been filed against you, but not know any details about it. Therefore, once the waiver has been obtained, an investigator will contact you as soon as possible and all issues will be discussed as fully as allowed by law so that you will have an opportunity to respond. In a small percentage of cases, a statement from the Respondent will not be required and no investigator will contact the Respondent.

You may submit a written statement about the complaint at any time. However, you may choose to wait until after you have been contacted by an investigator and advised of the nature of the complaint. If the Commission receives any inquiries about the status of your license while this case is still open, only its existence will be disclosed. Once the review process has been completed, the case will either be closed or acted upon. The contents of the closed case file, including any statements submitted by you, will be subject to release according to Washington's public disclosure laws. Most public disclosure requests come from insurance companies and employers.

We have enclosed our informational brochure *What Happens Next?* along with a copy of RCW 18.130.180 Unprofessional Conduct. Please be aware that this process can take three to six months and in some cases longer. If you have questions, please feel free to call this office at (360) 236-4798.

Respectfully,

James H. Smith, Chief Investigator  
Medical Quality Assurance Commission  
Enc.: *What Happens Next?*; RCW 18.130.180  
(R)Notify-RPT030.DOC





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

• P.O. Box 47866 • Olympia, Washington 98504-7866

October 16, 2003

3 - Healthcare Information Readily Identi...

Dear 3 - Healthcare Inform...

SUBJECT: Respondent: Pamela Gee Silverstein, MD  
Case No: 2003-10-0047MD

Thank you for your recent letter in which you express concerns regarding Pamela Gee Silverstein, MD. Your report has been assigned a case number which is 2003-10-0047MD.

This case will be investigated to determine if a violation of the Uniform Disciplinary Act, Chapter 18.130 RCW, Unprofessional Conduct, has occurred. If you have any additional information pertaining to this case, please forward it along with a copy of this letter to me at the above address. Please understand that you may not hear from us during the investigation. If we need additional information, one of our investigators will contact you.

Enclosed for your information is the brochure *What Happens Next?* along with a copy of RCW 18.130.180 Unprofessional Conduct. Once the investigation has been completed and a panel of the Medical Quality Assurance Commission has reviewed the facts of the case and taken action, you will be notified in writing of their decision.

In order for the investigation to begin, we need you to sign and return the enclosed form. Please see the accompanying letter for information regarding this request.

Again, thank you for bringing your concerns to our attention. If you have any questions or need further information, please call my office at (360) 236-4798.

Sincerely,

James H. Smith, Chief Investigator  
Medical Quality Assurance Commission

COPY

Enclosures: What Happens Next?, RCW 18.130.180  
Request letter, *Authorization to Release Complainant's Name*  
Return envelope

(C)ACK-RPT003.DOC





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
• P.O. Box 47866 • Olympia, Washington 98504-7866

October 16, 2003

3 - Healthcare Information Readily I...

SUBJECT: Respondent: Pamela Gee Silverstein, MD  
Case No: 2003-10-0047MD

Dear 3 - Healthcare Informat...

Washington State Law, RCW 43.70.075, pertains to the "Whistleblower Law" which requires that the identity of a complainant/whistleblower who complains in good faith to the Department of Health about improper quality of care by a health care provider shall be kept confidential. In some instances, particularly in your case, where you are the consumer of care complaining against a provider, investigation cannot proceed without disclosure of your identity to the particular provider. This is so the provider can respond appropriately to the allegations of your complaint and provide records specific to your case.

This investigation and/or action is contingent upon the disclosure of your identity to the provider. Should you desire this investigation to proceed, your voluntary authorization in the form *Authorization to Release Complainant's Name* will be necessary. I have enclosed this form for your signature, along with a postage paid envelope for its return. When your waiver has been obtained, your identity will be released solely for purposes of investigation and adjudication as necessary. Your identity will be protected in all other instances and will not be released in response to public disclosure requests.

If you have any further questions or if I may be of assistance to you, please do not hesitate to call me at (360) 236-4798. Thank you for your cooperation.

Sincerely,

James H. Smith, Chief Investigator  
Medical Quality Assurance Commission

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

\*\*\*\*\*

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME  
PURSUANT TO RCW 43.70.075  
(DOH WHISTLEBLOWER STATUTE)

RCW 43.70.075 provides in part: "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, or in a health care facility, as defined in RCW 43.72.010 shall remain confidential . . ."

I understand that my identity is confidential pursuant to RCW 43.70.075 (DOH Whistleblower Statute). By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Pamela Gee Silverstein, MD**, Respondent, to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

\* \* \* \* \*

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* \* \* \* \*

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CASE No.: 2003-10-0047MD  
RESPONDENT: Pamela Gee Silverstein, MD

Return no later than: October 31, 2003

000004



## **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**

000005

**Report Form**  
Department of Health  
Medical Quality Assurance Commission  
Attention: Intake Coordinator  
P.O. Box 47866; Olympia, WA 98504-7866  
Fax: (360) 586-4573  
Web Page: <http://www.doh.wa.gov/hsqa/hpqad/MQAC/default.htm>

**RECEIVED**  
OCT 09 2003  
INVESTIGATIONS

Your Name:

Address:

City:  State:  Zip:

Phone: Work ( ) \_\_\_\_\_ Home (  ) \_\_\_\_\_

**Report Information**

Please complete the following information concerning the physician or physician assistant whom you wish to report. Please supply as much information as you can on this form. Insufficient information will delay the processing of your report. Thank you.

Name of Physician(s)  
or Physician Assistant(s): Pamela G. Silverstein

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date or time period you received treatment, service, or other:  
September 5, 2003

Have you discussed your report with the physician or his/her office/business?  
Yes  No

\*\*\*\*\*If your report involves a patient(s), please provide full name and birth date of patient(s), if known:

I am the patient. My DOB is

Please state your concerns in the space provided below. Please be as specific and complete as possible. You may attach additional sheets if necessary.

After suspicion of endometriosis, I went in for a laparoscopy. <sup>on 9-5-03</sup> Dr. Pamela Silverstein performed the surgery. Upon using the scope to enter my abdomen, she hit and ripped my iliac (sp) vein. I lost nearly half my blood, causing immediate need for repair on my vein and a blood transfusion. My day surgery turned into a 9 day hospital stay. I lost wages and now have thousands of dollars in medical bills I can't afford, not to mention a scar from my belly button to my hairline (vertically), and a horizontal scar the full length of my stomach. I'm on blood thinners & a strict diet. I've had complications and still have trouble walking. I cannot lift my 2-year-old son, and I had no

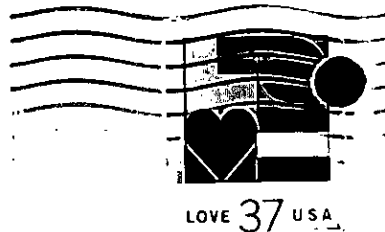
family where I lived, so I had to  
move to my hometown to live with  
my parents for help with my son.  
I'm not eligible for unemployment  
or Medicaid and am now swamped  
in bills I can't pay.

Please feel free to contact  
me with any questions.

I don't know if positive  
documentation gets recognized,  
but special thanks to Dr. Michael  
Shane McNevin for repairing my  
vein & saving my life.



State of Washington  
DEPARTMENT OF HEALTH  
Health Professions Quality Assurance Division  
310 Israel Road SE PO Box 47866 Olympia WA 98504-7866



RECEIVED  
OCT 09 2003  
INVESTIGATIONS

WA ST DEPT OF HEALTH  
MEDICAL QUALITY ASSURANCE  
COMM -- INTAKE COORDINATOR  
PO BOX 47866  
OLYMPIA WA 98504-7866

98504+7866



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

\*\*\*\*\*

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME  
PURSUANT TO RCW 43.70.075  
(DOH WHISTLEBLOWER STATUTE)

RCW 43.70.075 provides in part: "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, or in a health care facility, as defined in RCW 43.72.010 shall remain confidential . . ."

I understand that my identity is confidential pursuant to RCW 43.70.075 (DOH Whistleblower Statute). By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Pamela Gee Silverstein, MD**, Respondent, to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

\* \* \* \* \*

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* \* \* \* \*

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CASE No.: 2003-10-0047MD  
RESPONDENT: Pamela Gee Silverstein, MD

Return no later than: October 31, 2003

000009

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL INVESTIGATIONS UNIT

*Please sign  
& complete  
lines (✓ed),  
Thank you*

RELEASE CONFIDENTIAL RECORDS AND INFORMATION

3 - Healthcare Information Readily Identifiable to a Per...

I, \_\_\_\_\_, authorize and request

1. Harborview Medical Center
2. Dr. Shane McNeurin, MD
3. Dr. Nathan Stime, MD

to disclose and release to the State of Washington, Department of Health, Medical Investigations Unit, orally and in writing all \_\_\_\_\_ regarding my condition during the course of my treatment under the name of \_\_\_\_\_.

3 - Healthcare Information Readily Identifiable to ...

Such information may include, but is not limited to the following: History; Physical Examination; Evaluation; Diagnosis; Report of Diagnostic procedure findings, including HIV test results; Treatment; Prognosis; Consultation reports; Operative reports; Drug and/or Alcohol treatment records; Psychiatric and Psychological evaluations; Progress and Nursing notes; Summaries of care and all information relating to confidential communications made during course of treatment.

The purpose for such disclosure is to aid the Department of Health in conducting an investigation as authorized in Chapter 18.130 RCW.

You may also allow an authorized representative of the Department of Health to inspect and take a copy of your professional and clinical records relating to my care, and to inspect and borrow x-rays or photographs in your possession, for examination and reproduction.

You may accept a photocopy of this authorization with the same authority as the original.

I understand that I have no obligation whatsoever to disclose the requested information; I expressly waive the protection afforded by federal regulations as codified in 42 CFR part 2 and authorize the release of information pertaining to Psychiatric history/treatment, Drug and/or Alcohol history/treatment, if such is a part of my medical records.

I understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance to release the information to the Department of Health. This consent will expire without express revocation ninety (90) days after it has been signed and dated by me.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Signature of Parent, Guardian or Authorized Representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Client/Patient

\_\_\_\_\_  
Client/Patient Name Printed

Address: \_\_\_\_\_

\_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_ Birth Date \_\_\_\_\_

000010

DEPARTMENT OF HEALTH  
HEALTH PROFESSIONS SECTION V

MEMORANDUM TO FILE

DATE: December 19, 2003

TIME: 10:00 am

CASE #: 2003-10-0047MD

RE: Telephone conversation with the Complainant, [3 - Healthcare Information Read...]

FROM: Thomas R. Heafey [Signature]

This investigator telephoned [3 - Healthcare Information ...] at the aforementioned time and date. [3 - Healthcare Information Readily Identifiable to a Person - RC...]  
[3 - Healthcare Information Readily Identifiable to a Person - RC...]  
Ironically, the complainant had moved to the [3 - Healthcare Information Readily Identifiable to a Person - RC...]  
[3 - Healthcare Information Readily Identifiable to a Person - RC...]  
and was in [3 - Healthcare Information Readily Identifiable to a Person - RC...]  
visiting her family. She had not received the Whistleblower Waiver form. I advised her that I would send one out to her with an authorization for release of documentation and a stamped return envelope. I requested she sign them and return them to me as soon as possible.

[3 - Healthcare Information Readily Identifiable to a Person - RCW 42...] provided her current address and telephone number as:

[3 - Healthcare Information Readily Identifiable to a Person - RCW 42...]

I asked [3 - Healthcare Information Readily Identifiable to a Person - RCW 42...] where her surgery took place – she replied, “Deaconess (Medical Center)”. Who is her Primary Care Provider – she replied, “Dr. Nathan Stime”. I asked her if she had an attorney – she replied, No (unable to find one to take the case). She noted that her surgeon was Dr. Shane McNevin. I advised her we would be obtaining her medical records from these physicians and Deaconess Medical Center. Her complaint was that Dr. P. Silverstein tore the iliac vein during a Laparoscopy on 09-05-2003.

A previous attempt to contact the complainant was made at 08:55 am on 12-01-2003 with a message left for her to call this investigator.

000011



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION

\*\*\*\*\*

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME  
PURSUANT TO RCW 43.70.075  
(DOH WHISTLEBLOWER STATUTE)

RCW 43.70.075 provides in part: "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, or in a health care facility, as defined in RCW 43.72.010 shall remain confidential . . ."

I understand that my identity is confidential pursuant to RCW 43.70.075 (DOH Whistleblower Statute). By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Pamela Gee Silverstein, MD**, Respondent, to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

\* \* \* \* \*

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: 3 - Healthcare Information Readily Identifiable to a Person... \_\_\_\_\_ Date: 12'21'2003

\* \* \* \* \*

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CASE No.: 2003-10-0047MD  
RESPONDENT: Pamela Gee Silverstein, MD

Return no later than: October 31, 2003

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL INVESTIGATIONS UNIT

RELEASE CONFIDENTIAL RECORDS AND INFORMATION

3 - Healthcare Information Readily Identifiable to ...

I, \_\_\_\_\_, authorize and request

1. Wacongan Medical Center
2. Dr. Shane McNewse, MD
3. Dr. Nathan Stine, MD

to disclose and release to the State of Washington, Department of Health, Medical Investigations Unit, orally and in writing all \_\_\_\_\_ regarding my condition during the course of my treatment under the name of \_\_\_\_\_

3 - Healthcare Information Readily Identifiable to a Per...

Such information may include, but is not limited to the following: History; Physical Examination; Evaluation; Diagnosis; Report of Diagnostic procedure findings, including HIV test results; Treatment; Prognosis; Consultation reports; Operative reports; Drug and/or Alcohol treatment records; Psychiatric and Psychological evaluations; Progress and Nursing notes; Summaries of care and all information relating to confidential communications made during course of treatment.

The purpose for such disclosure is to aid the Department of Health in conducting an investigation as authorized in Chapter 18.130 RCW.

You may also allow an authorized representative of the Department of Health to inspect and take a copy of your professional and clinical records relating to my care, and to inspect and borrow x-rays or photographs in your possession, for examination and reproduction.

You may accept a photocopy of this authorization with the same authority as the original.

I understand that I have no obligation whatsoever to disclose the requested information; I expressly waive the protection afforded by federal regulations as codified in 42 CFR part 2 and authorize the release of information pertaining to Psychiatric history/treatment, Drug and/or Alcohol history/treatment, if such is a part of my medical records.

I understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance to release the information to the Department of Health. This consent will expire without express revocation ninety (90) days after it has been signed and dated by me.

Signed this 21 day of December, 2003

Signature of Parent, Guardian or Authorized Representative

✓  
Sig

3 - Healthcare Information Readily Identifiable to a Person - ...

Relationship

✓  
Client/Parent Name

3 - Healthcare Information Readily Identifiable to a Person - RCW 42.5...

Address:

3 - Healthcare Information Readily Identifiable to a Person - RCW 42.5...

3 - Healthcare Information Readily Identifiable to a Pe...

✓  
Soc. Sec.

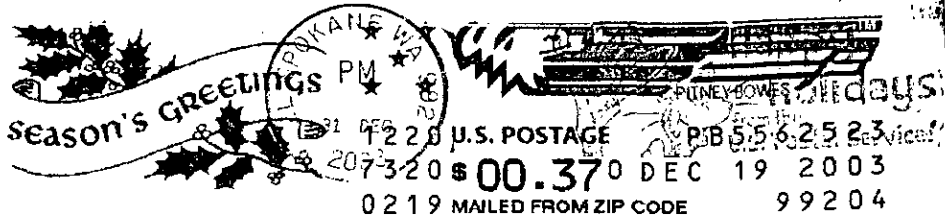
3 - Healthcare Informatio...

Birth Date

3 - Healthcare Inform...

Signature of Witness

000013



TOM HEAFEY, INVESTIGATOR  
DEPARTMENT OF HEALTH  
Medical Investigation Unit  
1500 West Fourth, Suite 313  
Spokane, Washington 99204

RECEIVED

JAN 2 2004

INVESTIGATIONS

99204-99236 1B



Toppenish



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Health Professions Quality Assurance Division*  
*Investigation/Legal Unit*  
*Freeway Plaza Building, Suite 313*  
*West 1500 Fourth Avenue*  
*Spokane, WA 99204*

January 07, 2004

Attn: Lynn Willett, Medical Records Manager  
Deaconess Medical Center  
W. 800 - 5<sup>th</sup> Avenue  
Spokane, WA 99204

Re File No.: 2003-10-0047MD

Dear Lynn

The Washington State Medical Quality Assurance Commission has received a complaint of Unprofessional Conduct against **Dr. Pamela Gee Silverstein, MD**

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.

The Health Care Information Act, RCW 70.02.050 (2)(a), 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 rules or laws

Under provisions of the above laws you are requested to provide:

- 1) Your patient records of  (dob: ) including Consultations, Diagnostic test results, X-ray reports, Progress notes, medication flow sheets, H&P, Operative report; Discharge Summary and any other data pertaining to this patient for a hospitalization occurring on September 05, 2003.



Deaconess Medical Center

January 07, 2004

Page 2

Please send copies of the records within fourteen (14) days after receipt of this letter.

Copies are to be sent to:

Tom Heafey, Health Care Investigator III  
Department of Health  
Medical Investigations Unit  
Freeway Plaza Building, Suite 313  
1500 West Fourth Avenue  
Spokane, WA 99204

If you have any questions concerning this request please contact me at (509) 458-3642. Thank you for your anticipated cooperation.

Respectfully,



Tom Heafey, Senior Investigator



800 W 5<sup>th</sup> Avenue  
PO Box 248  
Spokane, WA 99210

January 14, 2004

Tom Heafey, Health Care Investigator III  
Department of Health  
Medical Investigations Unit  
Freeway Plaza Bldg., Suite 313  
West 1500 Fourth Avenue  
Spokane, WA 99204

Dear Mr. Heafey,

Enclosed per your request are copies from the medical records of 3 - Healthcare Informati...

Please feel free to contact me at (509) 473-7324 if you have questions about the enclosed copies or if additional information is needed.

Sincerely,

A handwritten signature in cursive script that reads 'Lyn Willett'.

Lyn Willett, RHIT  
Manager, Medical Records/Health Information Management  
509-473-7324

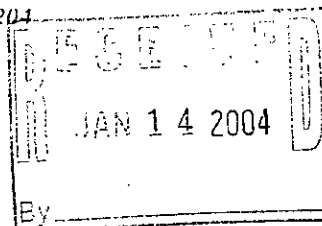
Enclosure

**000016**



57-35-86  
9-13-03 I

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Health Professions Quality Assurance Division  
Investigation/Legal Unit  
Freeway Plaza Building, Suite 313  
West 1500 Fourth Avenue  
Spokane, WA 99204



January 07, 2004

Attn: Lynn Willett, Medical Records Manager  
Deaconess Medical Center  
W. 800 - 5<sup>th</sup> Avenue  
Spokane, WA 99204

Re File No.: 2003-10-0047MD

Dear Lynn

The Washington State Medical Quality Assurance Commission has received a complaint of Unprofessional Conduct against **Dr. Pamela Gee Silverstein, MD**

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.

The Health Care Information Act, RCW 70.02.050 (2)(a), 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 rules or laws

Under provisions of the above laws you are requested to provide:

- 1) Your patient records of  (dob:

SOURCECORP HEALTHSERVE

Date Copied: 1/14/03 EMP ID: 82154

<input checked="" type="checkbox"/> Name and ID info match	<input type="checkbox"/> All info copied
<input checked="" type="checkbox"/> Address complete	<input type="checkbox"/> Pertinent info copied
<input type="checkbox"/> Phone number	<input type="checkbox"/> Care chart copied
<input checked="" type="checkbox"/> Request date is valid	<input type="checkbox"/> Copied per request
<input type="checkbox"/> Birth Date is valid	<input type="checkbox"/> Other (see below)

SILVERSTEIN, PAMELA, MD 2003100047 PAGE 40



Deaconess Medical Center  
January 07, 2004  
Page 2

Please send copies of the records within fourteen (14) days after receipt of this letter.  
Copies are to be sent to:

Tom Heafey, Health Care Investigator III  
Department of Health  
Medical Investigations Unit  
Freeway Plaza Building, Suite 313  
1500 West Fourth Avenue  
Spokane, WA 99204

If you have any questions concerning this request please contact me at (509) 458-3642. Thank you for your anticipated cooperation.

Respectfully,

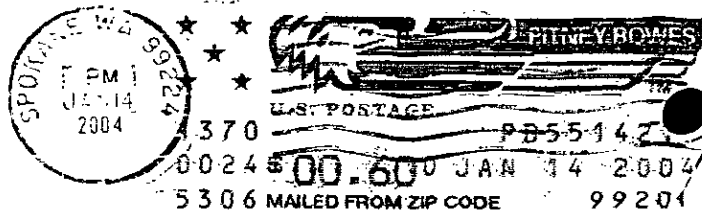


Tom Heafey, Senior Investigator



GENERAL, VASCULAR,  
COLON/RECTAL AND  
THORACIC SURGERY

104 WEST FIFTH  
SUITE 350 EAST  
SPOKANE, WA 99204



Tom Heafey, Health Care Investigator III  
Department of Health  
Medical Investigations Unit  
Freeway Plaza Bldg., Suite 313  
1500 W. 4th Ave.  
Spokane, WA 99204

99204+1636 1A



SILVERSTEIN, PAMELA MD\_2003100047 PAGE 147



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Health Professions Quality Assurance Division*  
*Investigation/Legal Unit*  
*Freeway Plaza Building, Suite 313*  
*West 1500 Fourth Avenue*  
*Spokane, WA 99204*

January 07, 2003

Pamela Gee Silverstein, MD  
910 West Fifth Avenue, Suite 510  
Spokane, WA 99204

Re: Our file no. #2003-10-0047MD

Dear Dr. Silverstein:

The Washington State Department of Health/Medical Quality Assurance Commission has received a complaint alleging you tore the iliac vein of a patient (3 - Healthcare Information Re...) while performing a Laparoscopy on September 05, 2003 at Deaconess Medical Center in Spokane, WA.

The Medical Quality Assurance Commission is the agency within the State government with legislated authority and responsibility to assure the delivery of safe medical care. Under the provision of RCW 18.130.050, the 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.

Under provision of RCW 18.130.180 and WAC 246-919-620, a physician shall cooperate with the Commission by providing a full and complete explanation covering the matter under investigation and shall furnish copies of any papers or documents in his/her possession. The Uniform Health Care Information Act, RCW 70.02.050 (2)(a) 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 rules or laws.

Under provisions of the above laws, please provide:

- 1) Your typed or written explanation/perspective relating to the allegations noted in Paragraph One
- 2) Please provide a copy of the patient's records including diagnostic test results, laboratory reports, Progress Notes, Medication flow sheets; H&P; Consultations, Operative report and any other documentation pertinent to this patient.

Dr. Pamela G. Silverstein, M.D.  
January 07, 2004  
Page 2

Please be advised that this is a preliminary investigation only. The Medical Quality Assurance Commission has not made a determination as to whether further investigation and/or Commission action is warranted.


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(s) 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.

Your reply is requested within fourteen (14) days following your receipt of this letter. Please mail your response in care of:

Tom Heafey, HCI III  
Department of Health  
Medical Investigations Unit  
Freeway Plaza Building, Suite 313  
1500 West Fourth Avenue  
Spokane, WA 99204

If you have any questions, please feel free to contact me **(509) 458-3642**.

Sincerely,



Tom Heafey,  
Senior Investigator

000124

**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**

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**TO:** Mr. Tom Heafey, HCI III**FAX NO.:** 458-3638**PHONE NO.:** 458-3642**FROM:** Keith D. Brown**DATE:** January 21, 2004**TIME:** 1:01 PM**REGARDING:** Pamela Silverstein, MD—2003-10-0047MD**Our Client No.:** 46081**TOTAL NUMBER OF PAGES (including cover):** 2

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**MESSAGE:** Please see attached letter dated January 21, 2004.

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**Hard copy to be mailed this date? Yes  No** **TELECOPIER OPERATOR:** Karen**Telephone Number for Verification of Transmission:** (509) 747-2052**Telecopier Number:** (509) 624-2528

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**000125**

**RANDALL & DANSKIN, P.S.**

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 DAVID J. GROESBECK (WA)  
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 DONALD K. QUERNA (WA, ID)  
 CAROLE L. ROLANDO (WA)  
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 MICHAEL L. WOLFE (WA, CA)

ROBERT T. CARTER (WA, ID, OR)  
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C. D. RANDALL (1885-1967)  
 F. B. DANSKIN (1889-1971)  
 A. A. LUNDIN (1914-1976)  
 G. L. KIMER (1918-1988)

January 21, 2004

Mr. Tom Heafey, HCI III  
 Department of Health  
 Medical Investigations Unit  
 Freeway Plaza Building, Suite 313  
 1500 West Fourth Avenue  
 Spokane, Washington 99204

Re: Pamela G. Silverstein, MD  
 Your File #2003-10-0047MD  
 Our File No. 46081

Dear Mr. Heafey:

Please consider this letter as our Notice of Appearance for Dr. Pamela Silverstein concerning the above file.

Thank you for the courtesy of extending the due date for Dr. Silverstein's response to February 6, 2004. If you have any questions, please do not hesitate to call.

Very truly yours,

RANDALL & DANSKIN, P.S.

*Keith D. Brown*

Keith D. Brown  
 Michael J. Myers

KDB/kf  
 46051\Hcafe01;kf

000126

**RANDALL & DANSKIN, P.S.**

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January 21, 2004

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Freeway Plaza Building, Suite 313  
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Spokane, Washington 99204

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Keith D. Brown  
Michael J. Myers

KDB/kf  
46051\Heafey01;kf

000127

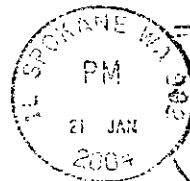
RANDALL & DANSKIN, P.S.

ATTORNEYS AND COUNSELORS

1500 BANK OF AMERICA FINANCIAL CENTER

601 WEST RIVERSIDE AVENUE

SPOKANE, WASHINGTON 99201-0653

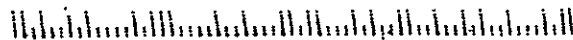


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MR TOM HEAFEY HCI III  
DEPARTMENT OF HEALTH  
MEDICAL INVESTIGATIONS UNIT  
1500 WEST FOURTH AVENUE SUITE 313  
SPOKANE WA 99204

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**RANDALL & DANSKIN, P.S.**

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February 4, 2004

Mr. Tom Heafey, HCI III  
Department of Health  
Medical Investigations Unit  
Freeway Plaza Building, Suite 313  
1500 West Fourth Avenue  
Spokane, Washington 99204

Re: Pamela G. Silverstein, MD  
Your File #2003-10-0047MD  
Our File No. 46081

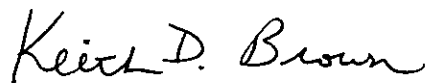
Dear Mr. Heafey:

Enclosed for your review is a complete copy of Dr. Silverstein's patient chart pertaining to 3 - Healthcare Information ... A copy of Dr. Silverstein's summary of the care provided is also enclosed. We appreciate the extension of time you granted in order to provide these materials.

Please call if you have any questions.

Very truly yours,

RANDALL & DANSKIN, P.S.



Keith D. Brown  
Michael J. Myers

/dl

Enc.

cc: Dr. Pamela Silverstein (w/o enc)

46051\Heafey02;dl

**000128**

# WOMANHEALTH

OBSTETRICS • GYNECOLOGY • INFERTILITY

Pamela Gee Silverstein, M.D.  
Valerie Ewert, C.N.M.  
Wendy Smith, A.R.N.P.

Lewis Meline, M.D.  
Sharon Moses, A.R.N.P.  
Leanne Zilar, A.R.N.P.  
Adie Goldberg, A.C.S.W., M.Ed.

January 21, 2004

State of Washington Department of Health  
Health Professions Quality Assurance Division  
Investigation/Legal Unit  
Freeway Plaza Bldg., Suite 313  
West 1500 Fourth Avenue  
Spokane, WA 992204

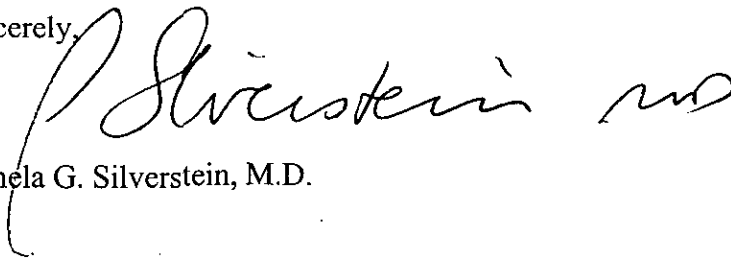
RE: File no. #2003-10-0047MD

To Whom It May Concern:

Please find enclosed my entire chart regarding 3 - Healthcare Information Re... surgery on 9/5/2003. During a diagnostic laparoscopy, 3 - Healthcare Infor... did have an injury to the left iliac vein right at the bifurcation. This was thought to have occurred when the trocar brushed the sacral promontory on entry to the abdominal cavity. This type of injury is a recognized complication of laparoscopy and can occur despite due care. The injury was promptly recognized. General surgery was consulted and was immediately available; repair of the iliac vein was promptly accomplished. Postoperatively she received packed red blood cells. She was placed on anticoagulant therapy per general surgery. She developed an abdominal wall hematoma during her hospitalization that spontaneously drained. She was doing well at her 7week postoperative check up.

If you have any further questions, please don't hesitate to ask.

Sincerely,



Pamela G. Silverstein, M.D.

Redaction Summary ( 70 redactions )

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4 Privilege / Exemption reasons used:

1 -- "DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2)" ( 1 instance )

2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" ( 2 instances )

3 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" ( 65 instances )

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

Redacted pages:

- Page 2, 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 4, 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 5, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
- Page 5, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 7 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), 7 instances
- Page 8, 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 9, 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 12, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 12, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
- Page 12, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
- Page 17, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 17, 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 18, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
- Page 19, 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 22, 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 23, 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 26, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 7 instances
- Page 31, 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 32, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 9 instances
- Page 33, 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), 8 instances
- Page 37, 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 39, 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 40, 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 94, 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 148, 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 154, 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 155, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 2 instances