

July 01, 2019

Geetha Narayani Fink, MD

2 - DOH Licensee Health Professi...

Case #: 2019-6981

Dear Dr. Fink:

The Washington Medical Commission has received a complaint concerning an allegation of unprofessional conduct. Specifically, the complaint reported concerns about care you provided to patient 4 - Name - Whistleblower Regarding Health Care Provider ... in April 2019. It was reported that the patient had severe bleeding and pain after a C-section complicated by an unexpected urinary bladder incision. An examination during a postoperative appointment revealed a retained surgical pad. The patient was subsequently hospitalized for an infection. A copy of the redacted complaint is included for your review. This is a request for information.

The Washington Medical Commission is the entity within state government with legislated authority and responsibility to assure the delivery of safe health care. Under the provisions of RCW 18.130.050, the Washington Medical 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 this is a preliminary investigation only. No charges have been issued in connection with this investigation.

Under provisions of RCW 18.130.180(8) and WAC 246-919-620 a licensee shall cooperate by providing a full and complete explanation covering the matter under 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 the information is needed to determine compliance with state licensure rules or laws.

Under the terms of the laws mentioned, you are asked to provide:

1. A thorough, written overview of the care you provided to patient 4 - Name - Whistlebl... for the period from 04/10/2019 to 04/30/2019.
2. Please respond to the allegation that you discharged the patient “too quickly” after a C-section complicated by bleeding and urinary bladder repair.
3. Please respond to the allegation you left a surgical pad inside the patient’s cervix following the C-section.

4. Anything else that you would like to add to address this complaint.

You may consult with and engage an attorney at your expense to represent you in this matter before 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 14 days after receipt of this letter **but no later than 07/18/2019**. Mail your response to:

Gina M Fino, Health Care Investigator  
Department of Health  
Medical Investigations Unit  
P.O. Box 47866  
Olympia, Washington 98504-7866

Thank you for your cooperation.

Respectfully,



Gina M Fino, MD  
Clinical Health Care Investigator  
Phone: (360) 236-2777  
Email: gina.fino@wmc.wa.gov  
Fax: (360) 236-2744

**Attachments: A copy of the redacted complaint**



1102 Broadway, Suite 401  
Tacoma WA 98402  
Fax: (253) 627-8928  
[www.f2vm.com](http://www.f2vm.com)

DIRECT LINE: (253) 683-4517  
EMAIL: [jen@f2vm.com](mailto:jen@f2vm.com)

July 24, 2019

*SENT VIA EMAIL*

Gina M. Fino, MD  
Department of Health  
P. O. Box 47866  
Olympia, WA 98504-7866

Re: Geetha Fink, MD - MQAC re 4 - Name - Whistleb...  
DOH File No. 2019-6981  
Our File No. CHI-7260

Dear Dr. Fino:

Our office has been retained by Dr. Geetha Fink to assist her in responding to the Commission's inquiry. Please accept this letter as my formal Notice of Representation in this matter. Please direct all future correspondence to my attention, at the above address. I will also accept electronic service.

I received a copy of your July 1, 2019 letter on July 24, 2019, and I am in the process of gathering and analyzing the medical records regarding this inquiry. Additionally, I would like the opportunity to meet with my client. I would appreciate a two week extension of Dr. Fink's time to respond. I will endeavor to have a response to you by **August 8, 2019**.

Please let me know if you are amenable to this extension. Thank you so much for your consideration and I look forward to working with you on this matter.

Sincerely,

FITZER FITZER VEAL McAMIS, P.S.

A handwritten signature in blue ink that reads 'Jennifer M. Veal'.

Jennifer Merringer Veal



1102 Broadway, Suite 401  
Tacoma WA 98402  
Fax: (253) 627-8928  
[www.f2vm.com](http://www.f2vm.com)

DIRECT LINE: (253) 683-4512  
EMAIL: [michelle@f2vm.com](mailto:michelle@f2vm.com)

August 22, 2019

*SENT VIA EMAIL*

Gina M. Fino, MD  
Department of Health  
P. O. Box 47866  
Olympia, WA 98504-7866

Re: Geetha Fink, MD - MQAC re 4 - Name - Whistlebl...  
DOH File No. 2019-6981  
Our File No. CHI-7260

Dear Dr. Fino:

With this cover letter I am sending additional medical records received from St. Francis Hospital in this case. I apologize for the delay in getting these to you, they were just received by our office today.

Please let me know if you have any questions.

Sincerely,

FITZER FITZER VEAL McAMIS, P.S.

A handwritten signature in black ink, appearing to be 'Michelle Moran', written over a horizontal line.

Michelle Moran, Paralegal

# FAX COVER

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Date: 06/25/2019

To: St. Francis Hospital HIM Department

Phone: 253.426.6672

Fax: 253.426.6924

From: Gina Fino, MD - Clinical Health Care Investigator

Phone: 360.236.2777

Fax: 360.236.2744

Number of Pages (including this cover): 3

Re: Records request for file # 2019-6981

June 25, 2019

St. Francis Hospital  
HIM Department

Re File #: 2019-6981

**IOD Acct: # 336678**  
**Ciox Acct: # 2164433**

Dear Health Information Services:

The Washington Medical Commission has received a complaint and is investigating health care provided by a physician.

The Washington Medical Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe health care. Under the provisions of RCW 18.130.050, the Washington Medical 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.

The Health Care Information Act, RCW 70.02.050 (2)(a), requires a health care provider disclose health care information about a patient without patient authorization when the information is needed to determine compliance with state licensure rules or laws.

Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation. Any written statement you make may be released to the person under investigation if a statement of charges is issued.

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

A copy of the medical record for patient 4 - Name - Whistleblower Regarding Health Care Pro... for the period from 04/12/2019 to 04/20/2019. Please be certain to include all care notes, laboratory reports, pathology reports, radiology reports, emergency department records, discharge summaries, history and physicals, consultations, and surgery/procedure note associated with this patient's care.

Please send copies of the records within fourteen (14) days after receipt of this letter. It is requested that records and images be provided in **CD or other electronic format**, if available.

Copies are to be sent to:

Gina M. Fino, MD, Clinical Health Care Investigator  
Washington Medical Commission  
Medical Investigations Unit  
P.O. Box 47866  
Olympia, Washington 98504-7866

Thank you for your cooperation.

Respectfully,



Gina M. Fino, MD  
Clinical Health Care Investigator  
(360) 236-2777 phone  
(360) 236-2744 fax  
[gina.fino@WMC.wa.gov](mailto:gina.fino@WMC.wa.gov) email

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# FAX COVER

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Date: 06/25/2019

To: Franciscan Women's Health Associates-Federal Way  
HIM Department

Phone: 253.792.2400

Fax: 253.792.4993

From: Gina Fino, MD - Clinical Health Care Investigator

Phone: 360.236.2777

Fax: 360.236.2744

Number of Pages (including this cover): 3

Re: Records request for file # 2019-6981



June 25, 2019

Franciscan Women's Health Associates-Federal Way  
HIM Department

Re File #: 2019-6981

**IOD Acct: # 336678**  
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Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation. Any written statement you make may be released to the person under investigation if a statement of charges is issued.

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

A copy of the medical record for patient 4 - Name - Whistleblower Regarding Health Care Pro... for the period from 04/12/2019 to 06/25/2019. Please be certain to include all care notes, laboratory reports, pathology reports, radiology reports, history and physicals, consultations, and surgery/procedure note associated with this patient's care.

Please send copies of the records within fourteen (14) days after receipt of this letter. It is requested that records and images be provided in **CD or other electronic format**, if available.

Copies are to be sent to:

Gina M. Fino, MD, Clinical Health Care Investigator  
Washington Medical Commission  
Medical Investigations Unit  
P.O. Box 47866  
Olympia, Washington 98504-7866

Thank you for your cooperation.

Respectfully,



Gina M. Fino, MD  
Clinical Health Care Investigator  
(360) 236-2777 phone  
(360) 236-2744 fax  
[gina.fino@WMC.wa.gov](mailto:gina.fino@WMC.wa.gov) email

## RCM Case Review Exempt from public disclosure under RCW 42.56.290 and Civil Rule 26(b)(5)(B)

Case Number: 2019-6981

\*Respondent: GNF

\* For additional demographic information about an MD Respondent, please reference the Case Summary (the Respondent's prior case history can also be found on that document), AMA report, and NPDB report. For additional demographic information about a PA Respondent, please reference the Case Summary (the Respondent's prior case history can also be found on that document) and NPDB report.

RCM: Roberts

Staff Attorney: Balatbat

Investigator: Noss

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**RCM Complaint Description:** The complainant is the patient. Her allegation is that the Respondent cut her bladder during a C-section causing severe hemorrhage and repair. Several weeks later still experiencing severe pain the patient saw another provider who discovered a pad had been left in patient's cervix during surgery, causing infection and a 3-day hospitalization for IV antibiotics.

**RCM Review:** The patient was admitted at 39 weeks. She had a prior C-section 2 years prior because of fetal cardiac decelerations. The Respondent was on call and had not met the patient prior to the onset of her labor. There was an attempt to allow vaginal delivery at the current admission, but because of failure to progress, she was taken for another C-section. At that procedure, there were considerable adhesions, and a serosal injury to the bladder occurred; however this was just a serosal injury, was identified and easily repaired, and is not unexpected in the course of a repeat C-section. It certainly was not the source of either the patient's post-delivery bleeding.

Post-delivery, the patient continued to bleed vaginally. It was determined that she needed to return for placement of a Bakri intrauterine balloon to help control the bleeding. Unfortunately, the patient couldn't tolerate this without an anesthetic (many patients do tolerate placement without an anesthetic). As the delivery suites were occupied, the patient was taken to the main OR, where personnel are less familiar with the process. The Respondent placed the balloon and inserted vaginal packing to help to keep the balloon in place. Of note is that the Respondent's partner, who subsequently removed the balloon, was present during the procedure. The Respondent was off the next day and her partner removed the balloon and discharged the patient. The packing was inadvertently left in place, and was removed 2 weeks later by a different provider at

her routine post-delivery follow-up visit. At that time, the complainant had developed endometritis and required admission for iv antibiotics.

The Respondent recognizes that this was a preventable complication. She did not dictate into her note that she had left a vaginal packing. Such a packing is recommended by the vendor of the Bakri balloon, but the Respondent recognizes that not all providers use the packing. The Individual who subsequently remove the balloon had been present when it was placed, but the Respondent expressed regret that a better sign-out communication didn't occur, and that she had not dictated placement packing in her op note (Note: the op report would probably not have been available the next morning at discharge anyway).

There are additional mitigating factors in this instance. The Respondent states that most patients for whom this is required are awake when the procedure is done, and the patient is made aware of the packing when it is placed and when it will be removed. The fact that the case was done in the main OR means that the staff who would subsequently be taking care of the patient were not present when the packing was placed, as they would have been had the case been performed in the Delivery OR. The Respondent notes that she intends to use this event as a mechanism for improving the system defects (Swiss cheese effect) that lead to this event, as well as to improve communication of the care plan to the care team. I do not believe that we can improve on her understanding of the issues nor can we increase patient safety with any disciplinary action.

There is one management problem with which I do take issue. According to the Attorney's response letter, the patient received a 2 unit packed cell transfusion because of a "quantitative blood loss" of 3720cc. While that appears to be a significant blood loss, the patient is young, there is considerable hemodilution in pregnancy, the patient (complainant) did not have appear to be symptomatic from the blood loss, and she had no medical problems that would warrant transfusion of an asymptomatic patient. Transfusion for acute anemia in young, healthy (and especially recently pregnant), asymptomatic individuals is rarely indicated based on either low Hb or "quantitative blood loss."

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**RCM Recommendation:**

1 - Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent

**Recommended Discipline:**

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☐ Consent Agenda

Closure Code:

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Redaction Summary ( 106 redactions )

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4 Privilege / Exemption reasons used:

- 1 -- "Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent that reveal factual or investigative information prepared, collected, or assembled in litigation or in anticipation of litigation." ( 3 instances )
- 2 -- "DOH Licensee Health Professional Home Address and/or Home Phone Number - RCW 42.56.350(2)" ( 1 instance )
- 3 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" ( 96 instances )
- 4 -- "Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1)" ( 6 instances )

Redacted pages:

[illegible]

[illegible]





1 instance  
Page 95, 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 96, 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 97, DOH Licensee Health Professional Home Address and/or Home Phone Number - RCW 42.56.350(2), 1 instance  
Page 97, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances  
Page 99, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance  
Page 100, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance  
Page 102, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance  
Page 105, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance  
Page 108, Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent that reveal factual or investigative information prepared, collected, or assembled in litigation or in anticipation of litigation., 3 instances