

**MQAC CASE MANAGEMENT TEAM ASSESSMENT**

CMT – Wednesday Telephonic Assessment

Respondent: Easterling, Thomas R.

Case Number: 2012-3160

Date:	Staff Attorney:	Clerk:
Panel Chair:	Andison, <u>Braniner</u> , Burger, Clower, Concannon, Cullen, <u>Elders</u> , Green, Johnson, Pattison, Winslow, Cvitanovic, Dore, <u>Goffhold</u> , Harder, Harvey, Hensley, Hopkins, Marsh, <u>Ruiz</u> Sen	
Management : Staff Attorneys:	Jansen, <u>Dr. Heye</u> , <u>Smith</u> , <u>Newman</u> , <u>Creighton</u> , <u>McEachron</u> Farrell, Berg, Caille, McLaughlin, Landreau, Mager	

**A. FILE CLOSED PRIOR INVESTIGATION (BEFORE)**

<input type="checkbox"/> BT1 - Advertising that is a technical violation	<input type="checkbox"/> BT7 - Insufficient information	<input type="checkbox"/> BT12 - Profession-Specific Threshold Explain: _____ a) Violating confidentiality b) Inappropriate delegation to unlicensed person that does not involve invasive procedures or piercing of skin (e.g., RN instructs NA to apply skin cream) c) Failure to supervise resulting in no harm or minor harm to a patient d) Isolated incidents which suggest little or no patient harm, not likely to reoccur
<input type="checkbox"/> BT2 - Aged or outdated complaints	<input type="checkbox"/> BT8 - Issues which have been otherwise resolved. Explain resolution: _____ (Detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> BT13 - Referral to another program or agency
<input type="checkbox"/> BT3 - Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> BT9 - Lack of complaint credibility	<input type="checkbox"/> BT14 - Risk minimal, not likely to reoccur
<input type="checkbox"/> BT4 - Communication and personality issues	<input type="checkbox"/> BT10 - No Jurisdiction	<input type="checkbox"/> BT15 - Time practice on an expired credential for a period of time accepted by the disciplining authority
<input type="checkbox"/> BT5 - Complainant withdrew	<input type="checkbox"/> BT11 - No violation at the time the event occurred	<input type="checkbox"/> BT16 - Unidentified complainant, client or patient name and no allegations of significant harm or potential harm
<input checked="" type="checkbox"/> BT6 - If allegations are true, no violation of law occurred		<input type="checkbox"/> BT 17 - Unique closure (panel must explain)
Further Explanation ( if any):		

**B. SCOPE OF INVESTIGATION AUTHORIZED:**  Entire complaint  Limit  Focus  Expanded

Notes: \_\_\_\_\_

**C. PRIORITY**  A (risk of immediate danger)  B (serious risk)  C (moderate risk)  D (minor risk)  E (technical violations)

**D. CLOSED AFTER INVESTIGATION**

<input type="checkbox"/> Application investigation only - Panel decides to grant without conditions	
<input type="checkbox"/> A1-Care rendered was within standard of care	<input type="checkbox"/> A7-Mistaken identity
<input type="checkbox"/> A2-Complainant withdrew-	<input type="checkbox"/> A8-No Jurisdiction
<input type="checkbox"/> A3- Unique closure (panel must explain)	<input type="checkbox"/> A11-No Whistleblower
<input type="checkbox"/> A5- Evidence does not support a violation	<input type="checkbox"/> A12-Risk minimal, not likely to reoccur
Further Explanation:	

**E. SEXUAL MISCONDUCT CASE RCW 18.130.062**

<input type="checkbox"/> Authorized Investigation yes / no	<input type="checkbox"/> Set as Priority A yes/ no
<input type="checkbox"/> Retain by MQAC, clinical or standard of care issues, do not refer	<input type="checkbox"/> Refer case to Secretary for non clinical issues

# GUIDE FOR CLOSURE CODES

## September 2011

Code	Closure	Description
	Application	Decision to grant an unrestricted license.
A-1	Care rendered was within standard of care	The evidence establishes that the respondent met or exceeded the standard of care.
A-2	Complainant withdrew complaint	The complainant withdrew the complaint, and the complainant's testimony is necessary to meet the burden of proof.
A-3	Unique closure (Panel must explain)	Any concerns regarding Respondent have been resolved through corrective action, license revocation, and suspension, death of respondent or other circumstances. <ul style="list-style-type: none"> <li>• (explain): _____</li> </ul>
A-5	Evidence does not support a violation	<ul style="list-style-type: none"> <li>• The evidence is not sufficient to establish by clear, cogent, and convincing evidence that Respondent violated any UDA provision.</li> <li>• This includes situations in which the investigator was unable to obtain all material evidence.</li> </ul>
A-7	Mistaken Identity	The case opened under the wrong respondent's name.
A-8	No Jurisdiction	Respondent is not licensed in Washington, has never been licensed in Washington, and is not applying for a license in Washington.
A-11	No Whistleblower Release	Complainant would not sign a whistleblower release AND the release of complainant's identity is necessary to prove a UDA violation.
A-12	Risk Minimal- Not likely to Reoccur	There is sufficient evidence that Respondent violated the UDA, but the evidence indicates that:  (a) the violation is not likely to reoccur and (b) closure poses no more than a minimal risk to the public.

zdan guideclosecode revised mlf 0914-2011

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**MQAC CASE MANAGEMENT TEAM ASSIGNMENT**  
**CMT – Wednesday Telephonic Assessment**

Respondent: Easterling, Thomas R.

Case Number: 2012-3160

Date:	Staff Attorney:	Clerk:
Panel Chair:	Andison, Brantner, Burger, Clower, Concannon, Cullen, Elders, Green, Johnson, Pattison, Winslow, Cvitanovic, Dore, Goffhold, Harder, Harvey, Hensley, Hopkins, Marsh, <u>RUIZ</u> , Sen	
Management Staff Attorneys:	Jansen, Dr. Heye, Smith, Newman, Creighton, McEachron, Farrell, Berg, Caille, McLaughlin, Landreau, Mager	

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**MQAC REVIEW**  
**Case Number: 2012-3160**  
**Companion Case: 2012-3158**  
**Companion Case: 2012-3159**

Date: April 4, 2012  
 Presented by: George Heye, MD

<b>Respondent:</b>	<b>EASTERLING, THOMAS RUPERT, MD</b>	<b>King County</b>
Companion 2012-3158:	MUCZYNSKI, KIMBERLY ANN, MD	King County
Companion 2012-3159:	TASCH, MICHAEL A., MD	King County

<b>Complainant:</b>	<b>UW Medicine School of Medicine</b>
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**CASE SUMMARY**

**The Respondent:**

Board Certified: OBSTETRICS AND GYNECOLOGY  
 Certificate: Obstetrics and Gynecology  
 Certificate: Maternal-Fetal Medicine

DOB: 01-20-1950  
 Licensed since: 05-29-1985  
 Expiration date: 01-20-2014  
 Medical School: 1981—U of NC at Chapel Hill Sch of Med; Chapel Hill, NC  
 Residency: 07/1981-06/1982—OR Hlth Sci U Hosp; OR—  
 OBSTETRICS AND GYNECOLOGY  
 07/1982-06/1985—OR Hlth Sci U Hosp; OR—  
 OBSTETRICS AND GYNECOLOGY  
 07/1985-06/1987—U of WA Med Ctr; WA—  
 MATERNAL AND FETAL MEDICINE

**The Complainant:** A large self-insured medical center and university

**Malpractice Settlement:** Undisclosed amounts for all respondents.

**The Complaint:** In 2007 a 30 y/o post kidney and pancreas transplant patient was managed in part by respondent 158. The patient was taking an anti-rejection medication that was allegedly at too low a level. The patient became pregnant and the medication was allegedly then inappropriately adjusted resulting in signs of acute rejection of the transplanted organs. Respondent 159 was the resident primarily managing and monitoring the patient before her pregnancy but when the patient became pregnant respondent 160 took over adjustment of the medication. 159's record keeping was allegedly inadequate in relation to his keeping the patient at a lower level of medication and he did not consult with respondent 158 or 160 when the patient became pregnant. Respondent 160's record keeping was also allegedly inadequate in documenting his plan for managing the medication and he did not consult with 158 to form an agreed upon plan. While the patient showed initial signs of rejection she was followed closely by both 158 and 160 and was kept from full rejection of the transplanted organs. The patient delivered a healthy infant.

**RCM Review**

**Prior Cases:**



Respondent 2012-3160:

**91-12-0030MD** – Due to case age, specific details are not available.  
**Closed NCFA.**

**00-12-0027MD** – Med mal payment report; 2 - National Practitioner ... on behalf of the Respondent. (total

2 - National Practitio...

36 y/o female admitted for "D & E" of pregnancy. (?D & C) Uterine perforation occurred, resulting in kidney loss.

**Closed NCFA.**

**Recommendation:**





Medical Quality Assurance Commission

CMT

Review of Cases

CMT Date/

Panel Members/

Decision:

**MQAC CMT - APRIL 12, 2012**

Richard Brantner, MD, Chair

William Gotthold, MD

Linda Ruiz, JD, Public Member

Terri Elders, Public Member

**DECISION: CLOSED PRIOR TO INVESTIGATION**

Case No.:

2012-3160

*Companion Cases: 2012-3158 and 2012-3159*

The attached pages were reviewed:

092-095



**MQAC REVIEW**  
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**Companion Case: 2012-3158**  
**Companion Case: 2012-3159**

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Presented by: George Heye, MD

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<b>Companion 2012-3158:</b>	<b>MUCZYNSKI, KIMBERLY ANN, MD</b>	<b>King County</b>
<b>Companion 2012-3159:</b>	<b>TASCH, MICHAEL A, MD</b>	<b>King County</b>

**Complainant:** UW Medicine School of Medicine

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OBSTETRICS AND GYNECOLOGY  
07/1982-06/1985—OR Hlth Sci U Hosp; OR—  
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2 - National Practitioner ...

36 y/o female admitted for "D & E" of pregnancy. (?D & C) Uterine perforation occurred, resulting in kidney loss.

**Closed NCFA.**

**Recommendation:**



RECEIVED

HSQA RECEIVED

UW Medicine  
SCHOOL OF MEDICINE

MAR 30 2012

MAR 29 2012

DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

COUNTER

March 26, 2012

Washington State Department of Health  
Health Professions Quality Assurance  
P.O. Box 47865  
Olympia, WA 98504

RECEIVED  
MAR 29 2012  
COMPLAINT INTAKE  
UNIT

RE: Report of Malpractice Payment

This report is made pursuant to RCW 18.71.350 by the University of Washington.

Name, address, telephone numbers and license number of the license holder being reported	Thomas Easterling, MD; Box 356460, Univ. of WA., Seattle, WA 98195-6460; 206 543-1521; WA medical license MD00022851
A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences	In 2007, a 30-year old post-kidney and pancreas transplant patient was managed and monitored in part by Dr. Easterling. The patient was taking an anti-rejection medication, the level of which was allegedly managed at too low a level, and which dose was allegedly inappropriately adjusted when the patient became pregnant, resulting in acute rejection of her transplanted kidney and pancreas.
If court action was involved, the name of the court in which the action was filed along with docket number and date of filing;	King County Superior Court # 10-2-06114-2, filed 2/4/10
Any further information which would aid the evaluation of the report, including the amount paid for this provider.	Dr. Easterling became involved with this patient's care once she became pregnant. He adjusted the dose of her anti-rejection medication. There was inadequate documentation by him of a plan for keeping this patient at the appropriate level of medication and testing for such appropriate levels, and he did not consult with the nephrologists to form an agreed-upon plan. This case was settled with a substantial amount being paid on behalf of Dr. Easterling. We feel it's important to state that once the patient

Lawrence R. Robinson, M.D.

Vice Dean, Clinical Affairs and Graduate Medical Education, University of Washington School of Medicine  
1959 NE Pacific St., Suite C-414 Box 356380 Seattle, WA 98195-6380 Tel 206-543-6232 Fax 206-221-2404





	showed initial signs of rejection, Dr. Easterling followed this patient closely and kept her pregnancy viable, which care exceeded the standard of care, and after which the patient delivered a healthy baby boy. Please also see the reports we have filed for the Fellow Michael Tasch and the Nephrologist Kim Muczynski.
Medical Records Custodian	UW Medical Center

For further information please contact: Marcia Rhodes, Director, Health Sciences Risk Management, (206) 598-6307.

Sincerely yours,



Lawrence R. Robinson, MD  
Vice Dean, Clinical Affairs



Case View Screen [update]



Case Status	2012-3160 (PUBLIC: Internal) Intake	Date Created	04/04/2012	<b>Audit</b> Entry Items Documents Notes Master Cases <b>Participants</b> Add Master Case Timeline History
Respondent ID	313282	Date Received	03/30/2012	
Respondent	<b>THOMAS RUPERT EASTERLING</b>	How Received	Mail	
Credential	MD.MD.00022841	Receiving Board	COMMISSION	
Address	<input type="radio"/> Public <input checked="" type="radio"/> Mail THOMAS RUPERT EASTERLING DEPT OB-GYN BOX 356460 UNIVERSITY OF WASHINGTON SEATTLE, WA 98195	Receiving Profession	Physician And Surgeon License	
		Receiving Department	Case Intake	
Complainant ID	911221	Received By	Cynthia R Hamilton	
Complainant	<b>UW Medicine</b>	<b>Alleged Issues</b>	Malpractice	
		<b>Case Nature</b>	Mandatory Malpractice Reports	

Comments:

- Action Items
- Resolution
- Participants
- Priority History
- HIPDB Reports
- TimeTracker

Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due Effective	Completed	Order Signed	Created ▼	User
Intake	Case Intake, Hamilton, Cynthia R		[add]	04/04/2012	04/04/2012		04/04/2012	Hamilton, Cynthia R
<b>Target:</b> THOMAS RUPERT EASTERLING								
<b>Warning:</b> Warning Type: CASE PENDING								
Warning Effective Date: 04/04/2012								
Suppress License Print: NO								
Warning: 2012-3160								
<b>Case Status:</b> Status Changed To: Intake								
<b>Action Info:</b> Complaint Source: Malpractice Report								
Possible Imminent Danger?: No								
Single Complaint Process Coordination Needed?: No								
Companion Case (1): 2012-3158 -- Kimberly Ann Muczynski MD								
Companion Case (2): 2012-3159 -- Michael A Tasch MD								





## AMA Physician Profile

**Name and Mailing Address:**

THOMAS R EASTERLING III MD  
DEPT OBGYN  
PO BOX 356460  
SEATTLE WA 98195-6460

**Primary Office Address:**

LIMITED TO OFFICIAL STATE DUTIES ONLY  
UNIVERSITY OF WASHINGTON  
1959 NE PACIFIC ST  
SEATTLE WA 98195-0001  
**Phone:** 1-206-543-3714

**Birthdate:** 01/20/1950

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

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

**Primary Specialty:** OBSTETRICS & GYNECOLOGY

**Secondary Specialty:** UNSPECIFIED

*\*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.*

**AMA membership:** NON MEMBER

————— All Information from this Point Forward is Provided by the Primary Source —————

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

UNIV OF NC CHAPEL HILL SCH OF MED, CHAPEL HILL NC 27599

**Degree Awarded:** Yes

**Degree Year:** 1981





**AMA Physician Profile**

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

*Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.*

*Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.*

**Sponsoring Institution:** UNIV WA MED CTR  
**Sponsoring State:** WASHINGTON  
**Specialty:** MATERNAL AND FETAL MEDICINE  
**Dates:** 07/1985 - 06/1987 (VERIFIED)

**Sponsoring Institution:** OR HLTH SCI UNIV HOSP  
**Sponsoring State:** OREGON  
**Specialty:** OBSTETRICS & GYNECOLOGY  
**Dates:** 07/1982 - 06/1985 (VERIFIED)

**Sponsoring Institution:** OR HLTH SCI UNIV HOSP  
**Sponsoring State:** OREGON  
**Specialty:** OBSTETRICS & GYNECOLOGY  
**Dates:** 07/1981 - 06/1982 (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.

**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>
MONTANA	MD	07/21/2001	03/31/2003	INACTIVE	UNLIMITED	12/14/2004







**AMA Physician Profile**

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ALASKA	MD	06/14/1995	12/31/1998	INACTIVE	UNLIMITED	03/01/2012
WASHINGTON	MD	05/29/1985	01/20/2014	ACTIVE	UNLIMITED	03/01/2012
OREGON	MD	07/27/1982	11/24/1997	INACTIVE	UNLIMITED	08/19/2003

**Current and/or Historical NPI Information:**

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1538253448	10/03/2006	NOT RPTD	NOT RPTD	NOT RPTD	03/30/2012

**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.

**Federal Drug Enforcement Administration:**

*\* Only the last three characters of active DEA number(s) are displayed.*

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX453	22N 33N 4 5	08/31/2014	03/05/2012

Address: Limited To Official State Duties Only, University Of Washington, 1959 NE Pacific St, Seattle, WA 981

**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:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).





**AMA Physician Profile**

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

**Certificate:** MATERNAL-FETAL MEDICINE

**Certificate Type:** SUB-SPECIALTY

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification</u>	<u>Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	12/31/2011	12/31/2012		RE-CERT	03/07/2012
TIME LIMITED	12/31/2010	12/31/2011		RE-CERT(**)	03/07/2012
TIME LIMITED	12/31/2009	12/31/2010		RE-CERT(**)	03/07/2012
TIME LIMITED	12/31/2008	12/31/2009		RE-CERT(**)	03/07/2012
TIME LIMITED	12/31/2007	12/31/2009		RE-CERT(**)	03/07/2012
TIME LIMITED	02/23/1998	12/31/2008		RE-CERT(**)	03/07/2012
TIME LIMITED	12/01/1989	12/31/1999		INITIAL(**)	03/07/2012

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

**Certificate:** OBSTETRICS & GYNECOLOGY

**Certificate Type:** GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification</u>	<u>Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	12/31/2011	12/31/2012		RE-CERT	03/07/2012
TIME LIMITED	12/31/2010	12/31/2011		RE-CERT(**)	03/07/2012
TIME LIMITED	12/31/2009	12/31/2010		RE-CERT(**)	03/07/2012
TIME LIMITED	12/31/2008	12/31/2009		RE-CERT(**)	03/07/2012
TIME LIMITED	12/31/2007	12/31/2009		RE-CERT(**)	03/07/2012
TIME LIMITED	02/23/1998	12/31/2008		RE-CERT(**)	03/07/2012
TIME LIMITED	12/09/1988	12/31/1998		INITIAL(**)	03/07/2012

**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.

\*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2012 American Board of Medical Specialties. All right reserved.

**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.





## AMA Physician Profile

### **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 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 log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing  
Attn: Credentialing Products  
515 N. State Street  
Chicago, IL 60654  
800- 665-2882  
312 464-5900 (fax)

**If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.**



**Credential View Screen**

**THOMAS RUPERT EASTERLING**  
Address:

Public  Mail

THOMAS RUPERT EASTERLING  
DEPT OB-GYN BOX 356460  
UNIVERSITY OF WASHINGTON  
SEATTLE, WA 98195

ID 313282  
Warnings  
SSN/FEIN 1 - DOH Licensee Soc...  
Contact Standing Living  
Contact Type INDIVIDUAL  
Birth Date 01/20/1950  
Public File YES  
Mailing List  
US Citizen  
Legacy Licensure Name EASTERLING, THOMAS RUPERT

Contact **00-12-0027**  
Audit **NOFA**  
Enforcement View  
Cont. Edu  
Documents  
Owned By/Key Mgmt  
Exams  
Experience  
Notes  
Schools  
Librarian  
Other State License  
Online Information

Comments:

**Physician And Surgeon License [form letter]**

**Credential #** MD.MD.00022841  
**Legacy License #** MD00022841  
Application Date  
**Effective Date** 11/30/2011  
**Expiration Date** 01/20/2014  
First Issuance Date 05/29/1985  
Last Date Of Contact  
CE Due Date 01/20/2016

**Credential Status** ACTIVE (12/01/2011)  
Status Reason ACTIVE  
**Amount Due** \$0.00  
Date Last Activity 12/1/2011 1:49:20 PM  
Last Updated by Stewart, Kevin  
Certificate Sent Date 12/01/2011  
Work Queue LEGACYDATA, DOH

**Audit**  
Documents  
Verification  
**Workflow**  
Key Mgmt  
**Fees**  
Notes  
**Print Docs**  
Comp. Audit  
Renewal  
**Legacy**  
License Status History

Comments:

- Supervised By
- Supervises
- User Defined License Data
- Workflow
- Legacy

**Supervised By** [update] [Show All]

- Legacy Complaint History
- Legacy Contact Information
- Legacy Credential History
- Legacy Renewal Information
- Legacy Revenue History
- Legacy-Ontrack-Complainant

2012-3160





## **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  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

April 17, 2012

Thomas R. Easterling, MD  
Dept OB-GYN - UW  
PO Box 356460  
Seattle, WA 98195



SUBJECT: Thomas R. Easterling, MD  
Case No.: 2012-3160MD      Credential No.: MD00022841

Dear Dr. Easterling:

The Medical Quality Assurance Commission received a Medical Malpractice Payment report. A panel of the Commission reviewed the report and determined that it did not meet the criteria established for cases which are to be investigated. Therefore, this case has been closed.

Because the report file was closed without an investigation, the existence of this report is not releasable through the automated voice response system or in response to telephone inquiries. However, the report is subject to written public disclosure requests (RCW 18.130.095 and RCW 42.17). Even though this case has been closed, you have the right to voluntarily submit a written statement which will become part of the information provided in response to any public disclosure request.

**You have the right to request any information contained in the file. *If you would like a summary of the case or other materials in the file, please submit a written request for a copy to the Department of Health, Public Disclosure & Records Center, PO Box 47865, Olympia, WA 98504-7865 or fax to (360)586-2171. Their email address is PDRC@doh.wa.gov.***

As stated above, if you wish to request a summary of this complaint, please contact the Public Disclosure & Records Center directly. If you have any questions, other than requesting a copy of the complaint or inquiring what the complaint is about, please call me at (360)236-2770, or contact me by email at [jim.smith@doh.wa.gov](mailto:jim.smith@doh.wa.gov).

Sincerely,

James H. Smith, Chief Investigator  
Department of Health  
Medical Quality Assurance Commission





RECEIVED

MAR 30 2012

HSQA  
RECEIVED

MAR 29 2012

UW Medicine  
SCHOOL OF MEDICINE

DEPARTMENT OF HEALTH  
MEDICAL COMMISSION

COUNTER

March 26, 2012

Washington State Department of Health  
Health Professions Quality Assurance  
P.O. Box 47865  
Olympia, WA 98504

RECEIVED  
MAR 29 2012  
COMPLAINT INTAKE  
UNIT

RE: Report of Malpractice Payment

This report is made pursuant to RCW 18.71.350 by the University of Washington.

Name, address, telephone numbers and license number of the license holder being reported	Thomas Easterling, MD; Box 356460, Univ. of WA., Seattle, WA 98195-6460; 206 543-1521; WA medical license MD00022851
A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences	In 2007, a 30-year old post-kidney and pancreas transplant patient was managed and monitored in part by Dr. Easterling. The patient was taking an anti-rejection medication, the level of which was allegedly managed at too low a level, and which dose was allegedly inappropriately adjusted when the patient became pregnant, resulting in acute rejection of her transplanted kidney and pancreas.
If court action was involved, the name of the court in which the action was filed along with docket number and date of filing;	King County Superior Court # 10-2-06114-2, filed 2/4/10
Any further information which would aid the evaluation of the report, including the amount paid for this provider.	Dr. Easterling became involved with this patient's care once she became pregnant. He adjusted the dose of her anti-rejection medication. There was inadequate documentation by him of a plan for keeping this patient at the appropriate level of medication and testing for such appropriate levels, and he did not consult with the nephrologists to form an agreed-upon plan. This case was settled with a substantial amount being paid on behalf of Dr. Easterling. We feel it's important to state that once the patient

Lawrence R. Robinson, M.D.

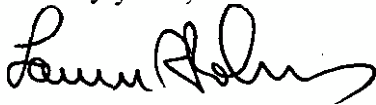
Vice Dean, Clinical Affairs and Graduate Medical Education University of Washington School of Medicine  
1959 NE Pacific St., Suite C-414 Box 356380 Seattle, WA 98195-6380 Tel 206-543-6232 Fax 206-221-2404



	showed initial signs of rejection, Dr. Easterling followed this patient closely and kept her pregnancy viable, which care exceeded the standard of care, and after which the patient delivered a healthy baby boy. Please also see the reports we have filed for the Fellow Michael Tasch and the Nephrologist Kim Muczynski.
Medical Records Custodian	UW Medical Center

For further information please contact: Marcia Rhodes, Director, Health Sciences Risk Management, (206) 598-6307.

Sincerely yours,



Lawrence R. Robinson, MD  
Vice Dean, Clinical Affairs





Redaction Summary ( 5 redactions )

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2 Privilege / Exemption reasons used:

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

2 -- "National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1)" ( 4 instances )

Redacted pages:

Page 7, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 2 instances

Page 13, National Practitioner Data Bank (NPDB) report received directly or indirectly from the NPDB -42 USC §1396r-2; 42 USC §1320a-7e; 45 CFR §60.20(a), RCW 42.56.070(1), 2 instances

Page 31, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance