



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Laurie M. Anderton, MD
Master Case No.: M2015-833
Document: Stipulation To Informal Disposition

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice
as a Physician and Surgeon of:

LAURIE M. ANDERTON, MD
License No. MD00033567

Respondent.

No. M2015-833

**STIPULATION TO INFORMAL
DISPOSITION**

The Medical Quality Assurance Commission (Commission) issued a Statement of Allegations and Summary of Evidence (Statement of Allegations) alleging the conduct described below pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, and evidence contained in case file number 2015-2825. Respondent does not admit any of the allegations. This Stipulation to Informal Disposition (Stipulation) is not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice.

1. ALLEGATIONS

1.1 On March 25, 1996, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 On January 25, 2015, Patient A, a retired nurse, presented to the emergency department (ED) with cough, headache, fever, muscle pain, nausea, and neck pain after three days of increasing symptoms. Patient A disclosed medical history including surgery for an acoustic neuroma about two years prior and stated that her neck pain may be related to recent heavy lifting. Patient A was examined by a physician who noted no meningismus and diagnosed an influenza-like illness. Patient A was discharged with medications for nausea and migraine headache, and was directed to return to the ER if there were new or worsening symptoms.

1.3 On January 26, 2015, Patient A was treated by Respondent when she returned to the ED with complaints of uncontrolled neck pain and nausea. Patient A's headache and back pain were improved by IV and pain medication while treated in the ER, but not her neck pain. Respondent evaluated Patient A and ordered MRI study of

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Patient A's cervical spine based on the patient's highly elevated white blood cell count and concerns of a possible bacterial infection. The radiology report noted an abnormality that could have been produced by meningitis or prior lumbar puncture, and recommended that a lumbar puncture be performed.

1.4 Later that morning, Respondent discussed the imaging findings with Patient A. Patient A disclosed she had had a previous lumbar puncture and Respondent sensed that Patient A did not want to undergo another lumbar puncture procedure, unless necessary. Respondent and Patient A discussed various medical factors, including Patient A's improved condition and lack of other symptoms indicating meningitis. Respondent decided not to order an LP and discharged Patient A with medication for nausea and pain with instructions to return if her condition worsened. Patient A returned to the ED later that evening and presented with increased confusion.

1.5 Patient A had a seizure, became comatose, and then lost brainstem reflexes. Patient A was examined by a neurologist who confirmed brain death. Patient A was taken off of life support and expired. An autopsy was performed and concluded that the cause of death was acute bacterial meningitis.

2. STIPULATION

2.1 The Commission alleges that the conduct described above, if proven, would constitute a violation of RCW 18.130.180(4).

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

2.3 Respondent agrees to be bound by the terms of this Stipulation.

2.4 This Stipulation is of no force and effect and is not binding on the parties unless and until it is accepted by the Commission.

2.5 If the Commission accepts the Stipulation it will be reported to the National Practitioner Data Bank (45 CFR Part 60), the Federation of State Medical Boards' Physician Data Center and elsewhere as required by law.

2.6 The Statement of Allegations and this Stipulation are public documents. They will be placed on the Department of Health web site, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). They are subject to disclosure under the Public

Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

2.7 The Commission agrees to forego further disciplinary proceedings concerning the allegations.

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

2.9 A violation of the provisions of Section 3 of this Stipulation, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

3. INFORMAL DISPOSITION

The Commission and Respondent stipulate to the following terms.

3.1 **Course Work.** Respondent must successfully complete a minimum of four (4) hours of continuing medical education (CME) pre-approved by the Commission or its designee on the diagnosis and management of meningitis. Respondent will complete the required course work within six (6) months of the effective date of this Stipulation. Respondent shall provide the Commission with course certificates or verification within one (1) month of completion. Respondent may count course work toward her CME requirements in Washington.

3.2 **Paper.** Respondent must submit a paper of not less than one thousand (1,000) words, plus bibliography, addressing the diagnosis and management of meningitis. The paper must be completed no more than two (2) months after completion of the CME in Paragraph 3.2 above. The paper must be submitted to the Commission or its designee for approval, and should be mailed to: Compliance Officer, Medical Quality Assurance Commission, P.O. Box 47866, Olympia, WA 98504-7866.

3.3 **Peer Group Presentation.** Respondent must make a presentation regarding the diagnosis and management of meningitis, with specific reference to this Stipulation and the facts of this case – including research for her written paper – to the other physicians and physician assistants at her group practice or at Overlake Hospital Medical Center. The presentation must take place no more than three (3) months after approval of the paper in Paragraph 3.2 above. Respondent must submit a report to the Commission stating the date of the presentation and the attendees, verify disclosure of

this Stipulation, and describe the presentation, including any materials that were distributed. The report must be submitted to the address stated in paragraph 3.2 above no more than one (1) month after the presentation.

3.4 **Personal Appearances.** Respondent must personally appear before the Commission in approximately six (6) months, or as soon thereafter as the Commission's schedule permits. The purpose of appearances is to provide meaningful oversight of Respondent consistent with the terms of this Stipulation. Respondent will present information and answer any questions posed by the Commission. Thereafter, Respondent must make personal appearances annually or as frequently as the Commission otherwise requires until the Commission terminates this Stipulation, unless the Commission waives the need for an appearance. Dates and locations of appearances will be determined by the Commission.

3.5 **Cost Reimbursement.** Respondent agrees to reimburse costs to the Commission in the amount of one thousand dollars (\$1,000.00) which must be received by the Commission within six (6) months of the effective date of this Stipulation. The reimbursement shall be paid by certified or cashier's check or money order, made payable to the Department of Health and mailed to the Department of Health, Medical Quality Assurance Commission at P.O. Box 1099, Olympia, Washington 98507-1099.

3.6 **Termination of Stipulation.** Respondent may petition the Commission in writing to terminate this Stipulation no sooner than two (2) years after the effective date of this Stipulation. The Commission will issue a notice scheduling a date and time for Respondent to appear, unless the Commission waives the need for an appearance.

3.7 **Obey Laws.** Respondent must obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.

3.8 **Costs.** Respondent must assume all costs of complying with this Stipulation.

3.9 **Violations.** If Respondent violates any provision of this Stipulation in any respect, the Commission may initiate further action against Respondent's license.

3.10 **Change of Address.** Respondent must inform the Commission and the Adjudicative Clerk Office in writing, of changes in his residential and/or business address within thirty (30) days of such change.

3.11 **Effective Date.** The effective date of this Stipulation to Informal Disposition is the date the Adjudicative Clerk Office places the signed Stipulation into

the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Stipulation.

4. COMPLIANCE WITH SANCTION RULES

4.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions, including Stipulations to Informal Dispositions under RCW 18.130.172. Respondent's alleged conduct had grave consequences and falls in Tier C of the "Practice below Standard of Care" schedule, WAC 246-16-810. Respondent's failure to adequately recognize Patient A's risk factors for meningitis and to perform a lumbar puncture procedure allegedly caused severe patient harm or death.

4.2 WAC 246-16-800(3)(c) directs the Commission to identify aggravating or mitigating factors to determine appropriate sanctions. It is mitigating that Respondent has been licensed for approximately twenty years with no previous complaints. It is mitigating that Respondent provided appropriate care to the patient apart from the decision not to perform a lumbar puncture procedure. The patient's presentation and diagnosis was complicated by her recent neck strain, and Respondent was inclined to defer to the patient based on her experience as a nurse. It is aggravating that Respondent allegedly did not recognize the serious risk factors present in this patient, did not account for the grave consequences of meningitis, and did not act on the MRI report recommendation.

4.3 WAC 246-16-810, Tier C, sanctions range from three years of oversight to permanent revocation. WAC 246-16-800(3)(d) states that the starting point for the duration of oversight is the middle of the range and then aggravating and mitigating factors move the appropriate sanctions towards the maximum or minimum ends of the range. This Stipulation deviates from the sanction schedule stated in WAC 246-16-810 because Respondent is allowed to petition for termination sooner than three years. The remedial activity specified in this Stipulation will enable Respondent to recognize risk factors and thoroughly diagnose and treat patients with similar presentations. This Stipulation requires Respondent to complete course work, produce a research paper, make a peer group presentation, make personal appearances before the Commission, and make maximum cost recovery allowed under law. These activities will reinforce relevant standards of practice and ensure that that similar alleged conduct does not occur in the future.

5. RESPONDENT'S ACCEPTANCE

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



LAURIE M. ANDERTON, MD
RESPONDENT

12/26/15

DATE

, WSBA#
ATTORNEY FOR RESPONDENT

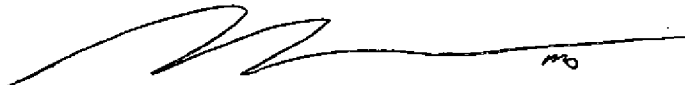
DATE

6. COMMISSION'S ACCEPTANCE

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

DATED: February 11, ²⁰¹⁶~~2015~~

STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION



PANEL CHAIR

PRESENTED BY:



LAWRENCE J. BERG, WSBA# 22334
COMMISSION STAFF ATTORNEY