



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

RE: Robert A. Ast, MD  
Master Case No.: M2015-831  
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

**ROBERT A. AST, MD**  
License No. MD00042077

Respondent.

**No. M2015-831**

**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 2015-3214. 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 17, 2003, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 On October 6, 2015, Patient A presented to the emergency room with pain in the back of his neck, ongoing headache, and intermittent fever over the past two weeks. Patient A had a recent history of visual and auditory hallucinations. Patient A also was receiving interferon therapy.

1.3 Patient A was febrile, tachycardic, and had classic findings of meningitis. Respondent ordered for Patient A to undergo a lumbar puncture for collection of cerebrospinal fluid (CSF) to confirm or exclude conditions, including meningitis or a subarachnoid hemorrhage. Patient A's CSF indicated an elevated white blood cell count with zero organisms detected. Respondent attributed these results and symptoms to viral meningitis and discounted the possibility of bacterial meningitis. However, Patient A was immunocompromised by interferon therapy with pancytopenia, which can cause atypical responses to infections. Respondent did not address Patient

CONFIDENTIAL

A's CSF note of cloudy with xanthochromia in color, which could be caused by bacterial meningitis.

1.4 Respondent did not rule out the possibility of a head bleed or bacterial meningitis and did not administer antibiotics prior to discharging Patient A home after also obtaining blood cultures. The blood cultures came back positive for Staph Aureus infection within twenty-four hours. Patient A was called back to the hospital and admitted for treatment.

1.5 Subsequently, Patient A was diagnosed with a cervical spine epidural abscess and suffered permanent neurologic impairment.

## 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 six (6) hours of continuing medical education (CME) pre-approved by the Commission or its designee on the analysis of cerebrospinal fluid, implications of xanthochromia, and the differential diagnosis of meningitis in patients with headaches. 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.

3.2 **Paper.** Respondent must submit a paper of not less than one thousand (1,000) words, plus bibliography, addressing the analysis of cerebrospinal fluid, implications of xanthochromia, and the differential diagnosis of meningitis in patients with headaches. The paper must be completed no more than two (2) months after completion of the CME in Paragraph 3.1 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 **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.

3.4 **Termination of Stipulation.** Respondent may petition the Commission in writing to terminate this Stipulation after completing all requirements. If the Commission or its designee determines that Respondent has fully satisfied the terms of this Stipulation, the Commission will terminate the Stipulation without an appearance by Respondent.

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

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

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

3.8 **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 falls under Tier B of the "Practice below Standard of Care" schedule, WAC 246-16-810. Respondent's failure to rule out the possibility of a head bleed or bacterial meningitis or administer antibiotics prior to discharging Patient A allegedly placed the patient at risk of moderate to severe harm.

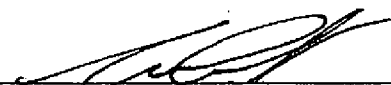
4.2 WAC 246-16-800(3)(c) directs the Commission to identify aggravating or mitigating factors to determine appropriate sanctions. It is mitigating that Respondent has been licensed for approximately thirteen years with no previous complaints. Respondent's present competence to practice is reflected by Respondent conducting an appropriate work up for the patient and he appropriately focused on meningitis as a possible diagnosis. It is possible but not certain that the short delay in admitting the patient did not impact the course of his infection. It is aggravating that there was potential for injury insofar as Respondent allegedly failed to err on the side of admitting the patient while blood testing was being conducted or administer antibiotics in light of the grave consequences of meningitis other than viral infection.

4.3 Tier B sanctions range from two to five years of oversight unless revocation is imposed. WAC 246-16-800(3)(d) states that the starting point for the

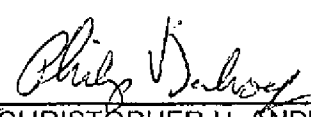
duration of oversight is the middle of the range and then aggravating and mitigating factors move the appropriate sanctions towards the maximum or minimum ends of the range. This Stipulation deviates from the sanction schedule stated in WAC 246-16-810 because ongoing oversight is not necessary in order to remediate the alleged knowledge deficits; Respondent may petition for termination as soon as all requirements are completed. This Stipulation requires completion of continuing education, submission of a written paper, and cost recovery. The sanctions stated in this Stipulation are sufficient to protect the public and ensure that similar alleged violations do not occur.

**5. RESPONDENT'S ACCEPTANCE**

I, ROBERT A. AST, MD, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, CHRISTOPHER H. ANDERSON, 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.

  
\_\_\_\_\_  
ROBERT A. AST, MD  
RESPONDENT

3/30/16  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
for CHRISTOPHER H. ANDERSON, WSBA#19811  
ATTORNEY FOR RESPONDENT

3/5/16  
\_\_\_\_\_  
DATE

//  
  
//  
  
//  
  
//  
  
//  
  
//

**CRIMINAL**

**6. COMMISSION'S ACCEPTANCE**

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

DATED: 17 May, 2016.

STATE OF WASHINGTON  
MEDICAL QUALITY ASSURANCE COMMISSION

W E Scott Hold m s  
PANEL CHAIR

PRESENTED BY:

L J Berg  
LAWRENCE J. BERG, WSBA# 22334  
COMMISSION STAFF ATTORNEY