

August 19, 2011

Mr. Bruce Bergherm, CEO
Helen Ellis Memorial Hospital
1395 South Pinellas Avenue
Tarpon Springs, FL 34689

RE: Dr. Dinsmore

Dear Mr. Bergherm:

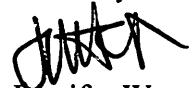
Pursuant to the Credential Committee's investigation in relation to Dr. Dinsmore's pending application for reappointment and change in medical staff category, information pertinent to her qualifications has been reviewed. As a result of that investigation, matters have been brought forth that raise significant concerns about her clinical practice.

I am writing to inform you that in our capacity as President of the Medical Staff and Chair of the Department of OB/Gyn, we have jointly determined to implement a precautionary suspension of the clinical privileges of Dr. Dinsmore. We have determined that an immediate suspension is necessary to protect the best interest of patient care and safety in the Hospital. Our decision is based up serious concerns that her clinical practice fails to meet an acceptable standard of care but does not imply any final finding of responsibility for the situation(s) that caused such suspension.


This precautionary suspension shall be effective immediately. The findings of the investigation shall be summarized by Dr. Watson and presented at the next Credentials Committee meeting for its consideration and action.

Please notify Dr. Dinsmore immediately of this precautionary suspension.

Sincerely Yours,



Jennifer Watson, M.D.
Chair, Department of Obstetrics/Gynecology



Nicolas Pavouris, M.D.
Medical Staff President

cc: Thomas Carson, M.D.
Chair, Credentials Committee



Trinity Womens Care
GYNECOLOGY AND OBSTETRICS

Mr. Bruce Bergherm, CEO
Helen Ellis Memorial Hospital
1395 South Pinellas Avenue
Tarpon Springs FL 34689

August 23, 2011

Re: Dr. Mahnee Dinsmore, M.D.

Dear Mr. Bergherm,

I was advised verbally on Friday August 19, 2011, that my privileges were being suspended immediately as a precautionary measure. As the normal hearing procedure outlined in your hospital's Medical Staff Bylaws was circumvented, I would also expect to be advised of the reason for such urgency in an immediate fashion. To date, telephone calls from my office have not been returned, nor have I received written notice of said reason.

It is my belief that review of my clinical practice should be transferred from the current OB/GYN Department Committee to a more neutral group. The mere fact that the committee is composed exclusively of members from one practice (Williams, Goldman and Watson, of Womens Care Florida) strongly lends itself to the potential for unfavorable bias. This is especially evident in the manner in which my patients have been treated. Numerous incidents have already been relayed to my office by my patients, which reflect the economic benefit that their practice appears to be seeking. This comes after a previous episode in which a member of their staff engaged in questionable judgment with regard to aggressively soliciting my patients.

My long established contingency plan has included two other physicians who are in good standing with your hospital to provide coverage of my patients when I am unavailable, Dr. Arleigh Ancheta and Dr. Thomas Umstead. Patients presenting at the hospital report being told explicitly that they may not request either of these providers, and that the only alternative is to immediately transfer their care to Williams, Goldman and Watson. Patients have reported being told that "they can't have a choice of physicians, that is not how the hospital contract works." Some report being advised that neither of our covering physicians even have privileges there.

Patients with upcoming surgeries scheduled, including cesarean section deliveries, were also called on Friday, before my staff could even contact them, and apparently instructed to have their records transferred to Williams, Goldman and Watson.

In addition, patients report being told that “Dr. Dinsmore will never practice here again.” It would seem that others have knowledge that I do not, and I must protest this inequity. In the time since I was invited by your CEO to apply for privileges, in order to build the OB department capacity, I have done my best to support your hospital. Indeed, my statistics reflect the fact that my practice contributes approximately 58% of all deliveries that help fund your institution. And yet the OB/GYN Department is operated primarily with input from a practice that contributes less than 15% of deliveries, and has recently relocated their offices even further from Tarpon Springs.

The last quality review report that I received from your hospital indicated a very high level of satisfaction with my performance. I am unaware of adverse outcomes from deliveries or surgeries being recorded, and my patients also self-report a high level of satisfaction. In light of these factors, I am only left to assume that there may be reasons other than a concern for patient care driving this suspension. This perception is only reinforced by the reluctance of your hospital to provide me with any information or an opportunity to respond.

I therefore request that my precautionary suspension be lifted immediately and that due process be followed if there are any areas of concern. This includes providing me with complete records of any evidence that led to the suspension in order for me to prepare an adequate rebuttal.

Thank you,

A handwritten signature in black ink that reads "Mahnee Dinsmore MD". The signature is written in a cursive, flowing style.

Mahnee Dinsmore, M.D.

cc: Nicolas Pavouris, M.D.
Medical Staff President

Thomas Carson, M.D.
Chair, Credentials Committee

Arleigh Ancheta, D.O.

Thomas Umstead, M.D.

THE FLORIDA LEGAL
ADVOCACY GROUP, P.A.
***★

Via Hand Delivery

September 2, 2011

Mr. Bruce Bergherm,
President & Chief Executive Officer
Helen Ellis Memorial Hospital
1395 South Pinellas Avenue
Tarpon Springs, Florida 34689

Re: "Precautionary Suspension" of MAHNEE DINSMORE, M.D.

Dear Mr. Bergherm,

Please be advised that I represent Mahnee Dinsmore, M.D. You verbally suspended Dr. Dinsmore's privileges pursuant to a letter dated August 19, 2011, stating that, "...information pertinent to...[Dr. Dinsmore's] qualifications has been reviewed...[and]...we have jointly determined that an immediate [precautionary] suspension is necessary."

On August 19, 2011 you instituted this **precautionary suspension** immediately after Dr. Dinsmore completed a major surgical procedure. You failed to allow Dr. Dinsmore access to the hospital to either dictate an operative note or complete the medical record. You prevented Dr. Dinsmore from caring for this post-operative patient and you risked the health, safety and well-being of her other inpatients by failing to allow Dr. Dinsmore access to the hospital to care for, communicate with, and/or effectively transfer those patients to another provider. Presumably, your verbal "**precautionary suspension**" also forced Dr. Dinsmore to violate a variety of Helen Ellis's Medical Staff Rules and Regulations related to admissions, discharges, patient evaluation and consultation, and medical records

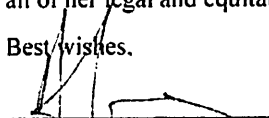
Immediately prior to your verbal **precautionary suspension**, Dr. Dinsmore delivered 58% (fifty eight percent) of all of your obstetric patients in 2011. According to the Hospital Physician Quality Report you provided to Dr. Dinsmore on or after April 11, 2011, Dr. Dinsmore's length of stay, complication rates and mortality rates were below any expected rates. Additionally, Dr. Dinsmore was 100% compliant with all reported quality measures.

Long before receiving Dr. Dinsmore's letter dated August 23, 2011, you must have been aware that your Ob/Gyn Department Committee only includes doctors belonging to a single group in competition with Dr. Dinsmore that previously solicited her employees and patients. Additionally, members of other hospital committees, such as the Medical Executive Committee, are biased because they are members of this same competing group. Despite Dr. Dinsmore's obtaining appropriate coverage for her patients, it appears that your staff, agents and employees are intentionally and fraudulently directing Dr. Dinsmore's patients to this competing group.

Accordingly, please immediately reinstate Dr. Dinsmore's privileges. Should you find it necessary, Dr. Dinsmore will actively participate in an independent peer-review process while she is afforded the opportunity to care for her patients. In the alternative, and because of the indeterminate length of this extended **precautionary suspension**, Dr. Dinsmore requests an immediate and impartial hearing. Pursuant to §393.0191(5) of the Florida Statutes and the United States' Health Care Quality Improvement Act, among others, please provide me with: adequate written notice; a detailed listing of any and all allegations against Dr. Dinsmore; copies of all supporting material(s) for these allegations along with any evidence to be presented at any hearing or meeting; copies of your rules, regulations, and bylaws; and the names and contact information for each member of each committee or group involved in this **precautionary suspension**. Please immediately instruct your agents, employees and staff to stop making any defamatory statements and to cease referring Dr. Dinsmore's patients to providers other than those she has chosen to provide coverage.

Time is of the essence. Because you: failed to provide Dr. Dinsmore with any written notice; appear to have circumvented the normal administrative process; appear to be violating your own Rules, Regulations and Bylaws; and appear to be utilizing this **precautionary suspension** to intentionally harm Dr. Dinsmore's good name and business in favor of a competing practice and your own business interests, be advised that Dr. Dinsmore intends to seek enforcement of all of her legal and equitable rights as well as seeking recompense for her significant losses.

Best wishes.


Adam Levine, M.D., J.D.

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