The Suspension of Dr. Dinsmore's Hospital Privileges

This timeline contains many events that are directly related to the precautionary suspension and ultimate refusal to reinstate Dr. Dinsmore at Helen Ellis Memorial Hospital. It also contains many events that, taken alone, seem relatively insignificant. In fact, some of these may actually be meaningless. The timing, however, requires such events to be evaluated as to their place within the larger picture, which is this:

Dr. Dinsmore is a good doctor, who is also a decent person, who truly cares about her patients and the people of this community, who delivered almost 60% of the obstetric patients at HEMH during her first year, with good outcomes, who conservatively follows ABOG guidelines, and who has an admirably low rate of cesarean section deliveries.

- **What was the motivation to drive her out of the community, and potentially out of any medical practice?**
- **Who was so motivated?**
- **When did the planning for this begin?**
- **How can it be justified that she is denied the ability to continue providing care to patients who want and need her?**

2010	**MAY**	**3**	The CEO of Helen Ellis Memorial Hospital (HEMH) called Trinity Women's Care to schedule an appointment to "reach out to Dr. Dinsmore about obtaining privileges at HEMH" (unsolicitated by Dr. Dinsmore).
		5	The CEO of HEMH met with Dr. Dinsmore, discussing the hospital's desire to "increase OB volume."
		12	The credentialing process was begun at HEMH.
		24	"Midwife A" contacted Trinity Women's Care (TWC) stating she wanted to return to midwifery after taking an extended hiatus to raise children, and that she had heard from a "friend" that Dr. Dinsmore would be at HEMH. TWC had not recently recruited for a midwife, so this "friend" had inside knowledge of the HEMH credentialing.
	JUN	**22**	Dr. Dinsmore began admitting patients to HEMH.
	AUG	**4**	"Midwife A" began employment at TWC.
	SEP	**22**	"Midwife A" submitted credentialing package to HEMH, to begin attending deliveries.
	NOV		"Midwife A's" privileges were approved at HEMH, with the condition of a probationary period that would include all deliveries supervised by Dr. Dinsmore until "Midwife A's" competency re-established.
	DEC		"Midwife A" began making references to being "approached at HEMH by 'Group ABC' about joining their practice." "Group ABC" consists of 3 physicians from a larger corporate entity in central Florida.

2011	**JAN**		University Community Hospital system (which included HEMH) completed its transition to ownership by Adventist Health System (branded as the "Florida Hospital" chain in this region). As is customary in corporate culture, top management was replaced with Florida Hospital staff, including a new CEO.
		10	The OB/GYN committee met; a discussion about the need to establish VBAC criteria was initiated, and it was voted to defer the topic to the next meeting in 3 months.
	FEB	**11**	A Friday, "Midwife A" resigned from TWC, in order to join the practice of "Group ABC."
		14	The following Monday, patient vehicles in the TWC parking lot were saturated with "Midwife A's" business cards, which included "Group ABC's" telephone number. When the perpetrator was questioned, he advised that he had been hired to "distribute the cards specifically targeting the TWC parking lot only". A complaint was made to the corporate office of "Group ABC."
		15	A physician's initial privileges with a hospital are typically "provisional" for the first year, and renewed bi- or tri-annually thereafter. Dr. Dinsmore began the re-credentialing process a month before the March 14 application deadline.
			"Risk Manager A," originally a HEMH staff member, reports that the new CEO of HEMH, at the direction of the OB/GYN committee, requested a chart review of 3 of Dr. Dinsmore's deliveries. The Risk Management committee found Dr. Dinsmore's actions to be within the accepted standard of care on all 3. He also reports that he was advised that those findings were not what was desired. He refused to change his report

2011	MAR	14	Deadline for Dr. Dinsmore to apply for a continuation of privileges at HEMH (met)
		31	"Patient A," who delivered without incident under Dr. Dinsmore's care, was approached in HEMH after recovery by "Midwife A", who reportedly made multiple derogatory comments regarding Dr. Dinsmore's competency. The patient filed a written complaint with TWC about "Midwife A's" behavior, and expressed intent to also file a complaint with HEMH. (This chart was not part of the later peer review process). Many other patients volunteered reports of similar incidents during this time frame, but were reluctant to make formal complaints for fear of future retaliation should they require services at HEMH.
	APR	5	"Pt 1" delivery, out of 13 deliveries that would be the basis for "peer review" actions against Dr. Dinsmore.
		11	HEMH issued the Physician Quality Report for 2010, which rated Dr. Dinsmore in a highly positive light.
		13	The Medical Staff office at HEMH issued a letter to all OB/GYN physicians reminding that VBAC criteria would be discussed at the next committee meeting.
		20	"Pt 2" delivery
		27	"Pt 3" delivery
		29	"Pt 4" delivery
	MAY	6	"Pt 5" delivery
		10	The OB/GYN committee met; it was voted to again defer discussion of the VBAC criteria, since ACOG practice guidelines were not available at the meeting.
		10	"Pt 6" delivery
		12	"Pt 7" delivery
		19	"Midwife B" began employment with TWC following a recruitment process. The process for applying for privileges at HEMH was begun shortly thereafter.
		23	"Pt 8" delivery
	JUN	12	"Pt 9" delivery
		28	"Risk Mgr A" terminated from HEMH
		30	Expiration date of Dr. Dinsmore's "provisional" privileges, with no indication of any concerns with the standard of care provided to her patients ~ deliveries and surgeries were allowed to continue.
	JUL	6	A decision regarding approval of "Midwife B's" privileges was "tabled due to administrative issues." The Medical Staff office assured TWC that they had all the information and paperwork needed for "Midwife B", that all of her references had been satisfactory, and that the only hold-up was "simply an administrative matter."
		6	"Pt 10" delivery
		20	"Pt 11" delivery
		29	"Risk Mgr B" requested hospital charts from the Medical Records department for 10 of the 13 deliveries that would eventually become part of the basis for the "peer review" actions against Dr. Dinsmore.
	AUG	3	"Midwife B's" privileges were approved by HEMH.
		8	"Pt 12" delivery
		13	"Pt 13" delivery
		19	Dr. Dinsmore was advised by the CEO of HEMH that the Chief of OB/GYN requested a 'precautionary suspension" of her privileges
	SEP	6	HEMH sent notification to Dr. Dinsmore that a "special session" of the Medical Executive Committee had occurred on August 29 regarding her suspension, and that it was anticipated "an additional 14 days would be required to complete an outside review" of the 13 deliveries in question. This was the first opportunity for Dr. Dinsmore to learn specifically which patient cases were being considered.
		8	Dr. Dinsmore formally requested a full copy of each of the 13 charts.
		23	HEMH sent notification to Dr. Dinsmore that a special meeting of the Credentials committee was scheduled for October 3, at which she would be allowed to present her perspective on the 13 cases.
	OCT	3	Dr. Dinsmore attended the special Credentials committee meeting.
		10	The Medical Executive committee of HEMH issued a notice of the Adverse Recommendation that had been made against Dr. Dinsmore, advising her that the contentions of the OB/GYN committee outweighed her line of reasoning. Dr. Dinsmore was advised that she could request a reconsideration hearing at HEMH, if such request were made within 30 days.
		18	Dr. Dinsmore formally requested the reconsideration hearing.

	NOV	10	Having met the deadline to request a hearing, Dr. Dinsmore began waiting for a response from HEMH.
2012	JAN	9	Dr. Dinsmore passed the oral examination of the American Board of Obstetrics and Gynecology ("ABOG), the final portion of the process for her to become Board Certified in her medical specialty.

In order to provide relevance to these dates, the following questions must also be asked:

- The 3 physicians of "Group ABC" and the 3 physicians of the OB/GYN committee were the same 3 people. While this does not necessarily indicate any wrongdoing, shouldn't it require greater skepticism and transparency to avoid any perceived **conflict of interest due to direct economic competition**?
- Dr. Dinsmore's own practice protocols consistently reflected current VBAC guidelines of the American College of Obstetrics and Gynecology (ACOG), including informed consent forms. **HEMH clearly had no formal VBAC criteria, or even a VBAC consent form**, as evidenced by minutes from several OB-GYN committee meetings. What merit, then, for criticism against Dr. Dinsmore that included her "lack of adherence to established VBAC standards?"
- When Dr. Dinsmore's provisional term expired, HEMH **could have simply declined to re-credential**. After all, they had her reapplication package for 3 & ½ months, surely time to investigate any "real problems." Instead, she was allowed to continue admitting patients, delivering their babies and performing gynecology surgeries, for July and half of August. It is significant to note that:
    - **9** of the 13 patients had delivered prior to the June 30 deadline, and
    - **4** of these had delivered in April – were she truly a danger to patients, surely the 2 months of May and June should have been sufficient to determine that by the time her provisional term expired?
- 10 of the 13 charts were requested on July 29, it is assumed that 1 was requested separately, and the final 2 deliveries occurred by August 13. Dr. Dinsmore was suspended August 19. On September 6 HEMH advised that "some had been reviewed by outside experts" but that "at least another 14 days" were required for external review completion.
    - July 29 is **a month after the June 30 provisional term expiration**. Had any charts been reviewed externally prior to this time? If so:
        - If the results were alarming, why wait to suspend Dr. Dinsmore?
        - If the results were NOT alarming, why continue to include them in the list?
    - If not externally reviewed prior to July 29, then the time frame between Friday July 29 and the suspension date of Friday August 19 was 3 weeks – **basically 15 business days** for Medical Records to assemble the full charts, including every single nursing note, NST strip etc., package for shipping, and send to the reviewer.
        - Does this mean all decisions about the suspension on August 19 were based on "Group ABC's" (OB/GYN committee's) advice?
    - "**Outside experts" (plural) were referenced**, yet only one outside reviewer was formally named as a witness by HEMH in subsequent correspondence.
        - What was the identity of other potential reviewers?
        - Were other reviews actually favorable to Dr. Dinsmore?
- Of the 13 deliveries that became the basis for the "peer review" actions, **the only patients who were not Medicaid patients happened to be Birth Center patients** who transferred to the hospital for delivery. Several of the 13 were either successful or attempted VBACs. Of significance – NO gynecology surgeries were reviewed. Why then were ALL privileges suspended? And were there issues with Dr. Dinsmore's "payor mix?"
- A Certified Nurse Midwife in Florida cannot have freestanding privileges, they must be credentialed under a physician already on staff. At the time that "Midwife B's" application for privileges was "tabled," **was Dr. Dinsmore's suspension already being planned**? Again, were she truly a "clear and present danger to patients," why wait until August 19 to suspend her?
    - And yet, the next month, even though 13 of Dr. Dinsmore's deliveries were already being reviewed, "Midwife B's" privileges were approved. **Does this indicate secrecy** on the part of the Risk Manager and OB/GYN committee, in that the Credentials committee was unaware of the review? **Or does it indicate intent** of the Credentials committee to buy time for outside review without raising alarm?
- The notification letter from HEMH for the special Credential committee meeting on October 3 included the following verbage: "**The procedural rules of the Bylaws do not apply to this meeting**… this Committee will meet only with you. Should your attorney wish to accompany you, they may wait outside our meeting room. Further, the Bylaws do not provide for Minutes to be taken… However, if you wish, and upon written request, we will provide the option of having a court reporter present to memorialize YOUR *(emphasis added)* testimony in order to insure its accuracy…"

- Dr. Dinsmore's attorney was actually allowed to accompany her after he objected to being excluded, but **no documentation of the meeting** was allowed.
    - Copies of her written detailed response to all criticisms were provided to attendees, but **not substantially allowed** into discussion.
    - Dr. Dinsmore was **not allowed to be present during the testimony** given by the Chief of OB/GYN Committee ("Group ABC"). Why the secrecy, if Dr. Dinsmore's patient care was truly so dangerous? Wouldn't committee members feel confident that Dr. Dinsmore would have neither the power nor the basis for lawsuit or retaliation? What, then, did they fear?
- **The actual outside review was not presented, only a "summary"** prepared by the OB/GYN committee chief.
    - The review appeared to be prepared from an **academic perspective** (i.e. "residency requirements") rather than that of an actual working, fully licensed physician. Was the reviewer adequately advised of Dr. Dinsmore's accreditations and practice status?
    - Some criticisms were of items that were **outside of Dr. Dinsmore's responsibility** (for example, operating room preparation, anesthesia staff availability, actions of the neonatal and labor nurses). Was the review edited, in order to shift burden to Dr. Dinsmore?
    - The review frequently **recommended alternative procedures that are no longer in favor** with ACOG (i.e. amnioinfusion for meconium), and **criticized procedures that have become ACOG standards** (i.e. Pitocin for labor augmentation). Did this indicate that the reviewer was out of touch with current standards? Were they the only negative parts of the review? Was it hoped that the appearance of such technical knowledge would alarm physicians outside of the OB/GYN specialty?
    - The reviewer often criticized a lack of actions or documentation that clearly existed. **Were complete records provided** to the reviewer?
    - What, really, did the **complete review actually say** or represent?
- The "Adverse Recommendation" notification letter from HEMH advised that the Medical Executive Committee "adopted the findings and recommendations of the Credentials Committee and voted not to grant your request for permanent staff membership at HEMH." The points listed for the basis of this decision **included all previous allegations, with no reference to her subsequent responses**.
    - Given that the Credentialing meeting occurred on the evening of October 3, and the Credentials Committee issued their final decision on October 5, were Dr. Dinsmore's **responses even evaluated**? Or were they disregarded because they would not affect a result that had **already been determined**?

In Summary…

- Dr. Dinsmore incurred great expense in obtaining **additional expert peer review** of these 13 cases. Why are these reviews dismissed without consideration by the physicians at HEMH?
- The bylaws of HEMH provide for "remedial" assistance when issues are found with a physician's performance. Immediate suspension is reserved for such instances where there is a "clear and present danger to patients" by a physician. Dr. Dinsmore's actions clearly did not meet that standard, and no remedial interventions occurred. How could **the bylaws be so blatantly circumvented**?
- Of the 13 patients, many have expressed outrage over feeling that their positive birth experiences were "hijacked" to damage Dr. Dinsmore. If they report satisfaction with their care and the outcomes of their deliveries, and Dr. Dinsmore met the acceptable standard of care established by ACOG, and she did not violate the rules of HEMH, then what criteria was used to **determine that these were the "worst"** of Dr. Dinsmore's cases?
- Dr. Dinsmore was evaluated by her peers at ABOG, the national accreditation organization, to be **worthy of Board Certification**. This occurred even AFTER the events at HEMH. Why, then, would this not prompt reconsideration of her qualifications by at least one physician at HEMH?

Finally…

- Did the other physicians **really intend to be complicit** with this sham peer review?
- Or, were the other physicians **actually intimidated by a few powerful individuals**, and fearful that the same fate could befall them if they refused to conform?
- Or, did the other physicians simply take the case presented at its face value without applying due diligence of their own -- a case of **merely being gullible and allowing themselves to be used**, and thereby failing not only one of their own, but also an entire community?
- **Most importantly… Will these other physicians have the courage to remedy this situation with integrity, or choose to ignore logic and continue to hide from the sunshine of public scrutiny?**