



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Sue M. Wood, MD
Master Case No.: M2011-1155
Docket No.:
Document: Statement of Allegations

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:

The identity of the complainant if the person is a consumer, health care provider, or employee, pursuant to RCW 43.70.075 (Identity of Whistleblower Protected) and/or the identity of a patient, pursuant to RCW 70.02.020 (Medical Records - Health Care Information Access and Disclosure)

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
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

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

SUE M. WOOD, MD
License No. MD00011229

Respondent.

No. M2011-1155

**STATEMENT OF ALLEGATIONS
AND SUMMARY OF EVIDENCE**

The Disciplinary Manager of the Medical Quality Assurance Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by evidence contained in file number 2011-154444. The patients referred to in this Statement of Allegations and Summary of Evidence are identified in the attached Confidential Schedule.

1. ALLEGATIONS

1.1 On April 13, 1970, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 In response to a confidential complaint concerning the Respondent's prescribing practices, the Commission reviewed Respondent's medical records for four patients:

1.2.1 Patient A, whom Respondent had treated since October 2010,

1.2.2 Patient B, whom Respondent had treated since March or April 2002 (conflict in information in investigation file),

1.2.3 Patient C, whom Respondent had treated since October 1999, and

1.2.4 Patient D, whom Respondent had treated since May 2001.

1.3 Respondent's medical management of and medical recordkeeping concerning her treatment of Patients A, B, C, and D were inadequate.

1.4 The medical records of all four patients included documentation of adequate initial evaluations that reasonably established the presence of Attention Deficit Hyperactivity Disorder (ADHD). However, Respondent's progress notes following the initial evaluations are below standard for all four patients in several areas:

1.4.1 Respondent's progress notes for the four patients failed to substantiate her explanations for medication management as subsequently detailed in her statement to the Commission.

1.4.2 In her progress notes, Respondent provided minimal, and in most cases no, documentation of interval histories between sessions, of symptom improvement or lack thereof, of functional improvement or lack thereof, or of current symptoms and difficulties for the four patients.

1.4.3 On some occasions when Respondent documented that the patients were doing well, she nonetheless increased stimulant doses without obvious necessity and without documentation of the reasons for the dose escalation.

1.4.4 Respondent did not document an assessment of medication side effects for the four patients. Although the progress notes form includes a line that reads "Side Effects: reviewed", Respondent provided no further information for any of the four patients at any of the visits. Without any additional notations, "reviewed" is not an adequate assessment of side effects. Respondent failed even to circle "No" or "Yes" on the form to indicate if there were or were not side effects.

1.4.5 Most of Respondent's progress notes have no documentation of the reasons for her increased doses of stimulant medications or of her changes in medications, in spite of the fact that she made numerous dose increases or changes in medications through the course of each of the four patients' treatment.

1.4.6 Respondent initiated stimulant medications at starting doses higher than usual starting doses without documentation of either the rationale for doing so or of a risk-benefit analysis for doing so.

1.4.7 Respondent on several occasions escalated the dose of stimulant medications above standard dose ranges—in the case of Patient D, four to four and a half times the usual upper dose limit for adults—with no documentation of either the rationale for doing so or of a risk-benefit analysis of doing so.

1.4.8 Respondent failed to provide documentation in her progress notes of intermittent assessment for indications of drug abuse or addictive behaviors, even when stimulant doses exceeded usual dose limits. This lack of documentation was particularly notable regarding Patient D, who had a known history of alcohol abuse and for whom

Respondent escalated the stimulant dose to four to four and a half times the usual upper dose limit.

1.4.9 Respondent did not document in her progress notes when patients were expected to return for their next follow-up appointments, which is essential for patients on stimulant medications. This information was omitted even though the progress notes form have a pre-printed "Return to Clinic" (RTC) line, which was left blank.

1.5 Respondent's statement to the Commission in response to the Commission's investigation explained her rationale for unusual medication doses and management of the four patients, as well as her periodic assessment of them. However, Respondent's medical records failed to document most of what she said in her statement.

2. SUMMARY OF EVIDENCE

- 2.1 Respondent's medical records for Patients A, B, C, and D.
- 2.2 Respondent's statement to the Commission, dated May 17, 2011.
- 2.3 Pharmacy profiles for Patients A, B, C, and D from Bartell Drugs, 120 N. 85th St., Seattle, Washington.
- 2.4 Investigation file 2011-154444 concerning the complaint against Respondent.

3. ALLEGED VIOLATIONS

3.1 The facts alleged in Section 1, if proven, would constitute unprofessional conduct in violation of RCW 18.130.180(4) which provides in part:

RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

...

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed....

4. NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2). A

proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate, Respondent should sign and date the Stipulation to Informal Disposition and return it within fourteen (14) days to the Medical Quality Assurance Commission at PO Box 47866, Olympia, WA 98504-7866.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate, Respondent should contact Suzanne L. Mager, Staff Attorney for the Medical Quality Assurance Commission, PO Box 47866, Olympia, WA 98504-7866, (360) 236-2791 within fourteen (14) days of the date of mailing.

4.4 If Respondent does not respond within fourteen (14) days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

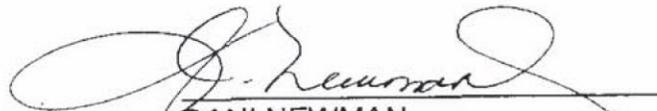
4.5 If Respondent declines to resolve the allegations by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against Respondent by filing a Statement of Charges, pursuant to RCW 18.130.172(3).

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4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license. Respondent must notify, in writing, the Commission if Respondent's name and/or address changes.

DATED: November 7, 2011.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
COMMISSION



DANI NEWMAN
DISCIPLINARY MANAGER

Jim McLaughlin, WSBA #27349, for
SUZANNE L. MAGER, WSBA #19284
DEPARTMENT OF HEALTH STAFF ATTORNEY

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.56.240(1)

Patient A

Patient B

Patient C

Patient D





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Sue M. Wood, MD
Master Case No.: M2011-1155
Docket No.:
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.

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

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**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

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

SUE M. WOOD, MD
License No. MD00011229

Respondent.

No. M2011-1155

**STIPULATION TO INFORMAL
DISPOSITION**

Pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, the Medical Quality Assurance Commission (Commission) issued a Statement of Allegations and Summary of Evidence (Statement of Allegations) alleging the conduct described below. 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 April 13, 1970, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

1.2 In response to a confidential complaint concerning the Respondent's prescribing practices, the Commission reviewed Respondent's medical records for four patients:

1.2.1 Patient A, whom Respondent had treated since October 2010,

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(conflict in information in investigation file),

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ORIGINAL

Hyperactivity Disorder (ADHD). However, Respondent's progress notes following the initial evaluations are below standard for all four patients in several areas:

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1.5 Respondent's statement to the Commission in response to the Commission's investigation explained her rationale for unusual medication doses and management of the four patients, as well as her periodic assessment of them. However, Respondent's medical records failed to document most of what she said in her statement.

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 and conditions 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 Health Integrity and Protection Databank (HIPDB)(45 CFR Part 61), the Federation of State Medical Board's Physician Data Center, and elsewhere as required by law. HIPDB will report this Stipulation to the National Practitioner Data Bank (45 CFR Part 60).

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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 listserv, 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 in case files 2011-154444, -159166, -159440, and -161573.

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 **Voluntary Surrender.** Respondent hereby permanently retires from the practice of medicine, and surrenders her license to practice as a physician and surgeon. Respondent agrees never to resume any practice of medicine, including temporary, emergency, and volunteer practice in the state of Washington. Respondent agrees never to seek reinstatement of her license, nor submit an application for a license to practice medicine.

3.2 **Return of License:** Respondent agrees, upon receiving a conformed copy of this Stipulation to Informal Disposition, to immediately return her wallet license card and wall license certificate, if they exist, to:

Compliance Officer
Medical Quality Assurance Commission
Department of Health
P. O. Box 47866
Olympia, WA 98504-7866

3.3 **Effective Date.** The effective date of this Stipulation to Informal Disposition is January 21, 2012.

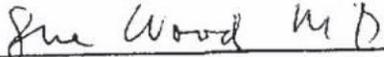
4. COMPLIANCE WITH SANCTION RULES

4.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions.

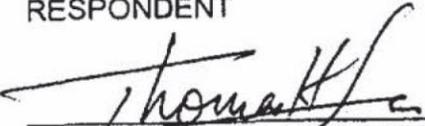
4.2 WAC 246-16-800(b)(iii) provides that surrender of a Respondent's medical license is an acceptable resolution when the Respondent is at the end of his or her effective practice. Respondent will be 74 years old in early February 2012 and has been winding down her practice in preparation for retirement. Respondent's agreement to surrender her license is enough on its own to protect the public; no other sanctions are necessary. Consideration of mitigating and aggravating factors is unnecessary.

5. RESPONDENT'S ACCEPTANCE

I, SUE M. WOOD, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record 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.


SUE M. WOOD, MD
RESPONDENT

1/4/12
DATE


THOMAS H. FAIN, WSBA #7117
ATTORNEY FOR RESPONDENT

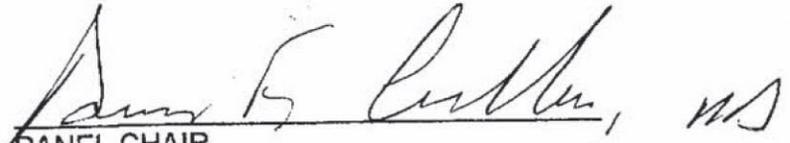
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DATE

6. COMMISSION'S ACCEPTANCE

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

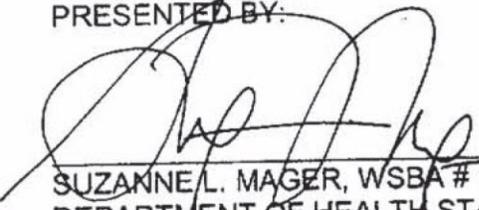
DATED: 12 Jan, 2012.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION



PANEL CHAIR

PRESENTED BY:



SUZANNE L. MAGER, WSBA # 19284
DEPARTMENT OF HEALTH STAFF ATTORNEY