[redacted]
DOB: [redacted]
Incident Date: 06-13-08

Description of circumstances of the incident:

During a[redacted]the patient became very [redacted]
Systolic. The patient developed cessation of flow in the left coronary artery. There was also a cutoff sign in the mid left anterior descending and the distal diagonal branches.

Analysis and Corrective Action:

A. Analysis (apparent cause) of this incident:

Most likel[redacted]espite the fact that the technician and physician checked the lines thoroughly and no emboli were observed or system detection alarm occurred. This conclusion is based on the rapid resolution of coronary occlusion with the below therapeutic measures. Follow-up angiography showed multiple luminal irregularities in the left coronary system without high-grade stenosis in the LAD, diagonal and large non-dominant circumflex system. Patient has allergy to Iodine, which was pre-treated with Prednisone and Benadryl.

B. Corrective or proactive action(s) taken:

Cardiopulmonary resuscitation was done. Nitroglycerin 400 mcg intracoronary, Epinephrine 1 mg IVP, Heparin 10,000 units IV administered. The patient was defibrillated at 200 joules, Bag/Mask Resuscitation 100% oxygen. The patient BP improved, 126/75 and [redacted] woke up. [redacted] Post Cath: BP 100/59, Heart Rate 92 bpm, Respirations 22 Normal. O2 Sat 97% on 3 Liters O2 by N/C. No complaint of chest pain. Fully awake and able to follow command and move all four extremities. The patient was [redacted] was [redacted] with follow-up office visit scheduled for two months or sooner if symptoms return..

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Florida Atlantic Orthopedics
Name of office

301 Camino Gardens Blvd. Suite 201
Street Address

Boca Raton | 33432 | Palm Beach
City | Zip Code | County

(561) 394-8770
Telephone

Roberto Moya, MD
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Same as above
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age | Gender | Medicaid | Medicare

724.4, 722.10, 724.2
Diagnosis

6/25/08
Date of Office Visit

[redacted]
Purpose of Office Visit

724.2
ICD-9 Code for description of incident

Level 1 Surgery
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6/25/2008
Incident Date and Time

Location of Incident:
X Operating Room ☐ Recovery Room
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Patient underwent [redacted] The procedures were completed. After the procedures, [redacted] ACLS was initiated. 911 was called and Boca Raton EMS arrived at the office and continued ACLS. The patient was transferred to East Boca Community Hospital. We are currently conducting an internal investigation to ascertain what transpired. We are waiting on medical records from the head of the Code team, Thomas Rodenberg, MD (anasthesia.)

B) ICD-9-CM Codes

722.10	Under investigation	V12-53, under investigation
Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

C) List any equipment used if directly involved in the incident

(Use additional sheets as necessary for complete response)

Respirator, chest tubes

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient.
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.
- X Any condition that required the transfer of the patient to a hospital.

Outcome of transfer – e.g., death, brain damage, observation only See attached sheet.

Name of facility to which patient was transferred: East Boca Community Hospital

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure.

** if it resulted in:
- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function.
- ☐ Any condition that required the transfer of the patient to a hospital.

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Roberto Moya, MD, Orthopedic Surgeon ME31217	Xavier Escobar, DC (code team) CH8206 (Xray technician)
Thomas Rodenberg, MD, Anesthesia ME63253	Kathleen McCutcheon, Scrub Technician
Ken Rivera-Kolb, MD, General Practice ME40201	
Laura Lerfeld, RN RN3241287	

F) List witnesses, including license numbers if licensed, and locating information if not listed above

All persons listed above, and Mark Gadwell (orderly)

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Currently being investigated, and upon completion or review, we will supplement this report with more detailed information.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Internal investigation; chart has been sent out for review by other medical professionals.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
ME31217	
DATE REPORT COMPLETED	TIME REPORT COMPLETED

The patient was transferred to Boca Community Hospital by Boca Raton EMS and outcome is unknown.

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

2006 JUN 23 AM 8:02

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

X

I. OFFICE INFORMATION

Space Coast Cancer Center
Name of office

840 Executive Lane Suite 120
Street Address

Rockledge 32955 Brevard
City Zip Code County

(321) 453-1361
Telephone

Dr R Sprawls
Name of Physician or Licensee Reporting

ME 54026
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted] ☐ Medicaid ☐ Medicare
Age Gender

Hypopharynx cancer
Diagnosis

6/27/08
Date of Office Visit

Chemotherapy follow up
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (I), or (II)

III. INCIDENT INFORMATION

6/27/08 @ 1000 hrs
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other OFFICE VISIT

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete narrative)

Patient in office for follow up with physician. [redacted] began coughing up blood. Paramedics called asst. Doctor and nurses present. Continued to encourage patient to expel blood from mouth. Accessed central access device and can NS wide open. EMS arrived and transported to Wuesthoff ER

Dr R Sprawls

1 of 2 pages
Form # DH-MQA 1050- created 2-00; revised 3-24-03

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event (ICD-9 E Codes)	Resulting injury (ICD-9 Codes 800-999.9)
N/A		

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

IV pump, dynamap

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☐ Any condition that required the transfer outcome of the patient to a licensed hospital

Outcome of transfer – e.g., death, brain damage, observation only _____

Name of facility to which patient was transferred Westhoff Hospital

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** If it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function;
- ☐ Any condition that required the transfer outcome of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Dr R. Sprawls # ME 54026 Present with patient
Krissia McGlothlin RN # 923808 present w/ patient
Elizabeth Rivera # 919825

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Michelle Lewis (MA)

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Tumor spread into carotid artery

B) Describe corrective or preventive action(s) taken (Use additional sheets as necessary for complete response)

Encourage pt to expel blood to prevent aspiration
Push IV fluids and called EMS

V.

[signature] ME 54026
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

9/23/08 1200
DATE REPORT COMPLETED TIME REPORT COMPLETED

Form # DE-MQA1030- created 2-00; revised 3-24-05

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Name of office

Street Address

City | Zip Code | County

Telephone

Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Name

Age | Gender | ☐ Medicaid ☐ Medicare

Patient's Address

Date of Office Visit

Patient Identification Number

Purpose of Office Visit

Diagnosis

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☐ Other_____

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☐ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred: _____	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V. _____ ME 59554
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT **LICENSE NUMBER**

DATE REPORT COMPLETED **TIME REPORT COMPLETED**

7/3/08 (#18) #200

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Palm Beach Endovascular
Name of office

1620 North Dixie Highway
Street Address

West Palm Bch. 33407 Palm Beach
City Zip Code County

561-833-0770
Telephone

Dr. Manuel Mendez
Name of Physician or Licensee Reporting

ME 79234
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted] Age 7/3/08 Gender Medicaid Medicare
[redacted] Office Visit
ISCHE[redacted]
Purpose of Office Visit

SEVERE ISCHEMIA LEFT LOWER EXTREMITY
Diagnosis

99812
ICD-9 Code for description of incident

LEVEL I Surgery
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7/3/8 ≈ NOON
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☑ Other office

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the Incident (narrative)
(use additional sheets as necessary for complete response)

Selective angiogram Left Lower ext., micro needle used for access, 4-French Sheath placed and Retrograde in (L) Common Femoral Artery, angioplasty using 5x100 balloon in occluded Superficial Femoral Artery (Above Knee - Sheath removed but patient [redacted] Transfer TO hospital for hemodynamic Observation via ambulance.

B) ICD-9-CM Codes

440.22	998.12	998.12
Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

Needle, guidewires, catheter, Angioplasty balloon, C-Arm, IV, x-Ray.

D) Outcome of Incident (Please check)

☐ Death * Level I Surgery Oral Sedation	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage Diazepam 5mg only.	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** If it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☒ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only OBSERVATION ONLY Name of facility to which patient was transferred: GOOD SAMARITAN MED. CTR	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

MANUEL U. MENDEZ MD Lic# ME 79234
Damian McFarlane CRT59756
Diane Pirero RN 9230433
Linda Dorranel RN 862832

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

SEVERE CALCIFICATION OF FEMORAL ARTERY with ESRD related coagulopathy DESPITE NORMAL PT/PTT.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

THE USE OF CLOSURE DEVICE

V.

[signature] ME 79234
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

7/7/08 11:00 AM
DATE REPORT COMPLETED TIME REPORT COMPLETED

PALM BEACH ENDOVASCULAR
DR. MANUEL V. MENDEZ OPERATIVE/PROCEDURE REPORT

PATIENT: [redacted] **MR#:** [redacted] **DATE OF PROCEDURE: 7/3/08**

PREOPERATIVE DIAGNOSIS:
Severe ischemia of the left lower extremity.

POSTOPERATIVE DIAGNOSIS:
Severe ischemia of the left lower extremity.

PROCEDURE PERFORMED:
Selective runoff [redacted], superficial femoral artery, balloon angioplasty of above knee popliteal artery.

SURGEON:
Dr. Manuel V. Mendez

ANESTHESIA:
Procedure performed [redacted]

ESTIMATED BLOOD LOSS:
Minimal.

COMPLICATIONS:
None.

HISTORY:
[redacted] comes in with severe rest pain of the left foot and attempt at endovascular revascularization.

FINDINGS:
Long segment occlusion of superficial femoral artery with reconstitution of several skipped areas within the distal SFA and above knee popliteal. There is reconstitution of below knee popliteal which is widely patent and the runoff is primarily via anterior tibial artery with some patency of the tibial peroneal trunk, very small disease peroneal artery.

After angioplasty of the superficial femoral artery and above knee popliteal artery, patency of this vessel is noted with significant amount of blood through the collateral network around the mean. No evidence of distal embolization. We were unable to negotiate our way through the distal popliteal artery.

#201

STATE OF FLORIDA
Charlie Crist, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

WALNUT CREEK MEDICAL CENTER
Name of office

1079 W UNIVERSITY DR. SUITE 101
Street Address

PEMBROKE PINES 33024 BROWARD
City Zip Code County

954-964-6281
Telephone

PETER VOTICOFF
Name of Physician or Licensee Reporting

ME 72121 CGR 7997
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age 7/3/08 Gender Medicaid Medicare

Diagnosis

[redacted]
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7/3/08 10 AM
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other PROCEDURE Room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

(See attached)

B) ICD-9-CM Codes

V76.41		569.83
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

Olympus Colonoscope

D) Outcome of Incident (Please check)

☐ Death	☐ *Surgical procedure performed on the wrong site ***
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	*** If it resulted in:*
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ *Permanent disfigurement not to include the incision scar* ☐ Fracture or dislocation of bones or joints ☐ *Limitation of neurological, physical, or sensory function.* ☐ *Any condition that required the transfer of the patient to a hospital.*
☒ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer e.g., death, brain damage, observation only [redacted] Name of facility to which patient was transferred: Memorial Pembroke Hospital	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Dr Scott Snyder (anesthesiologist) Chris Carroll (RN) Meg James (tech) Ann Price (RN)

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Same as Above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

see attached

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

unfortunately this complication is a noted risk and presents a greater risk when significant diverticulosis is noted. These situations will be reviewed in peer review - QA

V. [signature] ME 72171

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT   LICENSE NUMBER

7/22/08

DATE REPORT COMPLETED   TIME REPORT COMPLETED

RE: Description of Incident involving [redacted]

[redacted] presented on July 3, 2006 for [redacted] scheduled colonoscopy. [redacted] had been referred to me by [redacted] primary care physician for colorectal cancer screening. [redacted] had been seen by me previously in consultation for this screening colonoscopy during which time the procedure had been discussed in detail, with the risks and potential benefits presented. All questions were answered. The patient and family wished for [redacted] to undergo the procedure. I subsequently requested and obtained cardiac clearance prior to the scheduling of the colonoscopy.

After informed and written consent was obtained, the patient was sedated with [redacted] by Dr. Snyder and the procedure was started. Under direct visualization, the colonoscope was advanced to approximately the transverse colon. Significant diverticulosis was noted in the sigmoid and descending colon but had been traversed without complication. With the tip of the colonoscope just beyond the splenic flexure, a loop began to form when applying gentle forward pressure. The scope was partly withdrawn and the assisting nurse was instructed to apply appropriate abdominal pressure in the lower left quadrant of the abdomen to attempt to prevent loop formation. However, with this effort at advancement by applying gentle forward pressure to the colonoscope, a sudden slight release of tension was noted and the instrument was withdrawn for further evaluation. [redacted] was noted and the procedure was terminated.

The patient, [redacted] remained clinically stable, with no bleeding noted. Antibiotics were begun and emergency medical transport services were called for delivery to Memorial Pembroke Hospital. The surgeon, Dr. Gomez, was immediately called to provide care and surgical repair of the perforated colon. The patient's [redacted] was informed of the event and was driven to the hospital. The patient's primary care doctor, Dr. Montes, was also called and was to become the patient's attending physician while hospitalized. [redacted]

[redacted] has since been discharged to home from the hospital in good condition.

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

RECEIVED 2008 AUG 18 AM 9:44

I. OFFICE INFORMATION

Bradenton Cardiology Center
Name of office

316 Manatee Ave W
Street Address

Bradenton | 34205 | Manatee
City | Zip Code | County

941-748-2277
Telephone

Anthony T. Pizzo
Name of Physician or Licensee Reporting

ME55769
License Number & office registration number, if applicable

[redacted]
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient's Address

[redacted]
Patient Identification Number

Chest pain, SOB, LBBB
Diagnosis

[redacted]
Age 7/23/08 Gender Medicaid Medicare

Date of Office Visit

Chest pain
Purpose of Office Visit

78659
ICD-9 Code for description of incident

procedure/diagnostic cath/Level I Surgery
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7/23/08
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other In office cath lab.

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No N/A
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

See attached cath report

B) ICD-9-CM Codes

CPT 93510	E870	998.2
Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

Boston Scientific catheters (FL4-5F, FR4-5F, pigtail-5F) St. Jude Medical guidewire, 4health .035 3mmJ, 5F-Acrsheath

D) Outcome of incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** *if it resulted in:*
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☒ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only performed stenting of vessel Name of facility to which patient was transferred: Manatee Memorial Hospital	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Dayana Jimenez - scrub person 941-
Lauren Wheet - monitor License # CAT 70579 748-2277
Sue Rohr - RN - circular License # RN2238822
Anthony T. Pizzo, M.D. - performed procedure License # ME 55769

F) List witnesses, including license numbers if licensed, and locating information if not listed above

N/A

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Known risk of heart catheterization procedure

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Patient transferred to hospital per protocol.

V. _____ 55765
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT **LICENSE NUMBER**

Aug. 6, 2008 1400
DATE REPORT COMPLETED **TIME REPORT COMPLETED**

CARDIAC CATHETERIZATION

PATIENT: [redacted] DATE: 07/23/2008
[redacted]

REFERRING PHYSICIAN:
SUPERVISING PHYSICIAN: Anthony T. Pizzo, M.D. F.A.C.C.

PROCEDURE:
1. Diagnostic left heart catheterization with selective coronary angiography and ventriculography.

SUMMARY: The patient is a [redacted]-year-old [redacted] with left bundle branch block chronically, hypothyroidism, type 2 diabetes mellitus developed severe discomfort in the chest radiating to the jaw with persistence of the symptoms. The patient was given sublingual Nitroglycerin x3 which helped the chest discomfort subside, it then recurred, the jaw pain lingered. ECG tracing remains left bundle branch block and nondiagnostic. The patient now to undergo diagnostic catheterization.

PROCEDURE: The patient was brought to the catheterization laboratory. [redacted] was given pretreatment for contrast/iodine allergy by intravenous protocol. [redacted] was prepped and draped in sterile fashion. 2% Xylocaine was infiltrated over the right iliac vessel for local anesthesia. Percutaneous access was readily achieved. A soft tip J-guide wire was placed and advanced over which a 5-French introducer/sheath was placed and positioned. Introducing guide wire removed. Sheath aspirated and flushed with sterile saline. The left heart study was performed using Judkins 5-French JL4, JR4, and angled pigtail catheters. The patient had abnormality of the right coronary artery with initially evidence of spasm at the tip of the catheter which was partially relieved by repositioning the catheter and the patient being given sublingual Nitroglycerin. The patient continued to have symptoms. The artery was further evaluated. There was evidence of haziness in the proximal portion of the vessel and the patient continued to have symptoms. At that point we opted to secure the sheath. The patient was transferred to the Manatee Memorial Hospital Catheterization Laboratory to facilitate further evaluation of the right coronary artery with the plan to do intravascular ultrasound.

HEMODYNAMICS: Rhythm sinus. Heart rate between 90 and 105 beats per minute. LV pressure was 130/6 mmHg. Aortic pressure 131/79 mmHg.

CORONARY ANGIOGRAPHY:
1. The left main coronary artery is a good caliber vessel which appears normal in size and contour. Normal in origin. There is no evidence of obstructive disease.
2. The LAD is a moderate to large caliber vessel. Proximally it provides a high diagonal branch which is of moderate to large caliber. The vessel continues providing septal and diagonal distal branches without evidence of obstructive disease.
3. Circumflex. The circumflex has first and second marginal vessels. Terminates in the AV groove. It is of moderate caliber without evidence of obstructive disease.
4. Right coronary artery is a moderate to large caliber vessel somewhat of an inferior positioning takeoff which initially showed evidence of what was thought to be spasm just past the tip of the

catheter in the LAO cranial projection. After repositioning the catheter and giving the patient sublingual Nitroglycerin there was a persistent haziness in the proximal segment of the vessel and the appearance of a small area of dissection near the ostium of the vessel.

VENTRICULOGRAPHY: Ventriculography performed in the RAO 30-degree projection reveals concentric LVH with normal ejection fraction, 65%. The inferoapical segment minimally hypokinetic. There is no mitral regurgitation.

IMPRESSION:
1. Abnormality of the right coronary artery with small dissection at the ostium post procedure. Persistence of proximal abnormality as described above.
2. Compensated left heart hemodynamics.
3. Normal ejection fraction.
4. Minimal hypokinesis of the inferoapical segment.

RECOMMENDATIONS:
1. Transfer to Manatee Memorial Hospital for further evaluation of the right coronary artery with plans to do intravascular ultrasound. Thereafter further treatment as warranted.
2. Nitrates and calcium channel blocking agents for treatment of coronary vasospasm may also be needed.

Anthony T. Pizzo, M.D., F.A.C.C., F.A.C.P.
ATP/ml
Job: 106283

cc: Jose A. Acosta M.D. [MAIL]

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Southeastern Integrated Medical
Name of office

4343 Newberry Road, Suite 1B
Street Address

Gainesville 32607 Alachua
City Zip Code County

352-224-2200 x 355
Telephone

Allen Brasington, MD
Name of Physician or Licensee Reporting

ME5B527
License Number & office registration number, if applicable

4343 Newberry Road, Suite 1B, Gainesville, FL 32607
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient's Address

Patient Identification Number

724.0
Diagnosis

[redacted]
Age Gender Medicaid Medicare

07/30/08
Date of Office Visit

Scheduled Routine Visit
Purpose of Office Visit

Syncope 780.2
ICD-9 Code for description of incident

n/a
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

07/30/08 ≈ 4:30
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Restroom

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☒ No n/a
Was an autopsy performed? ☐ Yes ☒ No n/a

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

[redacted] and [redacted] arrived for a scheduled appointment within our clinic at 2:00pm for an upper respiratory infection. [redacted] requested valium for a previously covered MRI. I prescribed 10mg of valium to take prior to [redacted] MRI. [redacted] returned to the office on [redacted] own. [redacted] blacked out while going to the restroom. staff members assisted the patient to a treatment area and began O_2 supplements. [redacted] had a pulse and respirations but remained unconscious for about 5-7 minutes. EMS had been notified and arrived to take over care.

DH-MQA1030-12/06
Page 1 of 2

B) ICD-9-CM Codes

723.1	Syncope 786.2	Syncope 780.2
Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

Oxygen canister, nasal canula/tubing

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** If it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☒ Any condition that required the transfer of the patient to a hospital.
☒ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred: Shands @ UF	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Allen Brasington, MD ME58527, Primary Care Physician
Lyn Knapsack, Medical Assistant; Lizzie Murray, Medical Assistant;
Jessica Isles, Medical Assistant

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Patient's [redacted] was present

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Cause unknown at this time.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

None at this time.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — ME58527 LICENSE NUMBER

2/11/08 — DATE REPORT COMPLETED

7pm — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

X

I. OFFICE INFORMATION

CAG Laboratories, LLC
Name of office

4645 NW 8th Ave
Street Address

Gainesville 32605 Alachua
City Zip Code County

(352) 375-1212
Telephone

Dr. Brian Werbel
Name of Physician or Licensee Reporting

431 ME93739
License Number & office registration number, if applicable

Same
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Abnormal Thallium Stress test
Diagnosis

[redacted]
Age 7-18-08 Gender Medicaid Medicare

Date [redacted]

Purpose of Office Visit 495.0
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7/18/08 1127 Am
Incident Date and Time

Location of Incident:
☒ Operating Room ☐ Recovery Room
☒ Other Cath Lab

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Please See attached

B) ICD-9-CM Codes

CPT Code 93510	995.0	995.0
Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

IV, Monitoring equipment, Flouroscopy, Acist Power Injector

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☒ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only - medication therapy Name of facility to which patient was transferred: Shands AGH	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Please See attached

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Please See attached

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Please See attached

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Please See attached

V.

[signature]	0093739
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	**LICENSE NUMBER**
8/1/08	0900
DATE REPORT COMPLETED	**TIME REPORT COMPLETED**

CONFIDENTIAL
FDOH July 2008 report
Physician Office Adverse Incident Report
Addendum to Report from Cardiology Associates of Gainesville Laboratories

Section III – Incident Information

A) Describe circumstances of the incident:

- Patient was here for an elective cardiac catheterization. The indication for procedure was "Abnormal Thallium Stress test," which was done on July 3rd 2008.
- Pre-procedure patient assessment and evaluations were done per routine at which time the patient denied any known allergies. Informed consent was obtained and patient was prepared for procedure in the usual manor. In the room at the time of the procedure were Dr. Brian Werbel, Ryan Guskiewicz, CVT, Marianne Thompson, RCIS, and Joanna Reynolds, CVT.
- The patient's vital signs, blood pressure, heart rate and rhythm, respirations, and oxygen saturations were being monitored.
- The catheterization proceeded without incident when the patient[redacted] while the last images where being taken. Blood pressure dropped to 72/49 then to 68/40. O2 saturations were steady at 92-94%.
- EMS was called. Dr. James Omeara and Amy Jones, RN (Cardiology Associates of Gainesville staff) had also arrived.
- The patient was then transported via EMS to Shands AGH

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

1. Brian Werbel, MD; ME 93739 -first MD responder
2. Marianne Thompson; RCIS 13818 – first RCIS/RN responder
3. Ryan Guskiewicz, CVT – first responder
4. Joanna Reynolds, CVT – first responder
5. Amy Jones, RN; RN 3213382-second RCIS/RN responder
6. James Omeara, MD: ME 70431 -second MD

*All above are owners or employees of Cardiology Associates of Gainesville.

F) List witnesses, including license numbers if licensed, and locating information if not listed above.

1. Brian Werbel, MD
2. Marianne Thompson, RCIS
3. Ryan Guskiewicz, CVT
4. Joanna Reynolds, CVT

CONFIDENTIAL
FDOH July 2008 report
Physician Office Adverse Incident Report
Addendum to Report from Cardiology Associates of Gainesville Laboratories

Section IV - ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent causes) of this incident:

Physicians present during the incident agreed that the patient [redacted] caused by the contrast used during the procedure. Patient and patients [redacted] were instructed, if asked if patient had any allergies, to say, "yes" to iodine allergy.

B) Describe corrective or proactive action(s) taken:

- During pre-assessment/evaluation of the patient, the patient stated [redacted] had no allergies. While discussing the incident with the patient's [redacted] later, [redacted] stated [redacted] had had a similar incident in the past, but neither [redacted] nor [redacted] felt it was important enough to mention.

- Physicians and team members involved discussed the incident. It was decided to expand our evaluation of patient allergies and reactions by more in depth questioning. Not only will we inquire about allergies to medications, foods, and environmental agents, we will also ask about past reactions or incidents experienced during any previous medical procedure/treatment.

Section V

Signature of Physician/Licensee Submitting Report

ME0093739
License Number

8/1/08
Date Report Completed

0900
Time Report Completed

[redacted]

STATE OF FLORIDA –
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Space Coast Medical Associates
Name of office

840 Executive Lane
Street Address

Rockledge FL 32955 Brevard
City Zip Code County

321-453-1361
Telephone

Dr. Fidel Manvalla
Name of Physician or Licensee Reporting

ME 0094732
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age

☐ Medicaid ☐ Medicare

Dx [redacted]
Diagnosis

7/17/08
Date of Office Visit

Chemotherapy only
Purpose of Office Visit

Undifferentiated Carcinoma uterine origin

ICD-9 Code for description of incident

Level of Surgery (I) or (II)

III. INCIDENT INFORMATION

7/17/08 12:50 pm
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other Chemotherapy room (MD's office)

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☒ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Pt within 30 minutes of completion of a 3hr Taxol infusion. 12:50 Patient c/o increased shortness of breath and difficulty taking a breath. Taxol infusion stopped. MD notified. NS to KVO. O2 Sat @ 88%. Bilateral wheezing. 12:55 O2 Sat @ 84%. O2 on via NC @ 2L. 1:00 V/S 156/108, HR 110 Cont Bilat wheeze. O2 Sat increased @ 96% on O2. Wheezing and shortness of breath unresolved. 1:10 Patient sent via Ambulance to ER for further evaluation per MD order.

Form # DH-MQA1020- created 2-00; revised 3-24-03

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident event, circumstances, or specific agent that caused the injury or event. (ICD-9 E Codes)	Resulting injury (ICD-9 Codes 800-999.9)
V58.11	Chemotherapy (Taxol)	Shortness of breath Wheezing

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response) O2 only

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☒ Any condition that required the transfer outcome of the patient to a licensed hospital

Outcome of transfer – e.g., death, brain damage, observation only _____
Name of facility to which patient was transferred Wuesthoff Hospital

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** If it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function;
- ☐ Any condition that required the transfer outcome of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Mary Beth Bosser RN 206 1342
Krissia McGoldrick RN 923 8088
Dr. Fras Muwalla ME 0094732

F) List witnesses, including license numbers if licensed, and locating information if not listed above

as above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

drug sensitivity

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

premedicate for sensitivities prior to therapy

V. [signature] ME 94732

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

7/18/07 — DATE REPORT COMPLETED
13:15 — TIME REPORT COMPLETED

#71

#43

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Sanctuary Plastic Surgery
Name of office

4800 N. Federal Hwy #C101
Street Address

Boca Raton 33431 Palm Beach
City Zip Code County

(561) 367-9101
Telephone

Jason N. Pozner, M.D.
Name of Physician or Licensee Reporting

OSR #120
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

P [redacted]
P
F
Diagnosis

[redacted]
Age N/A Gender Medicaid Medicare

Date of Office Visit 8/26/2008

Purpose of Office Visit Surgical procedure

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

9/11/2008
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☑ Other Hospital Boca Raton Community Hospital

Note: If the incident involved a death, was the medical examiner notified? ☑ Yes ☐ No
Was an autopsy performed? ☑ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

(See Attached)

B) ICD-9-CM Codes

placement of breast tissue expander ? | | death

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) | Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) | Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

event occurred @ BRCH

D) Outcome of Incident (Please check)

☑ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☐ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred: _____	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Pt was treated @ Boca Raton Community Hospital. As Dr. Pozner was out of town @ the time he did not see Pt in Hospital. Due to HIPAA regs we are unable to obtain hospital records

F) List witnesses, including license numbers if licensed, and locating information if not listed above

as above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

At this time we are still not certain as to the cause of the incident. Upon notification from the medical examiner an addendum will be sent.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

as above

V.

[signature] | 64073

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT | LICENSE NUMBER

9/28/08 | 2:40 pm

DATE REPORT COMPLETED | TIME REPORT COMPLETED

Summary

Patient was a [redacted] year old [redacted] bodybuilder who was well known to our practice for breast related complications since November 13, 2006. [redacted] had a complicated history of approximately 40 previous breast surgeries who presented to us initially with an extruded implant which ultimately necessitated explantation on January 15, 2007. We treated [redacted] with ultrasound therapy to [redacted] left breast for approximately 1 ½ years to soften [redacted] scar tissue. [redacted] underwent full medical clearance including a stress test and echocardiogram prior to surgery. [redacted] was on no medications and denied recent steroid use. [redacted] DVT risk was considered to be low. On August 26, 2008 [redacted] underwent [redacted] first stage of left breast reconstruction with placement of a tissue expander. [redacted] had in office general anesthesia by a Board Certified Anesthesiologist. Surgical time was just under 3 hours. Intraoperative and recovery room DVT prophylaxis included flexed leg positioning, TED stockings and intermittent compression device use in surgery and in recovery until [redacted] discharge. Patient was discharged from our recovery room in stable condition 1 hour 10 minutes after surgery.

Patient was seen in our facility for routine post operative visits on post operative days 1,2,3, 7, 10, 13, and 14. [redacted] was feeling well post operatively, ambulatory and healing very well. [redacted] legs were soft with no evidence of DVT.

We received word that [redacted] was admitted to Boca Community Hospital on the evening of [redacted] 14th post operative day with shortness of breath. [redacted] coded in the emergency room more than once and was given TPA for presumed pulmonary embolus. [redacted] expired in the ICU on [redacted] 16th post operative day.

I have been in touch with the medical examiner who confirmed that the cause of death was not a PE as was thought during [redacted] hospitalization. There was no evidence that the death was related to [redacted] surgery. All medical records have been sent to the ME so the cause of death can be determined. The ME will remain in contact with me as she obtains further information."

We later found out that the patient was preparing for a bodybuilding contest and that on [redacted] emergency hospital admission had elevated serum testosterone levels. We believe at this point that [redacted] death was not related to [redacted] surgery but may have been from illegal drug use.

8/15/08 #70 #42

[redacted]

STATE OF FLORIDA
Charlie Crist, Governo

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Esthetica Institute
Name of office

2865 PGA BLVD
Street Address

Palm Beach Gardens 33410 Palm Beach
City Zip Code County

(561) 776-9555
Telephone

David Rankin MD
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Pa[redacted]

Patient's Address

N/A
Patient Identification Number

Multiple Abdominal scars, gynecomastia
Diagnosis liposuctomy

[redacted]
Age Gender Medicaid Medicare

Date of Office Visit

Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/15/8 ~ 6AM
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Patient's home

Note: If the incident involved a death, was the medical examiner notified? ☒ Yes ☐ No
Was an autopsy performed? ☒ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Additional typed sheet included.

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
None. Occurred in home.	Overdose??	Death

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

N/A

D) Outcome of incident (Please check)

☒ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** If it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☐ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only	
Name of facility to which patient was transferred: None. Occurred at home	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

David Rankin ME84988. Surgeon.
Jorge Diaz ARNP1228482 Anesthetist
Diane Stone RN3012772 Nurse

F) List witnesses, including license numbers if licensed, and locating information if not listed above

N/A

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

It appears that patient overdosed on pain medications that [redacted] kept at [redacted] home. It appears that [redacted] had these stored from previous operations.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Surgery was uneventful. Am taking a more pro-active approach to pre-screen patients for possible medication abuse.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
David Rankin	ME84988
DATE REPORT COMPLETED	**TIME REPORT COMPLETED**
9/16/18	Noon

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Interventional Rehabilitating So. FL, Inc — Name of office
601 N. Flamingo Rd. Ste 411 — Street Address
Pembroke Pines — City
33028 — Zip Code
Broward — County
954-433-8711 — Telephone
Nancy Ericksen, D.O. — Name of Physician or Licensee Reporting
HCC 5716 — License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient Identification Number
Lumbar Radiculopathy — Diagnosis
[redacted] — Age, Gender, Medicaid, Medicare
8/20/08 — Date of Office Visit
Neuroforaminal Injection — Purpose of Office Visit
ICD-9 Code for description of incident
0 — Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/20/08 1:00 p.m. — Incident Date and Time

Location of Incident:
☒ Operating Room ☐ Recovery Room
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

2mg Versed / 100mg Fentanyl administered - Patient noted to have shallow breathing - turned supine - procedure cancelled NaCl 0.9% 500cc IV administered. Taken to recovery room. Pt. began having Nausea and dry heaving and ambulation - monitored - Nausea aggravated by standing and walking. Pt. transferred to emergency room by paramedics.

DH-MQA1030-12/06
Page 1 of 2

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** If it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☑ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer: e.g., death, brain damage, observation only Fluids, Tgan given Name of facility to which patient was transferred: Memorial Hospital - West	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Nancy Erickson R.O.
Lydia Vardemar, RN
Cassandra Joseph RN
Christopher Garcia, P.A.

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

The patient showed evidence of Sleep Apnea -

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Pt. transferred / vital Signs, Fluids, rest, Tgan 200mg Cardiac Consult - Procedures performed at Memorial Hospital West upon clearance -

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	OS0066069

DATE REPORT COMPLETED	TIME REPORT COMPLETED
8/28/08	

[redacted]

STATE OF FLORIDA

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

2008 SEP -2 10:02

I. OFFICE INFORMATION

Oncology + Hematology Associates of West Broward
Name of office

7431 North University Drive Suite 110
Street Address

Tamarac, FL 33321 Broward
City Zip Code County

954-726-0035
Telephone

Rohan Faria MD
Name of Physician or Licensee Reporting

ME73674
License Number

Same As Above
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

08/28/08
Date of Office Visit

Chemotherapy infusion
Purpose of Office Visit

Ovarian cancer
Diagnosis

183.0
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

08/28/08 1145
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other Chemotherapy infusion room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No N/A

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Patient receiving IV infusion of Carboplatin. After approximately 15 minutes [redacted] began to cough uncontrollably. Medication infusion stopped. IV of NS hung. Pt. began to have sluggish speech and became lethargic. Dr. Faria summoned to room, pt c/o SOB, diaphoretic. Pulse 90, Resp 20, B/P 106/66. Blood Sugar 112. O_2 given @ 6L/min via mask, Decadron 10mg given IV and Benadryl 50mg given per M.D. order. Paramedics called to transport patient to hospital. Arrived at DN, pt transported to University Community Hospital via ambulance @ 1210.

Form # DH-MQA1030- created 2-00

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
chemotherapy infusion - 96413		

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** if it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function; ☐ Any condition that required the transfer of the patient
☒ Any condition that required the transfer of the patient to a licensed hospital	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

NORMA BARRY RN RN 1433692
CHERYL DEVIO RN RN 9204298
ROHAN FARIA MD ME73674

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Susan Rothenberg RN 1148592

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

LIKELY DRUG REACTION TO CARBOPLATIN

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

NONE AT THIS TIME, AWAIT HOSPITAL RECORDS

V.

P Faria — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME0073674 — LICENSE NUMBER

09/03/08 — DATE REPORT COMPLETED

1400 — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

The Back Center
Name of office

315 E NASA BLVD
Street Address

Melbourne FL 32901 - Brevard
City Zip Code County

321 - 723 - 7716.
Telephone

Dr L Voepel
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age 8-29-08 Gender Medicaid Medicare

Low Back Pain
Diagnosis

8-29-08
Date of Office Visit

Lumbar Med. Branch Radiofrequency
Purpose of Office Visit

ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8-29-08 - 16[30]
Incident Date and Time

Location of Incident:
☐ Operating Rm ☑ Recovery Rm
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☑ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

15[23] Pt received into RR from OR. Responding but sleepy. VS stable but not maintaining O2 Sat 5 stimulation. 15[34] Romazicon 0.2mg given IVP by anesthesia. Maintaining O2 Sat @ present flow to suppl. 16[05] Pt becomes non-responsive - O2 via mask. 16[10] 911 Called & arrived @ 16[15] Transported to HRMC @ 16[25]

Form # DH-MQA1030- created 2-00; revised 3-24-03

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
64622		

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** If it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function; ☐ Any condition that required the transfer outcome of the patient
☑ Any condition that required the transfer outcome of the patient to a licensed hospital	
Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred Holmes Regional Med Center	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Jo Jo MacDonald CRNA 46009
Debbie Hamblet RN 2795-252
Maureen Vaughan RN 2016822
Dr. LOvejoy MD ME 85032

F) List witnesses, including license numbers if licensed, and locating information if not listed above

none

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Cause of incident unknown

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Continue to screen patients, Monitor in OR & RR per protocol
Pt was admitted, evaluated & discharged 8/30/08

V.

[signature] ME 85032
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT **LICENSE NUMBER**

8-29-09 1645
DATE REPORT COMPLETED **TIME REPORT COMPLETED**

Form # DH-MQA1030- created 2-00; revised 3-24-03

STATE OF FLORIDA
Jeb Bush, Governor

[redacted]

2008 SEP -3 PM 2:38

PHYSICIAN OFFICE ADVERSE INCIDENT REPO[redacted]

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Mark Lamet MD PA
Name of office

1150 N. 35th Avenue #445
Street Address

Hollywood FL 33021 Broward
City Zip Code County

954-961-7771
Telephone

Mark Lamet MD
Name of Physician or Licensee Reporting

ME0037518 Office # 193
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting:

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

8/29/08
Date of Office Visit

Post Polypectomy Bleeding
Purpose of Office Visit

Diagnosis

569.3
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/29/08
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other Office

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Rt SIP Endoscopic Polypectomy - presented w/ Rectal Bleedy.
Pt admitted to Hospital - Bleeding Scan ⊖, Hgb stable
no further bleeding
Pt discharged after 24° of Observation

9/2/08

Form # DH-MQA1030- created 2-00; revised 3-24-03

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SEP 02 2008
Compliance Management Unit

B) ICD-9-CM Codes

45381 45384 45385	N/A	569.3
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☑ Any condition that required the transfer outcome of the patient to a licensed hospital

Outcome of transfer – e.g., death, brain damage, observation only _____
Name of facility to which patient was transferred _____

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** if it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function;
- ☐ Any condition that required the transfer outcome of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Mark Lamet M.D. Lic # ME 0037518
Denise Kamsler R.N. Lic # RN 2005682

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Same as above.

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

None

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V.

[signature]	037518
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
9/2/08	11 AM
DATE REPORT COMPLETED	TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00; revised 3-24-03

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

The RSD/CRPS Treatment + Research Institue — Name of office
910 East Busch Blvd — Street Address
Tampa — City
33612 — Zip Code
Hillsborough — County
813 996 5511 — Telephone
Dr. Anthony F. Kirkpatrick MD PhD — Name of Physician or Licensee Reporting
License Number & office registration number, if applicable
same as above — Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient Identification Number
[redacted] — Age
8-4-08 — Date of Office Visit
Right Lumbar Sympathetic Block Right Stellate Ganglion Block — Purpose of Office Visit
RSD (R) ankle and (R) upper extremity — Diagnosis
337.22 / 337.21 — ICD-9 Code for description of incident
Level II — Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/4/08 @ 1546pm — Incident Date and Time

Location of Incident:
☒ Operating Room ☐ Recovery Room
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No N/A
Was an autopsy performed? ☐ Yes ☐ No NA

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

1546pm Right Stellate Ganglion Block completed. When checking patient's IV site noted patient's hand was limp. Looked at O2 Saturation 98%. Airway maintained. Pt ambu'd immediately with 100% Oxygen. Saturation 100% immediately. Nasal Trumpet inserted (R) nare per Dr Kirkpatrick. IV fluid NS 500cc open wide #22 in (L) Hand intact. Dr. Deresari called at bed side. O2 Saturations maintained. Pt Vital Signs stable., but no response to verbal or painful Stimuli. Fire Rescue called. Pt. intubated in OR room with 7.5 Oral ETT secured at 21cm. placement checked. transferred to Stretcher to UC Hospital Fletcher Ave. Tampa, FL accompanied by Dr. Kirkpatrick. Pt was worked up per ER Protocal. Pt discharged from hospital 8/6/08 without complications and return for office visit with Dr Kirkpatrick

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
337.22 +	337.21	

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

Emergency Code Cart, Oxygen.

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** If it resulted in: ☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function.
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	
☒ Any condition that required the transfer of the patient to a hospital.	☒ Any condition that required the transfer of the patient to a hospital.
Outcome of transfer – e.g., death, brain damage, observation only Emergency Room to ICU Name of facility to which patient was transferred: University Community Hospital Tampa, FL.	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Dr. A. Kirkpatrick 40765, Sara R. Jenkins Plouff RN 84922-2 FL
Ann Newman Tech, Dr. Derasari 54111.

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Dr. A Kirkpatrick 40765, Sara R. Jenkins Plouff RN 84922-2FL.
Ann Newman Tech, Dr. Derasari 54111.

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Investigating possible allergic reaction to Marcaine.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Before any more procedures are done; patient, is to see an Allergist for work-up for possible allergy to Marcaine.

V. Anthony J. Kirkpatrick MD — 40765
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — **LICENSE NUMBER**

8-11-08 — 4:30 PM
DATE REPORT COMPLETED — **TIME REPORT COMPLETED**

Pt. feeling increasingly more short of breath.
Leaning forward to help facilitate breathing.
EMS on the scene at 1030. Assessed by EMT/Paramedics.
pt's lungs sounds (wet) pt was transferred via
ambulance to Parish Medical Center.

[redacted]

RECEIVED
CONSUMER SERVICES
2008 OCT -6 AM 10: 1

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Of procedure

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

FLORIDA CANCER INST - New Hope
Name of office

7651 Medical Dr.
Street Address

HUDSON 34667 PASCO
City Zip Code County

727-868-9208
Telephone

GAIL LYNN SHAW WRIGHT, MD
Name of Physician or Licensee Reporting

ME 71516
License Number & office registration number if applicable

7651 Medical Dr Hudson FL 34667
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

Lung Ca
Diagnosis

8-20-08
Date of Office Visit

HMO

F/U for chemo therapy
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/27/08
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Chemotherapy Infusion Room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Patient came in for chemotreatment (VP16). Treatment started after pre-meds. 5 minutes into infusion patient became dyspnoic. Infusion immediately stopped and normal saline was infused + BP 160/92 HR 101. O2 sat 88% RA. Placed on O2 3L nasal. Orders received from Dr Wright. Benadryl 25mg IV at 10:20 A and Lasix 20mg IV at 10:30 am. 911 called at 10:30 when pat + 84 on O2 and HR 138-141. Report given to EMS and to Bayonet Point ER. Copies nurses notes by Kelley Mallard, RN this information.

Jan Mogado RN

DH-MQA1030-12/06
Page 1 of 2

[redacted]

STATE OF FLORIDA
Charlie Crist, Governo[redacted]

FLORIDA DEPARTMENT OF HEALTH

2 (done already)

other death cosmetic

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Esthetica Institute
Name of office

2865 PGA BLVD
Street Address

Palm Beach Gardens 33410 Palm Beach
City Zip Code County

(561) 776-9555
Telephone

David Rankin MD
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Pa[redacted]

Patient's Address

N/A
Patient Identification Number

Multiple Abdominal scars, gynecomastia
Diagnosis liposuctioning of

[redacted]
Age Gender Medicaid Medicare

Date of Office Visit

Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/15/18 ~ 6AM
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Patient's home

Note: If the incident involved a death, was the medical examiner notified? ☒ Yes ☐ No
Was an autopsy performed? ☒ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Additional typed sheet included.

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
None. Occurred in home.	Overdose ??	Death

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

N/A

D) Outcome of Incident (Please check)

☒ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** If it resulted in: ☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	
☐ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only ____ Name of facility to which patient was transferred: None. Occurred at home	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

David Rankin ME84988. Surgeon.
Jorge Diaz ARNP 1228482 Anesthetist
Diane Stone RN3012772 Nurse

F) List witnesses, including license numbers if licensed, and locating information if not listed above

N/A

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

It appears that patient overdosed on pain medications that [redacted] kept at [redacted] home. It appears that [redacted] had these stored from previous operations.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Surgery was uneventful. Am taking a more pro-active approach to pre-screen patients for possible medication abuse.

V.

[signature] ME84988
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

9/16/18 — DATE REPORT COMPLETED
Noon — TIME REPORT COMPLETED

Narrative of circumstances:

This patient was a [redacted] year old [redacted] who desired improvement in [redacted] appearance after multiple abdominal surgeries in the past which left multiple scars. [redacted] was also dissatisfied with gynecomastia and a small amount of excess submental fat. [redacted] was scheduled for surgery on 8/14/2008 at which time an abdominoplasty/multiple abdominal scar revisions was performed. Liposuction of [redacted] gynecomastia and submental area were performed concomitantly. All standard surgical precautions were taken throughout surgery including the use of sequential compression devices placed prior to anesthesia and a foley catheter for fluid monitoring.

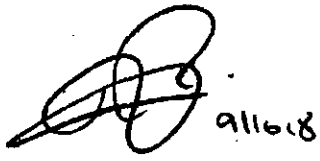
Prior to surgery, a full pre-operative work up was performed. This included a full panel of labs, EKG, and abdominal CT scan.

The surgery was uneventful and the patient recovered in the facility and was discharged home. [redacted] had an adult present with [redacted] throughout the night as per our policy. I spoke to [redacted] at around 8PM and [redacted] stated the patient was feeling well and there were no problems.

I was notified the following morning that the patient had passed away. The medical examiner was notified and a full autopsy was performed. This is still pending.

I have spoken extensively with the Certified Nurse Assistant (CNA) who was caring for the patient throughout the evening who claims that [redacted] was continuously taking pills for pain. These included the pills that were prescribed as well as "many others" that [redacted] had in the home. She said that she warned [redacted] "many times" to stop taking these pills and that many of the bottles did not even have labels.

I have spoken extensively with the patient's family and loved ones throughout this difficult process.



[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

202

2008 SEP -3 PM 2:38

Txfer
Odeath
Med Nec

PHYSICIAN OFFICE ADVERSE INCIDENT REPO[redacted]

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Mark Lamet MD PA
Name of office

1150 N. 35th Avenue #445
Street Address

Hollywood FL 33021 Broward
City Zip Code County

954-961-7771
Telephone

Mark Lamet MD
Name of Physician or Licensee Reporting

ME0037518 Office # 193
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting:

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

8/29/08
Date of Office Visit

Post Polypectomy Bleeding
Purpose of Office Visit

Diagnosis

569.3
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INI

8/29/08
Incident Date and Time

2008

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other office

Note: If the incident invol ... ier notified? ☐ Yes ☐ No
Was an autopsy pe

A) Describe circumsta
(use additional sheets as nec

Pt sig ... g - presented w/ rectal bleedy.
Pt admit ... - Bleeding Scan ⊖, Hgb stable
no further bleeding
Pt discharged after 24° of observation

1 of 2 pages
Form # DH-MQA1030- created 2-00; revised 3-24-03

9/2/08

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SEP 0 2 2008
Compliance Management Unit

B) ICD-9-CM Codes

45381 45384 45385	N/A	569.3
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☑ Any condition that required the transfer outcome of the patient to a licensed hospital

Outcome of transfer – e.g., death, brain damage, observation only _____
Name of facility to which patient was transferred _____

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** if it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function;
- ☐ Any condition that required the transfer outcome of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Mark Lamet M.D. Lic # ME 0037518
Denise Kamsler R.N. Lic # RN 2005682

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Same as above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

None

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V.

[signature] 037518
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

9/2/08 — DATE REPORT COMPLETED
11 AM — TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00; revised 3-24-03

[redacted]

? → NO
=
_____

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

Tx'ed
@death
Med Nec

I. OFFICE INFORMATION

The Back Center
Name of office

315 E NASA BLVD
Street Address

Melbourne FL 32901 - Brevard
City Zip Code County

321 - 723 - 7716.
Telephone

Dr L Voepel
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

Low Back Pain
Diagnosis

8-29-08
Date of Office Visit

Lumbar Med. Branch Radiofrequency
Purpose of Office Visit

ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8-29-08 - 16[30]
Incident Date and Time

Location of Incident:
☐ Operating Rm ☑ Recovery Rm
☐ Other_____

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☑ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

15[23] Pt received into RR from OR. Responding but sleepy. VS stable but not maintaining O2 Sat 5 stimulation. 15[34] Romazicon 0.2 mg given IVP by anesthesia. Maintaining O2 Sat @ present flow to suspend. 16[05] Pt becomes non-responsive - O2 via rebreather. 16[10] 911 called & arrived @ 16[15] Transported to HRMC @ 16[25]

1 of 2 pages
Form # DH-MQA1030- created 2-00; revised 3-24-03

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
64622		

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☑ Any condition that required the transfer outcome of the patient to a licensed hospital

Outcome of transfer – e.g., death, brain damage, observation only _____
Name of facility to which patient was transferred Holmes Regional Med Center

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** If it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function;
- ☐ Any condition that required the transfer outcome of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Jo Jo Mac Donald CRNA 46009
Debbie Hamblet RN 2795-252
Maureen Vaughan RN 2116822
Dr Zwiegelt MD ME 85032

F) List witnesses, including license numbers if licensed, and locating information if not listed above

None

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Cause of incident unknown

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Continue to screen patients, Monitor in OR + RR per protocol
Pt was admitted, evluated + discharged 8/30/08

V.

[signature] ME 85032
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

8-29-09 — DATE REPORT COMPLETED
1645 — TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00; revised 3-24-03

[redacted]

STATE OF FLORIDA

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

2008 SEP

Procedure

I. OFFICE INFORMATION

Oncology + Hematology Associates of West Broward
Name of office

7431 North University Drive Suite 110
Street Address

Tamarac, FL 33321 Broward
City Zip Code County

954-726-0035
Telephone

Rohan Faria MD
Name of Physician or Licensee Reporting

ME73674
License Number

Same As Above
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Age Gender Medicaid Medicare

08/28/08
Date of Office Visit

Chemotherapy infusion
Purpose of Office Visit

Patient Identification Number

Ovarian cancer
Diagnosis

183.0
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

08/28/08 1145
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other Chemotherapy infusion room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No N/A

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Patient receiving IV infusion of Carboplatin. After approximately 15 minutes [redacted] began to cough uncontrollably. Medication infusion stopped. IV of NS hung. Pt. began to have sluggish speech and became lethargic. Dr. Faria summoned to room, pt c/o SOB, diaphoretic. Pulse 90, Resp-20, B/P 106/66. Blood Sugar 112. O_2 given @ 6L/min via mask, Decadron 10mg given IV and Benadryl 50mg given per M.D. order. Paramedics called to transport patient to hospital. Arrived at DN, pt transported to University Community Hospital via ambulance @ 1210.

Form # DH-MQA1030- created 2-00

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
chemotherapy infusion - 96413		

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident *(Please check)*

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** If it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function; ☐ Any condition that required the transfer of the patient
☒ Any condition that required the transfer of the patient to a licensed hospital	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

NORMA BARRY RN RN 1433692
CHERYL DEVIO RN RN 9204298
ROHAN FARIA MD ME73674

F) List witnesses, including license numbers if licensed, and locating information if not listed above

SUSAN ROTHENBERG RN 1148592

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident *(Use additional sheets as necessary for complete response)*

LIKELY DRUG REACTION TO CARBOPLATIN

B) Describe corrective or proactive action(s) taken *(Use additional sheets as necessary for complete response)*

NONE AT THIS TIME, AWAIT HOSPITAL RECORDS

V. P Faria — ME0073674
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — **LICENSE NUMBER**

09/03/08 — 1400
DATE REPORT COMPLETED — **TIME REPORT COMPLETED**

STATE OF FLORIDA
Jeb Bush, Governor

fax 1-850-414-0864

[redacted]

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Mark Lamet MD PA
Name of office

1150 N 35th Avenue, Ste 445
Street Address

Hollywood 33021 Broward
City Zip Code County

954-964-7771
Telephone

Mark Lamet M.D.
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

[redacted]

Age 09/19/08 Gender Medicaid Medicare
Date of Office Visit

Patient Identification Number EGD
Purpose of Office Visit

578.9 578.9
Diagnosis (ICD-9 Code for description of incident)

L
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Incident Date and Time

Location of Incident:
☒ Operating Rm ☐ Recovery Rm
☐ Other

Note. If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

[redacted] is a [redacted] y.o [redacted] who was first seen on 9/8/08 w/ complaints of weakness, near syncope, abd Pain & was noted to have anemia & heme ⊕ Stools

An Upper Endoscopy was performed early morning 9/9/08 which was normal

Because of continued Symptoms it was decided to admit the patient to the hospital for ~~for~~ further work-up

RECEIVED
SEP 22 2008
Compliance Management Unit

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
43235	N/A	N/A

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☒ Any condition that required the transfer outcome of the patient to a licensed hospital

Outcome of transfer – e.g., death, brain damage, observation only _____
Name of facility to which patient was transferred _____

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** If it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function;
- ☐ Any condition that required the transfer outcome of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Mark Lamet M.D. – ME 0037518
Denise Lamster R.N. –

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Unclear

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V.

[signature] 037518
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

9/22/08 — DATE REPORT COMPLETED
3:15 P — TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00; revised 3-24-03

[redacted]

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2008 SEP 22 AM 10:11

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

CYPRESS CREEK WOMANS CENTER
Name of office

962 EAST CYPRESS CREEK
Street Address

954-772-6200
Telephone

CITY: FORT LAUDERDALE ZIP Code: 33334 County: FL
City, Zip Code, County

II
License Number & office registration number, if applicable

ME0018197
Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

N/A
Diagnosis

[redacted]
Age Gender Medicaid Medicare

SEPT 16 2008
Date of Office Visit

TERMINATION OF PREGNANCY
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

9-16-08 2 PM
Incident Date and Time

Location of Incident:
☐ Operating Room ☑ Recovery Room
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

PT HAD UNEVENT FULL TERMINATION OF AN 8 WEEK GESTATION, SHE WALKED TO THE RECOVERY ROOM, SAT IN THE RECOVERY ROOM CHAIR. SHE THEN SAID SHE FELT AN ASMATIC ATTACK COMING ON, ASKED FOR HER INHALER, EXIT INTO A STATIS ASMATICCES ATTACK, CODED, HAD CPR, AND 911 CAME AND TOOK THE PATIENT TO HOLY CROSS HOSPITAL I.C.U.

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function.
☑ Any condition that required the transfer of the patient to a hospital.	☑ Any condition that required the transfer of the patient to a hospital.
Outcome of transfer – e.g., death, brain damage, observation only: TO ICU	Pt cooed 2° STATUS ASTHMATICUS
Name of facility to which patient was transferred: HOLY CROSS HOSPITAL	
954-492-5789	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

JOAN WEINSTEIN, LEDA LANZA, BETTY RUSHIN, LINDSY NADEL, AMPARO MUNOZ

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V. [signature] ME0018197

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

SEPT 15, 2008 — 2 PM

DATE REPORT COMPLETED — TIME REPORT COMPLETED

Fax 1-850-414-0864

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

2008 SEP 16 PM 2:27

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Mark Lamet MD PA
Name of office

1150 N. 35th Ave. #445
Street Address

Hollywood 33021 Broward
City Zip Code County

954-961-7771
Telephone

Mark Lamet MD
Name of Physician or Licensee Reporting

ME0037518
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Pati[redacted]
Pati
Pati
Diagnosis

A[redacted]
9/15/08
Date of Office Visit
Colonoscopy
Purpose of Office Visit
V76.0 799.02
ICD-9 Code for description of incident
II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

09/15/08
Incident Date and Time

Location of Incident:
☒ Operating Rm ☐ Recovery Rm
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

~~The patient was taken into the GI procedure room & examined. It was certain to~~ proceed w/ Colonoscopy, Time out was taken & procedure was commenced. During the procedure the pt ↓ [redacted] pO2 that responded satisfactorily to Supplemental O2.
After the procedure attempts to discontinue the Suppl. O2 were met w/ ↓ in pO2 into the 80's despite the use of Reversal meds. The pt remained alert & communicative w/ otherwise Stable Vital Signs.
[redacted] was brought to [redacted] Cardiologist's office (same building) for Evaluation.
[redacted] was subsequently admitted to evaluate [redacted] Cardiac Status

RECEIVED
SEP 17 2008
Compliance Management Unit

B) ICD-9-CM Codes

45378	N/A	N/A
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure .
☐ Surgical procedure performed on the wrong patient	** If it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function; ☐ Any condition that required the transfer outcome of the patient
☒ Any condition that required the transfer outcome of the patient to a licensed hospital	
Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred _____	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Mark Lamet M.D. – ME0037518
Nathalie Kuppeeman, R.N. – RN926701A

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Denise Ramsley R.N. – RN2005682

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

None

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V.

[signature] ME0037518
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

DATE REPORT COMPLETED TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00; revised 3-24-03

[redacted]

STATE OF FLORIDA

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

I. OFFICE INFORMATION

Oncology & Hematology Associates of West Broward — 7431 N. University Dr., Suite 110
Name of office — Street Address

Tamarac — 33321 — Broward
City — Zip Code — County

954-726-0035
Telephone

Rohan Faria MD
Name of Physician or Licensee Reporting

ME0079674
License Number

As Above
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

Pati[redacted]
Loca[redacted]
Patient Identification Number

Age — Gender — Medicaid — Medicare

09/16/08
Date of Office Visit

Chemotherapy infusion
Purpose of Office Visit

RECTAL CANCER
Diagnosis

154.1
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

09/16/08 1230
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other Chemotherapy infusion area - bedroom

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No N/A
Was an autopsy performed? ☐ Yes ☐ No N/A

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Patient in to office to begin IV infusion of chemotherapy medications. Had received Aloxi 250mg IV @ 905, Decadron 10mg 0910-0930, Emend 185mg 0930-0945, Oxaliplatin 163mg 0945-1205 concurrently with Leukovorin 0945-1205. At 1235 during infusion of Avastin 440mg pt c/o difficulty breathing and tightness in throat. This followed drinking of cool orange juice. BP 158/98, P 104. Dr. Faria aware, in to examine patient, request 911 transfer to Hospital ER. Pt also c/o muscle twitching & contracting of (R) hand and (R) foot. O2 applied @ 2L N/C per Dr. Faria. Transfer made by EMT's @ 1315. B/P prior to leaving office 158/92.

Form # DH-MQA1030- created 2-00

B) ICD-9-CM Codes

96413, 96415

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
96413, 96415		

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

D) Outcome of incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** If it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function; ☐ Any condition that required the transfer of the patient
☒ Any condition that required the transfer of the patient to a licensed hospital	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Susan Rothenberg RN 1148592 Nancy Peluso RN

Norma Barry RN

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Possible upper airway spasm 2° to fast infusion of Oxaliplatin and drinking of cold liquid.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V. [signature] Faria

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — ME 0023674 LICENSE NUMBER

09/23/08 DATE REPORT COMPLETED — 1600 TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00

TOTAL P.04

[redacted]

RECEIVED
CONSUMER SERVICES UNIT
2008 OCT -6 AM 10: 12

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Epredve

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

FLORIDA CANCER INST-New Hope — Name of office
7651 Medical Dr — Street Address
HUDSON — City
34667 — Zip Code
PASCO — County
727-868-9208 — Telephone
GAIL LYNN SHAW WRIGHT MD — Name of Physician or Licensee Reporting
ME 71516 — License Number & office registration number if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Age 9.24.08 Gender Medicaid Insurance
Date of Office Visit
Rituxan infusion.
Purpose of Office Visit
ICD-9 Code for description of incident
Level of Surgery (II, or (III)

Chronic lymphocytic leukemia
Diagnosis

III. INCIDENT INFORMATION

9/24/08
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Chemotherapy Suite

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
[use additional sheets as necessary for complete response]

9.24.08- @ 10:15am IV started ④ dorsal hand vein. 1/1 NS 650mg po and Benadryl 25mg ivp given. 10:30am Rituxan started @ 50mg/hr. Pt. resting and dozing. 11:35 Pt. beginning to experience rigors and chills. Rituxan stopped. 11:40 Temp 98.4 Pulse ox 69% BP 130/70 HR 68. 11:42 02@2l nasal cannula initiated. Warm pack and warm blanket placed on patient 11:55 Rigors + chills unchanged, Temp 98.6 Pulse ox 93, HR 70 BP 124/64 12:00 Dr. Wright informed of patients' condition. Verbal order: Dr. Wright give benadryl 25mg IV. 12:10 Benadryl given, 12:20 chills and rigors decreasing. I left the chairside to attend to another patient

12:25 I look to [redacted] see no chest movement, No respirations.

12:26. call 911. chair placed in supine position

1227. mouth→mouth resuscitation begun. by Denise Casserta RN
chest compresses begun by Laura
Dr. Sokol to chemo room. Dr Sokol continued chest compressions. laura continued ventilation with ambu bag. No B.P. (L) carotid artery checked for pulse. carotid artery is fibrillating. unable to count heart rate

12:40. EMS, paramedics arrive. CPR continues with Dr. Sokol, Laura & Denise
CPR stopped: EKG leads applied. HR 30→140 160
pt. is intubated and defibrillated on stretcher.

12:55 Transported to Bayonet point Hospital.

Denise Casserta RN OCN.

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
V5817		

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** If it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function ☐ Any condition that required the transfer of the patient to a hospital
☒ Any condition that required the transfer of the patient to a hospital	
Outcome of transfer – e g , death, brain damage, observation only _____ Name of facility to which patient was transferred: Bayonet Point Hospital.	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

GERALD H. SOKOL MD ME0025907
Laura Grimme RN 3149632
Denise Caserta RN OR. 1930312

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Laura Grimme RN: 334 3149632 Gail Knight MD ME0071516
Sue Grabowski RN OR. 1800202, Jon Magarge 2235052 RT.

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Probable arrhythmia in patient with underlying Afib/pacemaker + Mo dilation

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Ems called - pt transported to ER.

V. Gail L Knight MD ME0071516

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

10/7/08 — DATE REPORT COMPLETED

1450 — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

? related to procedure?

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Rafael Cabrera
Name of office

951 NW 13th St. Suite 4A
Street Address

Boca Raton 33486 Palm Beach
City Zip Code County

(561) 393-6400
Telephone

Rafael Cabrera / Crystal Winn
Name of Physician or Licensee Reporting

ME0073077 #33
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]

Age 9/18/08 Gender Medicaid Medicare
Date of Office Visit

debridment of scalp
Purpose of Office Visit

Open wound scalp, complicated
Diagnosis

ICD-9 Code for description of incident

I
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

9/19/08 AM
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Home

RECEIVED
2008 OCT -6 AM 10:26
CONSUMER SERVICES UNIT

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Patient did not show for next day follow up appointment. Office staff left messages at home and emergency contact regarding no show. Patient family contacted office and informed patient was getting ready for appointment and apparently fell, striking [redacted]head. Patient taken to hospital requiring life support. Life support discontinued on 9/21/08. Patient expired 9-24-08. Details as reported per pt. family.

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

☒ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☐ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred: _____	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V. Crystal Wunn RN / [signature] MD — ME0073077

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

10/1/08 — 11:00 am — RN9164834

DATE REPORT COMPLETED — TIME REPORT COMPLETED

Fax 1-850-414-0864

[redacted]

FAXED
OCT 06 2008
BY [signature]
#205

txUeV
Odeath
medrec.

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Name of office: Mark Lamet M.D., P.A.
Street Address: 1150 N. 35th Avenue #445
City: Hollywood Zip Code: 33021 County: Broward
Telephone: 954-961-7771
Name of Physician or Licensee Reporting: Mark Lamet M.D.
License Number & office registration number, if applicable:
Patient's address for Physician or Licensee Reporting: ME 37518

II. PATIENT INFORMATION

[redacted]
Patient Identification Number
Diagnosis

[redacted]
Age Gender Medicaid Medicare
Date of Office Visit: 09/29/08
Purpose of Office Visit: Colonoscopy
ICD-9 Code for description of incident
Level of Surgery (II) or (III)

RECEIVED CONSUMER SERVICES UNIT 2008 ... PM 2:48

III. INCIDENT INFORMATION

Incident Date and Time: 09/29/08 15:40

Location of Incident:
☒ Operating Rm ☐ Recovery Rm
☐ Other______

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

The pt was being evaluated for persistent abdominal pain w/ a family hx of Colonic Carcinoma. [redacted] was brought to the Endoscopy Suite, evaluated, time-out preformed, sedation administered + colonoscopy commenced. A few minutes into the procedure [redacted] began c/o pain + distention a mucosal laceration was observed endoscopically, the procedure was stopped. The pt was transferred to Memorial Regional Hosp. For fear of a perforation KUB, CT of the abdomen + pelvis failed to reveal a perforation. The pt was discharged home after observation

Form # DH-MQA1030- created 2-00; revised 3-24-03

RECEIVED
OCT 27 2008
Compliance Management Unit

B) ICD-9-CM Codes

45378	N/A	N/A
Surgical, diagnostic, or treatment procedure being performed at time of *incident* (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

- ☐ *Death*
- ☐ Brain Damage
- ☐ *Spinal* Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A *procedure* to remove unplanned foreign objects remaining from surgical procedure
- ☒ Any condition that required the transfer outcome of the patient to a licensed hospital

Outcome of transfer – e.g., death, brain damage, observation only _____
Name of facility to which patient was transferred _____

- ☐ *Surgical* procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical *repair* of injuries or damage *from* a planned surgical procedure

** if it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function;
- ☐ Any condition that required the transfer outcome of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.
Mark Lamet M.D. - ME37518

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
None

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
None

V.

[signature]	037518
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
10/6/08	10 AM
DATE REPORT COMPLETED	TIME REPORT COMPLETED

204

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

CYPRESS CREEK WOMANS CENTER
Name of office

912 EAST CYPRESS CREEK
Street Address

CITY FORT LAUDERDALE Zip Code 33334 County FL

954-772-6200
Telephone

Name of Physician or Licensee Reporting ME0018197

I 842
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Patient Identification Number N/A

Diagnosis

[redacted]

Age Gender Medicaid Medicare

SEPT 16 2008
Date of Office Visit

TERMINATION OF PREGNANCY
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

9-16-08 2 PM
Incident Date and Time

Location of Incident:
☐ Operating Room ☑ Recovery Room
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

PT HAD UNEVENTFUL TERMINATION OF AN 8 WEEK GESTATION, SHE WALKED TO THE RECOVERY ROOM, SAT IN THE RECOVERY ROOM CHAIR, SHE THEN SAID SHE FELT AN ASMATIC ATTACK COMING ON, ASKED FOR HER INHALER, & EXIT INTO A STATIS ASMATICUS ATTACK, CODED, HAD CPR, AND 911 CAME AND TOOK THE PATIENT TO HOLY CROSS HOSPITAL ICU.

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function.
☑ Any condition that required the transfer of the patient to a hospital.	☑ Any condition that required the transfer of the patient to a hospital.
Outcome of transfer – e.g., death, brain damage, observation only: TO ICU	
Name of facility to which patient was transferred: HOLY CROSS HOSPITAL 954-492-5769	

PT CODED 2° STATUS ASTHMATICUS

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

JOAN WEINSTEIN, LEDA LANZA, BETTY RUSHIN, LINDSY NADEL, AMPARO MUNOZ

F) List witnesses, including license numbers if licensed, and locating information if not listed above

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IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V. [signature] ME0018197

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

SEPT 18, 2008 — 2 PM

DATE REPORT COMPLETED — TIME REPORT COMPLETED

STATE OF FLORIDA
Jeb Bush, Governor

for 1-850-414-0864

[redacted]

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

other related to procedure.

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Mark Lamet MD PA
Name of office

1150 N 35th Avenue, Ste 445
Street Address

Hollywood 33021 Broward
City Zip Code County

954-964-7771
Telephone

Mark Lamet M.D.
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Patient Identification Number

578.9
Diagnosis

[redacted]

Age 09/19/08 Gender Medicaid Medicare
Date of Office Visit

EGD
Purpose of Office Visit

578.9
ICD-9 Code for description of incident

1
Level of Surgery (I) or (II)

III. INCIDENT INFORMATION

Incident Date and Time

Location of Incident:
☒ Operating Rm ☐ Recovery Rm
☐ Other

Note. If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

[redacted] is a [redacted] y.o [redacted] who was first seen on 9/18/08 w/ complaints of weakness, near syncope, and Pain & was noted to have anemia & heme ⊕ Stools

An Upper Endoscopy was performed early morning 9/19/08 which was normal

Because of continued Symptoms it was decided to admit the patient to the hospital for ~~for~~ further work-up

RECEIVED
SEP 22 2008
Compliance Management Unit

B) ICD-9-CM Codes

43235	N/A	N/A
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** If it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function; ☐ Any condition that required the transfer outcome of the patient
☒ Any condition that required the transfer outcome of the patient to a licensed hospital	
Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred_____	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident

Mark Lamet M.D. – ME 0037518
Denise Ramsler R.N. –

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

None

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V.

[signature]	037518
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
9/22/08	3:15 P
DATE REPORT COMPLETED	TIME REPORT COMPLETED

2 dve already

death

~~DOE~~ cosmetic

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
Charlie Crist, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Sanctuary Plastic Surgery
Name of office

4800 N. Federal Hwy #C101
Street Address

Boca Raton 33431 Palm Beach
City Zip Code County

(561) 367-9101
Telephone

Jason N. Pozner, M.D.
Name of Physician or Licensee Reporting

OSR #120
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Diagnosis

[redacted]
Age N/H Gender Medicaid Medicare

Date of Office Visit 8/26/2008

Purpose of Office Visit Surgical procedure

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

9/11/2008
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Hospital Boca Raton Community Hospital

Note: If the incident involved a death, was the medical examiner notified? ☒ Yes ☐ No
Was an autopsy performed? ☒ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

(See attached)

B) ICD-9-CM Codes

placement of breast tissue expander ?		death
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

event occurred @ BBCH

D) Outcome of Incident (Please check)

☑ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☐ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred: _____	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Pt was treated @ Boca Raton Community Hospital. As Dr. Pozner was out of town @ the time he did not see pt in hospital. Due to HIPAA regs we are unable to obtain hospital records

F) List witnesses, including license numbers if licensed, and locating information if not listed above

as above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

At this time we are still not certain as to the cause of the incident. Upon notification from the medical examiner an addendum will be sent

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

as above

V.

[signature]	64073
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
9/28/08	2:40 pm
DATE REPORT COMPLETED	TIME REPORT COMPLETED

Summary

Patient was a [redacted] year old [redacted] bodybuilder who was well known to our practice for breast related complications since November 13, 2006. [redacted] had a complicated history of approximately 40 previous breast surgeries who presented to us initially with an extruded implant which ultimately necessitated explantation on January 15, 2007. We treated [redacted] with ultrasound therapy to [redacted] left breast for approximately 1 ½ years to soften [redacted] scar tissue. [redacted] underwent full medical clearance including a stress test and echocardiogram prior to surgery. [redacted] was on no medications and denied recent steroid use. [redacted] DVT risk was considered to be low. On August 26, 2008 [redacted] underwent [redacted] first stage of left breast reconstruction with placement of a tissue expander. [redacted] had in office general anesthesia by a Board Certified Anesthesiologist. Surgical time was just under 3 hours. Intraoperative and recovery room DVT prophylaxis included flexed leg positioning, TED stockings and intermittent compression device use in surgery and in recovery until [redacted] discharge. Patient was discharged from our recovery room in stable condition 1 hour 10 minutes after surgery.

Patient was seen in our facility for routine post operative visits on post operative days 1,2,3, 7, 10, 13, and 14. [redacted] was feeling well post operatively, ambulatory and healing very well. [redacted] legs were soft with no evidence of DVT.

We received word that [redacted] was admitted to Boca Community Hospital on the evening of [redacted] 14th post operative day with shortness of breath. [redacted] coded in the emergency room more than once and was given TPA for presumed pulmonary embolus. [redacted] expired in the ICU on [redacted] 16th post operative day.

I have been in touch with the medical examiner who confirmed that the cause of death was not a PE as was thought during [redacted] hospitalization. There was no evidence that the death was related to [redacted] surgery. All medical records have been sent to the ME so the cause of death can be determined. The ME will remain in contact with me as she obtains further information."

We later found out that the patient was preparing for a bodybuilding contest and that on [redacted] emergency hospital admission had elevated serum testosterone levels. We believe at this point that [redacted] death was not related to [redacted] surgery but may have been from illegal drug use.

[redacted]

STATE OF FLORIDA

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

& procedure

I. OFFICE INFORMATION

Oncology & Hematology Associates of West Broward — 7431 N. University Dr., Suite 110
Name of office — Street Address

Tamarac — 33321 — Broward — 954-726-0035
City — Zip Code — County — Telephone

Rohan Faria MD — ME0073674
Name of Physician or Licensee Reporting — License Number

AS Above
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patie[redacted]
Loca[redacted]
Patient Identification Number

RECTAL CANCER
Diagnosis

[redacted] Age — Gender — Medicaid — Medicare

09/16/08
Date of Office Visit

Chemotherapy infusion
Purpose of Office Visit

154.1
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

09/16/08 1230
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other Chemotherapy infusion area- bedroom

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No N/A
Was an autopsy performed? ☐ Yes ☐ No N/A

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Patient in to office to begin IV infusion of chemotherapy medications. Had received Aloxi 250mg IV @ 905, Decadron 10mg 0910-0930, Emend 115mg 0930-0945, Oxaliplatin 163mg 0945-1205 concurrently with Leukovorin 0945-1205. At 1235 during infusion of Avastin 440mg pt c/o difficulty breathing and tightness in throat. This followed drinking of chocolate orange juice. BP 158/98, P 104. Dr. Faria aware, in to examine patient, request 911 transfer to Regional ER. Pt also c/o muscle twitching & contracting of (R) hand and (R) foot. O2 applied @ 2L N/C per Dr. Faria. Transfer made by EMT's @ 1315. B/P prior to leaving office 158/92.

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
96413, 96415		

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** If it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function; ☐ Any condition that required the transfer of the patient
☒ Any condition that required the transfer of the patient to a licensed hospital	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Susan Rothenberg RN 114592 Nancy Pelaez RN
Norma Barry RN

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Possible upper airway spasm 2° to post extubation of Oxaliplatin and Drinking of cold liquid.

B) Describe corrective or preventive action(s) taken (Use additional sheets as necessary for complete response)

V. P Faria — MS0023624

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — **LICENSE NUMBER**

09/23/08 — **DATE REPORT COMPLETED**

1650 — **TIME REPORT COMPLETED**

fax 1-850-414-0864

[redacted]

203

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

2008 SEP 16 PM 2:27

txfer
death
med mec

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Mark Lamet MD PA
Name of office

1150 N. 35th Ave. #445
Street Address

Hollywood 33021 Broward
City Zip Code County

954-961-7771
Telephone

Mark Lamet MD
Name of Physician or Licensee Reporting

ME0037518
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Pati[redacted]
Pati
Pati
Diagnosis

[redacted]
Date of Office Visit: 9/15/08
Purpose of Office Visit: Colonoscopy
ICD-9 Code for description of incident: V76.0 799.02
Level of Surgery (II) or (III): II

III. INCIDENT INFORMATION

09/15/08
Incident Date and Time

Location of Incident:
☒ Operating Rm ☐ Recovery Rm
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

~~The patient was awake in the OR prior to procedure start + Examined & not criteria to~~ proceed w/ Colonoscopy. Time out was taken + procedure was commenced. During the procedure the pt ↓ [redacted] pO_2 that responded satisfactorily to Supplemental O_2.
After the procedure attempts to discontinue the Suppl. O_2 were met w/ ↓ in PO_2 into the 80's despite the use of Reversal meds. The pt remained alert & communicative w/ otherwise Stable Vital Signs.
[redacted] was brought to [redacted] Cardiologist's office (same building) for Evaluation. [redacted] was subsequently admitted to evaluate [redacted] Cardiac Status

1 of 2 pages
Form # DH-MQA1030- created 2-00; revised 3-24-03

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SEP 17 2008
Compliance Management Unit

B) ICD-9-CM Codes

45378	N/A	N/A
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-00.0)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-099.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ *Brain Damage*
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☒ Any condition that required the transfer outcome of the patient to a licensed hospital

Outcome of transfer – e.g., death, brain damage, observation only _____
Name of facility to which patient was transferred _____

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** if it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function;
- ☐ Any condition that required the transfer outcome of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.
Mark Lamet, M.D. – ME0037518
Nathalie Kuppersmaa, R.N. – RN926701

F) List witnesses, including license numbers if licensed, and locating information if not listed above
Denise Kamsler, R.N. – RN2005682

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
None

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER: ME0037518

DATE REPORT COMPLETED — TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00; revised 3-24-03

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Procedure

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Interventional Rehabilitating S.E, LLC — Name of office
601 N. Flamingo Rd. Ste 411 — Street Address
Pembroke Pines — City
33028 — Zip Code
Broward — County
954-433-8711 — Telephone
Nancy Ericksen, D.O. — Name of Physician or Licensee Reporting
HCC 5116 — License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient Identification Number
Lumbar Radiculopathy — Diagnosis

[redacted] — Age, Gender, Medicaid, Medicare
8/20/08 — Date of Office Visit
Neuroforaminal Injection — Purpose of Office Visit
ICD-9 Code for description of incident
(1) — Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/20/08 1:00 p.m. — Incident Date and Time

Location of Incident:
☒ Operating Room ☐ Recovery Room
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

2mg Versed / 100mg Fentanyl administered - Patient noted to have shallow breathing - turned supine - procedure cancelled NaCl 0.9% 500cc IV administered. Taken to recovery room. Pt began having nausea and dry heaving on ambulation - monitored - nausea aggravated by standing and walking. Pt. transferred to emergency room by paramedics.

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in: ☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	
☑ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer (e.g., death, brain damage, observation only) Fluids, Tigan given	
Name of facility to which patient was transferred: Memorial Hospital - West	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Nancy Erickson, D.O.
Linda Vardeman, RN
Cassandra Joseph, RN
Christopher Garcia, PA

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

The patient showed evidence of Sleep Apnea -

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Pt. transferred; vital Signs, Fluids, rest, Tigan 200mg, Cardiac Consult; Procedures Performed at Memorial Hospital West upon clearance -

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	OS0066069 LICENSE NUMBER
8/28/08 DATE REPORT COMPLETED	TIME REPORT COMPLETED

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

Dr Medic

I. OFFICE INFORMATION

National Pain Institute
Name of office

5365 W. Atlantic Ave. Suite 504
Street Address

Delray Beach 33484
City Zip Code County

954-495-6300
Telephone

Jeffrey Zipper, MD
Name of Physician or Licensee Reporting

ME57494
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Age October 14, 2008 Gender Medicaid Medicare
Date of Office Visit

Pain management
Purpose of Office Visit

722.83 Laminectomy
Diagnosis

E850.2
ICD-9 Code for description of incident

N/A
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

October 14, 2008
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Physicians Office/Procedure Room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

PATIENT WAS SEEN ON 10/14/08 FOR AN INTRATHECAL INFUSION PUMP TRIAL.

"SEE ATTACHED EXHIBIT A"

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
4231 / 770.83	E850.2	965.09

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

Fluoroscope and 22-gauge needle.

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☒ Brain Damage PATIENT IN COMA	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** If it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☐ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only _____	
Name of facility to which patient was transferred: _____	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Stephanie Hochhauser, a medical assistant, was present during the injection. She indicated that the injection was performed by Jeffrey J. Geer M.D. was the physician performing the injection.

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) **of this incident** (Use additional sheets as necessary for complete response)

An analysis of the morphine injected into patient reveals an unusually high potency of the drug. Please see attached results (Attached Exhibit "B")

B) Describe corrective or preventive action(s) taken (use additional sheets as necessary for complete response)

The pharmacy where the morphine was ordered from was notified. A custom sample testing will now be conducted.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	ME 57494
11/19/08	1:00pm
DATE REPORT COMPLETED	TIME REPORT COMPLETED

DH-MQA1630-12/06
Page 2 of 2

Exhibit "A"

[redacted] was seen on 10/14/08 for an intrathecal infusion pump trial. [redacted] was presumably given 0.3mg of intrathecal Morphine sulfate intrathecally under fluoroscopic guidance. During [redacted] observation stay in our facility [redacted] experienced some hypotension, lightheadedness, nausea and dizziness. [redacted] was given 250cc's of IV normal saline and an IM injection of 25mg of phenergan. At time of discharge, approximately 5:00PM [redacted] was neuro-vascularly intact, but remained somewhat lightheaded. I called to speak with [redacted] spouse at 7:00PM that evening and [redacted] told me that [redacted] was still lethargic but arousable. Since [redacted] remained sedate I asked [redacted] to call 911 and have [redacted] taken to the ER at DRMC. I spoke to the ER physician Dr. Roycraft and told him to expect [redacted] in the ER. I reviewed the procedure performed that day and suggested that he give [redacted] narcan. Dr. Roycraft gave [redacted] narcan in the ER and [redacted] apparently felt better and was sent home and instructed to see me the next day. [redacted] called in the morning stating that [redacted] was still sleeping. I asked [redacted] to awaken [redacted] and bring [redacted] into the office. Apparently [redacted] was breathing but difficult to arouse 911 was called and [redacted] was taken back to the ER at DRMC and [redacted] was admitted and received narcan again. Since this was a very unusual reaction to such a small dose of Morphine sulfate (300mcg) I decided to send the vial of Morphine out for concentration testing. To my surprise the vial which was ordered and labeled at 1mg/cc actually tested at approximately 12mg/cc. We informed the compounding pharmacy, Custom Meds, that there was a problem with the compounded medication and they requested retesting of the medication which confirmed the abnormal concentration once again. Therefore it is apparent that [redacted] received an overdose of this medication as the result of improper compounding of the medication. I called the patient last week to inform [redacted] of the overdose. [redacted] answered the phone and stated that [redacted] was re-admitted to the hospital and is currently in a coma.

Exhibit "B"

ANALYTICAL RESEARCH LABORATORIES

840 RESEARCH PARKWAY, SUITE 546
OKLAHOMA CITY, OK 73104
PHONE (405) 271-1144
FAX (405) 271-1174

Certificate Of Analysis

CLIENT: National Pain Institute-FL
Melissa Sims

Phone:
Fax:

DATE RECEIVED: 10/28/2008

DATE REPORTED: 11/03/2008

ARL #: [redacted]

LOT #: 05292008@12

DESCRIPTION: Morphine Sulfate 1 mg/mL PF

RESULTS

ANALYTE	UNITS	EXP. Amount.	ASSAYED Amount.	% OF EXP.
Morphine Sulfate	mg/mL	1.0	12.111	1211.1%

11/03/2008

Michel Ben - Laboratory Supervisor — Date

ARL Form QUF-078-V2 5/13/05

ANALYTICAL RESEARCH LABORATORIES
840 RESEARCH PARKWAY, SUITE 546
OKLAHOMA CITY, OK 73104
PHONE (405) 271-1144
FAX (405) 271-1174

Certificate Of Analysis

CLIENT: National Pain Institute-FL
Melissa Sims

Phone:
Fax:

DATE RECEIVED: 11/05/2008
DATE REPORTED: 11/06/2008
ARL #: [redacted]
LOT #: 05292008@12
DESCRIPTION: Morphine Sulfate 1 mg/mL PF

RESULTS

ANALYTE	UNITS	EXP. Amount	ASSAYED Amount	% OF EXP.
Morphine Sulfate	mg/mL	1.0	12.233	1223.3%

11/06/2008

Michel Ben - Laboratory Supervisor

Date

ARL Form QDF-078-V2 5/13/05

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
2008 OCT 23 AM 10: 23

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Ø medic

SUBMIT FORM TO:
Agency for Health Care Administration,
Consumer Services Unit, Post Office Box 14000,
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

Southeastern Urological Center
Name of office

2000 Centre Pointe Blvd
Street Address

Tallahassee 32308 Leon
City Zip Code County

850 - 309 - 0400
Telephone

J. D. Rackley MD
Name of Physician or Licensee Reporting

ME 0095219
License Number & office registration number, if applicable

Same as above
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

Hypotension
Diagnosis

10-17-08
Date of Office Visit

follow up on renal abscess & nephro-lithiasis
Purpose of Office Visit

NA
ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10-17-08 @ 11:00
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other physician office

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Patient arrived for scheduled appointment to f/u/ w/ up on a renal abscess and nephrolithiasis. Upon entering the exam room the patient complained of feeling "clammy" and blood pressure taken was 62/34. Dr. Rackley determined patient should be seen in ER for f/u/ w/ up and treatment of hypotension and it was not safe for [redacted] to drive to the hospital. EMS transport secured.

Form # DH-MQA1030- created 2-00; revised 9-6-01

B) ICD-9-CM Codes

NA	NA	NA
Surgical, diagnostic, or treatment procedure being performed at time of *incident* (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury *or event.* (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

NA

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** if it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function; ☐ Any condition that required the transfer outcome of the patient
☒ Any condition that required the transfer outcome of the patient to a licensed hospital	
Outcome of transfer – e.g., death, brain damage, observation only:	
Name of facility to which patient was transferred: TMH	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

J. D. Rackley MD - ME0095219 - attending physician
Stephanie Barker LPN PN 5757147 - assisting check in nurse
Melinda McKenzie LPN PN 5783768 - nurse checking patient in

F) List witnesses, including license numbers if licensed, and locating information if not listed above

NA

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Patient experienced a hypotensive episode which needed to be assessed by appropriate medical personnel.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Appropriate follow up for non urologic condition

V.

Jerry Crane RN	91592
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
10-2-08	1800
DATE REPORT COMPLETED	TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00; revised 9-6-01

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
2008 OCT 24 AM 9:57

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

Opmedic

I. OFFICE INFORMATION

Space Coast Cancer Center
Name of office

490 N. Washington Ave
Street Address

Titusville 32796 Brevard
City Zip Code County

321-268-4200
Telephone

Dr. Germaine Blaise
Name of Physician or Licensee Reporting

ME 78051
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient's Name

[redacted]
Age Gender Medicaid Medicare

Patient Identification Number

10-16-08
Date of Office Visit

Lung Cancer
Diagnosis

Chemotherapy
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10-16-08
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☑ Other chemotherapy outpatient facility

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Patient came up for chemotherapy (outpatient). [redacted] signed consent and education of drug was completed. Navelbine 30mg IV infused over 10 minutes via mediport. Started at 1310 completed at 1320. Pt stated to nurse at 1320 [redacted] was having chest pain, left arm pain and neck pain. No chemotherapy was being infused, [redacted] chemotherapy was infused and was stated to be flushed with normal saline at the time of chest pain. M.D notified (Dr. Blaise) B/p 126/77 p 71 at 1:25 88 sats. Oxygen 2 L via

(see reverse)

NC. Dr. Blaine accessed pt. She gave [redacted] an Aspirin 325mg. EMS called. 1:30 B/P 103/62 72 HR. Sats 93% on Oxygen 2L on. EMS present at 1:35. [redacted] was then transported to the Hospital via ambulance.

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
V58.1		

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

Blood Pressure cuff, Oxygen

D) Outcome of incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☑ Any condition that required the transfer outcome of the patient to a licensed hospital

Outcome of transfer – e.g., death, brain damage, observation only _____

Name of facility to which patient was transferred Parish Medical Center

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** If it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function;
- ☐ Any condition that required the transfer outcome of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident

Melissa Alexander RN 9215092
Barbara Ellis RN 9251805
Dr. Germaine Blaise ME 78051

F) List witnesses, including license numbers if licensed, and locating information if not listed above

as above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Pt. has cardiac history possible reaction to Navelbine.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Aspirin 325mg given
Oxygen 2L via NC
EMS called

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER 0525805 1

10/16/08 — DATE REPORT COMPLETED

2:20 PM (signed) — TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00; revised 3-24-03

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#44 trailer death medmec.

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Watson Clinic Heart + Vascular
Name of office

1100 Lakeland Hills Blvd
Street Address

Lakeland FL 33805 Polk
City Zip Code County

863-680-7707
Telephone

Kimberly Dawn RN
Name of Physician or Licensee Reporting

RN 3143538
License Number & office registration number, if applicable

[redacted]

II. PATIENT INFORMATION

[redacted]

[redacted] Number [redacted] Medicaid Medicare

Oct 14, 2008
Date of Office Visit

Right + Left Heart Cath
Purpose of Office Visit

Patient Identification Number

mitral Regurgitation
Diagnosis

417.8 & 518.81
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Oct 14, 2008, 0941
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Outpatient Cath lab

Note: If the incident involved a death, was the medical examiner notified? ☒ Yes ☐ No BY PHYSICIAN DECLINED BY M.E.
Was an autopsy performed? ☐ Yes ☒ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

SEE ATTACHED REPORT/DICTATION

(L) Heart Cath 93510, 93543 Dx: Mitral Regurgitation 746.6
93545, 93555
93556

B) ICD-9-CM Codes 93526 93545 93556

(R) Heart Cath 92543 93555

Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**
	417.8	518.81

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

Endotracheal Tube, ambu Bag, SwanGanz catheter

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☒ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only Death	
Name of facility to which patient was transferred Lakeland Regional Medical Center	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

J. MASSARO. DO 05 8916 PROCEDURALIST CARDIOLOGIST
K. DEAN RN 3143532 NURSE #1
L. MATTISON, LPN PN 41722-1 SCRUB #1
K. PRISOC, LPN PN 7416690 SCRUB #2

F) List witnesses, including license numbers if licensed, and locating information if not listed above

V. DUNLAP, RN 2891612, C. HAMLIN, RN9248043 RECORDER
B. JOHNSON RT(R)(CV) CRT 7306, M. BUTLER RRT. RT8600

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

SEE ADDENDUM

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

SEE ADDENDUM

V.

[signature] 05891 6

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

10-24-08 — DATE REPORT COMPLETED

15:00 — TIME REPORT COMPLETED

Addendum to PHYSICIAN OFFICE ADVERSE INCIDENT REPORT
Patient [redacted] ID # [redacted]

IV. ANALYSIS AND CORRECTIVE ACTION:

a) Analysis (apparent cause) of this incident

Patient [redacted] was an [redacted] year old [redacted] with known mitral valve disease with recent progressive decrease in level of activities. Echocardiogram revealed progression of mitral and tricuspid regurgitation without significant change in left ventricular function. [redacted] physicians reviewed the options of possible surgical intervention vs. continued medical management. The patient, with the aid of [redacted] daughter, ultimately requested evaluation to proceed with surgery. The patient was referred for cardiac catheterization to determine the extent of pulmonary hypertension, evaluate valve function in preparation for surgery and to evaluate for coronary artery disease.

The patient did not have any contraindications to cardiac catheterization. [redacted] was on anticoagulation therapy for chronic atrial fibrillation, Coumadin was discontinued appropriately pre-procedure and INR was 1.1.; all other parameters also met ACC/SCA&I pre-procedure criteria.

Please refer to procedure dictation for description of procedure. The Swan Ganz catheter was placed into the main pulmonary artery under fluoroscopic guidance and the balloon was inflated, with a pulmonary capillary wedge pressure of 36. At this point the patient coughed, developed hemoptysis, and respiratory distress. The possibility of pulmonary artery rupture was suspected immediately and actions were taken to address, including securing catheter in place in the event it might be used for embolization in treatment of rupture and immediate endotracheal intubation to facilitate the application of PEEP and ventilatory support if necessary.. Additional resuscitation ensued, EMS was activated and the patient was transported to LRMC per transfer agreement as a direct admit to the Medical Intensive Care unit at Lakeland Regional Medical Center.

Pulmonary artery rupture is a rare, but known complication, occurring in anywhere from 0.016 to 1% of pulmonary artery catheterization with a 50-70% mortality rate. Literature search indicates the mortality rate increases with the presence of pulmonary hypertension. Treatment, as in this case, focuses on controlling the bleeding, protecting uninvolved lung and maintaining oxygenation. In this case, the patient was intubated and had simultaneous cardio-respiratory support with emergent transport to a facility with CV surgical capabilities. Patient's hemoptysis continued enroute as did cardio-respiratory resuscitation. Upon arrival to the Critical Care unit the patient was in PEA and despite continued resuscitation efforts, including blood transfusion, never successfully converted to a sustainable rhythm. Resuscitation was halted and the patient was pronounced dead 51 minutes after arrival.

b) describe corrective or proactive action(s) taken:

Pulmonary artery rupture is a known, but exceptionally rare complication that is disclosed during the consent process by describing the "possibility of bleeding, injury of adjacent structures, hospitalization or even death". While the literature indicates that the possibility of pulmonary artery rupture may be higher in female patients over 65 with pulmonary hypertension and that mortality rates are higher (up to 70% in some studies) in the presence of pulmonary hypertension there is no literature that supports these as exclusionary criteria for performing pulmonary artery catheterization. Additionally the literature seems to indicate these factors, and the extent of hemoptysis and hemothorax are indicative of the necessity for thoracotomy and increased mortality. As noted by Mullerworth, et al. "Catheter-induced pulmonary artery rupture is unavoidable. Constant awareness is essential". In recognition that a plan for management is essential to provide the highest possibility of survival, Watson Clinic is developing a written plan for supportive management of this complication, and making current literature regarding trends in medical management available to the WATSON CLINIC LLP physicians (cardiologists, CV surgeons and Intensivists) to continue to hone their skills in the management of this complication.

Literature Search & References:

Bashore, TM, Bates ER, Berger PB, Clark DA, Cusma JT, Dehmer GJ, Kern MJ, Laskey WK, O'Laughlin MP, Oesterle S, Popma JJ. Cardiac catheterization laboratory standards: a report of the American College of Cardiology Task Force on Clinical Expert Consensus Documents (ACC/SCA&I Committee to Develop an Expert Consensus Document on Cardiac Catheterization Laboratory Standards). J Am Coll Cardiol 2001;37:2170-214.

Mullerworth MH, Angelopoulous P, Couyant MA et al, Recognition and management of catheter-induced pulmonary artery rupture. Ann thorac Surg 1998 Oct;66(4): 1242-5. with updates from ats.ctsnetjournals.org.

Paunovic, B, Dehmer, GJ, et al, Pulmonary Artery Catheterization. eMedicine.com/med/TOPIC2956.HTM. Sections 1 through 12. Last Update: Dec 20, 2007.

Roizen MF, Berger, DL, Gabel RA,, et al. American Society of Anesthesiologists Task Force on Pulmonary Artery Catheterization. Practice guidelines for pulmonary artery catheterizations: an updated report by the American Sopciatey of Anesthesiologists Task Force on Pulmonary Artery Catheterization. Anesthesiology 2003 Oct;99(4):988-1014.

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT
2008 OCT 29 AM 9:56

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

d/medres

I. OFFICE INFORMATION

SALIENT MEDICAL CENTER — Name of office
1601 W. Bay Dr — Street Address
Largo — City
33770 — Zip Code
Pinellas — County
727-674-9990 — Telephone
BARBARA J. COUREN NPWF — Name of Physician or Licensee Reporting
HCE6761 — License Number & office registration number, if applicable
[redacted] — Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient Identification Number
733.01 — Diagnosis
[redacted] — Age / Gender / Medicaid / Medicare
10/22/08 — Date of Office Visit
IV Banivir — Purpose of Office Visit
995.0 — ICD-9 Code for description of incident
— Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10/22/08 3:45 pm — Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other CLINIC TREATMENT

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No > UA
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

PATIENT TO RECEIVE 4TH DOSE OF IV BANIVIR (1ST dose here) immediately after 30 min infusion, pt c/o nausea, lightheadedness & tingling lips. [redacted] was given ord Benadryl 25 mg IM. [redacted] c/o [redacted] throat feeling funny but not swollen & no problem swallowing. After 15 min, pt feeling better except for a cough that had developed & which would not go away. [redacted] got up & went to bathroom - when came back, hyperventilating, panicky, vomited & passed out onto floor. Epi 1:1000 given SQ & Benadryl 50 mg IM - 911 called when fell on floor. Family notified

Appeared to not be breathing - 2 puffs into mouth - opened eyes, responding

DH-MQA1030-12/06
Page 1 of 2

B) ICD-9-CM Codes

cpt: 96413	Boniva IV	995.0
Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

____

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned *surgical* procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in: ☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☐ A procedure to remove unplanned foreign objects remaining *from* surgical procedure.	
☒ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only + IM Solu-medrol Name of facility to which patient was transferred: Largo Medical Center	

+ neb + prednisone 60 mg po x 1 wk @ home

E) List all persons, including license numbers if licensed, locating information and the capacity in which *they were involved in this incident, this would include anesthesiologist, support staff and other health* care providers.

Nancy Ward RN	832512	Gave IV Boniva
Cathy O'Gara - RN	1059292	PW [illegible] } SQ RX for IM [illegible] reaction
Barb Couzon ARNP	2916742	PW "
Jerome Lavigne RN	2736842	Called 911

F) List witnesses, including license numbers if licensed, and locating information if not listed above

____

____

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

hx of nausea in prior infusion of Boniva but pt did not know it should not have happened. hx of asthma hx of recent pneumonia - also hysterical personality

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Improve ord hx of new pts

____

V. Barbara J. Couzon ARNP — 2916742
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT **LICENSE NUMBER**

10/27/08 — 3:15p
DATE REPORT COMPLETED **TIME REPORT COMPLETED**

STATE OF FLORIDA

[redacted]

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Procedure

I. OFFICE INFORMATION

Oncology + Hematology Associates of West Broward
Name of office

7431 North University Dr. Ste 110
Street Address

Tamarac 33321 Broward
City Zip Code County

954-726-0035
Telephone

Sumit Sawhney MD
Name of Physician or Licensee Reporting

ME 0072890
License Number

as above
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

IDA
Diagnosis

[redacted]
Age 10/24/08 Gender Medicaid Medicare
Date of Office Visit

Fill IV and IV iron
Purpose of Office Visit

280.9
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

10/24/08 1150 Am
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other infusion suite

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No N/A
Was an autopsy performed? ☐ Yes ☐ No N/A

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Test dose of IV Infed begun @ 1155. @ 1200, pt c/o lower backpain, skin flushed and diaphoretic. Infed infusion stopped. NS running @ KVO rate. Dr. Sawhney informed, orders received for Benadryl 25mg and Solucortef 50mg. Each given slow IVP @ 1201 and 1205. NS continued @ KVO. At 1250, pt still c/o backpain, orders received for Benadryl 25mg and Solucortef 50mg, given @ 1300 and 1302, called for emergency transport to Hospital. @ 1315 transported to Hospital by EMS. B/P 132/82

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
90765		

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** if it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function; ☐ Any condition that required the transfer of the patient
☒ Any condition that required the transfer of the patient to a licensed hospital	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

[redacted]
Joni Hyperstad RN RN 175 6892
Cheryl Davis RN RN 920 4298
Sumit Sawhney MD ME 007 2890

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Nancy Peluso RN RN 952582
Susan Rothenberg RN 1148592

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Likely allergic reaction to Lopid, await hospital ER records

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

None, continued vigilance of patients during infusions

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER: ME 007 2890

DATE REPORT COMPLETED: 10/28/08 — TIME REPORT COMPLETED: 1630

[redacted]

STATE OF FLORI[redacted]
Charlie Crist, Governor

RECEIVED
CONSUMER SERVICES UNI
2008 NOV -4 AM 10:22

FLORIDA DEPARTMENT OF HEALTH

#210 tarly eldeth cosmetic

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

FaBio Castro, M.D.
Name of office

19495 Biscayne Blvd. Suite 200
Street Address

Aventura, 33180, DADE
City, Zip Code, County

(305) 932-2098
Telephone

Harry M. Sanchez PID Fabio Castro MD.
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

19495 Biscayne Blv. Suit 200 Aventura 33180
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

N/A
Patient Identification Number

Unacceptable nasal appearance
Diagnosis

[redacted]

Age, Gender, Medicaid, Medicare

10-31-08
Date of Office Visit

Rhinoplasty
Purpose of Office Visit

ICD-9 Code for description of incident

III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10-31-08 1545 to 1705
Incident Date and Time

Location of Incident:
☒ Operating Room ☐ Recovery Room
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

[redacted] underwent uneventful rhinoplasty and fat transfer to the face. Procedure was under general endotracheal intubation. After extubation gradually developed soft tissue upper airway obstruction. Mask, oral airway and neck extension maintained O_2 Sat ~94. Over 20 minutes saturation was slowly decreasing to 85 requiring assisted positive mask pressure. Pt was reintubated Pulmonary edema suctioned from ETT, TRANSPORTED STABLE to ER by Rescue

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient.
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.
- ☑ Any condition that required the transfer of the patient to a hospital.

Outcome of transfer – e.g., death, brain damage, observation only _____
Name of facility to which patient was transferred: _____

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure.

** if it resulted in:
- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function.
- ☐ Any condition that required the transfer of the patient to a hospital.

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.
Harry M. Sanchez MD anesthesiologist FL ME 0043271
Fabio Castro MD plastic Surgeon FL ME 87481

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
Negative Pressure Pulmonary Edema

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
TRANSFERRED TO Aventura Hospital ER by Rescue

V.

Harry M. Sanchez — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
ME 0043271 — LICENSE NUMBER
10-31-08 — DATE REPORT COMPLETED
8:00 pm — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Charlie Crist, Governo

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#211 txfer @death medrec.

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Advanced Imaging & Interventional Institute
Name of office

2730 McMullen-Booth Road
Street Address

Clearwater | 33761 | Pinellas
City | Zip Code | County

727-791-7300
Telephone

Gerald A. Niedzwiecki M.D.
Name of Physician or Licensee Reporting

ME 70649 / OSR 521
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age | Gender | Medicaid | Medicare

ALS
Diagnosis

10-27-08
Date of Office Visit

Fluoroscopic Guided Gastric Tube Insertion
Purpose of Office Visit

335.20
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10-27-2008 | 0910am
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Postop

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

See Organizational Incident Report (attached)

RECEIVED
2008 NOV -4 PM 0:25
CONSUMER SERVICES UNIT

B) ICD-9-CM Codes

335.20	335.20	N/A
Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

N/A

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☒ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only	
Name of facility to which patient was transferred: Mease Countryside Hospital, Safety Harbor, FL	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

(706652) Jean Nill – Administering Sedation/Monitoring — Gerald A. Niedzwiecki – Ordering MD, BVM (ME 70649)
(2805082) Christian Hays – Monitoring / BVM — Jaime Castelanetta – assist
(CRT38122) Shelly Bugman – Monitoring / BVM — Stacey Powell – assist
(2202592) Cynthia Taylor – Administered Reversal Agents / Monitor

F) List witnesses, including license numbers if licensed, and locating information if not listed above

See above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Pt with ALS and shallow Respirations 2° to ALS. Pt and Family DID not inform staff of use of BiPap while sleeping. Pt Developed CO_2 retention During Conscious Sedation requiring Hospital observation while CO_2 retention was reversed with BiPAP.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Instituted addition to intake questionnaire, Specifically inquiring if Patient uses any Breathing Assistive Devices

V. Gerald Niedzwiecki MD PA — ME 70649

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — **LICENSE NUMBER**

10/27/08 — **DATE REPORT COMPLETED**

1655 — **TIME REPORT COMPLETED**

ADVANCED IMAGING & INTERVENTIONAL INSTITUTE

INCIDENT REPORT

DATE: 10/27/2008

NAME: [redacted]

DATE OF BIRTH: [redacted]

ADDRESS: [redacted]

PHONE NUMBER (S): [redacted]

PLACE OF INCIDENT: Post operative patient care area

DESCRIPTION OF INCIDENT:

Patient is a [redacted]-year-old [redacted] with with ALS and progressive weight loss secondary to ALS. [redacted] presented to the office on 10/27/08 for fluoroscopically guided gastric tube insertion referred from a gastroenterologist office and was ambulatory with assistance. Vitals were BP 174/92, HR 94, respirations 20, oxygen saturation 96% on room air, and temperature 99.0°F. Informed consent and history was obtained from the patient upon admission and an IV was started. The patient then received 10 mg of Valium p.o. preoperatively. The patient was transported to the angio suite where the procedure being performed was verbally confirmed amongst the staff. Patient was then titrated for conscious sedation using fentanyl and Versed as well as dilaudid for pain control. EKG monitoring, blood pressure monitoring, and oxygen saturations were monitored during the entire procedure by a trained registered nurse. The patient was also placed on oxygen via nasal cannula. During the procedure a 5-French catheter was placed via nasal approach into the stomach to allow the stomach to be distended with air so the G-tube could be inserted. The G-tube was successfully inserted and the patient was transferred via stretcher to the postoperative area in stable condition with continued monitoring. The patient received a total of 4 mg of Versed, 200 mcg of fentanyl and 2 mg of dilaudid during the entire procedure. Oxygen saturation, EKG and blood pressure were satisfactory during the procedure with some elevation of the blood pressure. In the recovery area the patient's blood pressures remained elevated at 187/94 with a sinus rhythm of 112 and respirations of 10 with the respirations appearing somewhat shallow. To aid in maintenance of the airway a nasal trumpet was placed in the right nares and a nonrebreather mask at 4 L/min was begun. Dr Niedzwiecki was notified of the patient's status and promptly evaluated the patient. The patient's blood pressure had elevated to 206/114 and a CT scan of the abdomen was ordered to ensure that no visceral injury was present causing increased pain and BP elevation. The CT scan of the abdomen was completed within 10 minutes and demonstrated no significant visceral injury. 1 inch of nitroglycerin paste was applied to the right chest wall to aid in blood pressure control. The patient remained somnolent therefore Narcan and Romazicon were administered. 10

minutes after the administartion of the reversal agents the patient remained somnolent with shallow respirations. A CT scan of the head was performed to ensure that no neurologic event had occurred which might have been contributing to the patient's neurologic status. CT scan of the head demonstrated some motion artifact with no evidence of intracranial hemorrhage. It was felt at this time the most likely cause of the patient's persistent somnolence was CO2 retention. Ambu bag ventilation was therefore initiated in an effort to decrease the patient's CO2 retention and correct any potential respiratory acidosis. During the entire time the patient was ventilated with Ambu bag the patient also had spontaneous respirations. During no time did the patient's blood pressure or cardiac rhythm become unstable. It was felt transfer of the patient to the hospital for continued monitoring and treatment of [redacted]CO2 retention would be the best course of action. Non-urgent EMS was notified and Ambu bag support was continued. During this time the patient's [redacted] was also kept informed of the patient's status and [redacted] told Dr Niedzwiecki of the patient's use of BiPAP for sleeping. This inadvertently had not been disclosed by the patient or the family previously. EMS promptly arrived and supportive care was continued while EMS communicated with their ER physician director relative to the need for intubation. The patient's level of arousal continued to improve with continued spontaneous respirations and it was felt there would be no need currently for intubation as the patient's airway was not compromised. During this time Dr. Niedzwiecki also spoke with the emergency room at countryside Hospital and apprised Dr. Hughes of the patient's history and current status. Dr. Niedzwiecki also notified Dr. Stein of the patient's transport to the emergency room and the patient's current status. Upon departure from the office via EMS the patient's blood pressure was 131/72, HR 12, respirations 20, oxygen saturation 95% on 6-LPM

WITNESS (S): Cynthia Taylor RN, Christian Hays RN, Shelly Bugman CVT, Jaime Catalanotto MA, Gerald Niedzwiecki MD, Stacey Powell.

PERSON COMPLETING REPORT: Christian Hays RN, Manager

PHYSICIAN NOTIFIED: Gerald Niedzwiecki MD TIME: 910am

FOLLOW-UP: 10/27/2008: 3:00pm Per Dr. Niedzwiecki, patient stable and doing well at Mease Countryside Hospital.

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#209 tx'fer to death center

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Palm Beach Institute of Cosmetic Surgery
Name of office

4060 PGA Blvd #204
Street Address

Palm Beach Gardens 33410 Palm Beach
City Zip Code County

(561) 776-7112
Telephone

Douglas D. Deed, M.D.
Name of Physician or Licensee Reporting

ME 30575
License Number & office registration number, if applicable

(As above)
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

Deviated nasal Septum; Nasal deformity
Diagnosis

Sept 30, 2008
Date of Office Visit

Surgery
Purpose of Office Visit

784.7
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

October 4, 2008, evening
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Home

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

< See attached >

RECEIVED
CONSUMER SERVICES UNIT
2008 OCT 17 AM 10:23

DH-MQA 1030-12/06

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**
N/A	N/A - Post op Hemorrhage	N/A

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

N/A

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☑ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g. death, brain damage, observation only: Hemorrhagic shock, pulmonary embolism	
Name of facility to which patient was transferred: Good Samaritan Hospital, JFK Hospital	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Post operative hemorrhage, etiology unknown

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

See summary

V.

[signature] — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 30575 — LICENSE NUMBER

10/13/08 — DATE REPORT COMPLETED

9 PM — TIME REPORT COMPLETED

October 13, 2008
To: Florida Board of Medicine
From: Douglas D. Dedo, M.D.
Palm Beach Institute of Cosmetic Surgery
4060 PGA Blvd. # 204
Palm Beach Gardens, Fl. 33410
Re: Admission to hospital of [redacted] after office surgery

Clinical Summary:

[redacted] is a [redacted] year old [redacted] who underwent a septoplasty and rhinoplasty in my office surgical suite on Tuesday, September 30, 2008 under TIVA with local anesthesia supplementation. Preoperatively [redacted] PT and PTT were WNL. [redacted] H/H was 12.9/36%. [redacted] was discharged from the suite having had the nasal packs removed on September 30, 2008. On the 4th post operative day [redacted] had a nose bleed and was seen in Jupiter Hospital ER with irrigations of [redacted] nose and cessation of bleeding. On Sunday evening Oct 5, [redacted] developed recurrent nasal bleeding and was seen in my office with the insertion of a Gel knit/balloon pack on the right and a plain gel knit pack on the left with control of the bleeding. Nasal endoscopy did not reveal any bleeding point. Approximately 12 hours later on Monday Oct 6 [redacted] again was bleeding. At this point the gel knit pack was removed from the left and replaced with a gel knit/balloon pack and both balloons were filled with 2cc's of saline. At 3:30AM and 5:30AM on October 7, 2008, [redacted] again bled and called me around 7:00AM Oct 7. At this point [redacted] was admitted to Good Samaritan Hospital under Dr. James Harris' service for a complete hematologic workup. On admission to Good Samaritan Hospital, the Hematocrit was 33% and again the PT and PTT were normal. Subsequent hematological studies failed to reveal any coagulopathy but two tests are still pending. Tuesday evening October 7, the patient began bleeding again necessitating a double balloon posterior pack and an anterior vaseline pack again with control of the bleeding. Repeat nasal endoscopy did not reveal any bleeding point. The right balloon was filled with another 3cc of saline while the left posterior pack was filled with 10cc of saline. Weds AM, Oct 8th despite the posterior pack the patient started bleeding again that was treated with another 2cc of saline in the posterior balloon and 7cc's of saline in the anterior balloon. At this point I contacted the radiologist for consideration of angiography and embolization of the internal maxillary arteries. He recommended transfer to JFK Hospital and treatment by Dr. James Jaffee. I consulted with Dr. Jaffee and he agreed to treat the patient. In order to maintain continuity and have [redacted] admitted to JFK I had to get temporary privileges at JFK which was subsequently done thanks to the help of Drs. Alan Pillersdorf and William Slomka. On the Thursday morning October 9th, Dr. Jaffee performed bilateral angiography with bead embolization of the internal maxillary and associated arteries bilaterally. The packs were removed at the end of his procedure. At approximately 10:30 PM October 9, I was called that the patient was again bleeding from the left side of [redacted] nose. I returned to JFK for bilateral greater palatine and labial artery injections with 1%xylocaine and 1:100,000 adrenalin. A light rhinorocket pack was placed on the floor of the left side of [redacted] nose. Friday,

October 10, Dr. Jaffee took the patient back to the radiology suite for insertion of coils in both internal maxillary arteries. He said that this would control the bleeding.

Dr. Jaffee found on angiography the patient has only one vertebral artery. In addition, [redacted] had the largest diameter facial vessels he had ever seen. On the left internal maxillary artery was a pseudoaneurysm that was embolized.

[redacted] hematocrit dropped from 33% to 30% on admission to JFK and upon discharge it was 29%. Consultation with the hematologist again confirmed an absence of a coagulopathy and two tests are still pending.

[redacted] WBC at GSH was 14000 and went to 20,000 despite being on Ancef. At JFK the WBC was 24,000 and [redacted] was started on gentamycin that was continued until dischage Saturday October 11. Through out both hospitalizations, [redacted] temperature never exceeded 99 degrees. [redacted] white count on the morning of discharge had dropped to 14,000.

On Saturday, October 11, the patient was discharged on cleocin antibiotic and oral iron.

Douglas D. Deeds M.D.

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

2008 OCT 17 AM 8:12

Procedure

SUBMIT FORM TO:
Agency for Health Care Administration,
Consumer Services Unit, Post Office Box 14000,
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

Southeastern Urological Center
Name of office

2000 Centre Pointe Blvd
Street Address

Tallahassee 32308 Leon
City Zip Code County

850-309-0400
Telephone

Raleigh W. Rollins MD
Name of Physician or Licensee Reporting

ME 0020010
License Number & office registration number, if applicable

Same as above
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

10-13-08
Date of Office Visit

Possible retention vs UTI
Diagnosis

Possible retention vs UTI
Purpose of Office Visit

NA
ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10-13-08 @ 5 pm
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other Doctor's office

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Patient presents for appointment with symptoms related to UTI versus urinary retention. Patient's caller [redacted] complains of feeling weak and unable to stand and feels faint. Vital signs stable. Patient has history of CVA and due to [redacted] complaint of unilateral weakness it is decided to transport [redacted] to TMH E.R. for further evaluation and treatment.

Form # DH-MQA1030- created 2-00; revised 9-6-01

B) ICD-9-CM Codes

Surgical, diagnostic or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
NA	NA	NA

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage
☒ Any condition that required the transfer outcome of the patient to a licensed hospital	☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function ☐ Any condition that required the transfer outcome of the patient
Outcome of transfer – e.g., death, brain damage, observation only: discharged Name of facility to which patient was transferred: TMH	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Raleigh W Rollins MD ME0020010 – treating physician
Sheltia Weigand HA — assisting HA
Mary Ford RN RN202026L charge Nurse

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
Patient called with urological symptoms but upon arrival was needing further follow up and assessment.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Appropriate transfer for further assessment + care

V. [signature] RN — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
RN 915912 — LICENSE NUMBER
10-14-08 — DATE REPORT COMPLETED
1230 — TIME REPORT COMPLETED

Form # DH-MQA-1030- created 2-00; revised 9-6-01

[redacted]

Clinic Aesthetique Centre

#208 tyler @death cosetm

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Clinic Aesthetique Centre — Name of Office
707 Lincoln Road #404 — Street Address
Miami Beach 33139 Miami-Dade 305-534-2651 — City / Zip Code / County / Telephone
J. Howell Tiller, M.D. — Name of Physician or Licensee Reporting
ASA 251 — License Number & office registration number if applicable
(S.A.A.) — Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient
[redacted] — Patient
[redacted] — Patient
[redacted] — Age / Gender / Medicaid / Medic

10-2-08 — Date of Office Visit
Fat transfer to face — Purpose of Office Visit
acute drug toxicity — Diagnosis
(Local - I) — ICD-9 Code for description of incident / Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10-2-08 4p - 5pm — Incident Date and Time

Location of Incident:
☒ Operating Room ☐ Recovery Room
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No N/A

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Please see attached.

8

October 2, 2008

[redacted]

PROCEDURE NOTE: Patient had an appointment time for 10a.m. but did not present until 10:30a.m. In the pre-op room the procedure was re-discussed with the patient who seemed to understand and agreed to proceed. [redacted] was unusually talkative so the pre-operative assessment and marking took longer than usual. [redacted] was placed in a supine position on the operating room table at approximately 11:15a.m. The periumbilical site for fat harvesting was prepped with alcohol. Using a 21ga spinal needle approximately 50cc of ½% xylocaine was infiltrated widely around the harvesting site. While allowing for the anesthesia to take effect the operative stand was prepared. At approximately noon the patient voiced an increasing level of anxiety and became physically agitated. I attempted to calm [redacted] with reassurance and releasing [redacted] arms. [redacted] was attached to vital sign monitors (EKG, BP cuff and pulse oximeter) and all vital signs were normal. As [redacted] became increasingly agitated [redacted] admitted to me that [redacted] had been using "G" (gamma hydroxybuterate) for a period preceding [redacted] arrival at the office. An IV was placed in the left arm and infusion of lactated Ringer's solution was begun and 1mg of Versed was given IV which immediately improved [redacted] agitation. During the course of fluid administration EMS was called for twice but each time the patient immediately improved and the orders were cancelled. During the monitoring phase the patient's blood pressure remained between 130-120/70-80; oxygen saturation remained at 99-100% with the patient on intermittent face mask oxygen; heart rate remained between 100-120. The working diagnosis at this time was a withdrawal episode from recent use of illicit drug (GHB). I gave an additional 1mg Versed at approximately 12:30p.m. with good results at reducing [redacted] agitation. At approximately 1p.m. the patient insisted on getting up and [redacted] was assisted to the Recovery area where [redacted] insisted on laying on the cool floor. [redacted] was combative, argumentative, and insulting to me and to members of the staff but [redacted] color was good, breathing unimpaired, and IV remained patent and flowing. [redacted] remained between wanting to sleep and forcibly physically combative. During this time the patient became fully awake and able to respond to commands. [redacted] remained verbally abusive to me and the staff and at one point reached out and assaulted a member of the staff striking her in the face. At this point and with the patient's knowledge and consent EMS was called again. At the time of their arrival around 1-1:15p.m. the patient was sitting upright, fully conscious, and communicative although remaining angry, combative, and resistant to any suggestions to help ensure [redacted] comfort. A report concerning the patient's recent use of GHB as well as the course of treatment [redacted] received was given to the EMS. The patient was removed to Mt. Sinai E.R. where [redacted] was later visited by an office staff member and [redacted] was doing well. [redacted] personal possessions were returned to [redacted] at that time.

J. Howell Tiller, MS., M.D.

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**
		None

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

None

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient.
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.
- ☒ Any condition that required the transfer of the patient to a hospital.

Outcome of transfer – e.g., death, brain damage, observation only

observation only

Name of facility to which patient was transferred:

Mt. Sinai Hosp. / E.R.
Miami Beach FL

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure.

** if it resulted in:
- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function.
- ☐ Any condition that required the transfer of the patient to a hospital.

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Olivia Torres - 407 Lincoln Rd 204
305-534-2651

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Please see attached.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Please see attached

V. [signature] MD — ME70006

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

10-10-08 — 2pm

DATE REPORT COMPLETED — TIME REPORT COMPLETED

IV. ANALYSIS AND CORRECTIVE ACTION

A) The incident that required transfer of a patient to a nearby emergency room was caused by the patient's own ingestion of an illicit street drug prior to presenting to the office. The patient admitted to this only as symptoms were becoming evident and before the procedure was begun. Vital sign monitoring and effective intervention were begun and the patient was transferred via Emergency Medical Services to the emergency room. After a period of observation the patient was released. Please see attached surgeon's report.

B) The reporting surgeon has devised a new form (see attached) that alerts prospective surgical patients to the wide range of medications that could interfere with their procedures. This form has been expanded from the form previously used to include illicit drugs along with the strict admonition to inform the operating surgeon of any such drugs the prospective patient may have taken in the interval about the time of the planned surgery. Additionally, verbal inquiry will be made by the admitting staff member/surgeon to the pre-surgical patient as to whether, indeed, any such drugs had recently been used. If a pre-operative patient admits in the affirmative then the patient's procedure will be postponed.

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#207 taller adenth medrec

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Advanced Imaging & Interventional Institute — 2730 McMullen Booth Road
Name of office — Street Address

Clearwater, Fla 33761 Pinellas
City — Zip Code — County

727-791-7300
Telephone

Gerald Niedzwiecki MD
Name of Physician or Licensee Reporting

ME 70649 / OSR521
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Diagnosis Recurrent Small Cell Lung Cancer

[redacted]

Age 10-1-08 Gender Medicaid Medicare

Date of Office Visit

CT guided Left upper lobe lung biopsy
Purpose of Office Visit

780.0
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10-01-08 11:05
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Post OP

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

See Organizational Incident report (attached)

RECEIVED
2008 OCT 15 AM 10:20
CONSUMER SERVICES UNIT

B) ICD-9-CM Codes

231.0	780.0	780.0
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

N/A

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient.
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.
- ☒ Any condition that required the transfer of the patient to a hospital.

Outcome of transfer – e.g., death, brain damage, (observation only)
Name of facility to which patient was transferred: Mease Countryside Hospital Safety Harbor FL

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure.

** if it resulted in:
- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function.
- ☐ Any condition that required the transfer of the patient to a hospital.

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Jeannette Hill, RN RN 70665-2
Heather Howell, RT CRT49870
Lynn Crumbo, RT CRT11291
Gerald A Niedzwiecki, MD ME70649

F) List witnesses, including license numbers if licensed, and locating information if not listed above

None.

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Pt had uneventful Procedure BUT in Recovery Area was agitated with no neurologic Deficits [redacted] apparently had an adverse Drug Reaction.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Pt was handled appropriately and safely and had no known History of Adverse event with these medications. Need For Allergy History was reinforced although was handled Appropriately in this Case.

V. X [signature] ME 70649
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

10-1-08 — DATE REPORT COMPLETED
10-1-08 — TIME REPORT COMPLETED

ADVANCED IMAGING & INTERVENTIONAL INSTITUTE

INCIDENT REPORT

DATE: 10/01/2008 1105am NAME [redacted] DOB: [redacted]

SS#: [redacted]

ADDRESS: [redacted]
PHONE NUMBER(S): [redacted]

PLACE OF INCIDENT: AI3 – post operative area

DESCRIPTION OF INCIDENT_ RE: [redacted]

Summary of care

10/01/2008

Procedure: CT guided LUL lung biopsy

Diagnosis: Recurrent small cell lung cancer. Pleural effusion. Pericardial effusion.

Sedation time: 1015-1110

Procedure time: 1035-1105

Sedation:

- Versed 4 mg IVP, last dose 1035
- Fentanyl 200 mcg IVP, last dose 1035
- Benadryl 50 mg IVP, 1035

Vital Signs: Stable throughout the procedure: Sinus rhythm, Oxygen saturation 95-98 % on 3 liters nasal cannula, BP 100/52 to 123/56; pulse 74-90.

Patient was comfortable and cooperative during the procedure, positioned with arms above the head (per protocol).

CT scan of the chest after the procedure revealed 2% pneumo-thorax, left upper lobe.

Patient was moved from CT to recovery area.

Immediately upon arriving in the recovery area, patient became restless, thrashing about on the stretcher, would not follow commands. BP 183/99, pulse 120, respirations 20, oxygen saturation 93% on 3 liters. Patient was evaluated by physician. Patient was

given a nebulizer treatment with allbuterol. Restlessness and agitation continued. Vital signs remained elevated.

A repeat CT scan of the chest was obtained with resolution of above pneumothorax. Patient was too agitated to obtain CT scan of brain. [redacted] dislodged [redacted] IV during this process.

Patient was moved to the post care area, IV restarted, IV Ativan, 1 mg IVP given, with repeat 1 mg IVP given, which resulted in calming effect. Vital signs at this time: BP 144/62, Pulse 94, Respirations 18-20, Oxygen saturation 92% on 2 liters oxygen.

Patient complained of leg cramps with toes positioned in an inward fashion. [redacted] stated this occurred frequently.

Patient was allowed to rest from 1200 until 1600. [redacted] had IV fluids infusing and was on continuous monitoring.

At 1600 patient was awakened, given fluids and crackers. [redacted] was able to swallow without difficulty, consuming 360 ml of fluid. [redacted] continued with the leg cramps.

At 1645, we attempted to stand [redacted] and walk [redacted] to the bathroom. [redacted] would not put weight on [redacted] left leg and contracted [redacted] left arm. [redacted] immediately became agitated. We again attempted a CT scan of [redacted] head without success due to the agitation.

At this point, after physician evaluation, EMS was contacted to transport patient to the hospital.

Patient's vital signs were stable upon transport to the ER. EMS upon arrival to AI3 gave patient IV Valium without change in status.

WITNESS(S): See attached.

PERSON COMPLETING REPORT: Jean Hill & Christian Hays

PHYSICIAN NOTIFIED: Gerald A. Niedzwiecki MD, PA

FOLLOW-UP: 100% recovery.

[redacted]

STATE OF FLORIDA
Charlie Crist, Governo

RECEIVED
CONSUMER SERVICES UNIT
2008 OCT -9 AM 10:18

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#202 txfer ofdeath cosmetic

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Daniel Man MD
Name of office

851 meadows Rd #222
Street Address

Boca Raton 33486 Palm Beach
City Zip Code County

561-395-5508
Telephone

Name of Physician or Licensee Reporting

ME0037381
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient's Address

[redacted] ☐ ☐
Age Gender Medicaid Medicare

Patient Identification Number

Date of Office Visit

Diagnosis

Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10-2-08
Incident Date and Time

Location of Incident:
☒ Operating Room ☐ Recovery Room
☐ Other_____

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

DURING BREAST AUGMENTATION IN SUB MUSCULAR PLANE PATIENT Developed Left PNEUMOTHORAX. DIAGNOSIS WAS MADE AND PATIENT TRANSFERED TO BOCA RATON COMMUNITY HOSPITAL. PLAN TO TRANSFER A Needle Thoracostomy to overcome The tension PNEUMOTHORAX WITH GOOD RESULT. Possibilities of surgical Risks CAN NOT BE EXCLUDED.

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response) ANESTHESIA, IV MEDS, NEEDLE TO RELEASE THE TENSION PNEUMOTHORAX

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☑ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only	
Name of facility to which patient was transferred: BOCA RATON COMMUNITY HOSPITAL.	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

DR. DANIEL MAN.
LIBSOBMAN.

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

PNEUMOTHORAX CAUSED BY RUPTURED BLEB

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

CHEST TUBE

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
10/6/08	4 P.M.
DATE REPORT COMPLETED	TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#219 fatal cardiac death med rec

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Cardiology Consultants, PA
Name of office

1717 North "E" St, Suite 331.
Street Address

Pensacola | 32501 | Escambia
City | Zip Code | County

850-444-1717
Telephone

Nancy A. Riddlehoover, RN.
Name of Physician or Licensee Reporting

NA
License Number & office registration number, if applicable

NA
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age | Gender | Medicaid | Medicare

11-07-08
Date of Office Visit

Left Heart Catheterization) - Outpatient
Purpose of Office Visit

- Anaphylactic reaction) probably to contrast media
- Arteriosclerotic heart disease
- Hypertension - Hyperlipidemia - COPD
Diagnosis

ICD-9 Code for description of incident

NA.
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11-7-08 @ 8:53 AM
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☑ Other Outpatient Cardiac Cath Lab.

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No (NA)
Was an autopsy performed? ☐ Yes ☐ No (NA.)

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

See Attached Narrative

Form # DH-MQA1030- created 2-00; revised 3-24-03

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
93510 - Left Heart Cath	E947.8 ; Q996.7	995.20

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** if it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function; ☐ Any condition that required the transfer outcome of the patient
☑ Any condition that required the transfer outcome of the patient to a licensed hospital	
Outcome of transfer – e.g., death, brain damage, observation only: Observation Only Name of facility to which patient was transferred: Baptist Hospital	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

William S. Pickens, MD, FACC ME # 23808, Cathing Physician, 1717 N. E St. Suite 331, Pensacola
Patty Lynch, RTR - CAT # 33488 Radiology Tech/Scrub Tech, 1717 N. E St. Suite 331, Pensacola
Jennifer Maltese, BN, Lic. # 3151692, Circulating Nurse, " " " " "
Linda Kuhnell, RN, Lic. # 9176749, Recording Nurse, " " " " "

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Sheena Williamson, Medical Assistant, 1717 North E Street, Suite 331, Pensacola
Functions as Support Staff

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

See Attached Response

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

See Attached Response

V. William S Pickens — 23808

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

Jan 29, 2009 — 9 AM

DATE REPORT COMPLETED — TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00; revised 3-24-03

[redacted]
DOB: [redacted]
Incident Date: 11-07-2008

Description of circumstances of the incident:

Left Heart Cath completed at 08:46. At 08:53 patient complains itching to hands. Rash noted to abdomen. Patient complains of "chokey" feeling. Physician examined patient. Tongue slightly swollen and some wheezing noted per Physician. BP 115/67, Pulse 63, SPO2 96. Splotchy redness continued to abdomen and worsened on right side to right groin.

Analysis and Corrective Action:

Analysis (apparent cause) of this incident:

Anaphylactic reaction, probably to contrast media (Omnipaque). Patient's stated known allergies Pre-Catheterization: Codeine and Talwin. Patient discharged from hospital same day [11-07-2008] as the wheezing, hypotension and urticaria had resolved. At time of discharge lungs clear and only some mild residual rash.

Description of corrective or proactive action(s) taken:

Benadryl 50 mg IV and Solu-Cortef 100 mg IV given at 08:54. Epinephrine 0.2 mg Subcutaneous of 1:1000 concentration given at 0858. Oxygen 15 L/min via non-rebreather mask started at 08:59. Benadryl 25 mg IV, IV Fluids Normal Saline bolus of 500 ml infused at 09:19. Iv Fluids of Normal Saline 150 ml continuous drip started and Solu-Cortef 100 mg IV given at 09:20. Patient transferred via stretcher to Hospital CCU bed for observation. BP 136/75, Pulse 67, Resp. 18 on O2 at 4 L/min Nasal Cannula, SAO2 100%. Patient states throat feels better. Hives still red, mostly on right side from abdomen to toes.

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Procedure

SUBMIT FORM TO:
Agency for Health Care Administration,
Consumer Services Unit, Post Office Box 14000,
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

Southeastern Urological Center
Name of office

2000 Centre Pointe Blvd
Street Address

Tallahassee 32308 Leon
City Zip Code County

850-309-0400
Telephone

Marianne Harrell ARNP
Name of Physician or Licensee Reporting

ARNP 9207974
License Number & office registration number, if applicable

Same as above
Patient's address for Physician or Licensee Reporting

RECEIVED NOV 10 CONSUMER SERVICES UNIT

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted] Age 11-7-08 Gender Medicaid/Medicare
Date of Office Visit

Urinary retention secondary to non draining urethral catheter possible BPH
Diagnosis

Catheter is not draining
Purpose of Office Visit

NA
ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11-7-08 @ 0915
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other physicians office

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Pt. arrived complaining of catheter not draining. Patient is short of breath, has rales, chills and loose stools. [redacted] is on multiple inhalers and [redacted] vitals signs are elevated with an oxygen saturation of 88%. [redacted] catheter was changed and is now draining and [redacted] is transported to the ER at TMH for follow up of [redacted] urgent respiratory symptoms via EMS.

Form # DH-MQA1030- created 2-00; revised 9-6-01

B) ICD-9-CM Codes

NA	NA	NA
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

NA

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☒ Any condition that required the transfer outcome of the patient to a licensed hospital

Outcome of transfer – e.g., death, brain damage, observation only admission

Name of facility to which patient was transferred TMH

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong-surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** if it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function;
- ☐ Any condition that required the transfer outcome of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Marianne Harrell ARNP-C - ARNP9207971 treating practitioner
David C. Burday MD - ME0095630 supervising physician
Jason Katowitz LPN - PN5166270 nurse
Melinda McKenzie LPN - PN5183768 assisting nurse

F) List witnesses, including license numbers if licensed, and locating information if not listed above

as above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Patient arrived with a combination of dyspnea. He addressed the urologic issues and then referred for non urologic symptoms for further evaluation and treatment.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Appropriate transfer for continued medical care

Jerry Drake RN — RN915912

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

11-10-08 — 11:00 AM

DATE REPORT COMPLETED — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Approved

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Space Coast Cancer Center
Name of office

490 N. Washington Ave
Street Address

Titusville 32796 Brevard
City Zip Code County

321-268-4200
Telephone

Dr. R. Duff Sprawls.
Name of Physician or Licensee Reporting

ME0054026
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Patient Identification Number

Lung Ca.
Diagnosis

Age 11/7/08 Gender Medicaid Medicare
Date of Office Visit

chemotherapy.
Purpose of Office Visit

V58.1
ICD-9 Code for description of incident

162.9
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11/7/2008 4:15pm.
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other Treatment room/outpatient

RECEIVED
08 NOV 21 AM 9:39
CONSUMER SERVICES UNIT

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No N/A
Was an autopsy performed? ☐ Yes ☐ No N/A.

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

[redacted] Came in for Chemo (Taxol/Carbo) on 11/7/2008. After approx 1/3 of the Carboplatin Infusion pt was ambulating to bathroom and c/o weakness + extreme fatigue. Infusion stopped and assisted to chair. Dr. Sprawls notified. Pt c/o nausea. 1mg Kytril infused w/relief. N/S Infusing. V.O. for 8mg Dex given. B/P 80/o O_2 sat 91. O_2 via nasal cannula increased. Trendelenburg position and B/P 110/70 P-84 O_2 Sat 96 4:40pm EMS called. Arrived 4:50. Report given. EMS assessed pt. Pt. transported to Parrish Medical Center via ambulance.

Form # DH-MQA1030- created 2-00; revised 3-24-03

B) ICD-9-CM Codes

V58.1

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ *Surgical procedure performed on the wrong patient*	** If it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage
☒ Any condition that required the transfer outcome of the patient to a licensed hospital	☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function; ☒ Any condition that required the transfer outcome of the patient
Outcome of transfer – e.g., death, brain damage, observation only ER-observation; Discharged Name of facility to which patient was transferred Parrish Medical Center.	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Barbara Ellis RN 925805 Dr. R. Duff Sprouls MD 54026.
Shelley Copeland RN 9225330
Danielle Brewer RN 116 3542.
Melissa Page Chinn RN 9248257

F) List witnesses, including license numbers if licensed, and locating information if not listed above

as above.

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Chemotherapy reaction - infusion stopped.
O2 Sats - O2 placed
BP monitored.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

NS and add'l meds (Kytril, Dex) administered.
O2 placed.

V. [signature] MD 95492 b

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

11-4-03 0915

DATE REPORT COMPLETED TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00; revised 3-24-03

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Spredace

SUBMIT FORM TO:
Agency for Health Care Administration,
Consumer Services Unit, Post Office Box 14000,
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

Southeastern Urological Center
Name of office

2000 Centre Pointe Blvd
Street Address

Tallahassee 32308 Leon
City Zip Code County

850-309-0400
Telephone

Byron Blasko ARNP
Name of Physician or Licensee Reporting

1554842
License Number & office registration number, if applicable

Same as above
Patient's address for Physician or Licensee Reporting

RECEIVED CONSUMER SERVICES 08 NOV 21 AM

II. PATIENT INFORMATION

[redacted]

[redacted]

Age 11-17-08 Cancer Medicaid Medicare
Date of Office Visit

Urinary retention; hypotension
Diagnosis

evaluate retention
Purpose of Office Visit

NA
ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11-17-08 @ 12:00 hours
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other physician office

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Patient arrives for assessment of urinary retention and catheter placed by home health. Vital signs assessed and blood pressure noted to be very low. Patient complaining of dizziness for 1 week with visual disturbances. Patient unable to stand without dizziness. Patient transported to TMH ER for assessment and follow up via ambulance.

Form # DH-MQA1030- created 2-00; revised 9-6-01

B) ICD-9-CM Codes

NA	NA	NA
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

NA

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** if it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function; ☐ Any condition that required the transfer outcome of the patient
☒ Any condition that required the transfer outcome of the patient to a licensed hospital	
Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred TMH	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Byron Blaske ARNP - 1554842 provider providing care to patient
JoAnn (Cerna) MD - ME00572114 supervising Physician
Teresa Greer LPN - PN 5183599 nurse assisting in care
Patricia Lebron Johnson RN - RN 2519082 assisting with transfer

F) List witnesses, including license numbers if licensed, and locating information if not listed above

as above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Patient presented with non urologic symptoms that needed assessment and follow up care.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Actions taken were appropriate for continued care of a patient with non urologic symptoms

V. Jerry Cross RN — RN 91591-2

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

11-18-08 — DATE REPORT COMPLETED

10:00 AM — TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00; revised 9-6-01

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#217 txfer ed death mednec

SUBMIT FORM TO:
Agency for Health Care Administration,
Consumer Services Unit, Post Office Box 14000,
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

Watson Clinic - Nuc Med
Name of office

1600 Lakeland Hills Blvd
Street Address

Lakeland 33805 Polk
City Zip Code County

863 680 7000
Telephone

~~Dr.~~ Sinett Beshlelp
Name of Physician or Licensee Reporting

1089
License Number

Nuclear Medicine
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

abn EKG - pre op
Diagnosis

11/17/08
Date of Office Visit

Nuc Med myocardial perfusion Scan
Purpose of Office Visit

794.31
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

11/17/08 1:45 PM
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other Nuc Med dept

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the Incident (narrative)
(use additional sheets as necessary for complete response)

Pt had respiratory distress after administration of Adenosine for myocardial perfusion stress exam. Given albuterol breathing treatments and sent to ER.

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DEC 8
CONSUMER SERVICES UNIT

B) ICD-9-CM Codes Ø

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)
Abnormal Breathing Setup -

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** if it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function; ☐ Any condition that required the transfer of the patient
☒ Any condition that required the transfer of the patient to a licensed hospital	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.
Beth Kelp RT(NMR) - NM tech
Milde Segui CNMT - NM tech } helped with breathing
Scott Moore - EMT/treadmill tech } treatment + monitor pt.
Dr. Chris Simell - monitoring cardiologist

F) List witnesses, including license numbers if licensed, and locating information if not listed above
Ø

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
SOB in response to Adenosine administration - pt given breathing treatments and sent to hospital

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V.

Beth Kelp — 1089
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

11/12/02 — 2:34 PM
DATE REPORT COMPLETED — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
DEC -8 AM 7:59

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#213 Marked adeath medrec

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Sarasota Interventional Radiology
Name of office

1600 N. Cattlemen Rd.
Street Address

Sarasota FL Sarasota
City Zip Code County

941-378-3231
Telephone

Dr. Calderon
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

[redacted]
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Claudication
Diagnosis

[redacted]
Age Gender Medicaid Medicare

11/21/08
Date of Office Visit

Angiogram/PTA SFA
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11/21/08 @ 1130 Am
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No N/A
Was an autopsy performed? ☐ Yes ☐ No N/A

A) Describe circumstances of the Incident (narrative)
(use additional sheets as necessary for complete response)

From Procedure to Recovery @ 1130 via stretcher c/o Chest Pressure like an Elephant on chest per patient. CRNA Vicky Johnson @ bedside & Dr Calderon. Ntg spray x 3; Labitolol 5mg IV given. Ntg spray x 2 additional c 50% improvement of Chest pressure. Patient alert + talking Call time - 1200 hrs agreed + transferred to Sahaveral Ranch Medical Center per Dr calderon. #16 Fr sheath d/c'd + secured.

Form # DH-MQA1030- created 2-00; revised 3-24-03

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☐ Any condition that required the transfer outcome of the patient to a licensed hospital

Outcome of transfer – e.g., death, brain damage, observation only _____
Name of facility to which patient was transferred_____

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** if it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function;
- ☐ Any condition that required the transfer outcome of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Vicky Johnson, CRNA Chris Howse RCT
Jan DeVaughn RN
Dianne McKroom RN
Dr. Calderon MD

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Same as above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER ME77684

DATE REPORT COMPLETED TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00; revised 3-24-03

Erick E. Calderon, MD, FACC, FSCAI
Board Certified Internal Medicine
Board Certified Cardiovascular Diseases
Board Certified Interventional Cardiology
Board Certified Nuclear Cardiology

PATIENT: [redacted]
EXAM DATE: 11/21/2008
PATIENT #:
DATE OF BIRTH: [redacted]
PHYSICIAN: Erick E Calderon, M.D.

EXAMINATION: CATHETERIZATION REPORT

EXAM LOCATION: Sarasota Interventional Radiology

REFERRING PHYSICIAN: Dr. Harvey Mishner

PROCEDURE:

1. Lower abdominal aortography with runoff.
2. Left superficial femoral artery selective angiography via contralateral approach.
3. Left superficial femoral artery percutaneous transluminal angioplasty.

INDICATIONS: Severe peripheral arterial disease with lifestyle limiting claudication.

COMPLICATIONS: None.

DETAILS OF PROCEDURE: Previous written informed consent on this date was taken. The patient was transferred to the vascular suite, and both groins were prepped with Betadine and draped in the usual sterile fashion. The right inguinal area was infiltrated with lidocaine for local anesthesia, and using a Cook needle, the right common femoral artery was punctured and a 6 French sheath was advanced and flushed. Through this sheath, an omni flush catheter was advanced to the lower abdominal aorta, and lower abdominal aortography with runoff was performed utilizing bolus chase technique and digital subtraction angiography.

Due to very suspicious infrapopliteal disease, with the aid of the J-wire, we advanced the omni flush catheter and positioned into the mid left superficial femoral artery segment. Selective angiography was performed of the runoff vessels both at the ankle and proximal tibial region. Due to critical stenosis within the stent on the left superficial femoral artery, angioplasty procedure was begun.

Erick E. Calderon, MD, FACC, FSCAI
Board Certified Internal Medicine
Board Certified Cardiovascular Disease
Board Certified Interventional Cardiology
Board Certified Nuclear Cardiology

PATIENT: [redacted]
EXAM DATE: **11/21/2008**
PATIENT #:
DATE OF BIRTH: [redacted]
PHYSICIAN: **Erick E Calderon, M.D.**

4000 units of heparin had been given intravenously. The J-wire was easily advanced through the stenotic segment and angioplasty was performed with a 6.0 x 80 mm balloon at nominal pressure. There was 50% to 60% focal lesion 10 mm proximal to the proximal edge of the stent and that was angioplastied as well with the same balloon at 6 atmospheres. The angiographic result was fairly acceptable. The patient tolerated the procedure well. [redacted] received 40 mg of protamine and [redacted] has been transferred to the holding area where the sheath is to be pulled and hemostasis obtained.

FINDINGS:
Lower abdominal aortography revealed patent stent in the lateral common iliac arteries with some degree of InStent re-stenoses bilaterally causing a 40% stenosis on the left and 40% to 50% stenosis on the right. The rest of the iliac segments, hypogastric, and external iliac arteries are patent and of excellent caliber.

On the right side, the common femoral, profunda femoral, and superficial femoral artery appear free of significant disease. There is a long stented segment in the right superficial femoral artery probably two 60 mm stents overlapping that region. There is a moderate focal InStent re-stenosis does not appear to be more than 50% to 60% focally. Stent fracture nevertheless cannot be excluded. The rest of the superficial femoral artery and popliteal artery is fairly unremarkable. There was some motion artifact that precludes optimal visualization in the right lower extremity. The anterior tibial artery appears to be occluded proximal. The posterior tibial artery is also occluded. The tibioperoneal trunk is suboptimally visualized. The peroneal artery is patent and reaching the ankle.

On the left side, the common femoral, profunda femoral, and proximal superficial femoral artery appear free of significant disease. There is a long stent about 80 mm in the left mid to distal superficial femoral artery with two areas of focal 80% InStent re-stenosis with a background of 40% diffuse InStent re-stenosis. There is

Erick E. Calderon, MD, FACC, FSCAI
Board Certified Internal Medicine
Board Certified Cardiovascular Diseases
Board Certified Interventional Cardiology
Board Certified Nuclear Cardiology

PATIENT: [redacted]
EXAM DATE: 11/21/2008
PATIENT #:
DATE OF BIRTH: [redacted]
PHYSICIAN: Erick E Calderon, M.D.

a 30% proximal popliteal artery lesion which was previously angioplastied and is showing overall fairly good long term result. The anterior tibial artery remains occluded as before as well as the posterior tibial artery. The peroneal artery is patent and provided good flow reconstituting the anterior tibial artery at the ankle level which is filling in a retrograde fashion. In this there is the suspicion of an under expanded or under coiled stent in the right superficial femoral artery.

IMPRESSION:

1. Moderate focal bilateral common iliac artery InStent re-stenosis.
2. Severe focal left superficial femoral artery InStent re-stenosis.
3. Excellent long term result from percutaneous transluminal angioplasty along left popliteal and tibioperoneal trunk/peroneal artery.
4. Bilateral occlusion of anterior and posterior tibial arteries.
5. Successful percutaneous transluminal angioplasty alone of left superficial femoral artery due to InStent re-stenosis.

RECOMMENDATIONS: Continue aggressive secondary prevention measures. Of note, the patient developed some angina following the procedure and further decisions regarding this patient's care is to follow.

Thank you for allowing us to participate in the care of your patient.

THIS REPORT WAS ELECTRONICALLY SIGNED
ERICK E CALDERON, M.D.

EEC/ly/[redacted]
DD: 11/21/2008 DT: 11/21/2008

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#214 faxed death medical

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Cardiology Associates of Gainesville
Name of office

4645 NW 8th Ave
Street Address

Gainesville 32605 Alachua
City Zip Code County

(352) 375-1212
Telephone

Dr. Brian Werbel
Name of Physician or Licensee Reporting

Office Surgery Reg. # 431
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Abn Cardiovascular Study
Diagnosis

[redacted]
Age Gender Medicaid Medicare

11-21-08
Date of Office Visit

Diagnostic heart catheterization
Purpose of Office Visit

ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11-21-08
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other from procedure room to post proc. room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

See attached

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DEC-8 PM 4:31

DH-MQA1030-12/06
Page 1 of 2

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
37.22 L heart cath	998.12	998.12

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

Femostop hemostasis device / GlyKOSL Patch

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in: ☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	
☒ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only:	
Name of facility to which patient was transferred: Shands @ AGH	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

See attached

F) List witnesses, including license numbers if licensed, and locating information if not listed above

See attached

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

See attached

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

See attached

V. See attached

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT | LICENSE NUMBER

DATE REPORT COMPLETED | TIME REPORT COMPLETED

CONFIDENTIAL
FDOH November 2008 report
Physician Office Adverse Incident Report
Addendum to Report from Cardiology Associates of Gainesville Laboratories

Section III – Incident Information

A) Describe circumstances of the incident:

- Patient was here for an elective cardiac catheterization. The indication for procedure was "continued atypical chest discomfort and abnormal EKGs on the treadmill (stress test)," which was done on Nov. 14th 2008.
- Upon obtaining arterial access Dr. Werbel recognized that the 5fr sheath was placed in the femoral vein. The venous sheath was left in place and arterial access was obtained using another 5fr sheath. The procedure was performed as usual.
- Immediately post procedure, hemostasis of the right femoral artery and vein was obtained by Joanna Reynolds, CVT, using a Glyko Seal pad and the patient was transferred back to [redacted] room for post procedure monitoring. The patients vital signs were with in normal limits at time of transfer to [redacted] room
- In transit from the procedure room to the patient's room the patient complained of a warm sensation at access site and was found to have bleeding at the site with no hematoma noted. Manual pressure was immediately applied by Marianne Thompson, RCIS, and a second Glyko Seal pad was used. Patient was then back in [redacted] room on bedside monitors. [redacted] vital signs were stable and [redacted] denied complaints of pain at access site, abdomen, or back. Hemostasis was re-established after 10 minutes of manual pressure. No hematoma was noted at that time. Dr. Werbel was notified of these events. Patient was placed on 2-hour post procedure bedrest with usual post procedure instructions.
- Approximately 2 hours and 5 minutes later the patient's head of bed was elevated to 40 degrees. Patient at that time began complaining of pain at access site. The head of bed was lowered and the site assessed by Marianne Thompson, RCIS. A quarter-sized hematoma was noted and patient complained of 6/10 site pain. Manual pressure was held for 10 minutes by Marianne Thompson, RCIS. Dr. Werbel was notified and Fentanyl was ordered for pain control. Patient's blood pressure, heart rate, and oxygen saturations were all within normal limits. Hemostasis was again obtained and the site was soft with pain lessening to a 2/10. Patient was again placed on bedrest with usual post procedure instructions.
- Approximately one hour after last hemostasis (3 hours after initial hemostasis) patient complained of 6/10 pain at access site. A quarter-sized hematoma was noted in the same location and manual pressure applied by Marianne Thompson, RCIS. Patient's vital signs were within normal limits. Dr. Werbel was notified and he assessed the patient. After Dr. Werbel discussed the situation with the patient the decision was made to transfer the patient non-emergently to Shands AGH. Fentanyl was given for pain control and a Femostop was applied at time of transfer to Shands AGH.
- The patient was transported via EMS to Shands AGH for observation. In hospital, an ultrasound of the right groin site was performed and no pseudoaneurysm, hematoma, or fistula was noted. Patient was discharged without any further groin complications.

CONFIDENTIAL
FDOH November 2008 report
Physician Office Adverse Incident Report
Addendum to Report from Cardiology Associates of Gainesville Laboratories

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

1. Brian Werbel, MD; ME 93739 MD, responder
2. Marianne Thompson; *RCIS 13818* – first RCIS/RN responder
3. Joanna Reynolds, CVT – first responder
4. Amy Jones, RN; *RN 3213382*-second RCIS/RN responder

*All above are owners or employees of Cardiology Associates of Gainesville.

F) List witnesses, including license numbers if licensed, and locating information if not listed above.

1. Marianne Thompson, RCIS
2. Joanna Reynolds, CVT

Section IV - ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent causes) of this incident:

Bleeding and groin site complications are known risks of the procedure. After discussing the incident with those involved it could not determined whether or not the venous access contributed to the inability to maintain hemostasis.

B) Describe corrective or proactive action(s) taken:

- Although groin complications and bleeding are known risks to this procedure, due to the need for transfer and the venous sheath placement, this case was sent to physician peer review.

Section V

Brian Werbel MD
Signature of Physician/Licensee Submitting Report

ME 93739
License Number

12/5/08
Date Report Completed

1430 12/5/08
Time Report Completed

[redacted]

HEALTH

STATE OF FLORIDA
Charlie Crist, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

wrong implant ... medrec

I. OFFICE INFORMATION

Fort Lauderdale Eye Institute
Name of office

7800 W. Oakland Park Blvd.
Street Address

Sunrise — 33351 — Broward
City — Zip Code — County

(954) 741-5555
Telephone

Stanley M. Rous, M.D.
Name of Physician or Licensee Reporting

ME 0024739
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Patient Identification Number

cataract right eye
Diagnosis

[redacted]

Age — Gender — Medicaid — Medicare

9/23/08
Date of Office Visit

cataract evaluation
Purpose of Office Visit

ICD-9 Code for description of Incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11/13/08
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other

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08 DEC 29 AM 10:09

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the Incident (narrative)
(use additional sheets as necessary for complete response)

At the Foundation for Advanced Eye Care, a state licensed ambulatory surgery center, I performed a phacoemulsification and intraocular lens implantation on this patient's right eye. The risk manager of the facility where the surgery occurred submitted a Code 15 report to AHCA pertaining to the incident. Since the incident occurred at the ambulatory surgery center and since the patient suffered no permanent injury, I am submitting this report in an abundance of caution as it may not be required by the Physician Office Reporting Statute located in Section 458.351, Florida Statutes.

At the time of this procedure at the Foundation for Advanced Eye Care located at 3737 North Pine Island Road, Sunrise, Florida, a proper time out was done before the procedure and the procedure was completely uncomplicated. The proper eye was identified and the predicted

implant which I determined as calculated from the certified ophthalmologic technician's testing was verified pre-operatively. During post-operative follow up with this patient it was noticed that [redacted] vision was less than expected and it was determined that [redacted] should have had an intraoperative lens with an axial length of 27.62 instead of 24.62 which the technician had put on the testing form. This myopic over correction was explained to the patient along with the options to correct the problem. On 12/14/08 the patient returned to the Foundation for Advanced Eye Care and a piggy back secondary implant was placed into the ciliary sulcus. After that procedure, the patient's uncorrected visual acuity in [redacted] right eye now matched the patient's uncorrected visual acuity in the left eye at 20/40 and the patient was pleased with the result.

Continuation of Page 1

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
66984		

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** If it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☐ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred: _____	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Karen Workman: Certified Ophthalmologic Technician at Fort Lauderdale Eye Institute.

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Myopic over correction as a result of input error by experienced certified ophthalmologic technician.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Counseling and reinforcement of importance of technician's inputting calculations correctly and as a response to this incident I am double checking calculations.

V.

Emily M. Rowe, MD — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME0024739 — LICENSE NUMBER

12/24/08 — DATE REPORT COMPLETED

1:45 PM — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#222 fatal / death medical

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Name of office: Cardiology Consultants

Street Address: 1717 North "E" Street Suite 331

City: Pensacola Zip Code: 32501 County: Escambia

Telephone: 850-444-1717

Name of Physician or Licensee Reporting: Nancy A Biddlecomer - Clinical Director

License Number & office registration number, if applicable: NA

Patient's address for Physician or Licensee Reporting: NA

II PATIENT INFORMATION

[redacted]

Patient Identification Number

Age Gender Medicaid Medicare

Date of Office Visit: 12-18-2008

Purpose of Office Visit: Left Heart Cath & Coronary Angiography

Diagnosis: CAD, Peripheral Vascular Disease, Hypertension, Hyperlipidemia, Type II Diabetes Mellitus

ICD-9 Code for description of incident

Level of Surgery (II) or (III): N/A

III. INCIDENT INFORMATION

Incident Date and Time: 12-18-2008 12:36 pm

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☑ Other Outpatient Cardiac Cath Lab.

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No NA
Was an autopsy performed? ☐ Yes ☐ No NA

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

See Attached Narrative

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Form # DH-MQA1030- created 2-00; revised 3-24-03

B) ICD-9-CM Codes

93510 - Left Heart Cath	435.9 TIA	NONE
Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☑ Any condition that required the transfer outcome of the patient to a licensed hospital

Outcome of transfer – e.g., death, brain damage, observation only: Observation Only
Name of facility to which patient was transferred: Baptist Hospital

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** if it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function;
- ☐ Any condition that required the transfer outcome of the patient

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Safwan Jaalouk, MD, FACC ME 71797, Cathing Physician, 1717 N. E Street Ste 331 Pensacola
Patty Lynch, RT R-CBT # 33488, Radiology Tech/Scrub, 1717 N. E Street Ste 331 Pensacola
Sylvia Wells, RN Lic # 1210952, Circulating Nurse, " " " " " "
Jennifer Maltese, RN Lic. # 3151692, Recording Nurse " " " " " "

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Linda Kuhnell, RN lic. # 9176749, Pre-Op/Recovery Nurse, SAME Location As Above
Sheena Williamson, Medical Assistant, Same Location As Above.

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

See Attached Narrative

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

See Attached Narrative

V.

Nanadga A. Riddlehoover	73774-2
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
2-28-07	4PM.
DATE REPORT COMPLETED	TIME REPORT COMPLETED

[redacted]

Incident Date: 12-18-2008

Description of circumstances of the incident:

Patient underwent cardiac catheterization due to positive stress test, done for preoperative clearance for knee surgery. Post-catheterization, the patient had mental status changes including difficulty with word finding and confusion. These symptoms were similar to prior TIA that [redacted] had had prior to [redacted] carotid endarterectomy.

Analysis and Corrective Actions:

A. Analysis (apparent cause) of this incident:

Past medical history: CAD with 5 vessel CABG complicated by cerebrovascular accident with aphagisa and right hemiparesis that resolved, Peripheral Vascular disease S/P Carotid Endarterectomy, Hypertension, Hyperlipidemia, Type II Diabetes Mellitus.

B. Description of corrective or proactive action(s) taken:

Admitted to the Hospital for Observation and Neurological consult requested. CT scan of brain showing focal areas of calcification involving the left upper intracranial artery at the level of the skull base with approximately 50% Stenosis. It was felt that no hemodynamically significant stenosis was seen in the proximal portions of the internal carotid arteries. Symptoms resolved shortly after admission. Patient cleared for knee surgery. Discharged 12-19-08 with follow-up orders to: Continue medical treatment for CAD and Peripheral Vascular Occlusive disease, Office Visit with Cardiologist 2 weeks, Office Visit with Neurologist 2 weeks.

[redacted]

STATE OF FLORIDA

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CONSUMER SERVICES UNIT
2008 DEC 10 AM 9:30

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Sprache

I. OFFICE INFORMATION

Oncology & Hematology Assoc. of West Broward — 7431 North University Dr. Ste 110
Name of office — Street Address

Tamarac — 33321 — Broward
City — Zip Code — County

954-726-0035
Telephone

Sunil Sawhney
Name of Physician or Licensee Reporting

ME 0072890
License Number

As Above
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age — Gender — Medicaid — Medicare

Anemia
Diagnosis

12/4/08
Date of Office Visit

F/u w/ MD
Purpose of Office Visit

285.9
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

12/4/08 1235
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other phlebotomy room

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No N/A
Was an autopsy performed? ☐ Yes ☐ No N/A

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Patient became light headed and non-responsive following blood draw. Did not arouse with ammonia inhalants. Initially unable to obtain B/P. Pt placed on floor, legs elevated, still unresponsive but breathing, color pale gray. 911 called, Dr. Sawhney informed. IV of NS started - ® hand. Blood glucose via Accuchek = 142. B/P when on floor & legs ↑ = 160/70, P = 72. Pt incontinent of urine, began to arouse when transport arrived. B/P prior to transfer = 150/70. Pt transported via stretcher / ambulance to UCH @ 1255

B) ICD-9-CM Codes

- 3645

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

N/A

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** If it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function; ☐ Any condition that required the transfer of the patient
☒ Any condition that required the transfer of the patient to a licensed hospital	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

[redacted]

F) List witnesses, including license numbers if licensed, and locating information if not listed above

Susan Rothenberg RN Silvana Cooper CMA Nancy Peluso RN
Jules Rollins RN Cheryl Dolin RN

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Surgical episode leading to LOC, incontinence. Will await ER records

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

none

V.

[signature] 12/5/08
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT DATE REPORT COMPLETED

ME0072590
LICENSE NUMBER

1350
TIME REPORT COMPLETED

[redacted]

National Pain Institute

951 BROKEN SOUND PARKWAY NW STE 225 BOCA RATON, FL 33487
TELEPHONE: 561-241-9300 FAX: 561-241-9339

FAX TRANSMITTAL SHEET

TO: [redacted]

FROM: JENNIFER LIEBERMAN
On behalf of JEFFREY A. ZIPPER, M.D.

COMPANY: DOH

DATE: 11/19/2008

FAX NUMBER: 1-850-488-0796

TOTAL NO. OF PAGES INCLUDING COVER:

NOTES/COMMENTS:

Dear [redacted],

Per my numerous conversations with [redacted], please find attached the Physician Office Adverse Incident Report filed by Dr. Jeffrey Zipper. A brief background of this case is as follows:

The patient received a morphine injection on October 14, 2008. Patient went home and later on in the evening went to the emergency room because of [redacted] reaction to the medication. The emergency room physician gave [redacted] narcon and [redacted] was sent home. As a result of the patient's response to the medication, Dr. Zipper had the compounded morphine drug analyzed and the test results indicated higher than normal potency levels. Dr. Zipper notified the pharmacy that compounded the medication and proceeded to inform the patient of the test results as well. The patient's [redacted] stated that the patient came home from the emergency room and subsequently lapsed into a coma. Upon hearing this new information, the physician completed the attached adverse incident report. All supporting documentation is attached as well. Kindly contact me with any questions you may have at 561-241-9300.

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[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#215

txller
death
cosmetic

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Vein Clinics of America
Name of office

915 Middle River Dr, Suite 305
Street Address

Fort Lauderdale 33304 Broward
City Zip Code County

954-566-4995
Telephone

David B Dunn, MD
Name of Physician or Licensee Reporting

ME 102728
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age 12/8/08 Gender Medicaid Medicare

Allergic reaction to Sotradecol
Diagnosis

12/8/08
Date of Office Visit

Ultrasound Guided Sclerotherapy
Purpose of Office Visit

708.0 Allergic urticaria
ICD-9 Code for description of incident

I only
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

12/8/08 at 3
Incident Date and Time

Location of Incident:
☐ Operating Room ☑ Recovery Room
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

See VCA patient incident report form

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08 DEC 15 AM 10:08

B) ICD-9-CM Codes

76942, IR: 36471, S1	Sotradecol	708.0
Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

ultrasound machine, needle injection

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☑ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only	
Name of facility to which patient was transferred:	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

David B Dunn, MD
Alex Goldman, MD

F) List witnesses, including license numbers if licensed, and locating information if not listed above

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Allergic reaction to intravenously injected Sotradecol

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

Epipen injection SC; Benadryl IM injection

V. David B Dunn, MD — **SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT**

ME102728 — **LICENSE NUMBER**

12/10/08 — **DATE REPORT COMPLETED**

3:30 PM EST — **TIME REPORT COMPLETED**

Attn: [redacted]

This form is NOT part of the patient's medical record!

VEIN CLINICS OF AMERICA

10/08

Patient/Visitor Incident Report Form

Confidential report of an incident causing harm or potential harm to a patient. This report is NOT part of the patient's medical record, nor should a reference to an "Incident Report Form" be made in medical record.

Please Check Pertinent Boxes: ☐Patient ☐Visitor

Event Severity Rating Scale

☐Sentinel ☐Severe ☐Moderate ☐Minimal ☐No Harm

INFORM
Name [redacted] **Char** [redacted]
Street [redacted]
City [redacted] **State** [redacted] **Zip** [redacted]
Phone [redacted]

Date of Event 12/8/08 **Time** 4:25 **A.M. / P.M.**
VCA Clinic Office: Ft. Lauderdale
Exact Location Of Incident: Inexam RM #4

NAMES OF OTHERS PRESENT: Ivy Stella, David Dunn, Illiana Portello, Alex Goldman

Attending VCA Physician David Dunn

DESCRIPTION OF INCIDENT
(Continue on back if necessary)

Pt developed an allergic reaction following treatment → see Procedure Note
Pt was given 0.2 cc per NC, Benadryl 50mg IM followed by Epipen @ 1640. 911 called. Pt's [redacted] notified 911 arrived at 16:50

Event Type

Mark ☒ all that apply:

- ☒Anaphylaxis
- ☐Cardiac or respiratory arrest
- ☒Adverse drug reaction
- ☐Medication error
- ☐Breach in infection control
- ☐Cellulitis
- ☐Chest pain
- ☐Cough – sudden / bloody sputum
- ☐Cutaneous Necrosis
- ☐Dizziness
- ☐Eye splash
- ☒Faint or lightheadedness
  - O US map O bilateral O n/a
- ☐Fall with injury
- ☐Fall without injury
- ☐Hospitalized (report all instances)
  - O EMS O ED O Inpatient
- ☐Migraine / headache
- ☐Nausea/vomiting
- ☐Needle puncture
- ☐Paresthesia > 3 months after tx
- ☐Numbness or Tingling – after Endovenous Laser Treatment
- ☐Persistent swelling
- ☐Seizure
- ☐Shortness of breath
- ☐Thermal injury from ELT
- ☐Thrombophlebitis–hyperinflamed
- ☐Thrombus:
  - O Deep vein thrombosis – DVT
  - O Pulmonary embolus – PE
- ☐Visual disturbance
- ☐Wrong site procedure
- ☐Wrong patient procedure
- ☐*Other:*

If a medication could be a contributing factor, please provide the following:

SOTRADECOL:
- ☒Date of Last Dose: 12/8/08
- ☒Concentration(s): 1%
- ☒Amount: 5.5 cc
- ☒Foam ☐Liquid

OTHER DRUG?
Name:
- O Date of Last Dose:
- O Concentration(s):

If device problem:
- ☐**Device:**
  - O Breakdown
  - O Other:
  - O Model#

☐**Laser Device**
- O Fiber break
- O Device defective
- O Fiber defective
- O Device Model #
- O Fiber Model #
- O Fiber Lot #
- O User error

Results: O n/a
- O Eye injury potential
- O Burn to skin
- O Fire → 911

Interruption of Normal Operations:
- ☐Flood
- ☐Fire or fire drill
- ☐Power outage
- ☐*Other:*

Property:
- ☐Lost
- ☐Stolen
- ☐Damaged
- ☐*Other:*

Event Results

- ☐Abandoning treatment
- ☐Patient / Visitor hospitalized
- ☐Patient noncompliance
- ☐Written / Verbal complaint
- ☐Patient refuses to pay
- ☐Refund request
- ☐Medical record request – lawsuit / threat
- ☐PSP inconsistency
- ☐*Other:*

Signature(s):
1) _____ Title: MA Date 12/8/08
2) David B Dunn M.D. Date 12/8/08

Forward this form to: ☐VP Operations ☐Director of Quality
If this is a Sentinel or Severe Event also send report to:
☐National Medical Director ☐Designated Medical Director

CONFIDENTIAL: for Quality Improvement Purposes

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
2008 DEC 23 AM 10:10

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

8 pmedic

SUBMIT FORM TO:
Agency for Health Care Administration,
Consumer Services Unit, Post Office Box 14000
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

Southeastern Urological Center
Name of office

2000 Centre Pointe Blvd
Street Address

Tallahassee 32308 Leon
City Zip Code County

850-309-0400
Telephone

J. Daniel Rackley MD
Name of Physician or Licensee Reporting

ME0095219
License Number & office registration number, if applicable

Same as above
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age 12-16-88 Gender Medicaid Medicare

Incontinence
Diagnosis

Date of Office Visit

Suprapubic catheter change
Purpose of Office Visit

NA
ICD-9 Code for description of Incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

12-16-08 @ 11:10 Am
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other physicians office

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the Incident (narrative)
(use additional sheets as necessary for complete response)

Patient arrived for suprapubic catheter change. Vital signs taken and B/P 161/38 noted. Physician notified and he spoke with the family about taking the patient to be evaluated in the ER. Glucose level taken = 392. Catheter was changed and upon assisting patient into a sitting position, [redacted] became lethargic, non-communicative and extremely diaphoretic. Physician and director notified 911 transfer dispatched. Pt stable with blood pressure 98/60's pulse 68. Patient is responsive to verbal command when attended. SaO_2 94 and Oxygen via mask initiated at 8 liters. Transfer to ambulance team completed and patient transferred to TMH where [redacted] was admitted for further care.

Form # DH-MQA1030- created 2-00; revised 9-6-01

B) ICD-9-CM Codes

N/A	N/A	N/A
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

None

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** if it resulted in
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function; ☐ Any condition that required the transfer outcome of the patient
☒ Any condition that required the transfer outcome of the patient to a licensed hospital	
Outcome of transfer – e.g., death, brain damage, observation only Admission Name of facility to which patient was transferred TMH	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Daniell Rackley MD ME0895219 Supervising physician
Shirley Green RN - PN5171134 Nurse providing care
Jennifer Reed RN RN915912 Assisting with care and supervising transfer

F) List witnesses, including license numbers if licensed, and locating information if not listed above

No others

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

Unknown cause at time of incident. Transfer for further assessment and care of non urologic condition

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

None necessary. Transfer appropriate for continued care of a non urologic condition

V. Jennifer Reed RN, CRN — RN 915912
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

19-08 — 14:10 pm
DATE REPORT COMPLETED — TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00; revised 9-6-01

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Ø provider

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Space Coast Medical Associates
Name of office

490 N. Washington Ave.
Street Address

Titusville, FL 32796 Brevard
City Zip Code County

321-268-4200
Telephone

Page Chinn, RN
Name of Physician or Licensee Reporting

RN9248257
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

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CONSUMER SERVICES UNIT

II. PATIENT INFORMATION

[redacted]
Diagnosis

Hepatitis C, Cirrhosis

[redacted]
Age 12-17-08 Gender Medicaid Medicare
Date of Office Visit
Hydration fluids
Purpose of Office Visit
276.51
ICD-9 Code for description of Incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

12-17-08
Incident Date and Time

Location of Incident: Infusion room
☐ Operating Rm ☐ Recovery Rm
☐ Other

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Patient came to office requesting IV fluids. [redacted] was running a temp. of 102°. [redacted] c/o leg cramps, confusion, nausea and chills x 4 days. Pt. was extremely weak. Dr. Zimm notified. He advised pt. to go to ER. Patient was unable to drive due to uncontrolable shaking and confusion so 911 was called.

Form # DH-MQA1030- created 2-00; revised 3-24-03

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting Injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure
☐ Surgical procedure performed on the wrong patient	** If it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	☐ Death ☐ Brain Damage ☐ Spinal Damage
☑ Any condition that required the transfer outcome of the patient to a licensed hospital	☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function; ☐ Any condition that required the transfer outcome of the patient
Outcome of transfer – e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred PMC	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

Melissa Page Chinn RN9248257
Danielle Brewer RN1603542

F) List witnesses, including license numbers if licensed, and locating information if not listed above

AS ABOVE

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (assessment course) of this incident (Use additional sheets as necessary for complete response)

MD Consulted. He was unable to see pt. Patient had multiple symptoms that suggested possible Sepsis. Pt. was unable to drive [redacted] So 911 was called.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

911 Called

V. Melissa Page Chinn, RN — RN9248257
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

12-17-08 — 4:30pm
DATE REPORT COMPLETED — TIME REPORT COMPLETED

Form # DH-MQA1030- created 2-00; revised 3-24-03

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

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PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Agency for Health Care Administration,
Consumer Services Unit, Post Office Box 14000,
Tallahassee, Florida 32317-4000

I. OFFICE INFORMATION

Southeastern Urological Center
Name of office

2000 Centre Pointe Blvd
Street Address

Tallahassee 32308 Leon
City Zip Code County

850-309-0400
Telephone

Joseph L Camps MD
Name of Physician or Licensee Reporting

ME
License Number & office registration number, if applicable

Same as above
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age 12-19-08 Gender Medicaid Medicare
Date of Office Visit

Prostate Cancer; UTI
Diagnosis

follow up on UTI - prostate cancer
Purpose of Office Visit

NA
ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

12-19-08 @ 1 00 pm
Incident Date and Time

Location of incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other physician's office

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the Incident (narrative)
(use additional sheets as necessary for complete response)

Patient presented with [redacted] for appointment for follow up of urinary tract infection. While at the front desk patient's [redacted] asked for assistance as [redacted] (patient) was experiencing signs of a stroke including non responsiveness, unilateral weakness. Patient was assisted to a seat. Assessed by Dr. Camps and determined to transport to TMH for further assessment and care of a non urologic condition that was urgent.

Form # DH-MQA1030- created 2-00; revised 9-6-01