[redacted]

RECEIVED
CONSUMER SERVICES UNIT
FLORIDA DEPARTMENT OF HEALTH
2010 FEB 16 AM 8:34

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

220

txfw
death
medrec

I. OFFICE INFORMATION

Univ. of Miami / Reproductive Health Assoc 1321 NW 14th St.
Name of office — Street Address

Miami 33136
City — Zip Code — County

(305) 243-2984
Telephone

Christopher M. Estes
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

Age 1/22/09 Gender Q Medicaid Medicare

Date of Office Visit

635.12
Diagnosis

Termination of Pregnancy
Purpose of Office Visit

635.92
ICD-9 Code for description of incident

11
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1/22/09
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
X Other Clinic 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 presented on 1/20/09 requesting termination of pregnancy for twin gestation at 20 weeks. Laminaria were placed on 1/20 and 1/21. The D and E was performed on 1/22/09. During the procedure, a hemorrhage of 1000 cc occurred due to uterine atony and difficult extraction of the 2nd twin. Vitals remained stable throughout. On recovery, the patient had fatigue, dizziness and experienced syncope on standing, witnessed by staff. The patient was then

III. A) Narrative, cont'd.

transferred by staff to the Emergency Room of the University of Miami Hospital. She was evaluated there and was seen to have fully regained consciousness and had no neurological deficits or evidence of significant trauma. Bloodwork revealed significant anemia and she was admitted for blood transfusion. She received 2 units of packed red blood cells and was discharged home on hospital day 2 in good condition. The hospital course was without event.

B) ICD-9-CM Codes

59891-22	635.12	780.2, 285.1
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 ☐ 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: Admission, Transfusion	
Name of facility to which patient was transferred: Univ. of Miami 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.

Christopher M. Estes, MD - Surgeon (ME99617)
Mary Donovan RN - nurse
Lina Similiay Medical assistant

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)

Hemorrhage, bleeding to drowning

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

Employee physicals reviewed with staff, case submitted to risk management

---

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
2/3/09	12
DATE REPORT COMPLETED	**TIME REPORT COMPLETED**

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
2009 JAN -9 AM 9:58

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Opinedure

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

I. OFFICE INFORMATION

Pasco Imaging
Name of office

7615 Jacque Rd
Street Address

Hudson | FL 34667 | Pasco
City | Zip Code | County

727-697-0100
Telephone

James M. Esser M.D.
Name of Physician or Licensee Reporting

ME57602
License Number & office registration number, if applicable

7615 Jacque Rd
Patient's address for Physician or Licensee R

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

2009

[redacted]
Medicaid Medicare

malise & fatigue
Diagnosis

ncident

III. INCIDENT INFORMATION

1/2/09 11:30 a.m.
Incident Date and Time

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

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 MRI of brain c/o weakness & dizziness - Patient had history of lung CA - After completion of MRI - Technologist brought scan to attention of radiologist - findings suspicious for metastatic neoplastic disease - Patients ordering physician, Dr. Hemant Shah, notified and patient was transported to Bayonet Point Hospital by EMS for further evaluation.

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

B) ICD-9-CM Codes

MRI Brain (CPT) 70553 - (ICD) 480.79

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: Bayonet Pt. 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.

Tihamer Raczek #28297 - MRI tech
James Esser, MD - #ME57602 - Radiologist
Rauda Mast - receptionist - called EMS

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)

Metastatic CA

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

N/A

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER: ME57602

DATE REPORT COMPLETED: 11/7/9 — TIME REPORT COMPLETED: 10:00 AM

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

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor
CONSUMER SERVICES UNIT

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Sprcale

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 32955 Brevard
City Zip Code County

321 453-1361
Telephone

DR. R. Duff Sprawls
Name of Physician or Licensee Reporting

ME 0054026
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

metastatic Colon cancer
Diagnosis

[redacted]
Age Gender Medicaid Medicare

1/7/09
Date of Office Visit

Office visit w/MD and Chemotherapy
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1/7/09 2:30pm
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other MD office, Chemotherapy suite

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)

2:25pm (1/7/09) Pt receiving Chemotherapy (Eloxatin). C/o severe (knife-like) pain to lower abdomen and back. Eloxatin infusion stopped. NS to KVO. MD notified. Dr Sprawls present. SOB noted from bronchial spasm. O2 sat 96-98%. Denies chest pain. Skin warm/dry. Orders received. Benadryl 25mg @ 2:30. Decadron 12mg IVP over 5mn. V/S 186/105 HR 105. Ativan 0.5mg IVP @ 2:40pm & Roxanol 20mg PO given by [redacted] per MD order (pts own med) for pain. Pain persisting but easing up during ambulation. 99% RA 160 BR. To OK. Returned to chair. Pain becoming intermittent but still present & stabbing to low back. Pt agreeable to go to ER for evaluation. 9/10 pain. 3:05p pt transferred to Wuesthoff hospital for evaluation via ambulance accompanied by spouse.

Form # DH-MQA 1030- 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)
153.9 Colon Ca.	Chemotherapy J9263	

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: ER

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.

Marybeth Bessey RN 2061342
Elizabeth Rivera RN 919 8825
DA. Duff Sprawls ME0054026

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

Spouse

IV. ANALYSIS AND CORRECTIVE ACTION

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

Hypersensitivity Reaction to Eloxatin

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

Discontinue Eloxatin

V. X [signature] 54026

SIGNATURE OF PHYSICIAN LICENSEE SUBMITTING REPORT — LICENSE NUMBER

1/8/09 — DATE REPORT COMPLETED

2:15 pm 1/8/09 — TIME REPORT COMPLETED

Form # DR-MQA1030- created 2-99; revised 3-24-03

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
09 JAN 13 AM 7:46

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

Provide

I. OFFICE INFORMATION

Hematology

ONCology ~~HEM~~ CONSULTANTS
Name of office

2111 W. Swann Ave
Street Address

Tampa 33606 Hillsborough
City Zip Code County

813-254-7227
Telephone

DR HAFeez CHATOOR
Name of Physician or Licensee Reporting

0060783
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Lung CANCER
Diagnosis

[redacted]
Age Gender Medicaid Medicare

1/5/09
Date of Office Visit

Chemotherapy
Purpose of Office Visit

162.9
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1/5/09 @ 1640
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)

PT received Taxol. 1/2 way through Carboplatin pt c/o "unable to breathe". O2 sat 84% RA. O2 @ 6LNC applied & sat 78% 911 Called. immediately BP 162/90's HR 134/min. Lungs Clear. Solumedrol 60mg IVP given

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: observation only

Name of facility to which patient was transferred: Memorial Hospital Tampa, 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 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.

Paula Meisch, RN License # 2139152
Diane Tamasovich, ARNP FL 3150272
Ellen Smiley, RN
Hafeez Chatoor, MD

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

[redacted] – dtr'sp – stated "[redacted] friend was having trouble breathing"

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pt diabetic, unable to discern problem
Lungs ↓ wheezing

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

Called 911
Solumedrol in case of allergic reaction (allergic to Benadryl)

V. Ofer Chut — 0960783
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

1/5/09 — 1720
DATE REPORT COMPLETED — TIME REPORT COMPLETED

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

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
09 JAN 14 AM 10:22

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

Byron Blasko ARNP
Name of Physician or Licensee Reporting

155 4842
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 1-8-09 Gender Medicaid Medicare

Bladder cancer, COPD, smoker
Diagnosis

Date of Office Visit

follow up for hematuria
Purpose of Office Visit

NA
ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1-8-09 @ 1400
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 presents to office for assessment of hematuria with diagnosed bladder cancer and recent cystoscopy for biopsy of same. Patient complains of mid sternal pain & SOB with low blood pressure and is diaphoretic today. Decision made to transfer to hospital ER for further assessment of non urologic symptoms and follow up care.

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)
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 Blasko ARNP 1554842 - treating provider
Mary Ford RN - RN 2020262 - nurse assisting in care and transfer

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 arrived with symptoms noted on assessment and decision to transport made to address possibility of myocardial infarct.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Transfer was appropriate to assess non urologic symptoms

V. Jane Brasch RN 915912 RN 915912
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

1-9-09 1800
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

#217 refer 2 death 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

600 N. Cattlemen Rd, Ste 100, Sarasota FL, 34232
Street Address

Sarasota 34232 Sarasota
City Zip Code County

941-378-3331
Telephone

Dr. Samson
Name of Physician or Licensee Reporting

538 ME49137
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

renal stenosis
Diagnosis

[redacted]
Age Gender Medicaid Medicare

1/06/09
Date of Office Visit

renal stenosis
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1-6-09
Incident Date and Time

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

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2009 JAN 15 PM 1:55

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 developed bradycardia, hypotension, (L) flank pain s/p (L) renal artery stent/PTA in PACU. Treated with IVF's, Atropine. Stat CT and stat repeat renal angio & coil embolization. Pt stable, transferred to Doctor's hospital for observation

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

III. INCIDENT INFORMATION

A)

On January 8, 2009 in the morning, my patient, [redacted] underwent a short minor surgical procedure under local anesthesia with sedation without complication at University Eye Surgery Center (13051 University Drive, Fort Myers, FL 33907) for removal of an eyelid lesion of the right upper eyelid. In the same afternoon, [redacted] called my office to say that [redacted] vision had been affected, although [redacted] had no pain or discomfort. [redacted] was asked to come to my office where I was seeing patients. [redacted] was seen first by my technicians to get preliminary information who recognized that a protective contact lens, apparently placed on the surface of the eye by an employee of the ambulatory surgery center before surgery as additional protection during surgery, had not been removed prior to discharge, obstructing [redacted] vision. A technician, Michael Fleishman, informed [redacted] of the condition and removed the contact lens routinely. The patient's vision was then satisfactory. [redacted] left the office satisfied without waiting to see me. Mike notified me of the situation and my staff also notified the ambulatory surgery center. [redacted] returned to my office the next day for [redacted] previously scheduled appointment with Dr. Jay Rosen, noting only a little eyelid swelling and soreness related to the lesion excision but no visual complaints and there were no sequelae or effects from the contact lens. [redacted] was not charged for these office visits.

I met [redacted] to review [redacted] pathology report, examined [redacted] and apologized to [redacted] for the incident [redacted] is entirely satisfied with [redacted] care. I also participated in a root-cause analysis with the surgery center staff and policies and procedures at the ambulatory surgery center were modified as a result.

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 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.

Janice DeVaughn RN RN1193592 PACU caregiver
DeYard ME 68224 anesthesia, emergency assist
AnnMarie Lewis CRNA ARNP 9230461

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 49137
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

1-6-09
DATE REPORT COMPLETED TIME REPORT COMPLETED

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

STATE OF FLORIDA
Jeb Bush, Governor

[redacted]

CONSUMER SERVICES UNIT RECEIVED
2009 JAN 26 PM 2:57

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

& procedure

I. OFFICE INFORMATION

Sarasota Interventional Radiology
Name of office

6000 N Cattlemen Rd, Sarasota, FL.
Street Address

Sarasota 34232 Sarasota
City Zip Code County

941-378-3331
Telephone

Dr. E. Calderon
Name of Physician or Licensee Reporting

538
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Pa[redacted]

Pa[redacted]

Patient Identification Number

Diagnosis

[redacted]

Age Gender Medicaid Medicare

Date of Office Visit 1/14/09

Purpose of Office Visit left heart cath scheduled

ICD-9 Code for description of incident

Level of Surgery (II) or (III) III

III. INCIDENT INFORMATION

1/14/09
Incident Date and Time

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

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. admitted for elective left heart catheterization. In pre-op when V.S. checked, pt. found to have uncontrolled hypertension, rapid atrial fibrillation with chest discomfort. Pt. transferred by EMS to hospital. Procedure cancelled after monitoring cardiac status and treating [redacted] with medications in pre-op.

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)
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: pt. stabilized

Name of facility to which patient was transferred: Doctors 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.

Janice DeVaughn RN RN1193595 pre-op RN
Vicki Johnson CRNA 9325-12 monitored in pre-op
6000 Cattlemen Rd., Sarasota, FL.

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)

Pt. had history of atrial fib & HTN, chest pain and had prior recent hosp for same.

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

V.

ME 71684
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

1/15/09 — DATE REPORT COMPLETED

1/15/09 0100 — TIME REPORT COMPLETED

Form # DH-MQA 1030- created 2-00; revised 3-24-03

[redacted]

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLOR[redacted]
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

Eye Physicians and Surgeons of Florida
Name of office

12575 New Brittany Blvd
Street Address

Fort Myers | 33907 | Lee
City | Zip Code | County

239-936-[redacted]
Telephone

John Warner Arnold
Name of Physician or Licensee Reporting

41812
License Number & office registration number, if applicable

12575 New Brittany Boulevard
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age | Gender | Medicaid | Medicare

January 6, 2009
Date of Office Visit

Decreased vision
Purpose of Office Visit

369.9
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

January 6, 2009 3:45 PM
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☐ Other ambulatory surgery center

RECEIVED
2009 JAN 26 PM 2:57
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

See attached

B) ICD-9-CM Codes

216.1 Benign lesion	Routine removal of protective contact lens	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)

protective contact lens

D) Outcome of Incident (Please check) *See paragraph III. A)

- ☐ 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.

Employees of University Eye Surgery Center
Michael Fleishman, Ophthalmic Technician
John Warner Snead, M.D. (41612)

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

Carrena Macha, Ophthalmic Technician
Jay Rosen, O.D. (OB2740)

IV. ANALYSIS AND CORRECTIVE ACTION

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

Distraction of surgery center staff members in the post-op interval prior to discharge.

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

Policies and procedures of the ambulatory surgery center were modified.

V.

John W. Snead — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME41612 — LICENSE NUMBER

January 19, 2009 — DATE REPORT COMPLETED

10:45 PM — TIME REPORT COMPLETED

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#218 Taken @ death medical

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

I. OFFICE INFORMATION

Ambulatory Endoscopy Center of Central Florida
Name of office

515 West State Road 434 - Suite 105
Street Address

Longwood | 32750 | Seminole
City | Zip Code | County

407-260-6000
Telephone

Anthony J. Coppola, M.D.
Name of Physician or Licensee Reporting

ME0054590
License Number & office registration number, if applicable

515 West State Rd 434 Longwood, FL 32750
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age | Gender | Medicaid | Medicare

1-16-09
Date of Office Visit

Barretts Esophagus; Hiatal hernia
Diagnosis

Esophagogastroduodenoscopy
Purpose of Office Visit

ICD-9 Code for description of incident

III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

January 16, 2009
Incident Date and Time

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

Please see attached

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

B) ICD-9-CM Codes

530.85	E879	997.1
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
- ☐ 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 Orlando Regional Healthcare System South Seminole 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. Anthony Coppolo - Physician performing EED procedure. License # ME0054590
Dr. John Gernert - Anesthesiologist license # ME87839
Recovery Room nurse
Danny Chiriboga, CRNA; ARNP3175242; CRNA # 55199 Marsha Moser RN License # RN3122362
Susan Holt, LPN License # PNS157267 + Mildred Ortiz, LPN License # PNS157267 } Assisted in procedure room.
Elizabeth Root, LPN License # PNS173364 Admitting Nurse

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

See above.

IV. ANALYSIS AND CORRECTIVE ACTION

See attached notes

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)

Anthony J. Coppolo MD — ME0054590
SIGNATURE OF PHYSICIAN — LICENSE NUMBER

V.

John D. Gernert, MD — ME87839
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

1/23/09 — DATE REPORT COMPLETED
1/29/09 1520 — TIME REPORT COMPLETED

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

Progress Notes

Patient Name: [redacted]
Date: 1-16-2009
Physician: Dr. Geimert

Patient presented for EGD with Dr. Coppola. During procedure patient developed dysrhythmia and ST changes that lasted approx. 2 minutes in duration then converted back to NSR then once again 2-4 minutes later had a short run of a dysrhythmia. B/P remained stable NO ST changes noted at with later dysrrhythmia. Procedure ended patient Quickly emerged from anesthesia. [redacted] stated [redacted] felt no Chest pressure or discomfort, NO shortness of Breath, No feelings of doom, No pain in jaw or going down arm. [redacted] did say [redacted] had been having episodes of palpitations recently. Patient transferred to recovery area where EMS (911) was called For transfer to ER. I also called [redacted] primary physician Dr. Williams and notified him. I also called SS Hospital ER and gave report to Charge Nurse Laura.

EMS arrived and transferred patient with patient continuing to be in stable condition.

John O'Dell Gemeirt MK

[redacted]

STATE OF FLORI[redacted]
Charlie Crist, Governor

RECEIVED
CONSUMER SERVICES UNIT
2009 JAN 12 AM 10: 12

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

Epredle

I. OFFICE INFORMATION

GI Consultants
Name of office

805 E. Dixie Ave
Street Address

Leesburg 34748 Lake
City Zip Code County

352 326 3200
Telephone

Dr. Baskar
Name of Physician or Licensee Reporting

ME9345
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Patient Identification Number

Diagnosis

[redacted]

Age 1/28/09 Gender Medicaid Medicare
Date of Office Visit

Colonoscopy
Purpose of Office Visit

ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1/28/09 0920
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Pre-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)

Patient here for Colonoscopy. Placed on heart monitor and was seen to be in A-fib. EKG completed. Dr. Baskar and Dr. Burnsed aware of incident. Patient's procedure cancelled and was advised to see [redacted] Cardiologist.

pt is Asymptomatic

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)

None.

D) Outcome of incident (Please check) Pt Sent Home.

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage No Injury	☐ 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.

Dr. Baskar
Dr. Bunsed

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

A. Stallings RN
J. Mattes RN

IV. ANALYSIS AND CORRECTIVE ACTION

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

Patient forgot to take [redacted] medications for two days prior to procedure.

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

Patient advised to take medication as directed and to see [redacted] cardiologist.

D/W PMD - Dr. D. Eagle. Advise to f/u c PMD/ Cardiology/ colonoscopy. letter sent.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT | LICENSE NUMBER

11/26/09
DATE REPORT COMPLETED

1200
TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES U.
2009 MAR -5 AM 11:14

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#225 fxler ⊘death medic

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

600 N. Cattlemen Road #100
Street Address

Sarasota | 34232 | Sarasota
City | Zip Code | County

(941) 378-3231
Telephone

Dr. Gerald Grubbs
Name of Physician or Licensee Reporting

ME 63973 538
License Number & office registration number, if applicable

See II.
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age | Gender | Medicaid | Medicare

DOB [redacted]

2-19-09
Date of Office Visit

RFA Left lung
Purpose of Office Visit

Diagnosis Recurrent colorectal metastasis to Liver.

19977
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Feb. 19, 2009
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)

On 2/19/09 pt #[redacted] had CT-guided percutaneous radiofrequency ablation of a metastatic lesion in the left lower lung by Dr Grubbs. (Pt. has same procedure 2 weeks earlier without incident) Patient developed post-procedure pneumothorax. Chest tube was inserted per Dr. G Grubbs under CT guidance. Patient CT connected to wall suction to maintain lung inflation. Patient was brought to PACU and connected to water seal suction due to continued air leak. Transported via medical transport to hospital. Vital signs stable, pt. did require nasal canula @ 2-3 l/m to maintain SAO_2 > 94%. Remained alert and oriented throughout [redacted] post-op stay. Transport for overnight observation and follow up care at hospital per Dr. Grubbs.

Cindy J. Rispoch RN

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 Lakewood Ranch 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.
Dr. Grubbs ME63973; Dr. Yard ME68224; Chris Howes 39938 (CT Suite) Cindy Alspach RN, JAN DeVaughn RN 1193592 (PACU)

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)
Progression of (L) sided pneumothorax requiring (L) sided CT s/p RFA (L) lung.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Chest tube to water seal suction. Overnight observation @ LWRMC.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	ME63973

DATE REPORT COMPLETED	TIME REPORT COMPLETED
2-24-09	2pm

[redacted]

RECEIVED
FLORIDA DEPARTMENT OF HEALTH
CONSUMER SERVICES UNIT
2009 FEB -6 PM 1:08

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

226 faxed 2/6/09 cosmetic

I. OFFICE INFORMATION

The Miami Institute for Age Management 1441 Brickell Avenue, 3rd Floor Sky Lobby
Name of office — Street Address

Miami — City; 33131 — Zip Code; MIAMI-DADE — County; MIAMI, FL 33131 — Street Address; (305) 624-0009 — Telephone

ADAM RUBINSTEIN M.D & ROBERT SIMONS, MD. OSR # 501
Name of Physician or Licensee Reporting — License Number & office registration number, if applicable

1441 Brickell Avenue 3rd Floor Sky Lobby, MIAMI, FL 33131
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

UNACCEPTABLE COSMETIC APPEARANCE
Diagnosis

[redacted]
Age — Gender — Medicaid — Medicare

2/4/09
Date of Office Visit

COSMETIC SURGERY
Purpose of Office Visit

860.0
ICD-9 Code for description of incident

III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

2/4/09 - 1730
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. is a [redacted] year old [redacted] who had liposuction of [redacted] abdomen, hips and flanks, as well as rhinoplasty performed on 2/4/09. Pt. postoperatively was seen to have diminished breath sounds on the left side and decreased saturations during recovery. Based on this evaluation, the patient was transferred to Mount Sinai emergency room where [redacted] was examined and chest x-ray was performed. Chest x-ray revealed a pneumothorax of the left chest. The patient had a chest tube placed which was removed prior to discharge. Pt. was discharged home after being hospitalized for three days, in stable condition.

B) ICD-9-CM Codes

21.87 ; 86.83	E879.9	512.8
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: ☐ 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 pt. discharged home. Name of facility to which patient was transferred: Mount Sinai 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.

ME 77538 - SURGEON - ADAM RUBINSTEIN, MD
ME 20035 - SURGEON - ROBERT SIMONS, MD.
ME 62015 - ANESTHESIOLOGIST - ROBERTO POLANCO, MD

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

RN 9246246 - MIRTA GONZALEZ
RN 1186771 - TANIA RAMIREZ

IV. ANALYSIS AND CORRECTIVE ACTION

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

SPONTANEOUS BLEB ISOLATED INCIDENT
MANAGED APPROPRIATELY

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

NONE REQUIRED.

V.

[signature]	[signature] 20035	77538
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT		LICENSE NUMBER
10/31/08	14:30	
DATE REPORT COMPLETED	TIME REPORT COMPLETED	

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

RECEIVED
CONSUMER SERVICES UNIT
2009 MAR 10 AM 10:04

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

& procedure.

I. OFFICE INFORMATION

Space Coast Cancer Centers
Name of office

490 N. Washington Ave
Street Address

Titusville 32796 Brevard
City Zip Code County

(321) 268-4200
Telephone

Dr Germaine Blaine
Name of Physician or Licensee Reporting

ME0078051
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

cervical cancer
Diagnosis

[redacted]
Age 2/26/09 Gender Medicaid Medicare
Date of Office Visit

radiation/chemotherapy
Purpose of Office Visit

V58.11
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1700 2/26/09
Incident Date and Time

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

Pt in chemo suite for chemotherapy. Pt experiencing unresolved nausea & vomiting w/o relief & numerous medications. Dr Blaine wanted to direct admit pt. Pt had no transportation to Parrish Medical Center & was too sick to take a private vehicle to hospital. 911 was called for transport

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		

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 Admit, AMA discharge 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.
Danielle Brewer RN 1663542
Dr Germaine Blaine ME0078051

F) List witnesses, including license numbers if licensed, and locating information if not listed above
Page Chinn RN RN9248257

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
Pt w/ vomiting / fever - Transported to PMC for admission

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

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	ME0078057

DATE REPORT COMPLETED	TIME REPORT COMPLETED
2/27/09	11:30 2/27/09

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

RECEIVED
CONSUMER SERVICES UNIT
2009 FEB 20 AM 10:07

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

Opioids

I. OFFICE INFORMATION

Space Coast Cancer Center
Name of office

Street Address

490 N. Washington Ave.
City

Zip Code

County Brevard

321-268-4200
Telephone

Titusville, FL 32796
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Dr. Ashish Dalal
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Pa[redacted]

Pa[redacted]

Patient Identification Number SCMA#[redacted]

Diagnosis Breast Ca

Age [redacted] Gender [redacted] Medicaid Medicare

Date of Office Visit 2-13-2009

Purpose of Office Visit Chemotherapy

ICD-9 Code for description of incident V58.11

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11:30am 2/13/2009
Incident Date and Time

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

Approx 15 min into Taxol infusion pt began coughing and c/o shortness of breath. Infusion was stopped and Normal Saline drip started. BP 140/104 P140 with O2 Sat 91% RA O2 started at 2.5 Liter via nasal Cannula. Dr. Dalal notified and came to Infusion room to evaluate. Pt. continued to have SOB, difficulty speaking, and complained of feeling "weird". Per Dr. Dalal 911 was called. Emergency team arrived at approx. 11:45. Pt. was transported to PMC via ambulance.

B) ICD-9-CM Codes

V58.11

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. Page Chinn, RN RN9248257
Elizabeth Rivera, RN 498825

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)
Reaction to Taxol

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Pre-medication prior to Taxol on future tx.

V. Melissa Page Chinn RN9248257
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

2-13-09 1318
DATE REPORT COMPLETED TIME REPORT COMPLETED

[redacted]

RECEIVED
CONSUMER SERVICES UNIT
2009 FEB 23 AM 10:45

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#223 txflu v death vaeth

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

I. OFFICE INFORMATION

South Florida Center for Cosmetic Surgery / Bravard
Name of office

915 middle River Dr. #323
Street Address

Fort Lauderdale, FL 33304
City Zip Code County

954-565-7575
Telephone

[redacted]
Name of Physician or Licensee Reporting

OSK 491
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient

Patient

Patient Identification Number 3326

Diagnosis

[redacted]
Age Gender Medicaid Medicare

02.06.09 10:30 pm adl admission
Date of Office Visit

Oral surgery date 12.16.08,
Purpose of Office Visit revisional procedure

ICD-9 Code for description of incident on 01.28.09

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

02.06.09
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)

See attached format

Form # DH-MQA 1030- 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.

Wendell Perry . M.D. # ME 81098

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)

Postoperative adductor pain (Hematoma)

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

Hematoma evacuation, several days of observation in hospital setting. Patient discharged and evaluated 02.09.09 without complications.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
ME # 81098	

DATE REPORT COMPLETED	TIME REPORT COMPLETED
2-17-09	1400

Form # DH-HQA1030- created 2-00; revised 3-24-03

Sequence of Events:

[redacted] underwent uneventful Abdominoplasty with suction assisted lipectomy of the bilateral flanks and back on 12.16.08 with Wendel Perry, M.D.

[redacted] developed post operative abdominal plication separation which required a revisional procedure on 1.28.09.

[redacted] developed extensive abdominal pain several days after the plication repair. [redacted] was admitted on February 6, 2009 to Jackson North Hospital for several days for treatment/evacuation of an abdominal hematoma.

[redacted] was discharged from the hospital in stable condition and evaulated by Dr. Perry in our office on February 9, 2009.

[redacted] is scheduled for a follow-up appointment with Dr. Perry February 19, 2009.

To date [redacted] has recovered from the hematoma and [redacted] pain is controlled.

STATE OF FLORIDA

[redacted]

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

provide

I. OFFICE INFORMATION

Oncology & Hematology Associates of West Broward
Name of office

7431 North University Dr. Suite 110
Street Address

Tamarac 33321 Broward
City Zip Code County

954-726-0035
Telephone

Rohan Faria
Name of Physician or Licensee Reporting

ME73674
License Number

As Above
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Chart # 41918
Patient Identification Number

Lymphoma
Diagnosis

[redacted]

Age 02/17/09 Gender Medicaid Medicare
Date of Office Visit

F/u OV c MD
Purpose of Office Visit

200.75
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

02/17/09 1035
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other phlebotomy DRAWING STATION

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FEB 23 PM 2:56
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)

During routine phlebotomy draw pt became lightheaded and dizzy. Did not lose consciousness but was slow to respond to verbal and tactile stimuli. IV started @ FA, NS allowed to run. B/P 60/40, patient moved to floor, feet elevated. 911 called to transport patient to UCH - ER. Transport occurred @ 1050.

Form # DH-MQA1030- created 2-00

B) ICD-9-CM Codes

36415 venipuncture

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)
36415 venipuncture		

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
- [x] Any condition that required the transfer of the patient to a licensed 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

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they [redacted]

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

Sironia Cooper CMA — Sylvia Ourao RN

Nancy Peluso RN RN952582 — 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 vasovagal, r/o cardiac etiology. Will await records from ER.

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

none

V.

P Faria — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 73674 — LICENSE NUMBER

02/17/09 — DATE REPORT COMPLETED

1145 — TIME REPORT COMPLETED

fax 1-850-414-0864

STATE OF FLORIDA
Jeb Bush, Governor

[redacted]

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Oral 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 Ave. #445
Street Address

Hollywood 33021 Broward
City Zip Code County

954-961-7771
Telephone

Mark Lamet MD
Name of Physician or Licensee Reporting

ME0031518 Reg 193
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

0000015019
Diagnosis

[redacted]

Age 2/18/09 Gender Medicaid Medicare
Date of Office Visit

Sigmoidescopy
Purpose of Office Visit

560.89
ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

2/18/09 10:54 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
Was an autopsy performed? ☐ Yes ☒ No

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09 FEB 25 AM 7:39

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

Pt is s/p Colonic Resection of Sigmoid lesion in Jan of 2009. Presented w/ abd pain, diarrhea thickening of Rectal Wall on CT Scan. Flex Sig revealed anastamotic Stricture w/ Ulceration above Stricture - Pt sent to Surgeon after procedure completed. The Surgeon admitted [redacted] to Memorial Pembroke for further therapy

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

B) ICD-9-CM Codes

45331	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 037518

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)

N/A

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

N/A

V. _____ 037518

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

2/19/09 — DATE REPORT COMPLETED

4 PM — TIME REPORT COMPLETED

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

[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

tpmedve.

I. OFFICE INFORMATION

Saviour Medical Center
Name of office

1601 West Bay Dr
Street Address

Largo 33770 Pinellas
City Zip Code County

727. 674. 9990
Telephone

Rosha. J Counce ARNP
Name of Physician or Licensee Reporting

AR0r 2916742
License Number & office registration number, if applicable

1601 W. Bay Dr
Patient's address for Physician or Licensee Reporting

RECEI
2009 FEB 25
CONSUMER SER

II. PATIENT INFORMATION

[redacted]
Patient's Address

[redacted]
Age Gender Medicaid/ Medicare

Patient Identification Number

2/6/09
Date of Office Visit

IV fluids / Zomata
Purpose of Office Visit

Multiple hygiene, vision
Diagnosis

276.7
ICD-9 Code for description of incident

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

UNIT

III. INCIDENT INFORMATION

2/6/09 2:30 pm
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Treatment 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 here for IV fluids + Zomata. Son brought patient - Says [redacted] had only fruit for breakfast. Patient received 500 cc of NS over 2 hr. sleep. Nursing staff brought patient quarter pound cheeseburger about 12:30 pm which [redacted] ate. About 1 hr later, patient complaining of not feeling well - unable to specify what was wrong. PT speaks mostly Greek. Patient became increasingly restless - physician notified to said patient was like this in hospital recently. Patient is [redacted] arrived after being called back by nursing staff - upon arrival, pt unable to speak, [redacted] said patient was like this the day before. Physician arrived. 911 called and arrived. PT's BS. argon 26. Given IV glucose 50%. Transferred to hospital - admitted

276.51 275.42

B) ICD-9-CM Codes

J7040 / 96418	270.7	270.7
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 Adm. Tech Name of facility to which patient was transferred: Cargo 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.

Nancy Ward RN 832512 } monitoring
Becca Laurino RN 2736842 } patient through
Barbara Counce ARNP 2916742 } out treatment.
Dr Sung Ryoo me72379 – phys. in charge, assessment

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

[redacted] Son [redacted]

IV. ANALYSIS AND CORRECTIVE ACTION

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

Patient living with [redacted] – [redacted] & patient just died - [redacted] working – patient recently diagnosed & multiple myeloma [redacted] unable to manage [redacted] [redacted] eating poorly, failure to thrive

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

Reinforce care / diet & diabetic patient & [redacted] & need to have adequate food for prolonged treatment.

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

2/20/09 — 10 AM
DATE REPORT COMPLETED — **TIME REPORT COMPLETED**

IV

A) [redacted] was instructed the day before to bring food with [redacted] for patient to eat as we have no food here. [redacted] did not bring food

[redacted]

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

RECEIVED
CONSUMER SERVICES UNIT
2009 FEB 25 PM 2:37

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

#procedure

I. OFFICE INFORMATION

CJ Comprehensive Pain Management of South Florida — Name of office
357 NW 42 Ave #404 — Street Address
Miami — City
33126 — Zip Code
Miami-DADE — County
305-649-3171 — Telephone
Pablo William Conception, MD — Name of Physician or Licensee Reporting
ME 89278 OSR# 168 — License Number & office registration number, if applicable
351 NW 42 Ave #404, Miami, FL 33126 — Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient
[redacted] — Patient
Patient Identification Number
Age
Gender
Medicaid
Medicare
02-13-2009 — Date of Office Visit
PAIN MANAGEMENT; SI Joint Block — Purpose of Office Visit
Chronic low back Pain; Lumbar radiculopathy — Diagnosis
~~Dx~~ Left piriformis syndrome
995.0 Allergic Shock — ICD-9 Code for description of incident
Level II — Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

02-13-2009 10:30Am — 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 Attached Form

B) ICD-9-CM Codes

27096; 20610; 20552	995.0	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)

MONITORING DEVICES; Pulse Oximeter, EKG, Blood pressure & End Tidal CO_2

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 of the patient to a 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 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.

(1) Pablo W. Concepcion, MD ME 89278

(2) Jose Conrado Pineda #9245916

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)

The apparent cause of this incident was an allergic reaction to propofol. It was advised to inform [redacted] physicians of this allergic reaction.

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

On 2/17/2009, a staff meeting was conducted to review the steps taken and it was agreed that the team acted accordingly to medical guidelines. No proactive action was taken.

V. ///

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER: ME89278

DATE REPORT COMPLETED: 05/19/2009 — TIME REPORT COMPLETED: 5:00pm

C.J. COMPREHENSIVE PAIN MANAGEMENT OF SOUTH FLORIDA, P.A.
Pablo W. Concepcion, M.D., D.A.B.I.P.P., F.I.P.P.
Interventional Pain Management
Diplomate American Board of Anesthesiology
Subspecialty Board Certification in Pain Management
Certificate of Added Qualification in Pain Management
Diplomate of American Board of Interventional Pain Physician
Fellow of Interventional Pain Practice

351 N.W. 42nd Avenue Suite 404
Miami, Florida 33126

PHONE # (305) 649-3171
FAX# (305) 649-3173

February 13, 2009

Re: [redacted]

PRE-OPERATIVE DIAGNOSIS: Chronic low back pain.
Lumbar radiculopathy.
Spinal stenosis.
Lumbar facet arthropathy.
Left SI OA and pain.
Left piriformis syndrome.
Left greater trochanteric bursitis.
History of COPD/emphysema.
Dislipidemia.
Oxygen at home.

POST-OPERATIVE DIAGNOSIS: Same

PROCEDURE: X-rays of the left hip, SI arthrogram, piriformis injection, greater trochanteric injection.

ANESTHESIA: Local MAC

SITE: Left hip

COMPLICATIONS: None

TECHNIQUE: Sterile, fluoroscopically guided.

PRE-OPERATIVE PAIN SCORE: 8

POST-OPERATIVE PAIN SCORE: 2

MEDICAL NECESSITY: The patient shows inflammation in joint or bursa characterized at the presence of warmth, pain and or swelling. The patient is complaining of localized pain at the joint or over the site of a bursa. There is pain, swelling, warmth and/or redness at the joint site. Advanced age with comorbodity disease unable to use NSAIDS. The patient has failed conservative treatment, physical therapy, heat, cold. Failed Acetaminophen.

RISK AND BENEFIT DISCUSSION: The risks associated with the injection were discussed with the patient. The risks include but are not limited to possible bleeding, infection, nerve injury, swelling, rash, headache, allergy and death. The patient understood and agreed to proceed today. The patient also signed an informed consent standard form in the office.

PROCEDURE: The patient was taken to the procedure room at 10:30 A.M.. [redacted] cardiovascular status was monitored with blood pressure, pulse oximetry and pulse rate. The patient was in the prone position. [redacted] vital signs were blood pressure of 118/70, pulse of 82, respiratory rate of 16 to 18. By 10:38 A.M. we had finished inserting the IV. At 10:41 A.M. 60mgs of Toradol were given by me slowly. By 10:43 A.M. 10 mgs of Lasix were given IV push and the rest was injected into the IV bag, the reason is that the patient takes chronically Spirinolactone and [redacted] did not take it this morning. At 10:47 A.M. 2 cc's of Propofol(20mgs IV push) was given. Immediately the patient complained of a hot sensation and some itching around [redacted] face for which I inspected [redacted] face and there was no erythema. Immediately after I lifted up [redacted] blouse there was some erythema in the lower back that was rapidly spreading. We took [redacted] blood pressure and it had dropped to 88/60, heart rate of 110 and no sinus rhythm. At this time I proceeded to increase the oxygen from 3 litters to 5 litters. I gave [redacted] 25 mgs IV push of Benadryl, 8mgs of Decadron IV push and continued to monitor the patient. At 10:51 A.M. the patient was turned in the supine position. The head of the bed was raised slightly. This is the position [redacted] uses at home. We continued to have verbal contact with the patient and although [redacted] does not recall anything [redacted] was speaking to us and responding to our questions. [redacted] has some clear secretions in [redacted] mouth(saliva) which were suctioned slowly and just maybe 2 to 3 ccs of secretions came out. I have noticed some swelling of the lips. I listened to the supersternal notch. There was no stridor. I listened to the lungs and there was decreased aeration. The pressure continued to be monitored. At this time 100ccs of LR were given IV push for which the blood pressure immediately recuperated to 96/56. [redacted] heart rate came down to 110, no sinus rhythm. By this time it was already 10:55 A.M. I decided to call emergency services and I have spoken with

them myself. While they were on their way I explained some of the events that had happened while we continued to monitor the patient. Subsequently 1 cc of Epinephrine 1/10,000 was given. [redacted] blood pressure went to 110/60, heart rate came down to 107, respiratory rate of 19. The patient at all times continued to be speaking to us.

At 11:10 A.M. EMS arrived to the office as we continued to monitor the patient and to continue taking care of [redacted]. I have given a report to the EMS personnel. We have decided to transport the patient to Doctors Hospital where I have privileges and I have traveled in my car to the hospital to scort the patient.

Upon arrival the patient had a blood pressure of 88/66 palpable, while still in the EMS automobile; for which they had already started an IV, another 300ccs of fluid were given and [redacted] blood pressure raised to the high 90s over 60s palpable rate came down to 110. The patient was alert, awake and oriented with no problems.

Subsequently I proceeded to give a report to the E.R. Doctor, her name is Dr. Day who immediately took the patient to room # 3 where the monitor was placed. [redacted] vital signs were in the high 90s/56 for blood pressure. Heart rate as 107. Pulse oxymetry was 92, 93 at room air; with oxygen coming up to 96% There were no ST changes throughout all of this event.

Some lab work was done and was sent to the lab. Dr. Day specifically asked [redacted] who [redacted] was, where [redacted] was and who I was and [redacted] answered correctly all three questions.

At this time I called [redacted] son at 11:45 A.M. at ([redacted] and I could not speak with him. I left a message. Seven to eight minutes afterwards he called me back. I told him that his [redacted] had an allergic reaction in the office and was transferred to the Emergency Room at Doctors Hospital. I reported the status to him of his [redacted] He decided to come to the hospital. Direction on how to get there were given by me.

A little bit after 13:00 the labs came in. [redacted] ABG was within

normal limits for [redacted] COPD, [redacted] PH was normal, 7.35, Base was -5 and the bicar was a little low. The rest was within range. The H&H was stable. The NCK and CK and B were within normal limits as well. The electrolyte panel was also within normal limits.

At this time I have talked to the doctor, Dr. Day and she said that the patient continued to be well. She would send the patient home. I told her that I would feel more comfortable if the patient stayed and be watched over night. She asked me if I had any preference in who to call and I advised to call Dr. Rodriguez who I spoke with and he would be more then happy to see the patient.

By the time I left the hospital it was a little bit after 2:00 P.M. The son had arrived I had spoken with him, put him up to date with the events that have occurred. I communicated to him that I believed this was an allergic reaction to Propofol and I have written and given that on a card and that [redacted] has to be very careful when [redacted] goes to the doctor, especially if [redacted] is going to have any sort of anesthesia, to tell the doctors. Any medications that have Sulfides should be given with caution.

Pablo W. Concepcion, M.D.
PWC/ab
This report has been electronically signed.

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

Keith Goldstein MD
Name of Physician or Licensee Reporting

ME 94967
License Number

As Above
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

Pancreatic CA - possible path pending
Diagnosis

No office visit scheduled
Date of Office Visit

No office visit
Purpose of Office Visit

157.9
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

02/25/09 0925
Incident Date and Time

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

RECEIVED CONSUMER SERVICES UNIT 09 MAR -2 AM 11:45

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 arrived in office waiting room accompanied by [redacted]. Pt extremely SOB & audible stridor. Accessory muscles engaged & inspiration. Patient does not have appointment here but [redacted] states "[redacted] has breathing like this all morning and [redacted] doctor works here" (broken english, not very clear & [redacted] tearful) c/o some pain ® chest & ® abdomen. 911 called to transport to ER. Dr. Goldstein saw patient; IV NS KVO started ② Antecub. O_2 @ 4L per mask Applied. B/P 180/100, R-32 and laboured. EMT arrived and transported patient via Ambulance to University Community Hospital.

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)
NONE - PATIENT DID NOT HAVE OFFICE VISIT		

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.

Eileen TATE RN 1574002 STARTED IV
NORMA BARRY RN 1433692
Phyllis KEAFICK RN 1950072 VS
Susan Rothenberger RN 1148592 FAMILY INTERVENTION COORDINATE 911 AND RECORD RECEIPT (copying, reporting INFO TO EMT)

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

Shonda Newton - CALLED 911
Hope Demichelle

IV. ANALYSIS AND CORRECTIVE ACTION

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

UNKNOWN, WILL AWAIT RECORDS FROM HOSPITAL ER

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

SEE NARRATIVE

V.

ME94967 — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
ME94967 — LICENSE NUMBER
02/25/09 — DATE REPORT COMPLETED
1500 — 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

224 transfer & death medical

I. OFFICE INFORMATION

Sarasota Interventional Radiology — Name of office
600 N Cattlemen Rd, Sarasota — Street Address
Sarasota — City
34232 — Zip Code
Sarasota — County
941-378-3231 — Telephone
Dr. Nair — Name of Physician or Licensee Reporting
538 — License Number & office registration number, if applicable
[redacted] — Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient Identification Number
Age [redacted] Gender [redacted] Medicaid Medicare
2-23-09 — Date of Office Visit
aortogram — Purpose of Office Visit
claudication & ulceration — Diagnosis
ICD-9 Code for description of incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

2/23/09 0845 — Incident Date and Time
Location of Incident:
☒ Operating Rm ☐ Recovery Rm
☐ Other

RECEIVED
09 MAR -4 PM 2:27
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)

Pt. had uncontrolled SVT with hypotension intra-op & post-op. Treated with IV fluids and antiarrhythmics. No change in HR, BP stable. Transferred to SMH ER per Dr Nair's orders. Pt. was in SR with normal BP on adm.

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 00-99.9)	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 SMH	

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

Dr Laura Yard ME 6822 anesthesiologist
Dr. D. Nair ME 9908 performed procedure
C Howes radiology technologist assist to Dr Nair

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

J DeVaughn RN 1193592
A. Sherry RN 2081292

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)

Admin of Hydrochlorage, Esmolol & Lop Metoprolol IV.

V. [signature] ME 9908 2

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

2/23/09 — DATE REPORT COMPLETED

1240 — TIME REPORT COMPLETED

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

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

RECEIVED
FLORIDA DEPARTMENT OF HEALTH
8:33

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#221

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

I. OFFICE INFORMATION

University of Miami Reproductive Health
Name of office

1321 NW 14 St. Ste 206
Street Address

Miami FL Dade
City Zip Code County

(305) 243-2984
Telephone

Christopher Estes
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. [redacted]

[redacted]

Patient Name

Patient's Address

Patient Identification Number

Undesired Pregnancy / Legal Abortion
Diagnosis

Age 2/10/09 Gender Medicaid Medicare

Date of Office Visit

Purpose of Office Visit 12

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

2/10/09 1600
Incident Date and Time

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

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 for dilation and evacuation on 2/10/09. Received 400 mcg misoprostol buccal 2 hours before procedure. #6 laminaria removed from cervix (placed 2/9). D and E performed in usual fashion under ultrasound guidance. All products of conception removed. Patient then had hemorrhage of ~500cc due to uterine atony and small cervical laceration. Laceration repaired and hemostasis achieved.

(See attached)

III A. cont'd

Patient received methergine 0.2mg IM times 2 doses, and 1000 mcg misoprostol per rectum. Uterine bleeding persisted from lower segment, Fundus well contracted. Next, a Foley catheter was placed under ultrasound guidance in the lower uterine segment and inflated with 60 cc normal saline. Bleeding was stopped at that time. Foley was slowly detached over ~4°. Bleeding at that time of removal was normal, but patient complained of severe abdominal pain, dizziness and fatigue. EMS contacted and the patient was transferred to UMH ER.

Studies from ER (KUB, CT scan) showed no evidence of perforation or damage to uterus/internal organs; chemistries, coags also normal. Hemoglobin was 9.8. Patient was admitted for observation and pain control. On 2/11/09, repeat CBC showed hemoglobin of 7. Patient counseled and consented for blood transfusion to correct symptomatic anemia.

Patient remained stable throughout event and had normal level of consciousness at all times.

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)**
99491-22	635.12	

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 _____ 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.

Mary Donovan, RN
Lisa Echevarria
Christopher Estes, MD, MPH (ME99617)

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)

Hemorrhage due to uterine atony

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

Patients for Management of Complication and Emergency Events Reviewed Internally with all staff members.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
2/11/09	13
DATE REPORT COMPLETED	**TIME REPORT COMPLETED**

[redacted]

RECEIVED
CONSUMER SERVICES UNIT
FEB -9 AM 10:44

STATE OF FLORIDA
Jeb Bush, Governor

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

Marianne Harrell ARNP
Name of Physician or Licensee Reporting

ARNP 9209974
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

Urinary Retention
Diagnosis

2-5-09
Date of Office Visit

urinary retention
Purpose of Office Visit

NA
ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

2-5-09 @
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 complaining that [redacted] catheter was not draining since 2-3-09. Patient has been fatigued and lethargic since 2-3-09. Respiratory rate and pulse are elevated. Bladder is noted to be full. Catheter re-adjusted and begins to drain. Patient is sent via transport to TMH for admission and continued care.

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)
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.
Marianne Farrell ARNP RC - ARNP 9207974 - Care Provider
David E Burdan MD - ME 0095630 - Supervising Physician
Robert S. Bradford MD - ME 0065027 - Supervising Call Physician
Mary Ford RN - RN 2020262 - Charge nurse - assisting with transfer

F) List witnesses, including license numbers if licensed, and locating information if not listed above
Malinda McKenzie LPN - PN 5183768

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
Patient presented needing non urologic intervention and that was handled with hospital admission

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
No corrective action warranted

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER: RN 915912

DATE REPORT COMPLETED: 2-6-09 — TIME REPORT COMPLETED: 1612

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

[redacted]

STATE OF FLORIDA

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT
2009 FEB -9 AM 10:44

6 proceede

I. OFFICE INFORMATION

Oncology and Hematology Associates of West Broward
Name of office

7431 North University Dr. Suite 110
Street Address

Tamarac 33321 Broward
City Zip Code County

954-726-0035
Telephone

Keith Goldstein MD
Name of Physician or Licensee Reporting

ME 94967
License Number

As Above
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Colon cancer
Diagnosis

[redacted]
Age Gender Medicaid Medicare

02/02/09
Date of Office Visit

Chemotherapy Administration
Purpose of Office Visit

153.9
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

02/02/09 1105
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)

Patient was receiving Oxaliplatin IV. Had received approximately 54mg. [redacted] got up to use the bathroom and upon return said "I don't feel well"; c/o H/A, diaphoretic, lethargic. Dr. Goldstein notified. In to see patient, ordered Benadryl 25mg / Decadron 10mg. Both medications given IV. B/P 110/60, pulse 60, blood sugar 134, O2 sat 91% on O2 4L. Pt c slurred speech. 911 called, patient transported to University 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)
96413 96368 96367 96375		

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 licensed 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

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

Keith Goldstein MD ME94967
NORMA BARRY RN RN 1933692

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

NANCY PELUSO RN RN 952582
Phyllis KRAFICK RN RN 195 0072

IV. ANALYSIS AND CORRECTIVE ACTION

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

possible ADVERSE REACTION TO DYALIPLATIN

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

WILL ANACT RITES FROM HOSPITAL

V.

ME 94967
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

02/03/07 — DATE REPORT COMPLETED
1530 — TIME REPORT COMPLETED

Physician Office Incident Report

[redacted]

1. Office Information

Strax Rejuvenation & Aesthetics Institute
4300 N. University Drive, Suite A-202
Lauderhill, FL 33351 Broward

954-749-3040

#45

Roger Gordon, M.D.

ME 82538

BRev death

cam

II. Patient Information

[redacted]

[redacted]

5/13/08 - 6/20/08
N/A
N/A
Level III 2/21/09

Abdominal Elastosis, Lipodysthophy of flanks and bra rolls

III. Incident Information

3/2/09 approximately 9:00 a.m.

x other - [redacted] home

A.

[redacted] a [redacted] year old [redacted], was initially evaluated on 12/17/08 regarding [redacted] desire for abdominoplasty and suction assisted lipectomy on bra rolls and flanks. [redacted] medical history was unremarkable. Laboratory testing revealed no abnormalities. Examination confirmed abdominal elastosis and lipodystophy of flanks/bra rolls. On 2/21/09, [redacted] underwent an uneventful abdominoplasty/suction assisted lipectomy performed under general anesthesia administered by a D.O. anesthesiologist with a surgical time of 1 hour 45 minutes and an anesthesia time of 2 hours 30 minutes. The patient received IV antibiotic during the procedure. Prophylaxis for DVT was addressed as the patient was placed in SCD's during the procedure and was instructed to ambulate every 2 hours upon discharge.

The patient experienced transient right sided chest discomfort while in the post anesthesia care unit. Chest x-ray and EKG were normal. [redacted] discomfort totally abated following complete emergence from anesthesia.

[redacted] presented to the Palmetto General Hospital ER on the evening of surgery complaining of "bleeding." No problems were identified and [redacted] was discharged. [redacted] insisted upon an emergency postoperative evaluation on [redacted] first post operative day (Sunday 2/22/09) at which time no problems

were identified. [redacted] was asked to return to the office on the following day for re-evaluation and Stryker Pain Pump removal but did not maintain [redacted] appointment (2/23/09). The patient was ambulatory when I evaluated [redacted] on 2/22/09.

I did not receive any telephone calls from the patient with any complaints or concerns between 2/22/09 and 3/1/09. The patient was called by staff on 2/28/09 and [redacted] appointment for 3/2/09 was verbally confirmed. At that time no information was ever relayed that the patient was in any kind of medical distress.

I was called by the Palmetto General Hospital ER on the evening of Sunday, 3/1/09, to learn that the patient was admitted in shock. [redacted] expired the following morning. As I am not on staff at that hospital, I was not able to see the patient and due to HIPAA, I am not allowed access to [redacted] medical record. I will continue to follow with the medical examiner (Dr. Hudson) for the final cause of death.

B.

_____ _____ _____

C.

Stryker Pain Pump; Jackson Pratt Drains; Standard OR Surgical Equipment

D.

Death

E.

Surgery of 2/21/09:
Mark Merlin, D.O., License #: 058982, Anesthesiologist
R. Taveras, Circulator
A. Colon, Scrub
J. Bello, R.N.

F.

_____
_____
_____

IV. Analysis

A.

Cause of incident unknown

B.

Unknown.

V.

[signature]	HG82538
Signature of Physician	License No.:
3/7/09	11 AM
Date Report Completed	Time Report Completed

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
2009 MAR 16 AM 10:13

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

6 procedure.

I. OFFICE INFORMATION

Pasco Imaging
Name of office

Hudson 34667 Pasco
City Zip Code County

James M. Esser M.D
Name of Physician or Licensee Reporting

7615 Jacque Rd.
Patient's address for Physician or Licensee Reporting

7615 Jacque Rd
Street Address

727-697-8100
Telephone

ME57602
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Lumbago
Diagnosis

[redacted]
Age Gender Medicaid Medicare

3/12/09
Date of Office Visit

MRI
Purpose of Office Visit

724.2
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3/12/09 8:15 am
Incident Date and Time

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

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 MRI of L-Spine - c/o Lumbago During scan patient had a seizure & was not responding to technologist. Patient has history of seizures. EMS was called & while they were evaluating - patient had second seizure - Patient transported to Bayonet Point Hospital for further evaluation - Dr. Siddharth Shah notified - (ordering physician)

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)
MRI L-Spine (CPT) 72148	(ICD) 724.2	

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 Bayonet Pt. 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.

JoLinda Daniel, RT(R) - #20301 - technologist
Raida Mast - receptionist - called EMS

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)

seizure

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

N/A

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	ME571607

DATE REPORT COMPLETED	TIME REPORT COMPLETED
1/31/19	09:00 hours

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
2009 MAR 16 AM 9:55

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

Opmedic

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 Campo MD
Name of Physician or Licensee Reporting

ME 0057214
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

retention, urinary
Diagnosis

[redacted]
Age Gender Medicaid Medicare

3-16-09
Date of Office Visit

retention with Catheter in place
Purpose of Office Visit

NA
ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3-16-09 about 9:30 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)

Pt. arrived for assessment of urinary retention, Nausea and abdominal pain. Foley catheter placed in hospital last night. Pt appeared diaphoretic and had temp of 100.3. IV started, labs drawn and sent to outside laboratory. Blood sugar 372. Decision to admit with Hospitalist to continue care of symptoms which are non urologic in nature. Hospitalist agreed to transfer and patient is transferred via EMS.

Form # DH-MQA 1030- 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)

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.

Joseph L Compo MD - ME 0057214 - Responsible for care of patient
K. Emerson RN - RN 2829222 IV start
J Cross RN - RN 915912 - assist with patient care and transfer
Patricia Kelley MA — assist with patient care

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 presented, was stabilized and transferred for admission.

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

None necessary - Transfer appropriate for continued care of patient symptoms

V. Jessica Cross RN — RN 91591-2
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

2-12-09 — 12:06 pm
DATE REPORT COMPLETED — TIME REPORT COMPLETED

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

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

FDA
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2009 MAR 16 AM 8:55
CONSUMER SERVICES UNIT

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#227

Fatal
death
medical

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

Mariane 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

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

elevated PSA
Diagnosis

[redacted]
Age Gender Medicaid Medicare

3-12-09
Date of Office Visit

post op pain
Purpose of Office Visit

NA
ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3-12-09 @ 2:00 pm
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 underwent prostate ultrasound and biopsy morning of occurrence. Discharged with out pain and stable at 11:25 Am. Patient phoned call to office in severe pain about 1:29 Pm and is given appointment to come to office. Arrives about 1:57 Pm and is seen immediately. Patient has moments when [redacted] does not respond to verbal stimuli. IV started and after consultation with Surgeon and on call physician, it is determined we will transfer via EMS to TMH for over night observation for pain control.

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

B) ICD-9-CM Codes

N/A	NA	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	☐ 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 admit 23 hours	
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.
Marianne Trowell ARNP - ARNP 920 7974 - provider caring for patient
Jerry Cross RN - RN 915912 - assisting with patient care and transfer
Priscilla Bailey MA - assisting with care and transfer
Judson Blackley MD - ME0095219 - supervising physician

F) List witnesses, including license numbers if licensed, and locating information if not listed above
Joseph Lempa MD - ME0037214 - consulting physician

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
patient presents with uncontrolled post op pain occurring after discharge from the surgery center

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
No changes to protocol. Appropriate transfer for pain control

V. Jerry Cross RN — RN 915912
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

3-12-09 — 2:12 pm
DATE REPORT COMPLETED — TIME REPORT COMPLETED

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

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#228

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

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

Alberto Montalvo
Name of Physician or Licensee Reporting

ME 35886
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Diagnosis

[redacted]
Age 03/10/09 Gender Medicaid Medicare
Date of Office Visit

Purpose of Office Visit

ICD-9 Code for description of incident
PROCEDURE / DIAGNOSTIC CATH / LEVEL I SURGERY
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

03/10/09 7:30A.M.
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other IN OFFICE CATH LAB

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09 MAR 19 PM
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)

Coronary dissection and occlusion during diagnostic cardiac catheterization. Patient stabilized and transported emergently to Manatee Memorial Hospital for emergency cardiac surgery.

Probable cause was Judkins Left 4 catheter was pointing high against artery wall during coronary injection.

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)
93526	E870.6	998.2, 997.1

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, Pigt. 1-5F) ST. JUDE MEDICAL-GUIDEWIRE, .035 .8mm
EDWARDS-SWAN GANZ CATHETER + 5F, 7F ACT SHEATHS

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: 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.

SHERYL SHEPARD, RN. – SCRUB PERSON License # RN 3109692
LAUREN WHEET AT – MONITOR License # CAT 70579
SUE RAHL, RN – CIRCULATOR License # RN 2238522
ALBERTO MONTALVO M.D. PERFORMED PROCEDURE License # ME 35586

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)

Catheter position was possible contribution to incident

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

Better selection + exchange of catheter.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	ME 35886
DATE REPORT COMPLETED	TIME REPORT COMPLETED
03/10/2009	14:00

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

RECEIVED
CONSUMER SERVICES UNIT
2009 MAR 23 AM 10:09

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

Coastal Intestinal Consultants
Name of office

805 E. Dixie Ave
Street Address

Leesburg ~~FL 34748~~ Lake
City Zip Code County

352 326 3200
Telephone

Val S. Nagabhairu
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

Dysphagia
Diagnosis

[redacted]

Age Gender Medicaid Medicare

3/12/09
Date of Office Visit

EGD
Purpose of Office Visit

787.2
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3/12/09 1700
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)

Patient came in for EGD complaining of problems swallowing x 2 days. Upon insertion of the endoscope a foreign body was identified lodged in the esophagus with possible perforation. The patient was then given IV antibiotics and transported to CFHA Leesburg for surgical evaluation. The primary care physician was notified. Patient required immediate surgical attention of the pre-existing condition [redacted] came in for.

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 Surgical intervention Name of facility to which patient was transferred: CFHA - Leesburg	

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. Rolando Maliwan - Anesthesia
Margarita Perry - Endoscopy
Aimee Stallings RN

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 swallowed something that became lodged in [redacted] esophagus. Before [redacted] came to the facility. Transferred & Admitted for further care of the problem.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Patient transported to hospital for surgical evaluation

V. [signature] ME83590
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

3/13/09 — DATE REPORT COMPLETED
1900 — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

RECEIVED
CONSUMER SERVICES UNIT
2009 APR 10 AM 10:33

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

Approved.

I. OFFICE INFORMATION

Clearwater Pain Management Assoc — 430 Morton Plant St Suite # 210
Name of office — Street Address

Clearwater — 33756 — Pinellas
City — Zip Code — County

727-446-4506
Telephone

Demetrios Kaiafas — ME-81425
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]

Age 3/26/78 — Gender M — Medicaid — Medicare

Date of Office Visit 3/26/09

Purpose of Office Visit Epidural ESI

Diagnosis Neck Pain — ICD-9 Code for description of incident 723.1

Level of Surgery (N) or (M)

III. INCIDENT INFORMATION

Incident Date and Time 3/26/09

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

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

Patient underwent uneventful cervical epidural injection lasting < 10 minutes. Post operatively [redacted] was noted to be very anxious & complained of brief chest pain. Cardiac evaluation was negative. [redacted] was sent to ER at patient request, evaluated and later discharged, without sequelae. When we called the next day to check on [redacted] approved for the therapy [redacted] and had problems [redacted] passed.

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)	None 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
☑ Any condition that required the transfer of the patient to a hospital. patient request	☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints
Outcome of transfer – e.g., death, brain damage, observation only Observation Only Name of facility to which patient was transferred:	☐ 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.

Dr Kaiser
Dr Kaufman
[illegible]
[illegible] Miller

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

Same

IV. ANALYSIS AND CORRECTIVE ACTION

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

QI analysis performed – no further action required

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

None

V. [signature]
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

8425
LICENSE NUMBER

9-11-07
DATE REPORT COMPLETED

1300
TIME REPORT COMPLETED

Office Surgery Incident Report

[redacted]

#233

I. Office Information

Strax Rejuvenation & Aesthetics Institute, Inc.
4300 N. University Drive, Suite A-202
Lauderhill, FL 33351 Broward Tel: 954-749-3040

Jonathan Fisher, M.D. ME 96746

II. Patient Information

[redacted]

[redacted]

Breast Augmentation

N/A
N/A
Hypomastia

III. Incident Information

4/28/09 - 4/29/09
approximately 2:55 p.m.

x Operating Room

A.

[redacted] is a [redacted] year old [redacted] who presented for a breast augmentation. On April 28, 2009, [redacted] was scheduled for a breast augmentation under locoregional anesthesia with p.o. sedation.

After a satisfactory level of p.o. sedation was achieved, the patient was administered locoregional anesthesia using a combination of lidocaine and marcaine. The technique involved a combination of skin and subcutaneous injections, a submuscular infiltration, and an intercostal block, using a combination of 27 gauge needles and 22 gauge spinal needles. The patient tolerated the locoregional anesthesia well.

The right periareolar incision was made, and soon thereafter, the patient began to complain of vague discomfort in the contralateral back. The procedure was suspended at that time, and the patient was allowed to change [redacted] position on the bed, in an attempt to alleviate [redacted] back discomfort. [redacted] had no other complaints at that time, but appeared mildly agitated. When the patient could not get comfortable, the wound was closed, the drapes were removed, and the patient was allowed to sit up. [redacted] symptoms ameliorated with [redacted] position change, but were not completely resolved. While [redacted] had no tachypnea or dyspnea, and [redacted] saturations remained normal, [redacted] chest was auscultated, and

[redacted] was found to have slightly decreased air movement on the left at the lung apex. The surgery was immediately aborted, and the patient was transferred to PACU, pending evaluation for suspected pneumothorax.

A stat portable chest x-ray was obtained, which revealed an approximately 30% pneumothorax at the left apex of the lung. The decision immediately was made to transfer the patient by ambulance to Florida Medical Center, which is a five-minute drive from the surgery center. The Emergency Medicine physician on-duty was contacted directly, and was made aware of the situation. The Emergency Medicine physician stated that he would contact the Cardiothoracic Surgery service, so that they could evaluate the patient on arrival, and place a chest tube, if indicated. While waiting for EMS, the patient remained stable, without distress or tachypnea, but required supplemental oxygen to maintain her saturation.

The patient's family was kept apprised of the situation, and was frequently updated during [redacted] entire stay.

The practitioner arrived within 10 minutes of the patient's arrival in the Emergency Department, and found the patient resting comfortably with oxygen by nasal cannula. A chest x-ray subsequently was obtained, which showed progression of the pneumothorax to approximately 70%. Cardiothoracic Surgery evaluated the patient, and felt that a chest tube was indicated. A left chest tube was placed by the Cardiothoracic Surgeon without complication. Post-placement chest x-ray showed resolution of the pneumothorax.

The patient was admitted to a telemetry floor, on the practitioner's service. Cardiothoracic Surgery followed the patient for chest tube management. The patient did well throughout [redacted] admission. The practitioner visited the patient twice a day throughout [redacted] admission, and checked-in by telephone intermittently. On hospital day 1, the chest tube was placed on water-seal. On the morning of hospital day 2, the chest tube was removed by Cardiothoracic Surgery, and the post-removal chest x-ray revealed no evidence of recurrent pneumothorax. The patient was discharged home soon thereafter.

The patient was seen in the office five days after discharge, and appeared to be in good spirits. The right periareolar suture was removed, and the left chest-tube incision was examined. There was no evidence of pneumothorax. The patient will return to the office next week for evaluation and for examination of [redacted] incisions.

B.

611.82 Pneumothorax 512

C.

Standard OR Surgical Equipment

D.

[redacted] was discharged from the hospital on hospital day 2. [redacted] was seen in the office 3 days later, and had no sequelae. [redacted] is scheduled for follow up on 5/18/09 to evaluate [redacted] incisions.

E.

Surgery of 4/28/09:
Dr. Vargas, License #: ME 29248, Anesthesiologist
M.Bravo, Circulator
R. Taveras, Scrub
J. Catenella, R.N., License #: RN2017322

F.

See above.

IV. Analysis

A.

Cause of incident unknown

B.

Unknown.

V.

MD — ME 96746

Signature of Physician — License No.:

5/18/09

Date Report Completed — Time Report Completed

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
2009 APR 22 PM 2:30

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

Of proc related problem

I. OFFICE INFORMATION

Sarasota Interventional Rad — Name of office
1600 N Cattleman Rd — Street Address
Sarasota — City
FL — Zip Code
_____ — County
941-378-3231 — Telephone
Dr Calderon ME77684 — Name of Physician or Licensee Reporting
538 — License Number & office registration number, if applicable
_____ — Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient Identification Number
4-10-09 — Date of Office Visit
Left heart cath — Purpose of Office Visit
CAD, cardiomyopathy, atrial fib — Diagnosis
high risk stress test
High risk stress test — ICD-9 Code for description of incident
N — Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4/10/09 15:00 — 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)

Patient had left cardiac catheterization → results revealed 3-4 major blockages in the coronary arteries. Per order of Dr. Calderon patient was transported (non-emergent) to Manatee Memorial Hospital to step down coronary care unit for further cardiac intervention. Cardiac surgeon was notified by Dr. Calderon. Patient had 6FR sheath pulled post procedure from RIGHT groin in the PACU without deficit. Once hemostasis obtained, site dressed. Cardiac monitor SB with BBB and no ventricular ectopy. No % chest discomfort. BP 134/65 139/70 P-52-58 Nasal O2 4L/m. Dr. Calderon here. [redacted] here. Transported in stable condition per EMS to hospital from SIR/PACU

Cindy Galspach RN 4/10/09

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 ☐ 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 Manatee Memorial Name of facility to which patient was transferred Hospital	

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

Dr Calderon ME 77684
Kathleen Wall ARNP 932579
Cindy Alspach RN
Beth RT

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

[redacted]

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pt transferred to hospital due to severe CAD
felt unstable to treat as outpt NO ADVERSE incident noted

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

NONE

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER: ME 77684

DATE REPORT COMPLETED: 4/15/19

TIME REPORT COMPLETED: 1740 4/10/20

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

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

09 APR 17 AM 8:39
RECEIVED
CONSUMER SERVICES UNIT

epweda

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

Shannon Waddy
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 4-8-09 Gender Medicaid Medicare
Date of Office Visit

Radiation treatment
Purpose of Office Visit

Patient Identification Number

colorectal signet ring cell carcinoma of rectosigmoid junction
Diagnosis

V58.0
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4-8-09 7:00AM
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☐ Other treatment vault

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] came to SCCC for [redacted] daily radiation treatment. [redacted] walked into the room & I started assisting [redacted] onto the treatment table. [redacted] seemed to have a hard time catching [redacted] breath. I layed [redacted] down and then sat [redacted] back up because [redacted] couldn't catch [redacted] breath. I got [redacted] some oxygen and then got a wheelchair & [redacted] and told them [redacted] needed to go to the ER. I helped [redacted] into the wheelchair. [redacted] said [redacted] couldn't breathe & was going to pass out. [redacted] asked me to call an

ambulance. I called 911. The fire dept. showed up first. They tried to make [redacted] more comfortable & able to breathe. The ambulance showed up not too long after. The crew asked [redacted] if [redacted] could get onto the stretcher. [redacted] shook [redacted] head no. The crew lifted [redacted] out of the chair onto the stretcher. [redacted] then passed out & coded. I got [redacted] out of the room while the crew began CPR & BLS. They continued this for 20-30 minutes. [redacted] never responded. They continued CPR to the ambulance & took [redacted] to PMC.

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)

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: Parrish 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.

Shannon Waddy CRT 69980 (321) 268-4200
[redacted]

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)

Pulmonary Embolism

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

n/a

V.

Shannon Waddy — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

69980 — LICENSE NUMBER

4-9-09 — DATE REPORT COMPLETED

3:17 PM — TIME REPORT COMPLETED

[redacted]

RECEIVED
CONSUMER SERVICES UNIT
2009 MAY -4 AM 9:40

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

& procedure related to PER

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

Elizabeth Heuler ARNP
Name of Physician or Licensee Reporting

ARNP 2108172
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

penile and scrotal pain post op after prosthesis
Diagnosis

4-27-09
Date of Office Visit

post op visit
Purpose of Office Visit

NA
ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4-27-09 @ 11:30
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 presents for follow up post operatively and is having penile and scrotal pain after insertion of penile prosthesis on 4-21-09. Patient is diaphoretic, eyes rolling back and pointing to mid sternum complains of "pressure in chest". No dyspnea. Given nasal O2 and EMS notified of request to transport to ER. Upon arrival they evaluate and transfer to TMH ER for evaluation of chest pressure.

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)

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.

Elizabeth Jewell APRN - ARNP-2108172 - provider caring for patient
Mary Ford RN - RN 20202622 - Charge nurse assisting with transfer
Teresa Jewell LPN - PN5183599 nurse assisting provider with patient care

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 arrived to clinic with non urologic condition that needed further assessment.

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

None needed, Patient arrived with non urologic condition which required further assessment and care for which was transported to hospital for.

[redacted] Teresa Jewell RN — RN 91592

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

4-28-09 — DATE REPORT COMPLETED

1530 — TIME REPORT COMPLETED

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

220

faxed death medlec

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

I. OFFICE INFORMATION

Ambulatory Endoscopy Center of Central Florida
Name of office

515 West State Road 434, Suite 105
Street Address

Longwood 32750 Seminole
City Zip Code County

407-260-6000, Ext. 314
Telephone

Anthony Lin, M.D.
Name of Physician or Licensee Reporting

ME83225
License Number & office registration number, if applicable

515 West State Road 434, Longwood, FL 32750
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Pati [redacted]

Pati [redacted]

Patient Identification Number

Age Gender Medicaid Medicare

04-08-2009
Date of Office Visit

Abdominal pain after incomplete Colonoscopy, difficulty passing flatus.
Diagnosis

History polyps - Colonoscopy
Purpose of Office Visit

Colonoscopy - Incomplete procedure
ICD-9 Code for description of incident

III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

04-08-2009
Incident Date and Time

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

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

(Abdominal pain after incomplete Colonoscopy). Patient stated [redacted] had a problem with [redacted] colon preparation. [redacted] said it did not seem to clean out [redacted] bowels. Per Dr. Lin patient had some gaseous distention, but no real nausea, vomiting or abdominal pain. Patient had incomplete Colonoscopy under sedation. Dr. Lin reported that during the procedure the patient's colon was redundant and tortuous with some looping encountered secondary to body habitus. The colonoscopy was terminated due to incomplete preparation and difficulty with looping and body habitus. Patient went to recovery room and passed a slight amount of air as well as passed several bowel movements with liquid stool. [redacted] started complaining of abdominal pain. [redacted] was kept in the recovery room for monitoring & further evaluation. the abdominal pain did not resolve. Dr. Lin had the patient transferred to SSH for further evaluation.

please See attached information.

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

B) ICD-9-CM Codes

558.9	V12.72	
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 Orlando Regional Healthcare System - South Seminole Hospital	

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

Dr Anthony Lin-physician that did Colonoscopy # ME83225 / Dr. John Gernert, Anesthesiologist License # ME87839
Pamela Baker, RN Admitting, recovery room Nurse; License # RN9202386
Karen Nicholson, RN - Procedure Nurse Liense # RN1531412 Angela L. Carvalho, RN - Endoscopy Manager Helped transport pt to ER License # RN1678232
Arnitra Ransom MA. Procedure room tech.
Dennis Lee Crolley, CRNA License # ARNP9187215 - Nurse Anesthetist during procedure.

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)

See attached notes.

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

V.

Anthony Lin	Anthony C. Lin, M.D.	ME83225
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT		LICENSE NUMBER
4-28-09	1000 am	
DATE REPORT COMPLETED	TIME REPORT COMPLETED	

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

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

epmede

I. OFFICE INFORMATION

Hematology & Oncology Consultant
Name of office

4051 Upper Creek Dr Suite 104
Street Address

Sun City Center 33573 Hillsborough
City Zip Code County

813-633-3955
Telephone

Angella Blount RN
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

4-23-09
Date of Office Visit

Lung
Diagnosis

Chemotherapy
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4-23-09 - 15:05 pm
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other: Drs 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 came in to our office for chemotherapy this afternoon. IV started in left forearm. [redacted] received premedication of Aloxi 0.25mg IV over 30minutes prior to Hanging Chemotherapy drug Taxotere BP 122/61. Five minutes into infusing patient stated "I Can't Breath" and Became unresponsive, Pulse Clammy, Radial Pulse Thready. Dr Robbins called into evaluate Patient. CPR was initiated. Ambu bag & Chest compressions. 2minutes later patient became responsive, Good color, but eyes were dilated. 911 was called during CPR & they came 5min later. Pt transferred to Brandon Regional Hospital A&O. responding

Form # DH-MQA 1039, 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)
chemotherapy. V58.9		

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 Brandon Regional 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 Mark Robbins - 0053-990
Ruth Hughes - RN2745892
Angella Brown-Hollyfield RN 2953642

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)

History of Cardiac problems. Patient was receiving Chemotherapy

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

CPR - 911 called
Arterial Chest compression.

V. X A. Brown-Hollyfield RN — RN 2953642
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

4-23-09 — 4:45pm.
DATE REPORT COMPLETED — TIME REPORT COMPLETED

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

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#230 failed 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 Consultants, PA.
Name of office

5151 North 9th Av. Suite 200
Street Address

Pensacola | 32504 | Escambia
City | Zip Code | County

850-857-1700
Telephone

Andrew Scott Kees, DO FACC
Name of Physician or Licensee Reporting

N/A
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age | Gender | Medicaid | Medicare

04-22-2009
Date of Office Visit

Outpatient Cardiac Catheterization
Purpose of Office Visit

CAD, STP Heparin of ruptured Right femoral artery pseudoaneurysm. Hypertension - Hyperlipidemia, Tobacco use.
Diagnosis

442.3
ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

04-22-2009 @ 15:30
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
Was an autopsy performed? ☐ Yes ☐ No

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

935.0	E-879.0	442.3
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	☐ 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 Surgery Name of facility to which patient was transferred Sacred Heart Hospital	

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

Andrew S. Kecs. DD - DS 6328, Cathing Physician, 5151 N. 9th Ave. Pensacola 850-857-1700
W. Daniel Doty, MD - ME 31606
Don Noffay, RN - Lic. # 9192494, Recovery Rm. Nurse - Sacred Heart Hospital, Pensacola
Heather Flowers, RN - Lic. # 922.7369, Recovery Rm. 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)

See Attached Narrative

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

See Attached Narrative

V.

[signature] — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

~~4/7/09~~ OS6320 — LICENSE NUMBER

5/7/09 — DATE REPORT COMPLETED

04-29-09 — TIME REPORT COMPLETED

[redacted]
DOB: [redacted]
Incident Date: 04/22/2009

Description of circumstances of the incident:

Patient underwent outpatient cardiac catheterization for complaints of angina and status post previous percutaneous coronary intervention. Following the procedure pressure was held on the right femoral artery for twenty minutes using both manual and mechanical (C-Clamp) pressure. Hemostasis was obtained at 14:30 and patient taken to Recovery Room. At 14:35, RN noticed a small hematoma and held pressure to site an additional fifteen minutes. At 15:30 the second shift nurse came on duty and recorded an approximate four inch oblong bruising distal and anterior to the right arterial puncture site. Nurse report groin is soft to touch but patient is complaining of tenderness. Dr. Kees notified and arrived five minutes later to assess the right groin. Additional one hour of bed rest ordered. At 17:15 patient assisted out of bed for ambulation. Patient complained of burning in the right groin. Groin assessed by nurse and area noted to have increase swelling and firmness. Pressure held by nurse and Dr. Kees notified. Arterial Doppler ordered stat and results found pseudoaneurysm measuring 2.5 cm. Dr. Kees admitted patient to hospital and notified interventional radiologist to discuss patient status. Plan for interventional radiologist to assess patient in the morning. At 19:15 patient complained of burning in right groin. Manual pressure applied, hematoma increasing in size. At 20:55 Cardiologist on call notified and examined patient. He spoke with vascular surgeon. At 21:15 patient transported to operating room for repair of vessel.

Analysis and Corrective Actions:

A. Analysis (apparent cause) of this incident:

Known complication of heart catheterization

B. Description of corrective or proactive action(s) taken:

Extended bed rest ordered. Arterial Doppler ordered stat. Consultation with Interventional Radiologist. Stat consult with Vascular Surgeon for surgical intervention same day of incident. Patient had surgical repair of ruptured right femoral artery pseudoaneurysm and tolerated procedure well. Post procedure; easily palpable dorsalis pedis pulse consistent with pre-operative status. Patient discharged home on 04-24-2009, with restrictions per surgeon. Follow-up visit in two weeks with surgeon and one month with cardiologist.

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

RECEIVED
CONSUMER SERVICES UNIT
2009 MAY 13 AM 10: 34

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

of private

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

I. OFFICE INFORMATION

Space Coast Ca Center
Name of office

490 N. Washington Ave
Street Address

Titusville FL 32796 Brevard
City Zip Code County

321-268-4200
Telephone

Dr. Ashish Dalal
Name of Physician or Licensee Reporting

ME0085152
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Colon Ca
Diagnosis

[redacted]
Age

4-27-09
Date of Office Visit

Chemotherapy
Purpose of Office Visit

V58.1
ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

4/27/09 1310
Incident Date and Time

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

While receiving Erbitux infusion pt developed a cough and shortness of breath. Infusion stopped at 1340 and vital signs taken BP 135/74 p 88 02 sat 76% on room air. Oxygen therapy initiated at 3 liters. Dr. Dalal notified. Pt. given 25mg IV Benadryl over 20 min. 02 stats remained unstable dropping to 49% on 3L. Per Dr. Dalal, pt. transported via ambulance to Parrish Medical Center. Pt. evaluated by Dr. Dalal. Pt. left infusion Center at approx 1330.

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)

—

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.

Melissa Page Chinn - Pt. nurse RN 9248257

Kimberly Buckner - Pt. nurse RN 970156

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)

Reaction to Erbitux even though administered according to protocol.

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

Rechallenged patient w Erbitux at slower infusion and with additional premeds. Tolerated well.

V.

Melissa Page Chinn — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

RN9248257 — LICENSE NUMBER

4/27/09 — DATE REPORT COMPLETED

1545 — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

RECEIVED
CONSUMER SERVICES UNIT
2009 MAY 14 AM 10:20

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Upgrade

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 St
Street Address

Titusville 32796 Brevard
City Zip Code County

321-268-8400
Telephone

Firas Muwalla MD
Name of Physician or Licensee Reporting

ME0094732
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Breast CA
Diagnosis

[redacted]
Age 4/27/09 Gender Medicaid Medicare

Follow up
Date of Office Visit
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3:30 pm 4/27/09
Incident Date and Time

Location of incident:
☐ Operating Room ☐ Recovery Room
☒ Other Lobby

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 was called back to see the NP, as [redacted] stood up [redacted] ankle began to wobble and [redacted] could not correct them. [redacted] Fell over hitting [redacted] Right hip and twisting [redacted] ankle. [redacted] was transported by Ambulance to PMC to obtain an X-Ray of [redacted] ankle and hip. ([redacted] was wearing 3" heels and lost [redacted] balance)

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)

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: Transferred to PMC by Rmbs Parrish 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. ME0094732
DR. Muwalla, ~~Dr. Castro~~, DR Castro - ME0073059

Sandra Hickman CMA doing vital Signs

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pt lost balance in lobby rising from [redacted] seat.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Pt transported to Parrish Medical for x-ray ankle & hip.

V. HW.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER: ME0094732

DATE REPORT COMPLETED: 4/27/09 — TIME REPORT COMPLETED: 4:00 PM

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

RECEIVED
CONSUMER SERVICES UI
2009 MAY 14 AM 10:18

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

Upwelle

I. OFFICE INFORMATION

Michaela Scott & Associates
Name of office

1460 36th Street
Street Address

Vero Beach 32960 Indian River
City Zip Code County

772-562-7777
Telephone

Lisa Crowe RN
Name of Physician or Licensee Reporting

RN 9186656
License Number & office registration number, if applicable

[redacted]

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age

5-7-09
Date of Office Visit

Prostate CA; bone, LN mets.
Diagnosis

Chemotherapy administration
Purpose of Office Visit

ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5-7-09 1107
Incident Date and Time

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

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)

Pt arrived to office for chemotherapy to treat Prostate cancer. Approx. seven minutes into pre-medication infusion pt's (R) arm observed c tremors. Pt's voice raspy. BP taken noted to be elevated 161/95 P 90. Infusion stopped NS started KVO. MD in to see pt. Assessed. Orders to monitor. Continued to monitor pt. Pt weaning nasal cannula O2 at 3L. BP checked q 2-5 minutes. After approx 15 minutes pt requesting a cup of water. PO intake 8oz. c difficulty. Speech appropriate. Moving all extremities c difficulty. 1215 - Pt began to have tremors again. C/o pain (R) arm. BP 166/100. MD in to access. Per MD pt needs to be transported to ER via 911. Call placed to Ems. Pt monitored until EMS arrival.

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)**
185; 198.5; 196.8		

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 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.

Michaela G. Scott MD - attending MD - ME 0025287
April A. Baker RN - RN - 204 7992
Lisa Crowe RN - RN 918 6666

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)

Known heart condition - sent to the ER for evaluation.

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

Pt monitored by RN. O2 @ 3 L BP monitored q 5min or prn
IV @ FA # 22 KVO - MD in attendance.

V. Michaela G. Scott — 25284
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — **LICENSE NUMBER**

5.7.09 — 1330
DATE REPORT COMPLETED — **TIME REPORT COMPLETED**

STATE OF [redacted]
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
2009 MAY 11 AM 9:
CONSUMER SERVICES UNIT

Typewrite.

I. OFFICE INFORMATION

Ocean Hyperbaric Neurologic Center
Name of office

4001 N. Ocean Drive, LBTS, FL 33308
Street Address

Lauderdale-by-the-Sea 33308 Broward
City Zip Code County

954-771-4000
Telephone

George F. Daviglus, M.D.
Name of Physician or Licensee Reporting

NPI #1942497748, EIN: 591866807
License Number & office registration number, if applicable

4001 N. Ocean Dr. #105, LBTS, FL 33308
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Age Gender Insurance Medicare

May 1, 2009
Date of Office Visit

HBO Therapy Session
Purpose of Office Visit

Cerebral Palsy
Diagnosis

E890 - E899
ICD-9 Code for description of incident

Not applicable
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

May 1, 2009 - 11:20 am
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Hyperbaric Oxygen Office

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

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

On May 1, 2009 at approximately 11:20 am, the patient: [redacted], a [redacted] year-old [redacted] was accompanied by [redacted]; [redacted] year-old [redacted] for a Hyperbaric Oxygen Treatment inside a monoplace chamber. At about 20 (twenty) minutes into the treatment, a fire occurred inside chamber. Origin of fire is still unknown at this time and under investigation by Broward Co. Authorities. From fire, until evacuation from chamber, both the patient and [redacted] sustained severe burns, for which they were taken via Ambulance to the Ryder Trauma Center Burn Unit. Reports of Incident are currently under Investigation by the Broward County Fire & Police Authorities.

B) ICD-9-CM Codes

99183	ICD-9 E890-E899	E890.00 - E890.09 Fire Injuries
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)
Hyperbaric Chamber - Vicker's Monochamber

D) Outcome of Incident (Please check)

☒ Death (companion: [redacted])	☐ 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. (Patient)	

Outcome of transfer – e.g., death, brain damage, observation only Severe burns
Name of facility to which patient was transferred: Broward General, Ryder Trauma 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.
Lane Bark, CHT - 1474 (Certified Hyperbaric Technologist)
Pedro Rodas, chamber assistant.
Luis Rodas, PAX # 00002987
Leah Rodas, Vince Reilly, Ginger Neubauer. (office staff)

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)
Unknown at this time. Waiting report of results from Broward Co. Authorities.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Reinspection of remaining chambers, revisit patient care protocols, extensive revision of electric equipment and building. Retraining of our personnel.

V.

[redacted] ME 111109
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT **LICENSE NUMBER**

May 15 2009 14:00 hrs.
DATE REPORT COMPLETED **TIME REPORT COMPLETED**

[redacted]

PRACTITIONER REGULATION
LEGAL

RECEIVED
CONSUMER SERVICES UNIT
2009 MAY 26 PM 10:5

FLORIDA DEPARTMENT OF HEALTH

2009 MAY 26 PM 3:34

STATE OF FLORIDA
Charlie Crist, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

231

failed defibrillation

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

I. OFFICE INFORMATION

ENRIQUE J. FERNANDEZ, MD
Name of office

2902 59TH ST. WEST, SUITE A
Street Address

BRADENTON 34209 MANATEE
City Zip Code County

941-795-2088
Telephone

ENRIQUE J. FERNANDEZ, MD
Name of Physician or Licensee Reporting

ME 47930
License Number & office registration number, if applicable

SEE BELOW
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Pati[redacted]

Pati[redacted]

Patient Identification Number

MYOCARDIAL INFARCTION
Diagnosis

[redacted]

ge Gender Medicaid Medicare

MAY 11, 2009
Date of Office Visit

CATH LAB
Purpose of Office Visit

427.9
ICD-9 Code for description of incident

III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

MAY 11, 2009 12:25 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 NA
Was an autopsy performed? ☐ Yes ☐ No NA

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

SEE ADDENDUM

DR JOAN CHRISTIE WILL SUBMIT HER SIGNED COPY AS WELL

B) ICD-9-CM Codes

86.82	UNKNOWN AT THE TIME (SEE CARDIOLOGIST REPORT)	997.1
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)

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: ☐ 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 CARDIAC CATH, MEDICAL RX Name of facility to which patient was transferred: BLAKE 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.

ENRIQUE J. FERNANDEZ, MD ME 47930 PEGGY VEGAS, TECH.
JOAN CHRISTIE, MD ME 53615
DAWN O'LASKEY, RN 216092
DANNIN GROSSO, RN RN 923400

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)

SEE ADDENDUM

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

SEE ADENDUM

V. Enrique J Fernandez MD ME 47930

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

May 21, 2009 8:45 AM

DATE REPORT COMPLETED TIME REPORT COMPLETED

ADDENDUM TO PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Date: May 21, 2009

Patient: [redacted]

III. a) This patient is an active, asymptomatic person who undertakes one hour of daily water aerobics. In preparation for staged facial rejuvenation I requested medical clearance. [redacted] underwent evaluation by [redacted] internist and cardiologist; this included an EKG and stress test which were normal.

[redacted] underwent uneventful upper & lower eyelid blepharoplasties on April 13, 2009 with a normal recovery. On May 11, 2009, [redacted] underwent liposuction of the neck and a facelift. About two hours from the start of surgery which had been uneventful, [redacted] suddenly developed atrial fibrillation with a controlled ventricular response. The vital signs including pulse, blood pressure, temperature, pulse oxymetry and end-tidal CO_2 were always within normal limits. The decision was made to end the surgery and transfer the patient to Blake Medical Center for workup of the atrial fibrillation. The right side incision was almost completed at the time of onset of the atrial fibrillation and closure was completed in 2-3 minutes. The procedure had not yet begun on the left side and was intact. I called [redacted] cardiologist and the Emergency Physician in order to prepare for [redacted] arrival. The inhalation anesthetic was discontinued; [redacted] was placed on 100% oxygen and extubated. Vital signs including oxygen saturation were normal throughout. The patient reverted to sinus rhythm spontaneously. The patient was transferred via EMS and accompanied by Dr. Joan Christie, Dawn O'Laskey, R. N. and myself.

IV. a) Subendocardial infarction secondary to acute plaque rupture. (See Cardiologist's consultation and cardiac cath report)

b) Medical and Cardiology clearance for surgery was obtained. The patient had a normal preoperative cardiac evaluation, including an EKG and stress test. The patient had an acute plaque rupture with arrhythmia which was promptly diagnosed. The operation was promptly completed. The EMS, Emergency Department physician and Cardiologist were promptly notified in order to prepare for [redacted] transfer. [redacted] was monitored throughout this process.

Enrique J. Fernandez, M. D., F. A. C. S. — May 21, 2009 — Date

Joan Christie, M. D. — Date

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

Cardiology and Vascular Care Center — 3524 Tamiami Trail, Suite # 106
Name of office — Street Address

Port Charlotte — 33952 — Charlotte
City — Zip Code — County

941-258-3635
Telephone

HIREN PATEL MD FACC
Name of Physician or Licensee Reporting

NA
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

Physician's License # ME 77996

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age — Gender — Medicaid — Medicare

Diagnosis: Coronary artery disease

Date of Office Visit: 5/12/09

Purpose of Office Visit: Cardiac Stress test

ICD-9 Code for description of incident: 89.44

Level of Surgery (II) or (III): NA

III. INCIDENT INFORMATION

5/12/09 11:45 AM
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☐ Other: Cardiac Stress 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 the attached Report

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)
89.64	427.5	768.7

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

Ambu bag, Oropharyngeal airway, & Nebuliser treatment Respiratory therapy equipment

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: Brain damage, death

Name of facility to which patient was transferred: Fawcett Memorial Hospital Port Charlotte, 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.

HIREN PATEL, MD, FACC - Cardiologist, license number ME 77996
Cynthia Waterworth - Registered nurse Lic #RN1906542
Brigette Molinet - Stress lab technician, ACLS provider
at Cardiology & Vascular Care Centre, stress lab, ~~ACLS provider~~
3524 Tamiami Trail, Suite #106, Port Charlotte, FL 33952

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

Same as above. + Carlos Quintero, Nuclear Technician Lic. # CRT 75290

IV. ANALYSIS AND CORRECTIVE ACTION

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

Please see attached Report

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

Please see attached Report

V.

HPatel — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 77996 — LICENSE NUMBER

5/22/09 — DATE REPORT COMPLETED

4:00 pm — TIME REPORT COMPLETED

A) Circumstances of the incident (narrative)

[redacted] year old [redacted] suffered CardioPulmonary arrest following a cardiac stress test on 5/12/2009 in my office around 11:45AM. [redacted] was given CardioPulmonary Resuscitation (CPR) by myself and the office staff. Emergency medical services (EMS) was called immediately and further resuscitative efforts were carried out by the EMS and the patient was transferred to Fawcett Memorial Hospital in Port Charlotte, Florida. In the Emergency Room (ER), the patient was further resuscitated successfully and then admitted to the hospital.

During the subsequent care in the hospital, despite maximum medical management, the patient suffered from acute myocardial infarction and another episode of cardiac arrest, hypoxic-ischemic encephalopathy and multi-system organ dysfunction including liver dysfunction.

In accordance with the patient's original advance directives of Do-not-resuscitate (DNR) status and the patient's wishes not to prolong [redacted] life in case meaningful recovery was not possible, with the consent of [redacted] son - the power of attorney, life support measures including mechanical ventilation were withdrawn on 5/14/2009 at around 12:50PM and shortly thereafter at around 3:14PM on 5/14/2009, the patient expired.

Background:

[redacted] was initially seen in cardiology consultation by me at the Charlotte Regional Medical Center on 11/20/2008 for frequent episodes of Ventricular Tachycardia and a report of abnormal Echocardiogram suggestive of significant coronary artery disease. [redacted] was admitted and treated for multiple co-morbid conditions including cellulitis, clostridium difficile diarrhea, chronic obstructive pulmonary disease (COPD), polymyalgia rheumatica requiring chronic steroid treatment, obesity and general debilitation. Initially, because of severe co-morbidities conservative medical approach was taken. I started [redacted] on Beta-blockers to treat [redacted] coronary artery disease and Ventricular Tachycardia. When the patient improved medically, [redacted] underwent cardiac catheterization which established the diagnosis of moderate two-vessel coronary artery disease. More aggressive treatment was deferred until the patient became more stable medically, pending risk stratification with further cardiac testing. [redacted] was discharged to a Nursing home for further care in November, 2008.

[redacted] followed up with me twice in cardiology office on 12/12/2008 and then again on 1/28/2009. I optimized [redacted] medical treatment with Beta-blocker therapy. I noticed that [redacted] had significantly improved medically, and had advanced from being bed-ridden to being able to get around with a wheelchair. [redacted] was continued on medical treatment including tapering down [redacted] dose of steroids. [redacted] needed further assessment of [redacted] coronary artery disease status, with previous history of malignant arrhythmia.

I saw [redacted] again in the office on 3/26/2009 and felt that the patient had now improved significantly compared to [redacted] previous status and was getting out of the wheelchair and

ambulating, despite some shortness of breath and weakness. [redacted] had started traveling and driving a car independently and performing activities of daily living. Since [redacted] had moderate two-vessel coronary artery disease by coronary angiography, including 50-60% calcific stenosis of the Left anterior descending artery (LAD) with the previous history of echocardiogram showing hypokinesis of the anterior wall supplied by the LAD artery, mildly decreased left-ventricular systolic function (LVEF = 50-55%) and a history of frequent ventricular tachycardia, [redacted] needed to be further assessed with the Non-invasive stress testing to assess [redacted] risk of future coronary event.

Hence Cardiac Adenosine stress test was obtained on this patient on 5/12/2009 after about six months of optimal medical treatment. As per the established protocol, I gave [redacted] a dose of intravenous adenosine infusion reduced to two-thirds of the regular dose over four minutes at the rate of 140 micrograms/kilogram/minute. Continuous monitoring of vital signs, including the heart rate, blood pressure, pulse oximetry and ECG monitoring was done with the recording of vital signs every one minute. Initial blood pressure was 140/80 mmHg, heart rate = 89 bpm and oxygen saturation by pulse oximetry of 95%. Throughout the stress test and for about two minutes after the stress test all vital signs remained within normal limits.

During the recovery period, suddenly the patient developed shortness of breath with oxygen saturation decreasing to 91%. The patient was immediately started on oxygen supplementation of 3L by nasal cannula. The patient was given an albuterol inhaler which [redacted] did not take adequately. An immediate attempt was made to give [redacted] an albuterol nebulizer treatment, but the patient could not cooperate. EMS was called Stat. Because oxygen saturation decreased to 89-87%, CPR with mouth to mouth resuscitation and Ambu bag ventilation was started. Within 3-4 minutes, EMS arrived. Pulseless Electrical Activity (PEA) with Sinus rhythm on the monitor was noticed. The patient became apneic. Since the existing intravenous access seemed disturbed and not functioning well, intra-osseous medications including epinephrine and atropine were delivered by the EMS.

Because of morbid obesity with a short neck and short jaw and difficult oropharyngeal anatomy, it became difficult to intubate the patient. Hence the patient was intubated with the King-tube airway and ventilated through the tube with ambu-bag. Within a total of ten minutes since the beginning of CPR by me, the patient was intubated the EMS and adequate aeration was established. I accompanied the EMS staff in the ambulance to the hospital ER. The patient remained in Pulseless Electrical Activity requiring continued CPR. [redacted] had a good pulse in the left-femoral artery with the chest compressions. I joined the ER attending physician in the continued treatment and stabilization of the patient. After another dose of epinephrine and atropine, the patient regained [redacted] pulse with the blood pressure of 154/77 mmHg and oxygen saturation of 95% on mechanical ventilation. Prompt treatment of acidosis was given and patient had started breathing somewhat on [redacted] own and with stable vital signs, [redacted] was transferred to the intensive care unit. We continued intravenous hydration, antibiotics and ventilatory support and appropriate medical treatment for acute myocardial infarction with the help of consultants

including the Pulmonologist/Critical Care specialist, Hospitalist, Cardiologist (myself) and the Neurologist.

During the next 24 hours, the patient suffered further setback with another episode of cardiac arrest requiring ACLS protocol based resuscitation. It was disclosed by the nurse later that the patient had a living will directing DNR. I updated the family including the daughter continuously throughout the day. I met with the daughter who arrived from out of town the next day and updated her again on the patient's condition on 5/13/09. On 5/14/09, I met with the son - the power of attorney, and the daughter and discussed the patient's condition again in detail. After obtaining input from the other specialists including the Neurologist and the Pulmonologist who also discussed with the patient's family independently, it was felt that the patient had suffered significant cardiac and brain damage and that [redacted] would not recover to have a meaningful life despite optimal medical treatment. Hence, as per the family's wishes (son - the power of attorney, and the daughter) it was decided to withdraw the life support on 5/14/09.

IV – A: Analysis of the incident:

The patient unfortunately suffered from CardioPulmonary arrest following the adenosine stress test resulting in hypoxic-ischemic encephalopathy and recurrent cardiac arrest and multi-system organ dysfunction. Initial complicating event was severe bronchospasm which could not be relieved despite prompt action with attempted bronchodilator treatment with albuterol. The patient deteriorated extremely fast despite being quite stable before and during the stress test. [redacted] could not cooperate with taking the bronchodilator treatment adequately. Concomitant to bronchospasm, Acute Coronary Syndrome (ACS) is strongly suspected as an associated cause since the patient went into Pulseless Electrical Activity (PEA) within four minutes of hypoxemia. Supplemental oxygen therapy, CPR with Ambu bag ventilation and chest compressions were given immediately but the patient was short and morbidly obese. Because of the large tongue falling backwards and obstructing the airway, Ambu bag ventilation and the subsequent attempts by the EMS to intubate the patient were partially successful. The patient had a morbidly obese neck, short neck and short jaw, all intact teeth and large tongue and an overall difficult oropharyngeal anatomy.

Despite our best efforts, and the best efforts by the EMS, and subsequent optimal treatment in the hospital, the patient still suffered from hypoxemia and significant cardiac injury.

IV – B: Corrective Action/ Proactive actions:

Since it was difficult to maintain a patent airway in this obese, short-neck patient, we have now obtained an additional oropharyngeal airway of a larger size which may better fit such a patient.

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#232 Tyler Deleath Roseton

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

I. OFFICE INFORMATION

Weston Cosmetic Surgery Center
Name of office

2823 Executive Park Drive
Street Address

Weston 33331 Broward
City Zip Code County

954-659-7760
Telephone

Charles A. Messa III, MD, FACS
Name of Physician or Licensee Reporting

ME-71235 OSR 540
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted] ☐ ☐
Age Gender Medicaid Medicare

Breast Asymmetry; Lipodystrophy
Diagnosis

5/14/09
Date of Office Visit

Surgery
Purpose of Office Visit

401 and 427.89
ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

5/14/09 12:25 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 N/A
Was an autopsy performed? ☐ Yes ☐ No N/A

RECEIVED
CONSUMER SERVICES UNIT
2009 MAY 27 AM 9:57

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

Please see attached narrative.

B) ICD-9-CM Codes

19325 & 15879	401 & 427.89	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: Cleveland Clinic 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.

Paul Crawford, M.D. - anesthesiologist - ME-84144
Charles A. Messa, III, MD FACS - surgeon - ME-71235
Tory Mills - Operating Room RN - RN9265645
Lychelle Jackson - Recovery RN - RN9183917
Melissa Caicedo - scrub Tech

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)

Please see attached narrative.

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

Please see attached narrative.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	ME-71235 **LICENSE NUMBER**
5/21/09 **DATE REPORT COMPLETED**	2:15 p.m. **TIME REPORT COMPLETED**

III INCIDENT INFORMATION

A. CIRCUMSTANCES OF THE INCIDENT:

This [redacted] year old [redacted] patient was scheduled for left breast implant exchange and revision liposuction of outer thighs on 5-14-09. The patient's medical history included hypertension under control with Lisinopril 20 mg/HCTZ 12.5mg daily and hypothyroidism for which [redacted] was taking Synthroid. [redacted] was a nonsmoker with no known drug allergies. [redacted] surgical history included two previous surgeries in our office - an augmentation mastopexy and liposuction of outer thighs on 10-16-07, and a revision of breast augmentation and liposuction of outer thighs on 5-22-08 under general anesthesia (with the same anesthesiologist as this surgery), neither of which had any complications, and for which [redacted] had a normal EKG and full medical clearance. [redacted] had had a laparoscopy in January of 2009 with an initial high blood pressure in PACU (the patient first revealed this to the anesthesiologist immediately prior to [redacted] surgery in our office and did not include this on [redacted] pre-anesthesia questionnaire from 4-29-09 that [redacted] had filled out during preop, or in response to questions regarding [redacted] current medical history and/or reactions to anesthesia either in consultation or during [redacted] preop teaching session 2 weeks prior to surgery). Since that episode, [redacted] hypertension had been managed by [redacted] internist, and [redacted] had presented to the internist one week prior to surgery to ensure that [redacted] blood pressure was within normal range, which it was at 116/70.

Preoperative testing included BMP and CBC which were all within normal range. Preoperative vital signs during [redacted] visit to my office on 4-29-09 were 144/85-67-16-99%. On the day of surgery, baseline vital signs were 137/71- 62- 99%. The patient was taken to the operating room at 11:15am and general anesthesia was administered by a Board Certified MD anesthesiologist. The anesthetic and surgery proceeded without incident until the patient's blood pressure began to elevate from 130/50 to 148/78 during emergence at 12:15 p.m. Considering the patient's history and the general concern for bleeding complications in plastic surgery, labetalol 5 mg was administered by the anesthesiologist with an appropriate decrease in blood pressure to 130/70. The patient opened [redacted] eyes to command and the LMA was removed. No respiratory distress was noted. At 12:25 p.m. the patient became hypertensive (182/108-52) and went into ventricular bigeminy. This bigeminy did not respond to treatment with Lidocaine 100 mg IV push, and a magnesium sulfate infusion (2gm in 250 ml D5W) was started by the anesthesiologist. Within 2 - 3 minutes, [redacted] converted to sinus tachycardia at 104. [redacted] hypertension was treated at the same time with total of 15mg of IV hydralazine over 15 minutes with successive doses of 6, 4 and 5 mgs. [redacted] blood pressure decreased to 140-150's/70's-80's. The patient was awake and asymptomatic throughout emergence and was on oxygen via nasal cannula at 4 liters per minute. [redacted] oxygen saturation remained at 100% throughout surgery and emergence. [redacted] was then transported to the PACU at 12:50 p.m. where [redacted] initial blood pressure was 132/75, heart rate 105, respiratory rate 16, and oxygen saturation 100% on oxygen at 4 liters per minute via nasal cannula. [redacted] was awake and alert and in no distress. [redacted] heart rate gradually began to increase at the same time that [redacted] started exhibiting increasing anxiety about [redacted] blood pressure. An additional 2.5 mg of labetelol was given at 12:58 p.m. At approximately 1:00 p.m., [redacted] went into ventricular bigeminy again, the magnesium sulfate infusion was increased, and [redacted] converted to sinus tachycardia at 106. 911 was called at 1:10 p.m. BP normalized to 130/75 prior to their arrival. The paramedics arrived at approximately 1:15 p.m. and no intervention was required at the scene or in transit. The patient was transported via ambulance at 1:25 p.m. to Cleveland Clinic Hospital in no physical distress. In the ER, blood was drawn and an EKG was taken.

All test results were negative and [redacted] was discharged to home within 2 hours of presenting to the ER. [redacted] returned to my office later that afternoon with [redacted] caregiver to receive appropriate post-operative care instructions and again the next day for routine postop care, and is doing well.

IV. ANALYSIS AND CORRECTIVE ACTION:

A. Analysis: I held a meeting with the anesthesiologist immediately after the patient was transferred to the hospital to discuss this incident, why it may have happened and what could be done to prevent it in the future. The facility risk manager was notified that same day to ensure compliance with state reporting requirements. After analysis of the event and the surrounding circumstances, it was felt that the patient may have an underlying undiagnosed condition. It was felt that [redacted] should be seen by a cardiologist and potentially other specialists to rule out pheochromocytoma (given [redacted] paradoxical hypertensive response to the beta-blocker each time that it was given), or other pathology. This combination of hypertensive episodes with ventricular ectopy has never occurred before in this facility.

B. Corrective Action: After an explanation of the anesthetic events to the patient, the patient was referred to a cardiologist for further evaluation/treatment. [redacted] primary care physician was informed of the intra- and postoperative events as well to help ensure continuity of care, and he has advised me that he will perform metanephrine testing.

Information flow is essential for positive patient outcomes. In order to improve communication between patients and anesthesia care providers in this facility, it was decided that the pre-anesthesia questionnaire will be expanded to capture more information. The anesthesiologist will review the questionnaire filled out by the patient at the preoperative teaching session approximately 2 weeks prior to surgery. Those patients who are ASA II will be contacted at that time by the anesthesiologist in order to further explore positive responses to any questions. Based on this information, a better determination can be made concerning the patient's candidacy for surgery and anesthesia as well as the best surgical setting, well in advance of the surgical date. More timely communication will also serve to facilitate optimization of the patient as needed prior to elective surgery.

As my facility is AAAASF accredited, this incident will be further analyzed through the mandatory peer review process.

Charles A. Messa III, MD

8/21/09
Date

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Opracle

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 FL 32796 Brevard
City Zip Code County

(321) 268-4200
Telephone

Richard Duff Sprawls, MD
Name of Physician or Licensee Reporting

ME 0054026
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

202.88
Diagnosis

[redacted]
Age 5.15.09 Gender Medicaid Medicare
Date of Office Visit

follow up visit
Purpose of Office Visit

ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

5-15-09
Incident Date and Time

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

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

09 JUN -3 AM 9:36
CONSUMER SERVICES 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)**
—		

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: _____	

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.

R. Duff Sprawls MD - ME0054026
Katie Wilkerson ARNP 3073572
Kim Podowicz MA
Rosnaunda Spencer RN

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)

Hypoglycemic Episode. Blood sugar on CMP was Pan until PM. Pt known Diabetic

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

Use Glucometer to check Serum glucose for Mental status changes in Diabetics

V. [signature] ME0054026
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

5.29.09 — DATE REPORT COMPLETED
1600 — TIME REPORT COMPLETED

Adverse Incident Report
5/15/09

Narrative to Describe Circumstances of the Incident:

The patient had an appointment for an office visit at 8:30am with Katie Wilkerson, ARNP. [redacted] arrived late for this visit at 10:15. [redacted] appeared to be lethargic and unsteady on [redacted] feet. [redacted] was placed in a wheelchair by front desk staff. Kim Popowicz MA, assessed the patient. Vitals were normal. Temp of 97.4 BP 156/68 Pulse 64. CBC and CMP were drawn. CMP includes glucose.Patient was kept in inner waiting room under observation of medical assistants until an exam room was available at 11:30.

Katie Wilkerson, ARNP saw the patient at approximately 11:45. The patient requested to see Dr. Sprawls. Katie agreed that [redacted] should be seen by Dr. Sprawls because she believed the patient may have overmedicated [redacted].

When Roshaunda Spencer MA entered the exam room to move the patient for the appointment with Dr. Sprawls at 12:50, the patient was unresponsive. Dr. Sprawls was notified.

Dr. Sprawls assessed the patient. The CMP was not available. He ordered a fingerstick glucose and pulse oximetry, and had 911 called. The fingerstick glucose result was 46, pulse oximetry 97.

The patient was transported by ambulance to Parrish Medical Center.

[redacted]

CODE 15 INCIDENT REPORT

I. Office Information

#234

Strax Rejuvenation & Aesthetics Institute, Inc.
Surgery Center of Broward
4300 N. University Drive, Suite A-202
Lauderhill, FL 33351 Broward

Tel: 954-749-3040

Roger Gordon, M.D.

ME 82538

II. Patient Information

[redacted]

[redacted]

5/13/09
N/A
N/A
See narrative below

Smart Lipo of abdomen,
bra rolls, flanks and inner thigh

III. Incident Information

5/13/09
approximately 12:55 p.m.

x Operating Room

A.

This [redacted] year old [redacted] underwent an uneventful liposuction. Low blood pressure was observed in post anesthesia care unit which did not respond to a fluid challenge. During this time period, the situation was made worse when the patient's [redacted] who was allowed to visit with [redacted] without discussion and/or permission from the attending medical staff, administered medication of unknown nature to [redacted]. When challenged as to [redacted]action, the patient's [redacted] initially refused to disclose the nature of the medication but ultimately stated it was "percocet." This could not be confirmed. Transfer to a hospital was strongly recommended. After initial reluctance the patient insisted upon transferring to Cleveland Clinic only. Transfer was accomplished. Although numerous telephone calls were made to the facility, the staff would not give me any information regarding treatment received. I have since spoken with the patient's [redacted] who relates that [redacted] is home and doing well.

B.

CPT 15877 Suction assisted lipectomy	E878.8 Systemic hypotension Surgical procedure as cause of abnormal patient reaction	998.0 Postoperative shock

C.

Standard OR Surgical Equipment

D.

X Any condition that required the transfer of the patient to a hospital

E.

Surgery of 5/13/09:
L. Aponte, License #: RN 9182838, Anesthesia
M.Bravo, Circulator
R. Taveras, Scrub

F.

See above.

IV.

A.

The patient underwent an uneventful liposuction. [redacted] demonstrated postoperative hypotension which did not respond to a fluid challenge. The patient's [redacted] potentially compounded the problem by administering medication of unknown nature to [redacted] without authorization. [redacted] was transferred to Cleveland Clinic where unfortunately, I was unable to obtain information regarding [redacted] treatment or course.

The patient's [redacted] relates that [redacted] s home and doing well. Unfortunately, [redacted] has not maintained postoperative follow up despite numerous attempts to cajole [redacted] into compliance. [redacted] related that [redacted] would continue to attempt to have the patient comply with requested pre-operative care to the extent same was possible.

B.

V.

ME82538

Signature of Physician — License No.:

5/26/09

Date Report Completed — Time Report Completed

[redacted]

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
Charlie Crist, Governor

MEDICINE BOARD

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

2009 JUN 23 AM 8:13

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

234

tx/UV
odeath
cosetr

I. OFFICE INFORMATION

Name of office: KENT V. HASEN, MD, PA

Street Address: 4081 TAMIAMI TRAIL N, SUITE C203

City: NAPLES FL Zip Code: 34103 County: Collier

Telephone: 239-262-5662

Name of Physician or Licensee Reporting: KENT V HASEN, MD

License Number & office registration number, if applicable: ME84935; OSR 588

[redacted]

II. PATIENT INFORMATION

[redacted]

Patient Identification Number

Age Gender Medicaid Medicare

Date of Office Visit: 6/8/09

Purpose of Office Visit: Dyspnea

Diagnosis: Dyspnea

ICD-9 Code for description of Incident: 786.0

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

III. INCIDENT INFORMATION

Incident Date and Time: 6/8/09 at 12:30pm

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

See attached Narrative

09 JUN 29 AM 9:58
CONSUMER SERVICES UNIT

DH-MQA1030-12/06

B) ICD-9-CM Codes

CPT = 19325	338.18 (Postop Pain)	786.0 (Dyspnea)
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: ☐ 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 Evaluation and release to home Name of facility to which patient was transferred: Naples 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.

Arlene Dinunzio, Medical Assistant

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

Marie Jackson - 239-262-5662
Ashley Wilkerson 239-262-5662

2009 JUN 23 AM 8:13 MEDICINE BOARD

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. [signature] ME84935

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

6/16/09 — DATE REPORT COMPLETED

0845 — TIME REPORT COMPLETED

III INCIDENT INFORMATION

A. CIRCUMSTANCES OF THE INCIDENT:

This [redacted] year old [redacted] was consulted on 4-27-09 and 4-29-09 with [redacted] mother for breast augmentation and correction of asymmetry and tuberous breast deformity. [redacted] had a history of mild asthma and fibromyalgia for which [redacted] was taking proventil prn and amitriptyline 10 mg QD, respectively. [redacted] stated an allergy to belladonna. Past surgical history included extraction of wisdom teeth at age 16 and a tonsillectomy as a child. The patient was seen on 5-20-09 when I performed [redacted] preoperative history and physical. [redacted] signed consents at that time and received pre and postoperative verbal and written instructions. VS were 103/52-64-14 and laboratory tests were ordered. The serum pregnancy test was negative and the basic metabolic panel and CBC (hemogram) were all within normal limits. [redacted] presented on 6-4-09 for a bilateral circumareolar mastopexy with breast augmentation under IV deep sedation administered by my CRNA. The intraoperative and immediate postoperative periods were uneventful. [redacted] was discharged to home in the care of [redacted] mother. The patient was doing well when I contacted [redacted] at home the night of surgery and upon [redacted] first post operative visit the following day, 6-5-09. [redacted] next visit was scheduled for 6-12-09, however, the patient called and presented on 6-8-09 stating that [redacted] was having difficulty breathing. Physical assessment revealed oxygen saturation of 99%, and vital signs of 115/64-108-14. Her lungs were clear to auscultation, there was no swelling in [redacted] legs and [redacted] denied calf tenderness. When asked how long [redacted] had been experiencing this, [redacted] stated that [redacted] was having difficulty over the weekend, however, did not wish to disturb the surgeon. [redacted] had been advised at [redacted] preoperative teaching session to contact the surgeon 24 hours a day, including weekends, should there be a problem or concern, and this was reinforced again at this time. The patient was accompanied at this visit by [redacted] mother who drove [redacted], and [redacted] was advised to go the hospital ER immediately, which is within 2 miles of the office.

In the ER, [redacted] vital signs were 115/49-93-16 and temperature of 97.4F. Oxygen saturation was 97. CBC was negative. Ultrasound of bilateral lower extremities was negative as was the CT pulmonary embolism protocol. The ER physician reinforced to the patient that [redacted] will experience pain for several days postop in the chest area and that this is normal. [redacted] was advised to take [redacted] prescribed medication as needed. The patient was released to [redacted] mother's care and has had no further respiratory difficulties.

IV. ANALYSIS AND CORRECTIVE ACTION:

A. Analysis:

This patient underwent a submuscular augmentation with correction of tubular deformity which typically involves significant chest discomfort/pressure for the first few days postoperatively. Contrary to my advice, the patient stopped taking [redacted] pain medication (Lortab) on post operative day one as it was making [redacted] feel dizzy, and had switched to ibuprofen alone, which was not strong enough to manage [redacted] pain. For this reason [redacted] found it difficult to take a deep breath which increased [redacted] anxiety, and may have contributed to the slight tachycardia we noted in the office prior to sending [redacted] to the ER.

B. Corrective Action:

We will continue to emphasize the need to contact the surgeon with any questions or concerns, regardless of the time or day of the week. We will also continue to emphasize the importance of effectively managing postoperative pain and advise patients to contact us for ~~alternative pain medication should~~ the prescribed medication result in significant side effects. As my facility is AAAASF accredited, this incident will be further analyzed through the mandatory peer review process.

Kent V. Hasen, MD

6/16/09
Date

[redacted]

RECEIVED
2009 JUN 23 AM 10:

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

#236 pended later deaths medical

I. OFFICE INFORMATION

Advanced Imaging & Interventional Institute
Name of office

2730 McMullen Booth Rd
Street Address

Clearwater 33761 Pinellas
City Zip Code County

727-791-7300
Telephone

Gerald A. Niedzwiecki MD
Name of Physician or Licensee Reporting

ME 70699 / 05R521
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

585.6
Diagnosis

[redacted]
Age Gender Medicaid Medicare

6-16-09
Date of Office Visit

Tunnelled HD Catheter Exchange
Purpose of Office Visit

N/A
ICD-9 Code for description of Incident

5
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6-16-09
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 N/A

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

ESRD pt in for Tunnelled HD Catheter exchange procedure. Postop pt. remained sedated for one hour & when arousable had poor control of secretions (more than normal for [redacted] preoperatively). Required some oral suctioning prn & new cardiac arrhythmias (per daughter) noted. Vital sign stable entire time pt. @ the facility. Cardiac rhythm = Sinus Tachycardia w/ PVC's & elevated T-waves. Dr. Niedzwiecki & Pt's PCP, Dr. Steven Schwartz conferred. Both agree transfer to Hospital is good idea. Hospital & EMS contacted. EMS arrived & transported pt. via stretcher & ambulance to Morse Countryside Hospital in stable condition.

B) ICD-9-CM Codes 585.6 ; 709

36558 CPT	N/A	Cardiac Arrhythmia
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: ☐ 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: Mease Countryside Hospital – Bay Care System	

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 A. Niedzwiecki MD	ME 70649	Physician
Christina L. Hays RN	RN 2805682	RN - Sedation
Jeannette M. Hill RN	RN 706052	RN - Postop/Preop
Shelly A. Bugman RT	CRT 38122	Technologist

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)

Sinus Tachycardia of uncertain cause. Not felt to be related to sedation or procedure.

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

Reassess & affirm current assessment & intake criteria for outpatients.

V.

[signature]	ME 70649
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
6-16-09	1444
DATE REPORT COMPLETED	TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

RECEIVED
2009 JUN 23 AM 10:

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#237 txfer death medical

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

I. OFFICE INFORMATION

Advanced Imaging & Intervention Institute
Name of office

2730 McMullen Booth Rd, Ste 100
Street Address

Clearwater, FL 33761 Pinellas
City Zip Code County

727-791-7300
Telephone

Gerald A. Niedzwiecki, MD
Name of Physician or Licensee Reporting

ME70699 / 0SR521
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Pati[redacted]

Pati

Patient Identification Number

Age Gender Medicaid Medicare

6-17-09
Date of Office Visit

AV Fistulagram w/poss. intervention
Purpose of Office Visit

ESRD 585.6
Diagnosis

N/A
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6/17/09 1010hrs
Incident Date and Time

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

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 here for visit re: (Dx=ESRD) AV Fistulagram. Procedure initiated & performed without difficulty while patient on table. Pt. stable throughout procedure. At the conclusion of the procedure. B/P dropped from 116/50 to 60/40 & HR from 54 to 40. Pt. was assessed & was acutely unresponsive & in PEA with spontaneous respirations. ACLS initiated. EMS contacted. Pt. resuscitated & transferred via ambulance to Morse Countryside Hospital E.R. Pt. intubated & in stable condition upon transfer. C Hays

CPT 360558

B) ICD-9-CM Codes End Stage Renal Disease | HTN, Pancreat Ca, ESRD, Hypoglycemia, Hyperphosph

585.6 ESRD	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)

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 Monitoring / Observation Name of facility to which patient was transferred: Mease Countryside Hospital - BayCare	

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.

Christian L. Hays RN → RN2805682 Kay Gonzales RN → RN1398962
Gerald A. Niedzwiecki MD → ME70649 Jaimee Caballero MA → N/A
Shelly A. Bugnar RT → CRT 38122
Jeanette Hill RN → RN 7066052

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)

PEA of uncertain cause not felt to be related to equipment or Sedation.

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

Reassess & affirm current assessment & intake criteria for outpatients

V.

[signature] ME70649
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT **LICENSE NUMBER**

10-18-09 0800hr
DATE REPORT COMPLETED **TIME REPORT COMPLETED**

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
2009 JUN -9 AM 10: 22

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

Procelle.

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 Parnell 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

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

urinary retention
Diagnosis

6-1-09
Date of Office Visit

Catheter removal
Purpose of Office Visit

NA
ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6-1-09 @ 1145 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 presents for catheter removal. B/P on admission 77/41 and patient is lethargic. Discussed with [redacted] the need for urologic assessment and follow up. Decision to transfer to CRMC made and EMS notified of need for transport as there is some concern for patient's stability during personal transport. EMS took report and patient to CRMC after IV fluids started.

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)
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 CRMC	

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 - ARNP 920 7974 - Provider Providing
Terry J Crowe RN - RN 915912 - IV start and assistance with procedure
David L Burday MD - MD 95630 - Supervising Physician

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 presents hypotensive and somewhat lethargic for scheduled appointment to remove cath. Will maintain Catheter until condition is stabilized. Cont. back 6-2-09 for

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) cath removal
Appropriate transfer for follow up care of
the urologic condition. Hypotension + lethargy
& undetermined etiology

Terry Crowe RN — RN 915912
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

6-4-09 — DATE REPORT COMPLETED
1530 — 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

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

& procede.

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

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

prostate cancer
Diagnosis

6-3-09
Date of Office Visit

Lupron injection
Purpose of Office Visit

N/A
ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

6.3-09 @ 1415 pm
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 presents for Office visit for f/u of prostate cancer. Lupron prescribed ad administered. While at checkout station, subsequent to injection, the patient became weak, dizzy, diaphoretic. B/P 98/52 with stable pulse. [redacted] is assisted to a supine position with head down. B/P 98/52. Assessed by B Blasko ARNP Decision to transport for further assessment and f/u made and EMS notified. Patient is transferred to FMH

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)
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.
Mary Ford RN - RN2020262 - assisting with transport
Byron Blasko APRN - 1554842 - providing assistance during incident
Marjorie Christine Stalder RN - RN1692522 - assisting patient with care
Robert A Bradford MD - ME0065027 - supervising physician

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)
May have been a vaso vagal response to having an injection or a diabetic reaction that needed assessment.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Patient needed to be assessed to rule out hypo or hyperglycemia related to patients diabetes. [redacted] was observed and discharged.

V. [signature] RN CRM — RN 915912
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

6-4-09 — DATE REPORT COMPLETED
1610 — TIME REPORT COMPLETED

[redacted]

STATE OF FLORI[redacted]
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Øprocedure

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3276

I. OFFICE INFORMATION

Orthopaedic Surgery Associates
Name of office

2828 So. Seacrest Blvd # 204
Street Address

Boynton Bch FL 33435 PBC
City Zip Code County

561-734-5080
Telephone

Dr. Doral
Name of Physician or Licensee Reporting

Ø
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Patient Identification Number

Syncope
Diagnosis

[redacted]

Age 6-25-84 Gender Medicaid Medicare

Date of Office Visit

office visit
Purpose of Office Visit

ICD-9 Code for description of Incident

Level I / Dr. office
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6/25/09 940A Xray Room
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

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CONSUMER SERVICES UNIT
09 JUL 13 PM 3:24

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

Pt had a Syncopal episode in the Xray Room.
911 was called and taken to Bethesda memorial
See reports from Hospital.
Syncope had nothing to do w/ treatment rendered in the office —
Pt has been discharged from hospital p workup —

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)

Ø

D) Outcome of Incident (Please check) Syncope Episode DX: 780.2

☐ 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.

Dr. Darci License # ME 0099159
Laurie Kosiah [redacted] License #

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)

No corrective action required.
911 was called & EMS took pt to hospital.

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

911 called immediately.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER: ME 0099159

6/27/09 — DATE REPORT COMPLETED

1:30A — 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

fpweele.

I. OFFICE INFORMATION

HEMATOLOGY ONCOLOGY CONSULTANTS
Name of office

2111 SWANN AVE SUITE 102
Street Address

TAMPA 33606 HILLSBOROUGH
City Zip Code County

(813) 254-7227
Telephone

HAFEEZ CHATOOR MD
Name of Physician or Licensee Reporting

ME# 0060783
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]

Age Gender Medicaid Medicare

6-17-09
Date of Office Visit

CHEMOTHERAPY
Purpose of Office Visit

RECTAL CANCER
Diagnosis

ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6-17-09 - 1030 AM
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
N/A Was an autopsy performed? ☐ Yes ☐ No

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

PATIENT'S LEFT CHEST MEDIPORT WAS ACCESSED WITH A 20g 3/4" HUBER NEEDLE AND FLUSHED WITH 10CC NORMAL SALINE; POSITIVE BLOOD RETURN WAS OBSERVED. IMMEDIATELY AFTER PT SAT UP, BECAME RIGID, C/O DIFFICULTY BREATHING AND BACK PAIN. O2 4L PER NASAL CANNULA APPLIED. DR CHATOOR ASSESSED PATIENT. BREATH SOUNDS CLEAR BILATERALLY. PATIENT'S BP 161/109 PULSE 102 RESP 24 SAO2 ON RA 88-94%. EMS Called & Arrived within 3 minutes, Pt STARTED TO GRADUALLY NORMALIZE WITH A PAIN SCORE OF 4 OUT OF 1-10 SCALE WHEN EMS ARRIVED

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)
10CC SYRINGE OF NACL 0.9% PREDRAWN KENDALL LOT 9040864 EXP 03/2011

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 ST JOSEPH'S HOSPITAL	

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.
ELLEN SMILEY RN 2822572
HAFEEZ CHATOOR MD 00600783

F) List witnesses, including license numbers if licensed, and locating information if not listed above
PAMELA JAMES RN 919-2610

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
SALINE SYRINGE ACCESSED OBSERVING LOT & EXPIRATION NUMBER

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

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER: 00600783

DATE REPORT COMPLETED: 6-17-09 — TIME REPORT COMPLETED: 1500

[redacted]

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
Charlie Crist, Governor

RECEIVED
CONSUMER SERVICES UNIT
2009 JUL -1 AM 9:50

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

Opinicle

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. LEVINE
Name of Physician or Licensee Reporting

ME 0804927
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

MALIGNANT NEOPLASM OF HYPOPHARYNX
Diagnosis

[redacted]
Age Gender Medicaid Medicare

6-16-09
Date of Office Visit

CHEMOTHERAPY
Purpose of Office Visit

148.9
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6-16-09 1500
Incident Date and Time

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

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 STARTED FIRST DOSE OF ERBITUX AT 1406. PT COMPLAINED OF SHORTNESS OF BREATH AT 1500. ERBITUX STOPPED IMMEDIATELY. NORMAL SALINE FLUSH STARTED AT KEEP VEIN OPEN. VITAL SIGNS TAKEN. BP 180/100. O2 ON ROOM AIR 85%. PT PUT ON 6L O2 NC. LUNGS AUSCULTATED, WHEEZES HEARD. HEAD OF BED ELEVATED. O2 SATURATION ON 6L INCREASED TO 93%. DR. LEVINE (IN HOUSE MD) ~~PER~~ & CALLED, ARRIVED AT BEDSIDE TO ASSESS PT. ORDERS TO GIVE DECADRON 4 MG IVP GIVEN @ 1505, TAGAMET 300 MG IV GIVEN AT 1510. ORDER TO CALL EMS AT 1511. EMS ARRIVED AT 1520. BP PER EMS 192/111. PT TAKEN TO PARRISH MEDICAL CENTER VIA AMBULANCE AT 1530. PT'S CONDITION STABLE. DR. BLAINE (ATTENDING ONCOLOGIST) NOTIFIED AT 1515.

Rec

B) ICD-9-CM Codes

V58.11	995.20	—
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 discharged home from ER. 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 involved in this incident, this would include anesthesiologist, support staff and other health care providers.

CORI BARGER RN 9253387
MELISSA PAGE CHINN RN 9248257
LINDA NIEBEL RN 216266152
DR. RICHARD LEVINE ME0004927

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)

POSSIBLE ALLERGIC REACTION TO CHEMOTHERAPY

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

CHEMOTHERAPY STOPPED. EMS CALLED.

V. CBL RN [signature] RN9253387
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

6-16-09 1600
DATE REPORT COMPLETED TIME REPORT COMPLETED

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#238

taller
death
cosmetic

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

I. OFFICE INFORMATION

Clinic For Cosmetic Surgery
Name of office

6705 S.W. 57th Ave. Suite 412
Street Address

MIAMI
City

33143
Zip Code

DADE
County

305-279 6565
Telephone

THOMAS ZAKRAN JR MD
Name of Physician or Licensee Reporting

OSR 619
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

6-23-09
Date of Office Visit

Patient Identification Number

COSMETIC SURGERY
Purpose of Office Visit

ABDWL, FACE, LIPOSUCTION
Diagnosis
torso

427.89
ICD-9 Code for description of incident

III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6-23-09 1330
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 NARRATIVE

B) ICD-9-CM Codes

86.82	hypomagnesia	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 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: South Miami Hospital - Pt discharged on 6/25/09 in stable condition (Hospital discharge summary attached)

- ☐ 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.

Surgeons: Thomas Zaroff Jr MD ME44187 RN: Juliette Robbins RN 94-1952
Greg Lovas MD ME40126
Eric Alt ST
Anesthesiologist: Yamila Nunez MD ME69565 Ethan Sudekum ST

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)

Possible reaction to wetting solution (Fluorescent Solution)

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

Case reviewed with Risk Management. All protocols were found to be appropriate and followed precisely. Patient continues to do well

V. Thomas Zaroff MD ME 44187

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

6-6-09 10 A.M.

DATE REPORT COMPLETED TIME REPORT COMPLETED

Narrative continued
RE: [redacted]
In the recovery room(1350) the patient's hypertensive state persisted in the 130/90 to 160/90 range, with vital signs being monitored every 5 minutes X 3 then every 10 minutes for the remainder of the patients stay in PACU by an RN with ACLS certification. Please note patient was never left unattended by licensed personnel. Clonidine 0.1mg sublingual, was prescribed by the attending surgeon and administered at 1455 by the RN. Although the patient was hemodynamically stable and asymptomatic [redacted] did have a few multi-focal PVC's. [redacted] was given an additional 70mg of Lidocaine. Patient was arousable immediately after extubation, becoming fully awake, alert and oriented during [redacted] stay in PACU. [redacted] denied any complaints of chest pain or discomfort. Respirations remained even and unlabored.

The recovery room staff placed a call to the patient's primary care physician. Since he stated that this condition was a new finding, although [redacted] was quite stable, he requested the patient be transferred to the South Miami Hospital emergency room for evaluation. Patient was transferred by non-emergency ambulance transport. I Dr. Zaydon remained with the patient until [redacted] physically left the facility. He followed the ambulance to the emergency room, during which time I called report to emergency room receiving nurse. He arrived at the hospital at the time as the patient and accompanied [redacted] into the emergency room. [redacted] condition remained stable during transportation.

Upon admission, the patient denied any cardiac symptom. Furthermore, blood pressure was 110/70, heart rate 62, and saturation 98% (on room air). [redacted] was in normal sinus rhythm. EKG was normal. Cardiac enzymes and 2-D echo were normal. Troponin was negative. There was no evidence of cardiac ischemia.

Initial lab values were normal, with the exception of a borderline-low magnesium level of 1.5.

The primary care physician referred the patient to a cardiologist, who evaluated the patient's clinical findings. The cardiologist felt that the patient's condition was due to a combination metabolic derangement and hypomagnesia (refer to enclosed hospital discharge summary), but felt the necessity to admit [redacted] for observation.

During the course of monitored observation and subsequent laboratory evaluation, the patient was completely asymptomatic and hemodynamically stable. [redacted] was in normal sinus rhythm at all times. There was no evidence of cardiac ischemia.

The patient was discharged to [redacted] home on 06/25/09 in very good condition, without any medications.

The patient continues to be followed several times per week by both attending surgeons and has experience no sequelae from this incident.

Please note that the surgical facility is registered with the Florida Board of Medicine as a level 2 and 3 facility was inspected by the Department of Health and found to be deficiency free.

Thomas J. Zaydon, Jr., M.D

NARRATIVE

RE: [redacted]
Date of Incident: 06/23/09

[redacted] is a [redacted] year-old [redacted] who was seen in consultation on May 27, 2009 for an aging face and mild lipodystrophy of the torso.

The patient's height is [redacted] and [redacted] was [redacted] lbs. [redacted] was in good health and took no medications.

Past medical history included an uncomplicated hysterectomy and an abdominoplasty.

The patient was referred to [redacted] primary care physician for clearance for the planned procedure. EKG and chest X-ray were normal, and labs were normal, with the exception of mild anemia. The patient was advised to take multi-vitamins and iron. [redacted] was referred for a cephalogram (X-ray of the side face).

The patient's pre-operative medical evaluation by the PCP stated, "the patient is in his/her optimal medical condition and is cleared for anesthesia and surgery."

The patient had additional pre-operative consultation with both Dr. Lovaas and Dr. Zaydon, with review of the lateral cephalogram. All appropriate documentation and informed consents were completed.

On June 23, 2009 the patient had a meloplasty, placement of a chin implant and 900 cc of supernatant liposuction from the torso under general anesthesia as administered by an MD anesthesiologist. The surgical time was 3 hours and 30 minutes. Prior to the liposuction, the abdomen, thighs, and flanks were infiltrated with 1300 cc. of tumescent solution. The tumescent solution consisted of 1000cc .9% NS with 50cc 1% Lidocaine and 1cc Epenephrine 1:1,000 of which 1.3 liters was infiltrated (less than 1mg/kg of Lidocaine). The patient had no cardiac irregularities during infiltration of the tumescent solution. The intra-operative course was benign until the very end of the procedure.

At approximately 1300 the patient developed episodes of bigeminy. Patient was treated with 70 mg of IV lidocaine administered by the MD anesthesiologist, which converted [redacted] to normal sinus rhythm. The remaining surgical wounds were quickly and carefully closed, and compression dressings were applied.

As the patient emerged from anesthesia, [redacted] became minimally hypertensive, in the range of 160/85. [redacted] was treated with 2 doses of IV hydralazine of 5mg. each, and was transferred to the recovery room.

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#239 taller @ death medic

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

I. OFFICE INFORMATION

Advanced Imaging & Intervential Institute
Name of office

2730 McMullen Booth Rd, Ste 100
Street Address

Clearwater | 33761 | Pinellas
City | Zip Code | County

(727) 791-7300
Telephone

Gerald A. Niedzwiecki MDPA
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]
Patient Identification Number

[redacted]
Age | Gender | Medicaid | Medicare

6-26-09
Date of Office Visit

Breast Ca - New Right Lung Mass
Diagnosis

CT Gd Right Lung Biopsy
Purpose of Office Visit

N/A
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6/26/09 1445h
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 N/A

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

[redacted] y/o patient @ facility for CT Gd Right Lung Biopsy, diagnosed w/ Breast cancer & New right lung mass. Patient tolerated procedure well & after SBS stable & recovering & talking. P.O. successfully was assisted OOB to BR. [redacted] developed nausea & vomiting afterwards. Given Zofran 4mg IVP @ 1445h. After administration pt. became more sluggish & developed AMS of unknown etiology. Daughter, who is an ARNP, was present for entire visit & was queried re: [redacted] LOC. Daughter replied, "[redacted] gets like this when [redacted] tired." Vital Signs monitored throughout course. BP= 72/50, HR=47, O2 sats= 90% on RA. O2 via NC @ 4lpm & pt placed supine. NSS 0.9% IV 1 L to KVO. Within 5 mins: BP= 104/74, HR=89, O2 sats=91% on 4lpm. Pt. opens eyes to name & tactile stimuli, but unable to follow commands. CT of Head done @ 1630h w/ results being no acute infarct or ICH. After continued monitoring & no improvement in AMS & discussion held w/ daughter RE, pt. was admitted to MCH. EMS contacted & pt transported via ambulance in stable condition.

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)**
Breast Ca, Mets Lung	Zofran (believed)	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: ☐ 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.	
X Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only) Monitoring / OSV	
Name of facility to which patient was transferred: Mease Countryside	

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.

Jeanette Hill RN - RN 7066052
Conrad A. Niedzwiecki MD - ME70649
Christian L. Mays RN - RN 2805682
Cynthia Taylor RN - RN 2202132

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)

Unexpected adverse reaction to administered Zofran vs. Vasovagal reaction.

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

Maintenance of careful post procedural monitoring until discharge.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
[signature] MD	ME7049
6/26/09	1800
DATE REPORT COMPLETED	TIME REPORT COMPLETED