STATE OF FLORIDA

[redacted]

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

1 provider

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

Keith Goldstein MD
Name of Physician or Licensee Reporting

ME 94967
License Number

same
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

Iron deficiency anemia
Diagnosis

06/11/09
Date of Office Visit

IV iron infusion
Purpose of Office Visit

280.9
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

06/11/09 1410
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☑ Other Chemo infusion 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)

Infusion of IV Desferrum began @ 1410. @ 1415 pt became diaphoretic, Yaw ND SOB, NO rash. Diferrum infusion stopped, IV NS KVO running, Dr. Goldstein summoned. B/P 94/60 @ 1420 Benadryl 25 mg given NPB per MD order. 1422 - O2 @ 4L per N/C per MD order. NS continues @ KVO. @ 1425 pt c/o feeling cold, blankets given, pt shivering. Dr. Goldstein summoned, pt shaking so hard, unable to obtain audible B/P, Pulse 76 and regular. Solucortef 50 mg given IVPB, NS continues. 1510 - pt monitored approx 45 min unchanged. O2 sat = 99, pt c/o chest pain as #7 (scale 1-10). 911 called for transport to Hospital @ 1515. Paramedics arrived @ 1525, transported pt to Universal Community Hospital via ambulance. pts son at side.

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)
96365		

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.

Phyllis KEAPICK RN	RN 1950072	954-726-0035
Yajuwatee Bailey RN	RN 1433692	954-726-0035
Keith Goldstein MD	me 94967	954-926-0035

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

Jason Rothenberg RN	RN 1148592	954-726-0035
NANCY PELUSO RN	RN 952582	954-726-0035

IV. ANALYSIS AND CORRECTIVE ACTION

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

possible MEDICATION REACTION, AWAIT RECORDS FROM ER

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

None, continued vigilance during infusion of any IV meds

V.

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

06/15/09 DATE REPORT COMPLETED — 1508 TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#256 trauma death medical

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

I. OFFICE INFORMATION

Access Health
Name of office

13085 Telecom Parkway North
Street Address

Tampa | 33637 | Temple Terrace
City | Zip Code | County

(813) 712-2900
Telephone

Marcia Alhameedi RN
Name of Physician or Licensee Reporting

RN 9272222
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

ESRD, Stricture of Artery, Compression & View
Diagnosis

7/7/09
Date of Office Visit

Fistulagram with possible angioplasty Dialysis access evaluation
Purpose of Office Visit

459.0
ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

7/7/09 @ ≈ 1421pm
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)

Procedure of angio/fistulagram with angioplasty in progress after about ≈ 30 mins in procedure attempting to dilate (c Stenosis at the juxta anastamotic site with inflation of 8×4 balloon patient complained of severe pain in dialysis access area then noted hematomas which obtained from previous fall grew larger. emergency 911 Initiated per Dr LIN patient was sent via ambulance to UCH-Fletcher for further evaluation for possible Rupture of blood vessel.

S+I 75978
S+I 75962
36215, 75710.

B) ICD-9-CM Codes

36145, 75790, 60393	459.2	459.0
Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

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

D) Outcome of Incident (Please check)

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

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 James Lin – Doctor
Louis ANNAMUMMA – Radiology Tech RT CRT 68987
Marcia Alhameedi – Monitor Nurse 2 – RN 937222
Betsy ANNAMUMMA – Scrub Tech/RT/Admin CRT 18572
Mario Acosta – Scrub Tech/RT

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)

Rupture of the cephalic vein just adjacent to the arterial anastomosis. Cause of rupture was the angioplasty coupled w/ diseased veins & tight stricture

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

attempted prolonged Balloon inflation. Subsequently gently dilated w/ balloon occlusion

V. James V. Lin / Marcia Alhameedi/pa — RN 937222
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

9/30/09 — DATE REPORT COMPLETED
0830 AM — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

240 taller odart 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, Ext. 314
Telephone

O. Andrew Giles, M.D.
Name of Physician or Licensee Reporting

ME46924
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

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

7-16-2009
Date of Office Visit

Decreased Oxygen saturation with wheezing and difficulty swallowing.
Diagnosis

Colonoscopy - guaiac positive stool
Purpose of Office Visit

Decreased Oxygen saturation with wheezing and difficulty swallowing.
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

07-16-2009
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)

Please see attached.

B) ICD-9-CM Codes

558.9	Coughing, laryngospasm, respiratory insufficiency	Pneumonitis
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:
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 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.

O. Andrew Giles M.D. License # ME 46924 · Dr. that performed Colonoscopy · Admitting nurse Christine Semfine L.P.N. # PN5150042
John O. Gernert, M.D. License # ME87839, Anesthesiologist
Danny R. Chiriboga, CRNA License # CRNA 55199, ARNP3175242 - Nurse Anesthetist for procedure
Angela E. Carello R.N. License # RN1678832 Procedure Room Nurse + Endoscopy Manager.
Mildred Ortiz, LPN # PN5157267 Nurse assisting for procedure. Sophie Overlock, RN # RN1617252 Recovery rooms nurse

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.

O. Andrew Giles M.D.	ME46924
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
8-27-09	10:05 a.m.
DATE REPORT COMPLETED	TIME REPORT COMPLETED

Ambulatory Endoscopy Center of Central Florida
O. Andrew Giles, M.D.
Anthony J. Coppola, M.D.
Anthony C. Lin, M.D.

A. Narrative description of circumstances of the incident regarding [redacted]

O. Andrew Giles, M.D, completed colonoscopy to the cecum and terminal ileum. The procedure was generally tolerated well without immediate serious complications. The patient did have an episode of decreased oxygen saturation, which occurred following some coughing and possible laryngospasm. [redacted] responded to oxygen supplementation and suctioning.
See attached progress note by Anesthesiologist, John O. Gernert, M.D.
Patient had possible aspiration during [redacted] Colonoscopy. Slight wheezing noted by Dr. Gernert in the procedure room. When patient arrived in the recovery room [redacted] was given two Albuterol updraft treatments for [redacted] wheezing. The wheezing continued throughout [redacted] recovery and [redacted] complained of difficulty swallowing. O2 Saturations were 90% to 95% on 2.5 LPM Oxygen via nasal cannula. Dr. Gernert and Dr. Giles agreed patient should be transferred to the hospital for further evaluation and management. Patient was transferred to South Seminole Hospital.
Patient was hospitalized July 16, 2009 and treated for mild aspiration pneumonia. [redacted] was discharged on July 17, 2009 after a one-day hospitalization.
Please refer to attached hospital consults, history and physical, physician progress notes and discharge assessment information.
Patient was doing well when seen by Dr. Giles for an outpatient follow up visit.
Please see attached information for further details.

[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

246 Trider death cover

I. OFFICE INFORMATION

Boca Raton Surgery Center	899 Meadows Road
Name of office	Street Address
Boca Raton 33486 Palm Beach	561-338-3637
City Zip Code County	Telephone
Dr. Kevin Shaw, M.D.	OSR309
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]
Patient Name	Age Gender ☐Medicaid ☐Medicare
[redacted]	7/14/09
Patient's Address	Date of Office Visit
	Breast Augmentation
Patient Identification Number	Purpose of Office Visit
~~Hyperplasia~~	292.81/292.0
Diagnosis	ICD-9 Code for description of incident
	II
	Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7/14/09	Location of Incident: X Operating Room ☐Recovery Room ☐ Other -
Incident Date and Time	

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)

RECEIVED
2009 AUG 24 AM 10:03
CONSUMER SERVICES UNIT

Patient underwent a breast augmentation under Level II sedation administered by RN certified in conscious sedation under my direct supervision. Patient was medicated with Demerol and Versed during the case. Patient previously had stated [redacted] was taking single dose of Oxycotin x 1 year for an injury. At the end of the case, the RN gave reversal agents. Patient immediately became confused and combative. I tried to give IM Haldol which [redacted] did not respond to. I called 911 and the patient was taken to BRCH where [redacted] was intubated. [redacted] developed a hemtoma in [redacted] right breast overnight. [redacted] was taken to the O.R. and the hematoma was evacuated. [redacted] was treated with a Fentanyl patch post-op and [redacted] remained lucid and calm. [redacted] remained in the hospital for another 24 hours and was discharged in stable condition.

B) ICD-9-CM Codes

Breast Augmentation/Hypomastia	Acute opiate withdrawal	Confusion.
757.6	292.0	298.9
	vs. aberant reaction to a medication	Hematoma
	292.81	611.8
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)

Standard OR surgical equipment.

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.	
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure	** if it resulted in:
X Any condition that required the transfer of the patient to a hospital.	☐ Death
	☐ Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only:	☐ Spinal Damage
	☐ Permanent disfigurement not to include the incision scar
Discharged home stable	☐ Fracture or dislocation of bones or joints
	☐ Limitation of neurological, physical or sensory function.
Name of facility to which ~~patient~~ was transferred:	☐ Any condition that required the transfer of the patient to a hospital.
Boca Raton Community Hospital	

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

Dr. Kevin Shaw. License #: ME OSR309
Linda Sikorski, R.N. License #: RN 1411342
Janice Johnson, Scrub Nurse
Toni Fournier, Circulator Nurse

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Possible acute opiate withdrawal vs. aberant reaction to reversal medication. Combative behavior caused hematoma.

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

Patient on long term narcotic/opiate use will be evaluated by prescribing physician for medical clearance.

V. K. Shaw ME 51646

Signature of Physician/Licensee Submitting Report | **License Number**

8/20/2009 | 1630 hours.

Date Report Completed | **Time Report Completed**

STATE OF FLORIDA

[redacted]

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

8 pwelle

I. OFFICE INFORMATION

Oncology & Hematology Associates of West Broward
Name of office

7437 North University Dr. Ste 110
Street Address

Tamarac, FL 33321 Broward
City Zip Code County

954-726-0035
Telephone

Sumit Sawhney MD
Name of Physician or Licensee Reporting

ME 72890
License Number

As Above
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Breast CA
Diagnosis

[redacted]
Age Gender Medicaid Medicare

07/30/09
Date of Office Visit

OV Chemotherapy infusion
Purpose of Office Visit

174.9
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

07/30/09 910 Am
Incident Date and Time

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

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

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

Patient sitting in recliner, IV of NS started and pre-meds of Avastin 100 mg started. Pt c/o numbness in hands and difficulty breathing. Avastin infusion stopped, pt looks pale and anxious. Dr. Sawhney informed, back to see patient. O2 given via mask @ 4L/min, Solucortef 100 mg given IVP. 911 called as pt continues to SOB, unable to obtain B/P, pulse weak. EMT arrived and transported via stretcher/ambulance to University Community Hospital @ 940 Am.

B) ICD-9-CM Codes

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

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

D) **Outcome of Incident** (Please check)

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

Nancy Pelaez RN 952582
Sylvia Quiroz RN 919618
Emmit Santiago MD ME 128970

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

Susan Rattenbury RN 1148592

IV. ANALYSIS AND CORRECTIVE ACTION

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

Sudden hypotension, possible medication reaction

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

Arrest records from Emergency room

V.

SIGNATURE OF PHYSICIAN/LICENSER SUBMITTING REPORT — LICENSE NUMBER: ME 128970

DATE REPORT COMPLETED: 8/3/09 — TIME REPORT COMPLETED: 1513

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

RECEIVED
CONSUMER SERVICES UNIT
2009 JUL 14 PM 2:58

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

240 txfer edeath ~~AE~~ cosctn

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

I. OFFICE INFORMATION

Aesthetic Surgery Centre
Name of office

412 Lake Howell Road
Street Address

Maitland 32751 Seminole
City Zip Code County

407-677-8999
Telephone

Jon Paul Trevisani M.D.
Name of Physician or Licensee Reporting

63930 76
License Number & office registration number, if applicable

[redacted]

II. PATIENT INFORMATION

[redacted]

Patient Identification Number

Sebaceous Carcinoma
Diagnosis

[redacted]

Age Gender Medicaid Medicare

07/01/2009
Date of Office Visit

Surgery
Purpose of Office Visit

E878.8
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

07/01/2009 1:50pm
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

na

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

please see attached

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	E878.8	998.12

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: blood transfusion + discharge Name of facility to which patient was transferred: Winnie Palmer 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.

Jay Paul Trevisani M.D. PL 63930
Kenneth Hiller, MD PL 39057
Kashani Heenani RN RN9228267

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

NA

IV. ANALYSIS AND CORRECTIVE ACTION

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

please see attached

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

please see attached

V. Jay P Trevisani MD — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

63930 — LICENSE NUMBER

7/9/09 — DATE REPORT COMPLETED

1610 — TIME REPORT COMPLETED

Aesthetic Surgery Centre

III. A.)

On July 1, 2009 the patient underwent an Abdominoplasty without complications. EBL was 100cc. [redacted] tolerated the procedure well. Initially, in the Recovery Room, [redacted] drains were draining small amounts of serosanguinous drainage. Approximately 3 ½ hours later, after ambulating to the bathroom with assistance twice, it was noted that [redacted] abdominal dressing and garment was soaked with blood and [redacted] abdomen was distended. Both JP drains were filled with blood.

IV. A.)

The apparent cause of this incident is post-operative straining and/or ambulation to the bathroom.

IV. B.)

[redacted] was promptly returned to the Operating Room for Incision and Drainage of an Abdominal Hematoma. The source of the bleeding was identified and cauterized. EBL was approximately 1000cc. The patient tolerated the procedure well. A stat CBC revealed that [redacted] H/H was 6.8/22.3. The patient was immediately prepared for transfer to the hospital for blood transfusion. [redacted] was alert, oriented, cooperative and transferred via ambulance in stable condition to Winter Park Memorial Hospital. [redacted] was discharged on July 3, 2009 with a hemoglobin of 10 after receiving a total of 3 units of packed red blood cells.

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

RECEIVED
2009 JUL 15 AM 9:40

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#241 procedure? med rec failure? death.

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

I. OFFICE INFORMATION

Watson Clinic Heart & Vascular Lab
Name of office

11600 Lakeland Hills Blvd
Street Address

Lakeland 33805 Polk
City Zip Code County

863-680-7789
Telephone

Evan Chambers MD
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

Abnormal liver function studies
Diagnosis

7-2-09
Date of Office Visit

CT Guided Liver Biopsy
Purpose of Office Visit

47000
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7-2-09
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
Was an autopsy performed? ☐ Yes ☐ No

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

Patient underwent CT scan directed biopsy of right hepatic lobe for abnormal liver function studies and clinical suspicion of low grade autoimmune hepatitis. Post procedure patient presented complaining of nausea and pain with pallor and diaphoresis. CT of abdomen noted subcapsular hematoma. Transferred by EMS to inpatient facility where interventional radiology performed hepatic arteriogram with embolization resulting in hemostasis and no further bleeding.

B) ICD-9-CM Codes

47000	None	998.12
Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

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

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 Embolization Name of facility to which patient was transferred: Laredo Regional Medical Center	

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

Evan Chambers MD - ME 39726	Elizabeth Braun AFNP 2911592	Post Procedure Care
James Marc Emerson PA-C - PA21610	Kimberly Dean RN 3143532	
Mary Katherine Hartman - CRT 3973	Patricia Cardin AFNP 3016902	
Cathleen Marie McGill - CRT 54253	Carrie Taylor RN 9248043	

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 experienced potential known complication of procedure.

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

Procedures reviewed and followed appropriately. Patient did not exhibit any identifiable risk factors that would increase risk of bleeding. Known complication indicated on consent.

V. [signature] ME 39726

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

7/6/09 **DATE REPORT COMPLETED**

10 AM **TIME REPORT COMPLETED**

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

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CONSUMER SERVICES UNIT
2009 JUL 20 AM 9:54

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

fpmede.

I. OFFICE INFORMATION

Florida Cancer Institute
Name of office

7154 Medical Center Drive
Street Address

Spring Hill | 34608 | Hernando
City | Zip Code | County

(352) 596-1926
Telephone

Michele Eger 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

[redacted] Age: 7-15-09 Gender Medicaid Medicare
Date of Office Visit

Lung Cancer
Diagnosis

Chemotherapy
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7-15-09 4:25 pm
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ 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. 45 min. into Taxol pt. started having chest pressure, SOB, wheezes, diaphoresis, turned reddened in face. Taxol stopped. O2 applied N/C then via face mask. Pt given 20mg Decadron IVP, 25mg Benadryl IVP and 1mg Atropine IVP. O2 sats 84-92%. Resp started easing after 10 min. Pt sent via EMS to OHH ER for evaluation.

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)**
999.88 Chemotherapy infusion	999.88	

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 Oak Hill Hospital	

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

Michele Eger, RN 2628182
Hueyang Tang, MD ME 87938

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

Ann Pate RN 3704192
Megan Silva, RN

IV. ANALYSIS AND CORRECTIVE ACTION

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

Chemotherapy (Taxol) reaction

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

Taxol discontinued for patient

V.

Michele Eger RN — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
2628182 — LICENSE NUMBER
7/15/09 — DATE REPORT COMPLETED
5:15 pm — TIME REPORT COMPLETED

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

Thank you,
Mary Capo

Florida Cancer Institute - New Hope
(Brooksville Location)
7154 Medical Center Drive
Spring Hill, FL 34606
Ph: (352) 596 1926 Fx: (352) 597 2154

STATE OF FLORIDA [redacted]

RECEIVED
CONSUMER RESPONSE UNIT
2009 JUL 20 AM 10:04

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

6 practice.

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

954-726-4024
Telephone

ALFRED KALMAN M.D.
Name of Physician or Licensee Reporting

ME 0035455
License Number

SAME AS ABOVE
Locating information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted] Age / Gender Medicaid Medicare

07/08/09
Date of Office Visit

99244 - moderate level OV
Purpose of Office Visit

IDA, WALDENSTROMS 280.9 IDA 273.3 WALDENSTROMS
Diagnosis / ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

07/08/09
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other OFFICE WAITING ROOM

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

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

PATIENT WAS SITTING IN CHAIR IN WAITING ROOM. WHEN [redacted] STOOD AND ATTEMPTED TO STEP FORWARD [redacted] FEET GOT "TANGLED" AND [redacted] FELL TO THE FLOOR. HIT Right hip on FLOOR, BACK OF HEAD ON CHAIR DENIED DIZZINESS, STATES [redacted] "JUST TRIPPED". C/O PAIN @ HIP, Leg POSITIONED TWISTED UNDER @ leg. UNABLE TO MOVE @ Leg, CAN MOVE @ leg BUT CAUSES PAIN IN @ HIP when [redacted] DOES. NO BUMP OR ABRASION NOTED ON BACK OF HEAD. SUPPORTED IN SITTING POSITION UNTIL EMS ARRIVED FOR TRANSPORT. DR. KALMAN spoke + PATIENT AND EXAMINED [redacted] EMS ARRIVED WITHIN 10 MINUTES TRANSPORTED TO University Community HOSPITAL ER VIA Ambulance

B) ICD-9-CM Codes

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

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

D) Outcome of incident (Please check)

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

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

Hope	Demichele	CNA	954-726-0035
Susan	Rothenberg	RN 1148592	954-726-0035
NORMA	BARRY	RN 1433692	954-726-0035

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

Hope Demichele

IV. ANALYSIS AND CORRECTIVE ACTION

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

ACCIDENTAL FALL POSSIBLY RESULTING IN FRACTURE OR DISLOCATION OF HIP. WILL AWAIT RECORDS FROM HOSPITAL

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

None

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	ME 0035455 LICENSE NUMBER
07/09/09 DATE REPORT COMPLETED	1620 TIME REPORT COMPLETED

fax 1-850-414-0864

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

242 fatal medical accident.

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

I. OFFICE INFORMATION

Mark Lamet M.D., P.A.
Name of office

1150 N. 35th Avenue #445
Street Address

Hollywood 33021 Broward
City Zip Code County

954-961-7771
Telephone

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

ME0037518 Rad 193
License Number & office registration number if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Diagnosis

[redacted]
Age Gender Medicaid Medicare

09/09/09
Date of Office Visit

Colonoscopy
Purpose of Office Visit

578.9
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

07/09/09
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)

[redacted] y.o [redacted] Endoscopic Polypectomy on 7/9/09
lead Subsequent Hematochezia - pt admitted
to Kem Regional Hospital - Bleeding Scan ⊕
for post-polypectomy bleed. Under went
repeat Colonoscopy on 7/11/09 → area clipped
+ hemostasis obtained pt DC home 7/12/09

RECEIVED
2009 JUL 21 A 11:23

B) ICD-9-CM Codes

45385	N/A	578.9
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

Name of facility to which patient was transferred _____

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

** If it resulted in

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

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

Mark Lamet M.D. ME0037518
David Sacks M.D. ME 49597
Lisa Robsod, R.N. RN321592

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)

Post polypectomy Bleed

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

None

V. [signature] 037518

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

7/13/09

DATE REPORT COMPLETED — TIME REPORT COMPLETED

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

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

ADVANCED IMAGING & INTERVENTIONAL INSTITUTE
Name of office

2730 MCMULLEN BOOTH RD, STE 100
Street Address

CLEARWATER | 33761 | PINELLAS
City | Zip Code | County

727-791-7300
Telephone

GERALD A. NIEDZWIECKI MD
Name of Physician or Licensee Reporting

ME70649/OSR521
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Name

[redacted]
Patient's Address

[redacted]
Patient Identification Number

END STAGE RENAL DISEASE (ESRD)
Diagnosis

[redacted]
Age Gender Medicaid Medicare

07/15/2009
Date of Office Visit

ARTERIAL VENOUS SHUNTOGRAM
Purpose of Office Visit

N/A
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

07/15/2009 1050AM
Incident Date and Time

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

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Pt. was undergoing A-V dialysis graft declotting. Declotting was performed uneventfully. As per usual protocol the "arterial plug" was then removed to re-establish flow in the A-V graft and good flow was established. At this time, the patient's oxygen saturation transiently dropped. An immediate assessment revealed the patient had developed pulseless electrical activity: native ECG rhythm, hypotension, lack of responsiveness, decreased respirations & non-palpable pulses. EMS was notified. Chest compressions were initiated immediately as well as airway management w/ OPA & AMBU-bag ventilation. IV medications were administered per ACLS protocol under physician supervision. Satisfactory perfusion was obtained w/ chest compressions. EMS arrived promptly & resuscitative measures were continued. EMS was able to intubate the patient and some spontaneous breathing was present. The patient maintained a native rhythm during resuscitative efforts, but deteriorated to a fine ventricular fibrillation requiring defibrillation. The patient was transported to Mease Countryside Hospital via ambulance with resuscitative efforts continued throughout.

B) ICD-9-CM Codes

ENDSTAGE RENAL DISEASE 585.6	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:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☒ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only DEATH Name of facility to which patient was transferred: MEASE COUNTRYSIDE HOSPITAL	

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

GERALD A. NIEDZWIECKI MD: ME70649, JEANNETTE M. HILL RN: RN706652,
SHELLY A. BUGMAN CV RT: CRT38122, CHRISTIAN L. HAYS RN: RN2805682,
CYNTHIA TAYLOR RN: RN2202132.

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

JAIMEE CATALANOTTO MA: MEDICAL ASSISTANT

IV. ANALYSIS AND CORRECTIVE ACTION

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

The patient's PEA most likely resulted from a small pulmonary embolus which occurred at the time of restoring patency to the A-V graft.This is a known procedural risk which the pt. was fully informed of prior to procedure.

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

Review preprocedure assessment protocol to improve identification of pt.'s w/ significant compromise of cardiac reserve who may not tolerate small perturbations of cardiac homeostasis & be more prone to decompensation.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	ME70649 LICENSE NUMBER
07/15/2009 DATE REPORT COMPLETED	1800HRS 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

& pmedc

I. OFFICE INFORMATION

HEMATOLOGY ONCOLOGY CONSULTANTS
Name of office

2111 W. SWANN AVE, SUITE 102
Street Address

TAMPA 33606 HILLSBOROUGH
City Zip Code County

(813) 954-7227
Telephone

LEWIS E. AVERBACH M.D
Name of Physician or Licensee Reporting

0047891
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 CANCER
Diagnosis

7-28-09
Date of Office Visit

ROUTINE FOLLOW-UP
Purpose of Office Visit

ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

7-28-09 1430
Incident Date and Time

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

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

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

PATIENT CAME IN FOR ROUTINE FOLLOW-UP VISIT. STANDARD WORKUP INITIATED BY MEDICAL ASSISTANT. BLOOD PRESSURE WAS 102/52. WHILE WAITING FOR DR AUERBACH, PATIENT EXPERIENCED A SYNCOPAL EPISODE. [redacted] CAME OUT OF ROOM STATING PT NEEDED HELP. RN AND DR AUERBACH ASSESSED PT WHO APPEARED TO BE DISORIENTED. O2 applied per Nasal CANNULA @ 6 L PER MIN. LEFT CHEST PORT ACCESSED PER STERILE PROCEDURE NS infusing WIDE OPEN. EMS CALLED AND ARRIVED IN 5 MINUTES. PATIENT STARTED TO GAIN FULL CONSCIOUSNESS. PATIENTED TRANSPORTED TO MEMORIAL HOSPITAL VIA AMBULANCE IN STABLE CONDITION

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) 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 _____ 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.

LEWIS E. AUERBACH, MD ME#0047891
ELLEN SMILEY RN #2822572

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

PAMELA JAMES RN #9192610

IV. ANALYSIS AND CORRECTIVE ACTION

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

PATIENT'S [redacted] STATES [redacted] THINKS PATIENT OVERDOSED ON BLOOD PRESSURE MEDICATION – FAMILY INSTRUCTED TO TAKE PATIENT'S BLOOD PRESSURE BEFORE GIVING MEDICATION

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

FAMILY TO MANAGE MEDICATION ADMINISTRATION AND CONTACT PATIENTS DOCTOR (DR CRUZ) WHO MANAGES BLOOD PRESSURE

V.

Lewis Auerbach — 47891
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — **LICENSE NUMBER**

7-29-09 — 0945
DATE REPORT COMPLETED — **TIME REPORT COMPLETED**

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

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

of pricele

I. OFFICE INFORMATION

Florida Cancer Institute- Newtope
Name of office

8763 River Crossing Blvd.
Street Address

New Port Richey FL 34655 Pasco
City Zip Code County

727-842-8411
Telephone

Suzanne E. Jacobs BA, RN, OCN, CCRC
Name of Physician or Licensee Reporting

RN 1368922
License Number & office registration number if applicable

See # V. below
Patient's address for Physician or Licensee Reporting

RECEIVED 2009 AUG 10 P 12

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

Small Cell Lung Cancer
Diagnosis

07-15-09
Date of Office Visit

Chemotherapy
Purpose of Office Visit

$14.00
ICD-9 Code for description of incident

Surgical Repair of Fx. Wrist
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

07-15-2009 1345
Incident Date and Time

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

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

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

Patient was receiving first dose of Obatoclax, the study drug. Nurses had been inserviced on this drug and it's side effects as well as safety precautions. Clinic policy is that this drug cannot be given to a patient who does not have a driver. Patient is also strongly advised to have someone stay with them the night of treatment. All this is because the two most common side effects are somnolence and euphoria. [redacted] brought [redacted] and was sitting with [redacted]. When the patient fell asleep, the [redacted] left for a short time, which the infusion nurse did not know. Patient stated [redacted] needed to go to the bathroom when [redacted] awakened and tried to stand without assistance. The nurse heard a thump, the patient cried out and the patient was found on the floor. [redacted] was awake but giddy and silly from the Obatoclax. Vitals were Pulse 70, Resp. 20, BP 159/100. IV tubing was snapped in half. Pt. C/O pain in left wrist which was noted to be deformed but with skin intact. No injury to patient's infusaport was noted. Ice was applied to the left wrist. Dr Choksi examined the patient who was then transported to the ER by [redacted]. Pt was awake, alert and oriented when [redacted] left the clinic.

B) ICD-9-CM Codes

Chemotherapy	Obatoclax	FX wrist 814.00
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 Accidental Fall 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.

Laura Grimme, RN	License # RN3149632	Phone 727-842-5411
Kelly Mallard, RN	License # RN9250412	
Dawn Brady, RN	License # RN 2114652	
Michelle Ellenwood, RN, OCN, CCRC	License # RN2506112	

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)
Individuals receiving Obatoclax will demonstrate varying degrees of Somnolence. The infusion room is not staffed for a 1:1 RN:PT ratio. Patients are observed by the nurses as they care for other patients or chart at the nursing station.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Patient will be offered two options. Either they have a significant other sit with them during the entire infusion or we use a soft gait belt around patient and chair loosely as a reminder to get up with assistance. They may also opt for both.

V. Suzanne E. Jacobs RN, BSN, OCN, CCRC — FL RN 1368922
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

8-04-09 — 1346
DATE REPORT COMPLETED — TIME REPORT COMPLETED

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 _____ Name of facility to which patient was transferred Northwest Medical Center	

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

William Julien M.D. ME5991
Karen Cobb RN 2997332
Melissa Longshore 6933696
Stephen Messick RT SRT-7110

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

Debra Anderson RN 786342
Shaelin Bennett APRN 13616092

IV. ANALYSIS AND CORRECTIVE ACTION

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

Bleeding from puncture site which is a known problem but occasionally occurs.

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

All precautions were taken and bleeding was treated appropriately

V. Will Julien ME5991
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

8-13-2009 — DATE REPORT COMPLETED
15:30 — TIME REPORT COMPLETED

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

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Florida Cancer Institute - New Hope
(Brooksville Location)
7154 Medical Center Drive
Spring Hill, FL 34606
Ph: (352) 596 1926 Fx: (592) 597 2154 Spruce

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

I. OFFICE INFORMATION

Florida Cancer Institute/NewHope — 7154 Medical Center Dr.
Name of office — Street Address

Spring Hill — 34608 — USA
City — Zip Code — County

(352) 596-1926
Telephone

Dr Tom H Tang
Name of Physician or Licensee Reporting

ME87938
License Number & office registration number, if applicable

7154 Med. Center Dr. SH 34608
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age — Gender — Medicaid — Medicare

Endometrial Cancer
Diagnosis

7/6/09
Date of Office Visit

chemo treatment
Purpose of Office Visit

Lung Cancer

ICD-9 Code for description of incident

6
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7/6/09
Incident Date and Time

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

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
2009 JUL 13 PM 1:58

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

Patient came to office for treatment. Nurse assessed that patient appeared lethargic and was difficult to arouse. Patient unable to process simple commands. Nurse notified Dr Tang and he came to assess patient and sent patient 911 to ADK Hill Hospital.

Florida Cancer Institute - New Hope
(Brooksville Location)
7154 Medical Center Drive
Spring Hill, FL 34606
Ph: (352) 596 1926 Fx: (592) 597 2154

B) ICD-9-CM Codes

182.0	780.79	—
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)

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.	☐ Permanent disfigurement not to include the incision scar
Outcome of transfer – e.g., death, brain damage, observation only OHH - Oak Hill Hospital Name of facility to which patient was transferred: transferred to Hospice	☐ 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.

Terre Daugherty RN, Dr Tang

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)

was not a clinical error. Patient ambulated into office and while sitting in chair symptoms developed pt assessed by RNs and Dr Tang assessed and sent pt to 911 to Hospital.

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

None needed. Continue good nursing assessment.

V. [signature] ME87938

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

7/7/09 10:00Am Dr. Thomas Tang

DATE REPORT COMPLETED **TIME REPORT COMPLETED**

DH-MQA1030-12/06

Thank you - Mary Capo, Manager

Florida Cancer Institute - New Hope
(Brooksville Location)
7154 Medical Center Drive
Spring Hill, FL 34608
Ph: (352) 596 1926 Fx: (352) 597 2164

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#254 under death folder

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

I. OFFICE INFORMATION

AAxess Health
Name of office

13085 Telecom Parkway North
Street Address

Tampa | 33637 | Temple Terrace
City | Zip Code | County

(813) 712-2900
Telephone

Marcia Alhamedi RN
Name of Physician or Licensee Reporting

RN 9272222
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 8/31/09 Gender Medicaid Medicare
Date of Office Visit

Vascular Access Declot
Purpose of Office Visit

ESRD, Complications Renal Device
Diagnosis

997.99 (Bradycardia)
ICD-9 Code for description of incident

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

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2009 OCT 16 AM 9:57
CONSUMER SERVICES UNIT

III. INCIDENT INFORMATION

8/31/09 @ ≈ 4pm
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 Referred to aaxess Health due to Complication of Dialysis Access clotted off. Patient was taken to Procedure Room post Assessment form Nurse + MD. In attempt to Declot access which was unsuccessful. During Procedure pt was Bradycardia and stable with Heart Rate between 45-54 Post procedure patient Heart Rate became severe Bradycardia between 20-30 patient was still alert and talking. Per Dr Lin 911 was Initiated and Should be send to Tampa General hospital for further Evaluation of Bradycardia

CPT Codes

S+I 75976, 36215, 75710

B) ICD-9-CM Codes

36145, 7590, 36879, 60393	Past Medical History	427.89
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: Patient Bradycardia -	
Name of facility to which patient was transferred: Tampa General 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 James Lin – Doctor/Team Leader # Louis Annarumma – Radiology Tech # CRT 68987

Marcia Alhamedi RN – Monitor Nurse # RN 9272222

Bitsy Annarumma – Scrub Tech/Admin. # CRT 18572

Shonya Hines RN – placed 911 call # RN 9202755

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 was sent to Hospital as a preventative and Cautionary Measure

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

V.

Cyd Alhamedi/RN — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

RN 9272222 — LICENSE NUMBER

9/30/09 — DATE REPORT COMPLETED

8:35 AM — TIME REPORT COMPLETED

[redacted] (1)

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
Charlie Crist, Governor

RECEIVED
2009 SEP 11 AM 9:24

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

Opmedic

I. OFFICE INFORMATION

Space Coast Cancer Center
Name of office

225 Cone Road
Street Address

Merritt Island 32952 Brevard
City Zip Code County

(321) 453-1361
Telephone

Dr Solomon Zimm
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

Lung Cancer
Diagnosis

8-31-09
Date of Office Visit

Chemotherapy Infusion
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1330 8/31/09
Incident Date and Time

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

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No 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)

1330 - 10 minutes after Carboplatin started pt developed flushing of face and chest w/ diaphoresis. Denies CP/SOB Carboplatin stopped and Normal Saline infusing. O_2 Sat on RA 90% O_2 applied at 4L/NC O_2 sat up to 95% BP 140/70 HR 113 Dr Muralla notified by J. Stacy RN 1335 BP 130/70 HR 110 Benadryl 50mg SIVP by J. Stacy RN 1340 Dexamethasone 8mg IVP by Cori Barber RN BP 134/79 HR 109 1345 Pt w/ shaking of upper body which resolved within 2 minutes. Dr Zimmin to assess pt HR 95 O_2 sat 95% Lungs w/ Ronchi at (L) base - cont

(2)

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

Space Coast Cancer Center
Name of office

225 Cone Road
Street Address

Merritt Island 32952 Brevard
City Zip Code County

(321) 453-1361
Telephone

Dr Solomon Zimm
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 [redacted] Gender Medicaid Medicare

Lung Cancer
Diagnosis

8-31-09
Date of Office Visit

Chemotherapy Infusion
Purpose of Office Visit

V58.11
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1330 8/31/09
Incident Date and Time

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

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

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

1345 cont - no c/o CP/SOB pt lethargic but arousable after Benadryl, 1350 Flushing of chest resolved Dr Zimm still at chairside w/ pt. J. Stacy RN and C. Barber RN w/ pt administering medications and care from 1330. 1405 NS stopped by D. Spring RN Swelling w/o redness noted above R IP site extending to neck. No pain at site per pt. Good blood return noted and site flushes easily w/o pain. 1415 Dr Zimm at chairside again to assess port. BP 127/78 HR 107 Facial flushing improved O2 Sat remains at 95% on 4l/NC 1420 Dr Muwalla notified of pts status and new swelling at Infusaport site/neck. Per Dr Muwalla 911 called to transport pt to Westoff ER for further assessment. 1425 Pt transported w/ EMTS report given - D Spring RN

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)

O2, IV infusion Pump

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: Wvs staff ER	

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.

Jane Stacy RN / RN3207082 Cori Barber RN / RN9253387
Danielle Spring RN / RN1663542

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

Jane Stacy RN - 3207082 Cori Barber RN - 9253387
Danielle Spring RN - 1663542

IV. ANALYSIS AND CORRECTIVE ACTION

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

Reaction to Carboplatin, discontinue

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

changing med. from carboplatin to cisplatin

V.

Solomon Timin M.D. — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
50524 — LICENSE NUMBER
8/31/09 — DATE REPORT COMPLETED
17:20 — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
2009 SEP 14 AM 7:12

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Opwdace.

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 Ave. Suite 200
Street Address

Pensacola | 32504 | ESCAMBIA
City | Zip Code | County

850-857-1700
Telephone

Edwin W. Rogers, MD.
Name of Physician or Licensee Reporting

ME 38487
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

Cardiomyopathy, Hypertension
Diagnosis

08-31-2009
Date of Office Visit

Stress Echocardiogram
Purpose of Office Visit

Mixed Hyperlipidemia. Atherosclerotic Cardiovascular Disease

458.9 Hypotension
ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

08-31-2009 @ 1400
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☑ Other Physician's Office

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

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

With my Partner,
Patient had Stress Echocardiogram. Walked on Treadmill 9 minutes and 57 seconds. MAX. HR achieved 155 bpm. Peak BP 168/70 from Baseline BP 126/70. No Angina. NSR w/o S.Tachy & occasional PVC's. ST depression < 1mm. Pt tol. Procedure well. Was discharged from office. Pt went to Waiting Room Bathroom, had bowel movement then came to Front Desk stating [redacted] was light headed & sweaty. BP 80/palp.

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)
STRESS ECHO 93350 93015 93320 93325	458.9 HYPOTENSION, UNSPECIFIED	NONE

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 Sacred Heart 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.
Edwin W. Rogers MD, MBA, FACC ME 38487 - 5151 North 9th Ave Suite 200, Physician who requested pt during [redacted] distress. Also this is 4La Patient's Physician.
Anita Gibson, RN FL License # 9262357 Nurse attending Patient, 5151 N. 9th Ave Suite 200
Jane Jernigan, RN FL License # 9318376 Nurse Assisting Patient, 5151 N. 9th Ave Suite 200

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

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
Vigorous exercise, mild dehydration, and (subsequently discovered) coronary artery disease.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Patient taken to Stress Lab. IV Started, Fluid Bolus given, per MD instructions. Physician was notified of pt who began to have improvements in [redacted] signs/symptoms. Pt Improved. Transf. to Hospital for Observation & later admitted. For Cardiac Cath on 09-1-09.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	ME 38487

DATE REPORT COMPLETED	TIME REPORT COMPLETED
09-08-2009	2:25pm

[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

7 pm edt

I. OFFICE INFORMATION

Cardiology Consultants
Name of office

1717 North E St Suite 331
Street Address

Pensacola 32501 Escambia
City Zip Code County

850-444-1717
Telephone

Dr. G. Ramon Aycock
Name of Physician or Licensee Reporting

ME 44213, GO 1613
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Coronary Artery disease
Diagnosis

[redacted]
Age 0 Gender Medicaid Medicare

8-28-2009
Date of Office Visit

Out patient heart Cath.
Purpose of Office Visit

414.9 (Coronary artery disease) V 45.81 (Bypass grafts)
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/28/2009 12:59
Incident Date and Time

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

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

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

See attachments

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

B) ICD-9-CM Codes

93556, 93543, 93545
93555, 93510, 93539, 93540

786.50 Chest pain
410.90 Acute MI unspecified
413.9 (Angina)
410.90 Acute MI unspecified

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)

4 French JL 4, JR 4, Angled 145° Pigtail catheter (cordis) Acist injector

D) Outcome of Incident (Please check)

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

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

Dr. G. Ranon Aycock - angiographer, ME44213 1717 N. "E" St. Suite 331 Pensacola, FL 32501
Jennifer Mahese RN, CR circulator, Recorder RN 3151692 1717 N "E" st Ste 331 P-Cola, FL 32501
Linda Tuhnell RN - Scrub RN 917749 1717 N "E" st Ste 331 P-Cola FL 32501
Shonna Williamson, MA - unit secretary 1717 N "E" St Ste 331 P-Cola, FL 32501

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

NA

IV. ANALYSIS AND CORRECTIVE ACTION

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

See attachments

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

See Attachments

V.

[signature] — ME 44213

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

8-28-09 — DATE REPORT COMPLETED

11:45 — TIME REPORT COMPLETED

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

[redacted]
Date of Birth [redacted]
Date of Incident: 08-28-2009

A) Describe circumstances of the incident:

Patient complains of chest pain after left internal mammary artery injection. No change in saphenous vein graft diagonal 1 with intra coronary nitroglycerin. No effect. No change in saphenous to obtuse marginal; continued distal obtuse marginal occlusion; now felt likely culprit lesion; no change with intra coronary nitroglycerin. Patent left internal mammary artery no change with intra coronary nitroglycerin. Saphenous vein graft to obtuse marginal patent with large amount grumous material proximally. TIMI II flow and at least 75% stenosis occluded distal segment of obtuse marginal presumed secondary to embolic debris. Not felt to be an intervenable vessel.

B) Analysis and corrective action

a) Analysis of this incident:

Saphenous vein graft to obtuse marginal patent with large amount of grumous material proximally with TIMI II flow and at least 75% stenosis occluded distal segment of distal segment of obtuse marginal presumed secondary to embolic debris not felt to be an intervenable vessel.

b) Describe corrective or proactive action taken:

Intravenous nitroglycerin started, MS, transferred to Coronary Care Unit further orders there. Rhythm and hemodynamics stable. No acute ST changes on EKG here.

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

6pwc

I. OFFICE INFORMATION

Michaela G Scott MD & 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

License Number & office registration number, if applicable

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

RECEIVED 2009 SEP - AM 9:2

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

185.198.5
Diagnosis

8-31-09
Date of Office Visit

administration of chemotherapy
Purpose of Office Visit

V58.11
ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

8-31-09 - 10:42 am
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Outpatient Chemotherapy 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 in chemotherapy room for weekly treatment. Pt assessed and reported a headache. Requested Tylenol. Vital signs taken and were stable. IV started and premedication Decadron administered. Approximately 5 minutes later patient complained of sudden onset of chest pain. MD in to see patient. Vital signs monitored. Order received to call 911 for transport to ER for evaluation. Continued to monitor patient until EMS arrived.

B) ICD-9-CM Codes

V 58.11

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)

NONE

D) Outcome of Incident (Please check)

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

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

observation only

Name of facility to which patient was transferred:
Indian River 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 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.

Lisa Crowe RN 9186656
April Baker RN -
William McBarny MD - ME 0066 022

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)

unknow

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

Call placed to 911 immediately, MD in attendence, Pt received treatment promptly.

V. Lisa Crowe RN [signature] RN 9186656

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT | LICENSE NUMBER

9/1/09 | 8:30am

DATE REPORT COMPLETED | TIME REPORT COMPLETED

08/31/2009 [redacted]

[redacted] had come in to start [redacted] chemotherapy. [redacted] had received [redacted] premedication with Decadron. [redacted] came in complaining of a headache. [redacted] blood pressure went up to 180/87. [redacted] complained of chest pain. Examination revealed tachycardia with a slightly irregular pulse. In addition, the EKG that was performed did not show an ST elevation. Because we cannot determine the cause of the patient's chest pain and this happened too soon for me to believe it was due to the Decadron, we called an ambulance and had the patient sent to the emergency room. [redacted] was in good shape at the time of [redacted] transfer.

William T McGarry MD/ ncm

Fax 1-850-414-0864

STATE OF FLORIDA
Jeb Bush, Governor

[redacted]

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

259 — take edeath medCC

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

I. OFFICE INFORMATION

Mark Lamet, MD PA
Name of office

1150 N. 35th Avenue #445
Street Address

Hollywood FL 33021 Broward
City / Zip Code / County

954-961-7771
Telephone

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

ME0037518 193
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Patient Identification Number

789.00
Diagnosis

Age / Gender / Medicaid / Medicare

08/19/09
Date of Office Visit

Colonoscopy
Purpose of Office Visit

863.40
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

2009 SEP -2 PM 1:11 RECEIVED

III. INCIDENT INFORMATION

08/19/09 11:05 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

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

Pt had uneventful Colonoscopy. After the procedure [redacted] complaint of Abd pain + distention. CT of Abd was done immediately + revealed free air. Pt was transferred to Memorial Regional Hospital + underwent an hemicolectomy for a focal perforation. Post op course exacerbated by Resp. insuff. Pt recovering + should be discharged w/in 48hrs

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

B) ICD-9-CM Codes

45378	N/A	863.40
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

Mark Lamet M.D. ME0037518
Laline Rivera, M.D ME 62031

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)

Recognized Complication

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

None

V. _____ 037518
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

8/31/09
DATE REPORT COMPLETED TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

OPNC

I. OFFICE INFORMATION

Clearwater Pain Management
Name of office

4330 Morton Plant St
Street Address

Clearwater 33759 Pinellas
City Zip Code County

727-446-4506
Telephone

Edward Chew, M.D.
Name of Physician or Licensee Reporting

ME68392 0646
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

2009 SEP -3 AM 7:33

II. PATIENT INFORMATION

[redacted]

Patient Identification Number

8/27/09
Date of Office Visit

Cervical Epidural Steroid Injection
Purpose of Office Visit

Neck pain
Diagnosis

723.1
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/27/09
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)

Pt came to RR after procedure hypertensive + complaining of back pain - ice applied - radiated into chest - ice - the left arm radiation with numbness + tingling. Nitro x2 given - when Ems arrived Nitro spray + 2 ASA given. Pt denied pain on 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)
62310 EPIDURAL	E938.4 ANESTHETIC	997.1 CARDIAC

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: MAMMOTH	

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.

EDWARD CHEN MD ME68392 - SURGEON
RALF BLANKSTONE, MD - ANESTHESIOLOGIST ME30288
DEBBIE GRUSWOLD - XRAY TECHNICIAN
GLORIA MULLER, RN - NURSE

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Underlying heart disease.

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

Pre-operative screening.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER: ME68392

DATE REPORT COMPLETED: 8/31/09 — TIME REPORT COMPLETED: 5PM

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

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CONSUMER SERVICES UNIT
2009 AUG 31 AM 9:37

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

The BACK CENTER AT CRANE CREEK — Name of office
2222 So Harbor City Blvd — Street Address
Melbourne — City; 32901 — Zip Code; Brevard — County
321 723 7716 — Telephone
Dr L Voepel — Name of Physician or Licensee Reporting
License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient's Address
Age 8-21-09 Gender — Medicaid Medicare
Patient Identification Number
Date of Office Visit
(L) SI Joint Radiofrequency — Purpose of Office Visit
Lumbar Stenosis. — Diagnosis
ICD-9 Code for description of incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8-21-09 1320 — 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)

Pt had procedure done & had removed in RR. Pt was sitting in chair when trembling of 4 extremities started - lasting about 30 seconds. Pt remained responsive. Pt placed on stretcher. O2 4L via n/c applied + IV started pt foot. While on stretcher pt again had tremors of 4 extremities. Pt transported to Holmes Regional Med. center via squad. Per family pt has long history of seizures + may not have been compliant with [redacted] meds

8/24/09 Pt was evaluated in ER + discharged. To follow up with [redacted] neurologist

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

B) ICD-9-CM Codes

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

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

D) Outcome of Incident (Please check)

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

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

Dr L Voepel ME 85032
JoJo MacDonald CRNA 46009
Maureen Douglas RN 206822
Debbie Hambel RN 279252
TAMMY SMITH

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 has hx of seizures + may not have been compliant c meds

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

Continue to screen + educate pts re importance of taking prescribed meds + informing us if there is problems/concerns

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	ME 85032

DATE REPORT COMPLETED	TIME REPORT COMPLETED
8-21-09	1330

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

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2009 AUG 26 PM 2:42

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

248 tardy ed death medic

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 — 1321 NW 14th St. Ste 201-C
Name of office — Street Address

Miami — 33139 — Miami-Dade — 305-243-2984
City — Zip Code — County — Telephone

Christopher M. Estes, MD, MPH — OSR557
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's Address

Patient Identification Number

Hemorrhage
Diagnosis

[redacted]
Age — Medicaid — Medicare

8/18/2009
Date of Office Visit

Termination of Pregnancy
Purpose of Office Visit

635.12
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/18/2009 12 cc p.m.
Incident Date and Time

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

[redacted] yo [redacted] presented 8/17/09 at 14 weeks requesting termination of pregnancy. Gemiprost (#6) were placed for preparation. Returned 8/18 for dilation and evacuation. Per standard procedure under conscious sedation with ultrasound guidance without complications. EBL=150 cc. Pt. subsequently had hemorrhage of ~350 cc, not responsive to uterotonics. EMS was activated and patient was transferred to UMH ER, directly to OR.

Cont'd ↓

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 defects 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

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)
59841	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
- ☐ 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: Laparotomy, Uterine Artery ligation

Name of facility to which patient was transferred: University of Miami Hospital

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

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

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

Christopher M. Estes, MD MPH - ME99617
Mary Donovan, RN, 9193367

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)

Call and appropriate Emergency Protocols followed with Staff Members

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	ME99617

DATE REPORT COMPLETED	TIME REPORT COMPLETED
9/20/09	1320

[redacted]

RECEIVED 2009 AUG 31 AM 9:25

FLORIDA DEPARTMENT OF HEALTH

249

take
death
Medic

STATE OF FLORIDA
Charlie Crist, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Name of office: Absolute Health + Wellness

Street Address: 1666 Dr Martin Luther King Jr St. N

City: St Petersburg Zip Code: 33704 County: Pinellas

Telephone: 727-456-0750

Name of Provider or Licensee Reporting: Marc A Kaufman, M.D.

License Number & office registration number, if applicable: ME 55168 + ME75377 OSR #579

Patient's address for Physician or Licensee Reporting: see II

II. PATIENT INFORMATION

[redacted]

Age / Gender / Medicaid / Medicare

Date of Office Visit: 8/25/09

Purpose of Office Visit: Surgical procedure insertion of essure

Diagnosis: Request sterilization V25.2

ICD-9 Code for Description of Incident:

Level of Surgery (II or III)

III. INCIDENT INFORMATION

Incident Date and Time: 8/25/09 1100 AM

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other: Absolute Health + Wellness 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)

[redacted] yr old [redacted], healthy, BMI 35 presented for essure tubal ablation. At insertion essure under Total Intravenous Anesthesia c Propofol. Normal 3ly Fentyl 50mg + Versed 4mg + did well c stable VS through procedure. During the procedure which lasted app 27 minutes approximately, 5 liters of Normal [redacted] was infused hysteroscopically with only 300-400 cc of return. On admission to PACU pt was stable, but had cough, lungs initially clear and O2 saturation 95-98%. Over next 15-20 minutes pt cough became productive + blood tinged + on auscultation lungs had rhonchi + rales. O2 saturation decreased to 90-95% pt was given 10mg Lasix + EMT called to transfer to Bayfront c presumed

diagnosis of pulmonary edema secondary to intravascular absorption of 5.5 liters of normal saline c in ER, pt treated with Lasix, O2. [redacted] CXR + Chest CT were normal and pt was discharged home in 5 hours without further problems. (cont page)

- Post-op day #1 the patient was contacted by phone + congestion had resolved + pt was back to normal 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)
58565		None

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

3 liter bags of normal saline (2), hysteroscope, pressure bags, essure device

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.

Dr Jennifer Colby - surgeon, Dr Mary Kaufman - anesthesiologist
Jodi Berkel RN - PACU nurse, Danielle Faulconer - CMA (circulator)
Sean Dixon (scrub tech) Dr Douglas Tanner (surgery resident)

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)

Absorption intravascularly of 5.5 L of hysteroscopically introduced saline solution

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

Close Monitoring of inflow/outflow solution - Decrease pressure on pressure bags. Risk Manager consulted, QI meeting held to address issue

V.

Mary Kaufman MD — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
MD 55165 — LICENSE NUMBER
8/26/09 — DATE REPORT COMPLETED
1700 — 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

247 failure to death medec

I. OFFICE INFORMATION

Cardiology Consultants, PA
Name of office

5151 North 9th Ave. Suite 210
Street Address

Pensacola 32504 Escambia
City Zip Code County

850-857-1700
Telephone

Andrew S. Kees DO FACC
Name of Physician or Licensee Reporting

NA
License Number & office registration number, if applicable

N/A
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

Abnormal Nuclear Stress Test
Diagnosis Hypercholesteridemia

08-19-09
Date of Office Visit

Left Heart Cath - Outpatient
Purpose of Office Visit

ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

08-19-2009 @ 1500hrs.
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☑ Other Outpatient Cardiac Cath Lab

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2009 AUG 25 AM 9:41

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

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

See Attached Narrative

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

B) ICD-9-CM Codes

93510-L Heart Cath	789.03 Abd. Pain RLQ 569.9 Intestinal Spasm	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: Observation Admission 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 Scott Kees, DO, FACC 056320, Cathing Physician, 5151 N. 9th Ave. Pens. FL. 32504.
Brenda Davis, RCIS, Reg ID 00004085, Circulating " " " " " "
Jammie Tuspin CVT Lic# 42381, Scrub: X-Ray " " " " " "
Farrah Jenkins, RN Lic# 3338432, Recording Nurse " " " " " "

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

Ø

IV. ANALYSIS AND CORRECTIVE ACTION

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

See Attached Narrative

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

See Attached Narrative

V.

AS Kees — 056320
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — **LICENSE NUMBER**

08-21-09 — 3:13 PM
DATE REPORT COMPLETED — **TIME REPORT COMPLETED**

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

[redacted]
SS# [redacted]
DOB [redacted]
Date of Incident: 08-19-09

A) Describe circumstances of the incident:

Patient underwent cardiac catheterization through a right common femoral approach and was noted not to have any significant coronary artery disease. On removal of the arterial sheath, the patient developed pain and discomfort across [redacted] abdomen. There was a concern for retroperitoneal bleed. Blood pressure elevated, 191/86, No hematoma noted at right groin site.

IV. Analysis and Corrective Action

A) Analysis (apparent cause) of this incident

Probable intestinal spasm. CT of Abdomen and Pelvis and the Ultrasound of the right groin were negative for retroperitoneal bleed or pseudoaneurysm.

B) Describe corrective or proactive actions taken.

Stat CBC, Type and Cross Match for 2 units of blood, and Ultrasound of right groin. Consulted Vascular Surgeon. Fem-Stop protocol. CT of Abdomen and Pelvis with and without contrast. Admit to hospital for observation.

[redacted]

Fax 1-850-414-0864

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

#245 fax w/ death medical

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

I. OFFICE INFORMATION

Mark Lamet M.D. P.A.
Name of office

1150 N. 35th Avenue #445
Street Address

Hollywood 33021 Broward
City Zip Code County

954-961-7771
Telephone

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

ME0037518 193
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

V12.72
Diagnosis

[redacted]
Age 8/18/09 Gender Medicaid Medicare
Date of Office Visit
Colonoscopy
Purpose of Office Visit
578.9
ICD-9 Code for description of incident
II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/18/09 11:51 P.M.
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other Pt called from home

RECEIVED
2009 AUG 21 PM 12:01
HEALTH CARE CLINIC

None: 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] experienced Rectal bleeding the evening of after the Colonoscopy. [redacted] had a large (4 cm) polyp removed from the (2) Colon.
[redacted] was admitted to Main Regional South that evening and underwent endoscopic & injection & Cautery of the Bleeding Site of Ischemia - [redacted] was subsequently discharged home in good condition

B) ICD-9-CM Codes

45385	N/A	578.9
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 Memorial Regional Hospital	

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

Mark Lamet M.D. ME-0037518
Vincent N. Smith, M.D ME 90345
Lorelei Holly, R.N. RN 345°7302

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

None

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

V.

[signature]	037518
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
8/20/09	10:30 AM
DATE REPORT COMPLETED	TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
2009 AUG 20 AM 7:45

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#2484 July 8 death melvec

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

I. OFFICE INFORMATION

SIR-Sarasota Interventional Radiology
Name of office

600 N. Cattlemen Rd
Street Address

Sarasota 34232 Sarasota
City Zip Code County

941-378-3231
Telephone

Dr. Nair
Name of Physician or Licensee Reporting

ME 99082
License Number & office registration number, if applicable

(below)
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Lt. Renal Stenosis
Diagnosis

[redacted]

3-7-09
Date of Office Visit

Possible Renal PTA/Stent
Purpose of Office Visit

ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8-7-09 0830 HRS.
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)

Dr. Nair attempting to do a Left renal stent thru an endograph - the Dr. placed a wire into the renal artery and had difficulty placing the catheter thru the endograph. He was able to dilate and was positioning the stent. The stent would not fully go thru the graft for correct positioning. While he was removing the stent, it came off the balloon. Multiple attempts to snare the stent which was still on the wire failed. The stent came off the wire while the Dr. attempted to bring it out of the renal & was into the aorta. The stent was then free floating and traveled to the ⑤ peritoneal. Arrangements were made for intervention at SMH.

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 _____ 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.
Vicky Johnson CRNA ARNP932572 - anesthesia Provider
Beth Fortunato RT(R) JX25097
Alicia Gray RN

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)
The stent dislodged off the balloon expandable stent prior to deployment.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Plan to cut down & deploy the stent in the peroneal artery or retrieve it through Left superficial femoral artery cut down.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	ME 99082

DATE REPORT COMPLETED	TIME REPORT COMPLETED
8-7-09	1430

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

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#7 2003 Fatal death medical

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

I. OFFICE INFORMATION

South Florida Vascular Associates — Name of office
2825 N. State Rd 7 Suite 303 — Street Address
Margate — City
33063 — Zip Code
Broward — County
954-975-6161 — Telephone
William Julien — Name of Physician or Licensee Reporting
ME 59991 / OSR 511 — License Number & office registration number, if applicable
8000 -20-250
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient Identification Number
Claudication — Diagnosis
[redacted] — Age
Gender
Medicaid
Medicare
08-05-2009 — Date of Office Visit
Left Leg Angiogram — Purpose of Office Visit
440.23 — ICD-9 Code for description of incident
Local Anesthesia — Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

08-05-2009 — 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
Was an autopsy performed? ☐ Yes ☐ No

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

Patient had a left leg Angiogram with Superficial Femoral Angioplasty and stent that went well until the Sheath was removed. Over the next 2 hours [redacted] had 2 episodes of bleeding from puncture site then [redacted] was transported to NWMC. ER. [redacted] arrived in stable condition. The left groin was surgically explored, No bleeding was found and patient was discharged in good condition 36 hours later. (See Dr. Julien's dictation and hospital notes)

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

I. OFFICE INFORMATION

South Florida Vascular Associates — 2825 N. State Rd 7 Suite 303
Name of office — Street Address

Margate — 33063 — Broward
City — Zip Code — County

954-975-6161
Telephone

William Julien
Name of Physician or Licensee Reporting

ME 59991 / OSR 511
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

3000-20-250

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Claudication
Diagnosis

[redacted]
Age — Gender — Medicaid — Medicare

03-05-2009
Date of Office Visit

Left leg Angiogram
Purpose of Office Visit

440.21 / 4402
ICD-9 Code for description of Incident

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

III. INCIDENT INFORMATION

03-05-2009
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
Was an autopsy performed? ☐ Yes ☐ No

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

Pat. had a left leg Angiogram with Superficial Femoral Angioplasty and stent. Pat went well until the Sheath was removed. Over the next 2 several hours [redacted] had 2 episodes of bleeding from puncture site therefore [redacted] was transported to NWMC, ER. [redacted] arrived in stable condition. The left groin was surgically explored, No bleeding found and patient was discharged in good condition 36 hours later. See Dr. Julien's dictation and hospital notes.

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 responses)

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 Northwest Medical Center	

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

William Julien M.D. ME59991
Karen Cobb RN 2597332
Melinie Koup Chan 9233696
Stephen Messier ET CET-71110

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

Debra Anderson RN 786342
Sharlin Sandquist ARNP 13616092

IV. ANALYSIS AND CORRECTIVE ACTION

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

Bleeding from puncture site which is a known problem that occasionally occurs.

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

All precautions were taken and bleeding was treated appropriately

V. Will Julien — ME59991
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

8-13-2009 — DATE REPORT COMPLETED
15:30 — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#254 cosmetic laser accident

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

I. OFFICE INFORMATION

Strax Rejuvenation
Name of office

4300 N. University Dr., A-202
Street Address

Lauderhill | 33351 | Broward
City | Zip Code | County

954-749-3040
Telephone

Roger L. Gordon, M.D.
Name of Physician or Licensee Reporting

ME 82538
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient's Address

[redacted]

Age Initial 4/08/09 Gender Medicaid Medicare

Patient Identification Number -----

Date of Office Visit Cosmetic Surgery

Diagnosis

Purpose of Office Visit

ICD-9 Code for description of incident
III

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

9/24/09
Incident Date and Time

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

RECEIVED
CONSUMER SERVICES
09 OCT 20 PM 12:4[illegible]

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 in the recovery room after an uneventful liposuction procedure, the patient had a syncopal episode upon being moved to a sitting position. A hemocue test done shortly after arrival in the recovery room showed a hemoglobin of 9.4, which was expected following surgery. A CBC done approximately an hour later (which was reported at approximately 3:30 pm) showed the patient's hemoglobin level had dropped from 12.7 preoperatively to 5.5, although this result was suspect as the blood was drawn from the arm with an IV. A repeat hemocue test was then done which showed a hemoglobin of 7.1. The decision was made to transfer the patient to a hospital for tests to rule out any type of damage to organs or deeper structures, and for observation or treatment if needed.

At the hospital, no damage to organs or other structures was found. The patient was given blood, and discharged in good condition with no further medical intervention. Patient returned to the office on October 5 for follow-up visit, and was doing well, with stable vital signs and no complaints.

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
- ☐ 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:
University Hospital

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

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

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

ME 82538; ARNP 3367602

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

RN 9282982

IV. ANALYSIS AND CORRECTIVE ACTION

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

Please see attached sheet for response.

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

Reiterate to all physicians and nurses the importance of close monitoring of patients post-operatively, and appropriate actions, including timely transfer of patients when warranted (as occurred in this case), to ensure patient safety as our top priority.

V. Roger L Gordon — MS 82538

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

10-19-09 — 1350

DATE REPORT COMPLETED — TIME REPORT COMPLETED

IV. ANALYSIS AND CORRECTIVE ACTION

A) ANALYSIS:

The patient was appropriately and closely monitored post-operatively after an uneventful surgery. Amount of supernatant fat withdrawn and amount of anesthetic used during surgery were appropriately within limits set by Board of Medicine. When an issue was identified, the patient was timely and appropriately transferred. Bleeding is a known complication after liposuction, although the need for a transfusion is rare. The patient recovered with no complications.

[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

Optical

I. OFFICE INFORMATION

Eye Physicians and Surgeons of Florida, PA — Name of office
12525 New Brittany Blvd — Street Address
Ft. Myers — City
FL — State
33907 — Zip Code
Lee — County
239-936-8686 — Telephone
n/a — Name of Physician or Licensee Reporting
n/a — License Number & office registration number, if applicable
n/a — Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient Name
[redacted] — Patient's Address
[redacted] — Age / Gender / Medicaid / Medicare
Patient Identification Number
n/a - patient in office to pick up eyeglasses — Diagnosis
n/a - patient picking up glasses — Date of Office Visit
n/a — Purpose of Office Visit
n/a — ICD-9 Code for description of incident
n/a — Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

9-30-09 — 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
Was an autopsy performed? ☐ Yes ☐ No

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

[redacted] came in the office to pick up [redacted] eye glasses. While in the office [redacted] mentioned pain across [redacted] ribcage area and asked that we call 911. 911 was called immediately, staff remained with the patient and administered oxygen per the 911 operators direction. Emergency personnel arrived on site and took over care of the patient.

09 OCT 12 AM 9:58
CONSUMER SERVICES UNIT

DH-MQA1030-12/06
Page 1 of 2

B) ICD-9-CM Codes

n/a	n/a	heart attack
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: death Name of facility to which patient was transferred: Gulf Coast 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.

Carrera Macha, CRNA
Linda Wiedmeyer, CRNA

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

Julia Burley, Debi Dilling, Nancy Patten

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.

n/a	Shelley Tyndall	Shelley Tyndall, Administrator
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT		LICENSE NUMBER
10-2-09	9:00 am	
DATE REPORT COMPLETED	TIME REPORT COMPLETED	

[redacted]

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
Charlie Crist, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

258 — medical taking death

I. OFFICE INFORMATION

Palm Beach Endovascular
Name of office

11020 N. Dixie Hwy
Street Address

West Palm Bch 33407 Plm Bch
City Zip Code County

561-833-0770
Telephone

Dr. Manuel Mendez
Name of Physician or Licensee Reporting

ME 79234
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Age Gender Medicaid Medicare

9/11/09
Date of Office Visit

Ischemia, Pain (L) LE
Purpose of Office Visit

Patient Identification Number

Diagnosis

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

RECEIVED CONSUMER SERVICES UNIT 09 OCT 16 AM 9:58

III. INCIDENT INFORMATION

9/11/09
Incident Date and Time

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

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

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

Selective Angiogram c̄ Balloon & Stenting to (L) LE Anterior tibial artery, Local / Care. Developed (L) groin hematoma, hemodynamically stable, but PT. is [redacted] and lives alone for which sent to hospital for observation. VSS, Pt laughing & talking when left c̄ AMR. Ø change in hematoma size. Pt transferred to GSH due to lives alone & is [redacted] Dialysis pt MD wants pt to be monitored —

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)
37205 36247 75960 35474 75710 75962	998.12	998.12

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)
needle, guidewires, catheters, Angioplasty balloon, C-Arm

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: Good Samaritan Med Ctr

- ☐ 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 necessary 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.
Manuel Mendez MD Lic# ME 79234
Karen Gallagher RN RN# 91324114
Kari Loewes Lic# TT-11211

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)
Hemostasis formation to L groin VSS sent to CST for observation due to pt lives alone. [redacted]

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Pressure held to area for 45 minutes VS monitored every five minutes

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

9/11/09 — DATE REPORT COMPLETED
1400 — TIME REPORT COMPLETED

GOOD SAMARITAN MEDICAL CENTER
WEST PALM BEACH, FLORIDA

DISCHARGE SUMMARY

PATIENT: [redacted] MR#: [redacted]
ACCT#:

ADMISSION DATE: 09/11/2009
DISCHARGE DATE: 09/12/2009

HISTORY:
The patient is an [redacted]-year-old [redacted] patient with significant history for end-stage renal disease, currently on hemodialysis, severe peripheral vascular disease and a nonhealing decubitus ulcer on the left heel. Despite aggressive wound management no significant improvement noted. The patient was taken to an outpatient office-based cath lab where selective angiogram was performed of the left lower extremity and angioplasty performed of the tibioperoneal trunk, anterior tibial artery as well as the popliteal artery was done. This was done for revascularization attempts for limb salvage. Subsequent to this procedure the patient developed a hematoma on the left groin, and a decision was made by a physician to bring the patient to the hospital for observation. The patient remained hemodynamically stable during [redacted] hospital course. The patient was admitted to a telemetry bed. Consultation was obtained for hemodialysis to be performed in the hospital and serial hematocrits were ordered. On clinical evaluation during the hospital course no evidence of significant and expanding hematoma noted. [redacted] initial hematocrit on admission was 41.5. Subsequent hematocrit was 35.9 and then 37.9. On hospital day number one again hematoma remained stable. Adequate perfusion noted of the foot and because of the stable hematocrit, decision was made then to discharge the patient after hemodialysis. The patient denied any significant discomfort at the time of discharge. The patient was tolerating a regular diet and ambulating as pre-procedure.

MANUEL V MENDEZ, M.D.

GSMC/MEDQ/[redacted] Job#: [redacted]
D:09/23/2009 09:16:10
T:09/24/2009 04:27:24

cc: MANUEL V MENDEZ, M.D.

[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

Procedure

I. OFFICE INFORMATION

Florida Medical Clinic interventional pain medicine
Name of office

15303A Amberly Dr.
Street Address

Tampa 33647 Hillsborough
City Zip Code County

813-977-6688
Telephone

Dr. Edgar D. Ramirez-Pagan
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

Thoracic pain 722.11
Diagnosis

9-18-09
Date of Office Visit

Pain mangement procedure
Purpose of Office Visit

ICD-9 Code for description of Incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

9-18-09 13:15
Incident Date and Time

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

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09 OCT -8 AM 9:41

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

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

The patient had a right sided intercostal nerve block procedure with sedation anesthesia. Afterward the patient complained of right sided pain and shortness of breath. [redacted] had decreased breath sounds over the right lung and Oxygen saturation of 88%. It was believed to be a right sided pneumothorax.

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)
722.11 64420	Pneumothorax	Pneumothorax

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 Chest tube insertion Name of facility to which patient was transferred: University community hospital	

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

Dr. Edgar Ramirez (License # ME-82491) performed the intercostal nerve block.
Dr. Linda Matar (License # ME-65181) performed the Pulmonologist for (medical Assistant) was in the procedure room with the patient.

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

Rachel Villa (R.N. license # RN-9294265) worked in the recovery room. All staff are located in the office address listed in page one.

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pneumothorax is a known complication and got a chest tube to drain the pneumothorax.

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

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	ME82491

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

A257 medwec faller @death

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

I. OFFICE INFORMATION

Cardiology Associates at Gainesville
Name of office

4645 NW 8th Ave
Street Address

Gainesville | 32605 | Alachua
City | Zip Code | County

(352) 375-1212
Telephone

Burton Silverstein
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age | Gender | Medicaid | Medicare

Sept. 23rd 2009
Date of Office Visit

Right and left heart cath
Purpose of Office Visit

Diagnosis

ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Sept. 23rd 2009
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

09 OCT -8 PM 1:55
CONSUMER SERVICES UNIT

DH-MQA1030-12/06
Page 1 of 2

B) ICD-9-CM Codes

N/A	Undetermined	435.9
Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

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

N/A

D) Outcome of Incident (Please check)

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

Outcome of transfer – e.g., death, brain damage, observation only 3 day stay, No residual Problems
Name of facility to which patient was transferred: North Florida Regional 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 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.

See attached

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

See attached

IV. ANALYSIS AND CORRECTIVE ACTION

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

See attached

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

See attached

V.

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

DATE REPORT COMPLETED **TIME REPORT COMPLETED**

CONFIDENTIAL
FDOH October 2009 Report
Physician Office Adverse Incident Report
Addendum to Report from Cardiology Associates of Gainesville Laboratories

Section III – Incident Information

A) Describe circumstances of the incident:

- Patient was here for an elective right and left cardiac catheterization. The indication for procedure was increased dyspnea on exertion.
- The catheterization went without issue and both sheaths were pulled and hemostasis was obtained without difficulty at approx.1020am.
- At approx. 1045am patient complained of not being able to move right arm very well. Patient was awake alert and oriented and pupils were found to be equal and reactive to light. Vital signs were stable. Dr. Silverstein was notified and returned to the patient's bedside.
- At approx. 1047am the patient stated [redacted] was now having difficulty moving right leg. Dr. Silverstein ordered emergent transfer to North Florida Regional Medical Center (NFRMC). Dr. Silverstein called report to the physician in charge in the NFRMC Emergency Room and requested that the neurologist on call be notified of the patient's pending arrival.
- At approx. 1115 EMS arrived and patient was transferred. At time of transfer patient remained awake alert and oriented with inability to move right arm or leg.

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. Burton Silverstein, MD; *ME 0033054* – First MD responder
2. Miranda Alba, RN; *RN9183748* – first RN responder
3. Amy Jones, RN; *RN 3213382*-second RCIS/RN responder

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

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

1. Miranda Alba, RN; *RN9183748*
2. Amy Jones, RN; *RN 3213382*
3. Burton Silverstein, MD; *ME 0033054*

Section IV - ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent causes) of this incident:

- The apparent cause remains undetermined. The neurologist who evaluated the patient at NFRMC stated, "… could be due to cardiogenic emboli secondary to the atrial fibrillation, catheterization-associated emboli, or larger small-vessel stenosis coincidently associated with the cardiac catheterization. SBE is a consideration, but unlikely."
- Upon release from hospital the patient's discharge diagnosis was "reversible ischemic neurologic event, left hemisphere." The patient's dysmetria and hemiparetic defects improved while the patient was in the ER at NFRMC, and resolved during the initial two or three days of hospitalization.

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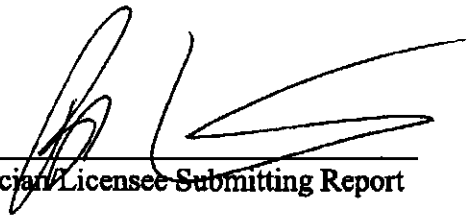
FDOH October 2009 Report
Physician Office Adverse Incident Report
Addendum to Report from Cardiology Associates of Gainesville Laboratories

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

- Stroke and TIA are known risks to this procedure. However, in light of the events that occurred, this case was peer reviewed with no adverse findings, and an in-service reviewing the signs and symptoms of stroke/TIA was conducted.

Section V



Signature of Physician/Licensee Submitting Report

ME 0033054
License Number

10-6-09
Date Report Completed

1345
Time Report Completed

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#249 the coroner ruled death.

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

I. OFFICE INFORMATION

MARC SCHNEIDER M.D.
Name of office

12751 S. Cleveland #102
Street Address

Fort Myers 33907 LEE
City Zip Code County

239-277-9999
Telephone

MARC SCHNEIDER M.D.
Name of Physician or Licensee Reporting

ME0050478 OSR # 520
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patie
Patie

Age 9/23/09 Medicaid Medicare
Date of Office Visit
Elective Procedure
Purpose of Office Visit
327.24
ICD-9 Code for description of incident
Level of Surgery (II) or (III)

Patient Identification Number
V50.1
Diagnosis

III. INCIDENT INFORMATION

9/23/09
Incident Date and Time

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

09 OCT -6 AM 10:13
BUREAU OF 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

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

Patient was recovering from an elective kyphoplasty. In PACU the pts O_2 SAT on room air while awake was 95-98%. However, when the patient would sleep, [redacted] SAT's on room air dropped into the 80's %. This continued. The patients lungs were clear and [redacted] Reported no chest pain or shortness of breath. On supplemental O_2 [redacted] SAT's remained in the 90's while asleep. The patient was transferred to Gulf Coast Hospital where evaluation of blood gas, cardiac enzymes ECG, CXR were all WNL. The patient was kept overnight for observation where [redacted] saturations were normal. The patient was discharged at iatrogenic hyperventilation as a result of anesthesia was made. The patient had been cleared for surgery by [redacted] 1st physician.

The patient was discharged from the hospital the day after admission. [redacted] has had no untoward effects.

B) ICD-9-CM Codes

94761 93040	327.24	0
Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

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

ECG monitor, Pulse Oximeter, O2

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 OBSERVATION Name of facility to which patient was transferred: GULF COAST 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.

Marc Schneider M.D. - Surgeon ME 0050478
Linda Lorick - CRNA ARNP 1927642
Monica Schneider - RN RN 1257532

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)

I believe the patient has idiopathic hypoventilation while sleeping. No specific cause could be identified, but this may have been the result of post-operative Sedation.

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

The patient was evaluated by [redacted] 1° care physician prior to the procedure and cleared for surgery. [redacted] had no significant history that would have →

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	ME50478
9.24.09	9PM
DATE REPORT COMPLETED	TIME REPORT COMPLETED

caused concern that this issue might have occurred. As a precaution, though the patient had no signs or symptoms of any cardiac or pulmonary cause, [redacted] was evaluated further a cardiac + pulmonary work-up upon transfer to the emergency room. The patient was transported via EMS to Gulfcoast hospital. There, I discussed the patient's case with the ER attending and CXR, cardiac enzymes ABG, EKG failed to reveal any underlying event. The patient was oriented to time and place and easily aroused from sleep. While awake [redacted] would remain with normal O_2 sats. The patient was kept overnight for observation and [redacted] saturations returned to normal. [redacted] was then discharged and had a normal recovery.

[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

OPWC

I. OFFICE INFORMATION

Florida Medical Clinic Interventional Pain Medicine 15303A Amberly Dr.
Name of office / Street Address

Tampa 33647 Hillsborough 813-977-66688
City / Zip Code / County / Telephone

Dr. Linda Matar ME 65181
Name of Physician or Licensee Reporting / License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting
below

II. PATIENT INFORMATION

[redacted]

Pa[redacted]
Pa[redacted]
Patient [redacted]
Diagnosis: Thoracic pain 72211

[redacted]

Age 9-18-09 Gender Medicaid Medicare
Date of Office Visit
Purpose of Office Visit: pain management procedure
ICD-9 Code for description of incident
Level of Surgery (I), (II) or (III)

III. INCIDENT INFORMATION

9/18/09 1315
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)

The patient had a right sided intercostal nerve block procedure with sedation anesthesia. Afterward the patient complained of right sided pain and shortness of breath. [redacted] had decreased breath sounds over the right lung and oxygen saturation of 88%. It was believed to be a right sided pneumothorax.

RECEIVED
09 OCT -6 AM 9:55
CONSUMER SERVICES UNIT

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)
7221 64470	Pneumothorax	Pneumothorax

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: chest tube inserted	
Name of facility to which patient was transferred: University Community Hospital	

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

Dr. Edgar Ramirez (license # ME-[illegible]) performed the intercostal nerve block.
Dr. Linda Matar (license # ME65181) sedated the patient.
Lisa Fox (medical assistant, license #) was in the procedure room with the patient.

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

Rachel Villa (RN, license # ex-[illegible]) worked in the recovery room. All staff are located in the office address listed in page one.

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pneumothorax is a known complication of intercostal nerve blocks. The patient got a chest tube in the hospital.

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

The patient was sent to the hospital and got a chest tube to drain the pneumothorax.

V. Linda Matar MD — ME65181
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

9-21-09 — 1:30
DATE REPORT COMPLETED — TIME REPORT COMPLETED

DR-MQA 1030-12/06
Page 2 of 2

[redacted]

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STATE OF FLORIDA
Charlie Crist, Governor

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

Harold M. Reed, M.D.P.A.
Name of office

1111 Kane Concourse, #311
Street Address

Bay Harbor Isl, Fl 33154 Miami Dade
City Zip Code County

305 865-2000
Telephone

Harold M. Reed, M.D.
Name of Physician or Licensee Reporting

ME 0013758 #354
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Diagnosis

[redacted]
Age Gender Medicaid Medicare

09/17/2009
Date of Office Visit

Feminizing Vaginoplasty
Purpose of Office Visit

ICD-9 Code for description of incident

III
Level of Surgery (II) or (III)

Gender dysphoria, M to F

III. INCIDENT INFORMATION

09/18/2009 10:00 a.m.
Incident Date and Time

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

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09 SEP 28 PM 1:28
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)

Patient had continued oozing from perineal dressing and attempt to quantify hemogram by sending CBC directly to MSMC met with inability to perform CBC secondary to "clotting". Different technique of aspiration recommended and patient conveyed to MSMC for that purpose.

B) ICD-9-CM Codes

Fem vaginoplasty	Urethral oozing 998.1	Surgical anemia 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
- ☐ 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.
- XX Any condition that required the transfer of the patient to a hospital.
  post surgical oozing

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. Harold Reed ME 0013758
Theresa Felix RN RN 2003222
Jill Martin RN RN 1951432
Robert Craig CRNA ARNP 1437742

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)
urethral oozing

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
transfusion with 2 units of packed cells and observation.

V. Harold M. Reed MD — ME 0013758
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

9/24/09 — 10:00 pm.
DATE REPORT COMPLETED — TIME REPORT COMPLETED

[redacted]

FLORIDA DEPARTMENT OF HEALTH

252 [illegible]

STATE OF FLORIDA
Charlie Crist, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Harold M. Reed, M.D.
Name of office

1111 Kane Concourse, #311
Street Address

Bay Harbor Isl, Fl 33154
City / Zip Code / County

305 865-2000
Telephone

Harold M. Reed, M.D.
Name of Physician or Licensee Reporting

ME 0013758
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Diagnosis
Gender dysphoria, M to F

Date of Office Visit 09/15/2009

Purpose of Office Visit Feminizing Vaginoplasty

ICD-9 Code for description of incident

III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

09/15/2009 10:00 p.m.
Incident Date and Time

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

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No 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)

In recovery room patient markedly agitated, required unusually high doses of pain meds, said [redacted] was going to "stroke out" and "die" and demanded hospital transfer. abdomen soft, vs stable. Dressing fairly dry.

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)
(56805,54125,54520,56800,14300,57335)	298.1	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)

After 2nd day at MSMC,pt became lucid, psyche cleared and discharged.

- ☐ 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: Mt. Sinai 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 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.

Harold Reed M.D. ME0013758
Jill Martin R.N. RN 1951432
Veronica Williams RN RN 1330622
Enrique Martinez RN RN 9277836
Robert Craig ARPN ARNP 1437742

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 "psychoses" in the family and patient treated for depression.

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

Psychiatric consult, pain management consult, CT scan abdomen and pelvis.

V.

David M Reed — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 0013758 — LICENSE NUMBER

9/24/09 — DATE REPORT COMPLETED

10a.m. — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Michaela G Scott MD and Associates
Name of office

1460 36th Street
Street Address

Vero Beach, FL 32960 · Indian River
City Zip Code County

772 · 562-7777
Telephone

Dr. Frederick Weiss
Name of Physician or Licensee Reporting

ME63716 -
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

Date of Office Visit
9.23.09
Purpose of Office Visit
Hospital Follow-up
ICD-9 Code for description of Incident

Diagnosis
0
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

9.23.09 10:21am
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Front Desk / Checkout Desk

09 SEP 28 AM 9:46
RECEIVED 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)

I brought [redacted] back to record [redacted] weight and vitals. Patient stated [redacted] felt well for just being discharged from the hospital. I recorded [redacted] B/P @ 124/72, [redacted] temp @ 98.6 and pulse @ 68. I then collected a CBC from [redacted] middle finger of [redacted] right hand and @ that point I told the patient Dr. Weiss would be in to see [redacted] shortly and I closed the door to [redacted] room and brought [redacted] blood to our lab. After assisting other patients, I came around by the Front Desk / Checkout Desk to see the patient being loaded onto a gurney by EMS. I was told by staff that the patient c/o needing to sit down for a moment and then [redacted] passed out. When the patient came to, [redacted] vomited. At that point, EMS was called.

DH-MQA1030-12/06
Page 1 of 2

[redacted] came to my window to check out. After relieving [redacted] appt card [redacted] stated that [redacted] was dizzy and wanted to sit down. [redacted] sat in the chair (back)

across rom my window and was there only for a minute when I looked back [redacted] appeared to have fallen asleep. The [redacted] then called to dr. weeks that "something was wrong" in which dr. weeks ran to [redacted] and woke [redacted] up. He told me to call 911 which I did and as I was on the phone with EMS the pt started to vomit and dry heave. The dispatch said fire rescue would be here within 3 minutes. The pt was unresponsive for about 15 seconds, and did not remember what had happened. -CES

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)**
280.0 [redacted]2	E980.2	

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

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

PT HAD SYNCOPY WHILE WAITING TO ✓
OUT ② NURSE + VOLUNTEER IN EXAMINATION
② AND PT DAUGHTER

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

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

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	ME63716
9-24-09	8:20 AM
DATE REPORT COMPLETED	TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

fpwcall.

09 SEP 21 RECEIVED CONSUMER SERVICES UNIT 7:13

I. OFFICE INFORMATION

CONTINUCARE MDHC, LLC - DIAGNOSTICS — 3233 PALM AVENUE SUITE102
Name of office — Street Address

HIALEAH — 33012 — MIAMI-DADE — 305-612-4674
City — Zip Code — County — Telephone

GRAZIE P. CHRISTIE, MD / D. MECK RN/BSN — HCCL: 7620 | ME 74274 | RN 188
Name of Physician or Licensee Reporting — License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age — Gender — Medicaid — Medicare

PROSTATE CANCER
Diagnosis

09/03/2009
Date of Office Visit

CT SCAN ABDOMEN/PELVIS
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

09/03/2009 at 1211
Incident Date and Time

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

[redacted] y/o [redacted] PRESENTED FOR SCHEDULED CT OF THE ABDOMEN AND PELVIS WITH A DIAGNOSIS OF PROSTATE CANCER. TEST REQUESTED BY UROLOGY SPECIALIST. DURING THE INFUSION OF THE CONTRAST, [redacted] COMPLAINED OF CHEST PAIN. THE CONTRAST INFUSION WAS STOPPED IMMEDIATELY, IN HOUSE PHYSICIAN NOTIFIED AND 911 called. [redacted] WAS TAKEN BY RESCUE TO HIALEAH HOSPITAL. [redacted] WAS EVALUATED FOR MYOCARDIAL INFARCTION; THIS WAS RULED OUT and [redacted] WAS DISCHARGED FROM THE HOSPITAL THE SAME DAY.

B) ICD-9-CM Codes

185	ISOVUE-300	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)

ISOVUE-300-100 mL IOPAMIDOL INJ. 61% 30% ORGANICALLY BOUND IODINE

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: HIALEAH 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.

JUAN CALDERON CRT 38987 - TECHNICIAN PROVIDING OF TEST ADMINISTRATION
MERCY GARCIA - ADMINISTRATOR - NO LICENSE - INCIDENT INFORMATION
ATDIANA HURTADO, MD ME105025 > ATTENDED PATIENT
MARTHA IRABIEN, MD ME77182 > AT TIME OF OCCURRENCE
DEBORAH MECK, RN/BSN RN1886952 - FILED REPORT - CODE 15

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)

STANDARD PROCEDURES WERE FOLLOWED AS APPROPRIATE.

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

IMPROVE CT SCAN DATA FORM FOR PRE + POST PROCEDURE DOCUMENTATION.

V.

[signature]	RN1886952 for HCCL 7620
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
9/16/09	1500
DATE REPORT COMPLETED	TIME REPORT COMPLETED

Continucare

September 17 2009

CONFIDENTIAL
Federal Express Priority

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

RE: 9/3/09 Code 15 Report—Continucare Diagnostic Services—HCCL 7620

Dear Florida Department of Health:
This letter accompanies the Code 15 report for an incident occurring at Continucare Diagnostic Services on 9/3/09. Pt: [redacted] DOB: [redacted] presented for a CT scan of the abdomen and pelvis with and without contrast for a Prostate Cancer diagnosis. [redacted] has medical history includes cardiac, diabetic, musculoskeletal issues and Alzheimers. [redacted] has No Known Allergies. [redacted] had been cleared by [redacted] Primary Care Physician: Antonio Vazquez-Pausa, M.D. to receive contrast during the CT scan.

Half way through the infusion of the contrast (Isovue 300) administration, [redacted] complained of chest pain. [redacted] received 100 cc prior to [redacted] complaint of symptoms. The procedure was immediately stopped, a Code Blue was called, the in-house physicians responding were Martha Irabien, M.D., and Adriana Hurtado, M.D. Simultaneously, 911 was notified and responded. Basic Cardiac Life support was maintained until care was assumed by the Emergency Medical Services team.

[redacted] was subsequently taken to Hialeah Hospital Emergency Services where [redacted] was evaluated and released later in the day having ruled out a cardiac event.

Standard procedures were followed. We have updated our CT Scan Data Form to improve documentation of the patient status pre and post procedure.

If you have any questions, please contact me at 305-500-2009.

Deborah A. Meck, RN, BSN

Deborah A. Meck, R.N., B.S.N.
Director of Clinical Compliance
Continucare Corporation

cc: G. Christie, M.D. -Medical Director -Continucare Diagnostic Services
A. Ginory, M.D.-Chieif Medical Officer
T. Aponte -Sr. Director of Ancillary Services
M. Garcia -Administrator

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Space Coast Cancer Center
Name of office

490 N. Washington Ave Titusville, Fl 32796
Street Address

Titusville, Fl 32796 Brevard
City Zip Code County

(321) 268-4200
Telephone

Richard D. Sprawls, MD
Name of Physician or Licensee Reporting

ME0054026
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 9/4/09 Gender Medicaid Medicare
Date of Office Visit

Lung cancer
Diagnosis

MD visit, chemotherapy
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

RECEIVED
2009 SEP 23 AM 9:44
CONSUMER SERVICES UNIT

III. INCIDENT INFORMATION

9/4/09 1100
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 pt alive
Was an autopsy performed? ☐ Yes ☐ No

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

Carboplatin started @1535. @1100 pt became restless, asked if someone could help [redacted] to bathroom. Carboplatin stopped. Assisted by RN and pharm tech. Pt set up, said [redacted] was going to be sick. Leaned forward as if to vomit, lurched out of chair, on to knees. Assisted back to chair. Pt became unresponsive for approx 30sec. Aroused with sternal rub. Normal saline started at 1200ml/hr. Dr. Sprawls on floor assessed pt. BP 50/30, P 100. Pt c/o abd cramping, lost bowel control. Per Dr. Sprawls order EMS called. 1105 Atropine 0.4mg IVP given per Dr Sprawls order. 1108 BP 74/49 P 112. Pt alert when EMS arrived c/o heartburn. EMS transported to ER with personal effects. Dr. Sprawls contacted ER MD to notify of pt's 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)
V58.11		

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

N/A

D) Outcome of Incident (Please check)

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

Outcome of transfer – e.g., death, brain damage, observation only _____
Name of facility to which patient was transferred: Parrish 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 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. Richard Sparks ME0054026 (Attending MD) Elizabeth Rivera RN 9198825, Barbara Ellis RN 9251805, Melissa Chiarella 248257, Kimberly Buckner RN 9170156, Jeannie Roby RN 1797912, Shelby Copeland RN 922533D

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

All as stated above in (E)

IV. ANALYSIS AND CORRECTIVE ACTION

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

(4) ~~N/A~~ reaction to carboplatin

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

(4) ~~N/A~~ Discontinue carboplatin

V. Elizabeth Rivera RN / [illegible] RN 9198825
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

9/8/09 — DATE REPORT COMPLETED
1400 — TIME REPORT COMPLETED
ME0054026

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

RECEIVED
CONSUMER SERVICES UNIT
09 OCT 26 AM 10:38

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

8 pueele

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

JEAN KOBY RN / Richard Lemke MD
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Anemia
Diagnosis

[redacted]
Age 10/15/89 Gender Medicaid Medicare

Date of Office Visit Patient Education

Purpose of Office Visit n/a

ICD-9 Code for description of Incident n/a

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10/15/09
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
Was an autopsy performed? ☐ Yes ☐ No

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

Pt here for education appointment. Brought to the check in area @ 15:17 by LPN Vital signs taken, B/P 80/41. LPN asked [redacted] and pt. if [redacted] blood pressure normally ran low and they mumbled a response. She asked again and they indicated yes. LPN escorted patient and [redacted] to the 2nd floor, while on elevator patient C/o weakness + dizziness. Pt still alert and speaking. Pt assisted to chair by RN. [redacted] explained to RN that [redacted] had chest pain when [redacted] arrived and took Nitro SL approx 15 min later [redacted] took another Nitro SL because of continued chest pain. B/P 82/43 P64. Pt still feeling "weak" + "dizzy"; assist to bed d/t hypotension and bed in trendelenburg position. Dr Levine notified over phone. Order to call 911 initiated. 1520 B/P while in bed 103/59 P64 R22. O2 Sat 96%. Pt remains awake and alert Orient x 3. Pt "weak" and C/o "sharp" pain to (L) T chest area. O2 ON @ 2lpm via N/C. O2 Sat 98% (1548) Paramedics Arrive. [illegible]

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:
☐ 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: 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.

Jean Koby RN #1797912
Shelley Copeland RN # 9225330

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

Saundra Hickman, LPN #PN.5186789

IV. ANALYSIS AND CORRECTIVE ACTION

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

911 called when notified us pt arrived c chest pain and was assisted until paramedics arrived

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

n/a

V.

X _____
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME.0040927
LICENSE NUMBER

10/15/09
DATE REPORT COMPLETED

TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

& pmedic

I. OFFICE INFORMATION

AAxess Health
Name of office

13085 Telecom Parkway North
Street Address

Temple Terrace 33637
City Zip Code County

(813) 712-2900
Telephone

Marcia Alhameedi/RN
Name of Physician or Licensee Reporting

RN 927222
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]
Patient's Address

[redacted]
Age Gender Medicaid Medicare

N/A
Patient Identification Number

10/21/09
Date of Office Visit

N/A
Diagnosis

Accompanied [redacted] to outpatient Appointment
Purpose of Office Visit

N/A
ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

10/21/09 ≈ 12:30 pm
Incident Date and Time

Location of incident:
☐ Operating Room ☐ Recovery Room
☒ Other Pre procedure Room

09 OCT 26 AM 10:
RECEIVED
CONSUMER SERVICE 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)

[redacted] Accompanied [redacted] to outpatient Appointment at AAxess Health. [redacted] was called In Preprocedure Room for Preadmission paperwork and assessment [redacted] was present In Room while patient [redacted] Interview was being conducted Sitting In a chair. During patient assessment of [redacted] Nurse Marcia Alhameedi took over at [redacted] where [redacted] appeared Sleeping and called out [redacted] name which [redacted] did not Reply Walked over to [redacted] and Shook [redacted] where [redacted] was noticed to be Slumped on chair felt diaphoretic and Unresponsive felt for pulse which was present and called to Front Desk to initiate Ems (911) and called the others RN Shonya Himes and Louis Annarumma which both assisted me In getting patient on a Stretcher and attaching patient to a monitor and checking Blood Pressure (127). Once on Stretcher patient became alert & oriented at this time Ems has arrived and took over which After Assessment [redacted] was taken to UCH-Fletcher hospital for further Evaluation.

B) ICD-9-CM Codes

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

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

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 Hospital transfer for evaluation Name of facility to which patient was transferred: UCH-Fletcher for further evaluation	

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.

Marcia Alhamedi/RN 927222 – present at time of incident
Shonya Hines/RN 920255 – Assisted In care of patient
Lois Annarumma - RRT 68987 - assisted In transfer of patient to Stretcher
Karina Bautwell – Front office – Initiated Ems (911)

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

[redacted] – witness and [redacted] of patient

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. M. Alhamedi/RN — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

RN 927222 — LICENSE NUMBER

10/22/2009 — DATE REPORT COMPLETED

11:00 AM — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

7, #1 260 faxed adverse medical

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

I. OFFICE INFORMATION

Watson Clinic LLP
Name of office

1600 Lakeland Hills Blvd
Street Address

Lakeland 33805 Polk
City Zip Code County

863 680 7000
Telephone

Evan Chambers MD
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Patient Identification Number

[redacted]

Age Gender Medicaid Medicare

10/13/2009
Date of Office Visit

CT Liver biopsy
Purpose of Office Visit

789.39
Diagnosis

47000
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10/13/2009 9am
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other CT Scan rm. 2

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09 OCT 28 AM 9:58
CONSUMER SERVICES UNIT

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

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

PaTIENT WAS IN Ct rm. for liver. biopsies Biopsies were to be done of two different areas. After first site was done and needle was place for second site and scanned to check placement, blood was noted around the liver.Dr. Chamber asked taht Kimberly Dean RN from the Cath Lab. to start a another IV site. Patient was then transferred to stretcher and taken to Cath. Lab. department. From there transferred to hospital by ambulance

Patient was transfused with 2u PRBC and observed for 24 hours. Discharged 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)**
CPT 47000 & ICD9 789.39		998.12

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:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory function. ☐ Any condition that required the transfer of the patient to a hospital.
☒ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only Observation and Transfusion Name of facility to which patient was transferred: Lakeland Regional Med. 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.

Mary Hartman CRT 3973 Kimberly Dean RN 3143532
Wendy McGraw RT 37725
Bob Qualls CRT 35048
Evan Chambers, MD ME 39276

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)

Known Complication of CORE LIVER Biopsy

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

BLEED WAS Immediately Recognized MCT IMAGES. EFFORTS TO MAINTAIN PTIENTS STABLE VITAL SIGNS WAS Immediately PERFORMED. PT TRANSFERRED TO HOSPITAL VIA AMBULANCE INSTABLE CONDITION.

V.

E Chambers MD — ME 39276
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

10/15/2009 — DATE REPORT COMPLETED
4.pm — TIME REPORT COMPLETED

Description: CT BIOPSY OF LIVER. Date: 10/13/2009 10:01. ID: [redacted]. Name: [redacted]. ID: [redacted].

HISTORY:

[redacted]-year-old [redacted] with multiple hepatic lesions. The patient is scheduled for liver biopsy with CT guidance.

MEDICATION: IV titration Fentanyl.

ANESTHESIA: 2% Xylocaine anterior and lateral right abdomen.

TECHNIQUE:

The patient was placed supine on the CT table. Images were obtained through the liver and shows multiple lesions. Using sterile technique and following the administration of local anesthesia, a 17/18-gauge Temno biopsy needle was inserted into the right lobe of the liver via the lateral approach. CT images were obtained to ascertain the position of the needle. Two core biopsy specimens were obtained from this area and was sent to the laboratory in formalin labeled as sample A. In the lower right lobe of the liver local anesthesia was administered via the anterior approach and a 17/18-gauge Temno biopsy needle was inserted. Repeat CT images were obtained. Following the CT images, it was noted that the patient had a fairly large subcapsular hematoma. The biopsy was immediately taken from the second site. A second IV was started and fluid was administered at a fast rate. The patient was brought back to the Vascular Institute. Blood pressure had stabilized. The patient was transferred to Lakeland Regional Medical Center via ambulance in stable condition.

IMPRESSION:

Patient status post two biopsies of the liver with CT guidance.

Dictated by Evan Chambers, M.D.

AUTHENTICATED BY: Chambers, Evan , MD

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

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09 OCT 29 AM 9:26

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

OPNC

I. OFFICE INFORMATION

The Back Center at Cane Creek
Name of office

2202 S. Harbor City Blvd
Street Address

Melbourne 32901 Brevard
City Zip Code County

321 723-7716
Telephone

Dr L Voepel
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age 10-21-09 Gender Medicaid Medicare

lumbar degenerative disc disease &
Diagnosis radiculopathy

Date of Office Visit
Selective Nerve Block.
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10-21-09 14 30
Incident Date and Time

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

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

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

Patient was recoved in Recovery Room when [redacted] c/o lightheadness. Became unresponsive, tremors followed. Respirations shallow, heart rate 80-100. Ventilations assisted. 911 called. Patient had 2 more episodes of tremors. Some Spontaneous respirations, some assisted. Transported to Holmes Regional Medical Center. Family present 1450
10-22-09 - Pt was discharged to home in stable condition.

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)**
64483		

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

D) Outcome of Incident (Please check)

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

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

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

** If it resulted in

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

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

Dr. L Voegel ME 85032.
JMacDonald CRNA 46009
M Douglas RN 2069822
D Hamber RN 2795252
M Morell.

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 appeared to be having seizures, no History of Seizures.

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

Continue to screen patients re history, change in Medical status, medications etc.

V.

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

10-21-09 16:10
DATE REPORT COMPLETED **TIME REPORT COMPLETED**

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

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

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09 OCT 29 AM 9:35

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

Cardiac Rehab
Name of office

1600 Lakeland Hills Blvd
Street Address

Lakeland | 33805 | Polk
City | Zip Code | County

863 680 7000
Telephone

Karla F Glotfelty RN
Name of Physician or Licensee Reporting

2620102
License Number & office registration number, if applicable

1600 Lakeland
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

CAD Aortic Stenosis
Diagnosis

[redacted]
Age | Gender | Medicaid | Medicare

10-19-09
Date of Office Visit

Cardiac Rehab
Purpose of Office Visit

427.5
ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

10/19/09 11:14 am
Incident Date and Time

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

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)

Here for 10th session of cardiac rehab. After exercising on bike [redacted] proceeded to treadmill. Walked about 2 minutes and felt dizzy. [redacted] sat down on the bench. Staff said [redacted] lean back against the wall. [redacted] was not responsive, but breathing. [redacted] was layed down down on the bench at which time [redacted] "grunted". [redacted] then became stopped breathing. [redacted] was noted to be pulseless. Code blue called. EMS called. Chest compressions were started. Defibrillator attached and ambu bag utilized for rescue breathing. Defibrillator showed a bradydia in the 20's but still pulseless. Compressions continued. Patient weighed in the 40's. IV NS started. Respiratory support continued & began breathing. Compressions stopped and pulse noted BP 204/93. Patient began talking & staff. Accu V obtained, labs obtained. Patient remained alert. An

B) ICD-9-CM Codes

93798	93798	427.5
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)

Patient had been exercising on treadmill during stress test & recumbent bike however [redacted] was seated on bench when event occured.

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: observation Name of facility to which patient was transferred: URMC	

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.

Karla Glotfelty RN 2620102, Dana Hall RN 9188717, Erica Tripp RN RN 9214942, Pat Carden RN 9306902, Sally Rupert PN 1120431, Deb Nussell PN 0879231, Cindy Osteen RN 1734782, Meghan Davis Sheldon RN 9271123, Pat Powell PN 852571, Brenda Lenz RN 1044671, Linda Ewald RN 9221680, Dr. Seandra Rourke ME90257, Dr Patrick Reddy ME47649, Dr Kevin Brame ME43887, Dr Shaw ME826168, Dr Schneider ME93363

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

Gary Horn, Security, Jan Grayson, Security, Ginger Hornsby CPT

IV. ANALYSIS AND CORRECTIVE ACTION

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

Patient experienced cardiac arrest during exercise with successful resp

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

V.

Karla Glotfelty RN	2620102
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
10/21/09	7:10am
DATE REPORT COMPLETED	TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

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PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

09 NOV -2 AM 10:41

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

fpwc

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 B 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 10-28-09 Gender Medicaid Medicare
Date of Office Visit

Urinary retention
Diagnosis

Urinary retention
Purpose of Office Visit

NA
ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10-28-09 - 11:30 - 12:00
Incident Date and Time

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

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

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

Patient presents for urinary retention sent by [redacted] primary care physician. Admit B/P 85/39 P-80. Catheter inserted and bladder was drained. Subsequent B/P 71/46. Dr. Bradford notified. Decision to send patient to hospital via emergency transport for further evaluation and treatment of hypotension. Patient alert and oriented but having shoulder pain.

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.
Byron Blasko ARNP - 1554842 - practitioner caring for patient
Robert J Bradford MD - ME0016027 - supervising MD
Melinda McKenzie LPN - PN5783768 - Nurse assisting practitioner
Amy Stoffel LPN - PN-5178333 - assisting practitioner

F) List witnesses, including license numbers if licensed, and locating information if not listed above
Terry Cross RN - 915912 - Supervising RN

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
Patient presented with multiple issues - blood pressure was not urologic in nature

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Appropriate transfer for care & treatment of non urologic condition

V.

[signature]	915912
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
10-28-09	1825
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

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

6pm

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

Jean Kobylewski/R. Duff Sprawls MD
Name of Physician or Licensee Reporting

ME0054026
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Patient Identification Number

174.4 Breast CA
Diagnosis

[redacted]

Age Gender Medicaid Medicare

10/23/09
Date of Office Visit

Chemo, Exam Room, Labs
Purpose of Office Visit

—
ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

10/23/09
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

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

See Attached Report
JKobylewski

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NOV -6 AM 10:

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)
96360		

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
Name of facility to which patient was transferred: Parrish 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 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.

Jean Ickes RN #1797913
Katie Wilkerson ARNP # 3073572
R Dale Sprouls MD ME54026

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)

undetermined even after extensive hospital testing.

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

n/a

V. R Dale Sprouls MD / [signature] — 1797912

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

ME 0054026

10/23/09 — 1700

DATE REPORT COMPLETED — TIME REPORT COMPLETED

[redacted]

Incident report for date of service 10/22/09.

The patient arrived at Space Coast Medical Associates for a visit with the nurse practitioner and a scheduled weekly infusion of chemotherapy with Docetaxel. Upon check-in the patient was noted to be mildly tachycardic with a pulse of 102. [redacted] reported that [redacted] had recently developed diarrhea and it was thought that the patient might be dehydrated, causing the tachycardia. The patient had [redacted] chemotherapy canceled and [redacted] was given an infusion of intravenous saline for volume replacement as well as anti-emetics. The patient's labs had been drawn at the time of [redacted] arrival, and subsequently BUN and creatinine levels were reported that indicated [redacted] had not suffered from dehydration (BUN 14, creatinine 0.9).

The patient had also become increasingly tachycardic; however, [redacted] remained asymptomatic. The patient had a sustained pulse rate of 150 or greater in the afternoon. The patient was examined by the ARNP and the physician and thought to have a supraventricular tachycardia. This was not due to dehydration or [redacted] diarrhea and [redacted] was sent to the hospital via ambulance for evaluation in the emergency room.

In the emergency room the patient had a sustained atrial tachycardia of 180 beats a minute. [redacted] was treated with Adenocard and converted to a sinus rhythm. [redacted] was admitted for evaluation by [redacted] cardiologist.

Thank you very much.

R. Duff. Sprawls, MD

[redacted]

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09 NOV -9 AM 10:4

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

James J. O'Mailia, MD, PA
Name of office

1553 Matthew Drive
Street Address

Fort Myers 33907 Lee
City Zip Code County

239-275-3695
Telephone

James J. O'Mailia, MD
Name of Physician or Licensee Reporting

ME 53585
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

11-4-2009
Date of Office Visit

Schedule Procedure
Purpose of Office Visit

hypotension, bradycardia, near syncope
Diagnosis

780.2
ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

11-4-2009 11:00am
Incident Date and Time

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

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

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

Patient was standing at the front desk/reception desk speaking to the receptionist when [redacted] expression went blank and [redacted] fell to the floor. Melissa Koszesza called 9-1-1 & Kimberly Detscher immediately notified the doctor, Dr. James J. O'Mailia. Dr. O'Mailia tended to the patient while a wheelchair was retrieved. The patient was wheeled into an exam room where [redacted] vitals were taken. The EMS ambulance arrived & cared for the patient before they took [redacted] to Healthpark Medical Center. The patient was stable leaving our office.

B) ICD-9-CM Codes

N/A	427.89, 401.9, 780.2	Unknown
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)

Wheel chair & digital blood pressure/pulse monitor

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 evaluation
Name of facility to which patient was transferred: HealthPark 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 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.

Please see attached

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)

Please see attached

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

Patient treated in office for hypotension, EMS notified, patient transported to hospital in stable condition. No GI problems noted.

V. _____ ME53585
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT **LICENSE NUMBER**

11-4-2009 3:00pm
DATE REPORT COMPLETED **TIME REPORT COMPLETED**

III.
E)
1. James J. O'Mailia, MD, License ME53585, 1553 Matthew Drive, Fort Myers, FL 33907, assisted patient and cared for patient
2. Kimberly Detscher, 1553 Matthew Drive, Fort Myers, FL 33907, assisted patient, notified Dr. O'Mailia, assisted EMTs
3. Danielle Pieretti, 1553 Matthew Drive, Fort Myers, FL 33907, assisted patient
4. Johanna Blanco, 1553 Matthew Drive, Fort Myers, FL 33907, assisted patient
5. Melissa Koszesza, 1553 Matthew Drive, Fort Myers, FL 33907, called 9-1-1
6. Mike Harris, 1553 Matthew Drive, Fort Myers, FL 33907, assisted patient, escorted to exam room, took vitals, assisted EMTs

IV.
A)
Patient had a near syncope episode, patient had a similar event earlier in the day at [redacted] house. [redacted] has a history of hypertension but was found to be hypotensive and to have an irregular pulse. Dr. Lisa Chow (PCP) was notified via telephone by Dr. O'Mailia and the case was reviewed. The patient was stabilized immediately.

[redacted]

RECEIVED
CONSUMER SERVICES UNIT
09 NOV 12 AM 10:00

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

Raleigh W Rollins MD
Name of Physician or Licensee Reporting

ME 0020010
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

prolapsed rectum
Diagnosis

11-2-09
Date of Office Visit

rectal pain
Purpose of Office Visit

NA
ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11-2-09 @ 7:45 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
Was an autopsy performed? ☐ Yes ☐ No

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

Patient presents with rectal pain that had been going on since Friday. She arrived [redacted] is assessed by nurse practitioner and then by Dr. Rollins. Rectal prolapse noted, intervention discussed and patient is transferred to ED @ TMH for continued assessment and care of rectal prolapse

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
- ☐ 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 admitted
Name of facility to which patient was transferred TMH

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

** if it resulted in

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

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

Rebecca Frey ARNP - 1947932 Care provider
Raleigh W. Rollins MD - ME0020010 Care provider
Mary Ford RN RN2020262 Nurse assisting
Melinda McKenzie LPN - PN5783768 Nurse assisting

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 given appointment for what was diagnosed as a rectal prolapse which is a non urologic condition requiring further surgical intervention.

B) Describe corrective or protective action(s) taken (Use additional sheets as necessary for complete response)
Appropriate transfer for further care of a non urologic condition.

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

11-5-09 4:08 pm
DATE REPORT COMPLETED TIME REPORT COMPLETED

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

[redacted]

RECEIVED
CONSUMER SERVICES UNIT
09 NOV 12 AM 10:01

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

OPPC

I. OFFICE INFORMATION

The Back Center @ Crane Creek
Name of office

2222 S. Harbor City Blvd
Street Address

Melbourne 32901 Brevard
City Zip Code County

321 723 7716
Telephone

Dr L Voepel
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Lumbar DDD, SI joint disorder
Diagnosis

[redacted]

Age 11-2-09 Gender Medicaid Medicare
Date of Office Visit

Injection.
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11-2-09 1605
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)

At was in Recovery Room following a S.I joint injection. Awake, alert & oriented. 1605 c/o mild chest pain slight shortness of breath & slight nausea then warm & dry color good. O2 applied, fluids started, Pt evaluated by Dr Voepel & 911 called. Dr Voepel in attendance. Nitroglycerin 1150 administered. Vital Signs stable. 1616 EMS arrived & pt transported by Holden Regional Med Center. [redacted] present 11/4/09 At discharge 11/3/09 - Instructed to follow up pc primary re: anxiety

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)
SI joint injection. Dx 722.52, 724.6.		

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: Discharged 11/3/09

Name of facility to which patient was transferred: Holmes Regional Med Center

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

** if it resulted in

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

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

L Voepel MD ME85032
J MacDonald CRNA 46009
M Vaughan RN 206 9822
D Hambel RN 279525-2
Smith.

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 has history of heart blockage - stable, also hx of anxiety - per [redacted] - takes Xanax @ home.

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

Continue to update past & present medical history & assess patient at time of visit.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	ME 85032
DATE REPORT COMPLETED	**TIME REPORT COMPLETED**
11-2-09	1730

[redacted]

RECEIVED
CONSUMER SERVICES UNIT
09 NOV 12 AM 10:0?

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

261

procedure fatal & death

I. OFFICE INFORMATION

Florida Urology Partners LLP
Name of office

5931 Webb Road Tampa
Street Address

Tampa 33615 Hillsborough
City Zip Code County

813-875-8567
Telephone

Osvaldo Padron MD
Name of Physician or Licensee Reporting

ME59030 OSR 576
License Number & office registration number, if applicable

Town and Country office
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Bladder Outlet Obstruction 600.21
Diagnosis

[redacted]
Age Gender Medicaid Medicare

11-5-09
Date of Office Visit

Laser of Prostate
Purpose of Office Visit

427.89
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11-5-2009
Incident Date and Time

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

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

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

[redacted] y/o [redacted] with preoperative clearance by Primary Care Physician underwent Laser Vaporization of Prostate under level II sedation. At conclusion of procedure patient developed severe bradycardia. Advanced Cardiac Life Support protocol followed including tracheal intubation. Normal cardiac rhythm obtained. Patient transfered by EMS to Town and Country Hospital Emergency Room less than 1 block from office.

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)
600.21	427.89	

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

Anesthesia Equipment, monitors, medications

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: Town and Country 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.

Jay Epstein MD ME02773 Anesthesiologist
Osvaldo Pastor MD ME59030 Surgeon
Marguerite Ann Demayo RN9225318 Registered Nurse
Damara Gonzales RMA Medical Assistant

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

Sorique Grosso RMA Medical Assistant

IV. ANALYSIS AND CORRECTIVE ACTION

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

Review of Incident shows all policy and protocols were followed. Possible cause - contaminated propofol - Recall by Manufacturer

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

Investigating possible propofol contamination
Will review hospital work-up.

V.

[signature] ME59030
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

11519 1pm
DATE REPORT COMPLETED TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA

RECEIVED
CONSUMER SERVICES UNIT
NOV 23 PM 2:12

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

DOH: NOC

I. OFFICE INFORMATION

Oncology + Hematology Associates of West Broward
Name of office

7431 North University Drive Suite 110
Street Address

Tamarac, FL 33321 Broward
City Zip Code County

954-726-0035
Telephone

Rohan Faria MD
Name of Physician or Licensee Reporting

ME 73674
License Number

AS Above
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age / Gender Medicaid Medicare

11/13/09
Date of Office Visit

Purpose of Office Visit

203.00
ICD-9 Code for Diagnosis

mult. plt myeloma
Diagnosis

III. INCIDENT INFORMATION

11/13/09
Incident Date and Time

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

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No 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 receives twice weekly Velcade therapy for [redacted] multiple myeloma. In for second treatment this week. IV started in @ cubital space & good blood return. IV hydration began, premed of IV Decadron 20mg given @ 1240-1300 followed by Velcade 1.6 mg IVP. @ 1325 Hydration continuing when [redacted] began complaining of dizziness, queasiness & not feeling well. Spanish speaking only, pointing to chest brace wanting it to be removed. Diaphoretic, c/o feeling hot though temp 98.4, P-90, B/P 138/80. Pt becoming restless, advised Dr Faria in to see patient, chest brace removed, pt continues c symptoms, 911 called to transport to ER for further evaluation @ 1350.

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)
90761, 96409, 90761		

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

N/A

D) Outcome of Incident (Please check)

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

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

Phyllis KRAFICK RN 1950072
Susan Rothenberg RN 114852
Arlene BABISCH RN 921872

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)

UNKNOWN, AWAIT RECORDS FROM HOSPITAL ER

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

NONE

V. PJ Fern — ME73674
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

1/17/09 — 1430
DATE REPORT COMPLETED — TIME REPORT COMPLETED

[redacted]

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
Charlie Crist, Governor

RECEIVED
CONSUMER SERVICES UNIT
NOV 23 AM 8:56

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

@ PWC

I. OFFICE INFORMATION

Axxess Health
Name of office

13085 Telecom Parkway N.
Street Address

Temple Terrace _____ Hillsborough
City Zip Code County

813-712-2900
Telephone

Shonya Hines, RN
Name of Physician or Licensee Reporting

RN 9202755
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Patient Identification Number N/A

Diagnosis

[redacted]

Age 11/13/09 Gender Medicaid Medicare

Date of Office Visit Fistulagram

Purpose of Office Visit N/A

ICD-9 Code for description of incident

Level of Surgery (II) or (III) II

III. INCIDENT INFORMATION

11/13/09 10:30 AM
Incident Date and Time

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

Patient arrived to facility for [redacted] scheduled 10 AM appointment. Upon [redacted] pre-op assessment [redacted] was found to have a heart rhythm of bigeminy and was symptomatic with diaphoresis and dizziness. Dr. Lin notified patient's nephrologist for preference in Cardiac Consultation. Dr. Vasudeva requested that patient's AVF have a dialysis catheter inserted @ Axxess and then be transferred to UCH for a cardiac evaluation. Permacath was placed to patient's RIJ and 911 was called to transport patient to hospital.

996.73 459.2 585.6

B) ICD-9-CM Codes

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

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

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: Observation	
Name of facility to which patient was transferred: UCH Fletcher for Cardiac evaluation	

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.

Rhonda Harvey RN2010182 Present when patient symptoms started
Shonya Hines RN 9202755 Circulating RN in procedure
Karen Amaruma - Assisted with patient care
Karina Rowell - front desk Initiated 911 call

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)

N/A

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

N/A

V.

Shonya Hines	RN 9202755
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
11/17/09	0745
DATE REPORT COMPLETED	TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

HEMATOLOGY/ONCOLOGY CONSULTANTS
Name of office

2111 SWANN AVE SUITE 102
Street Address

TAMPA 33606 HILLSBOROUGH
City Zip Code County

(813) 254-7227
Telephone

LEWIS E. AUERBACH
Name of Physician or Licensee Reporting

0047891
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

BREAST CANCER
Diagnosis

[redacted]
Age

11-17-09
Date of Office Visit

FOLLOW UP OFFICE VISIT
Purpose of Office Visit

ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

11-17-09 1415
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other EXAM 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 ESCORTED TO EXAM ROOM BY TERRI ROBERTS, MA. VITAL SIGNS OBTAINED: BLOOD PRESSURE 196/94 SAO2 95% ON ROOM AIR. PT COMPLAINED THAT [redacted] "WASN'T FEELING RIGHT." [redacted] STATED [redacted] HAD NUMBNESS AND WEAKNESS IN LEFT ARM & LEFT LEG. [redacted] BECAME DIAPHORETIC. DR AUERBACH IMMEDIATELY ASSESSED PT. EMS CALLED. PATIENT POSITIONED SUPINE ON EXAM TABLE. BP TAKEN AGAIN WITH READING OF 205/108. EMS ARRIVED. PATIENT TRANSPORTED TO TAMPA GENERAL HOSPITAL IN STABLE CONDITION.

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 TAMPA GENERAL 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.

LEWIS E. AUERBACH, MD 0047891
TERRI ROBERTS, 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)

PATIENT WAS ANXIOUS AND NOT FEELING WELL PRIOR TO ARRIVAL TO OFFICE

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

NO CORRECTIVE ACTION NECESSARY

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
11-17-09	1550
DATE REPORT COMPLETED	TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

RECEIVED CONSUMER SERVICES UNIT 09 DEC -7 AM 10:03

6 pvc

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

I. OFFICE INFORMATION

Florida Cancer Institute New Hope
Name of office

7154 Medical Center Drive
Street Address

Spring Hill Fl 34608 Hernando
City Zip Code County

(352) 592-1926
Telephone

Ann M. Bute, RN
Name of Physician or Licensee Reporting

RN 2704192
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age 11/20/09 Gender Medicaid Medicare
Date of Office Visit

IV fluid infusion, leukine
Purpose of Office Visit

R parotid mass, dehydration
Diagnosis

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11/20/09 4:19 pm
Incident Date and Time

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

Pt found in waiting room sitting in W/C A+O/O ↑ fatigue. Denies chest pain, SOB. Respirations regular and even. D5½NS given as ordered over 2°. No other meds given. Pt slept on and off during infusion. Noted answering cell phone x2, last time ≈ 4:00 pm. As infusion finished & supplies gathered, returned to find pt unresponsive and without a pulse. CPR started and 911 called. Epinephrine 1mg IVP x1. Noted return of strong peripheral pulses as EMS arrived. Intubated by EMS and transported to Oak Hill Hospital. Dr. Mary Li present during resuscitation efforts.

B) ICD-9-CM Codes

96360, 96361, 39042

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

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

D) Outcome of Incident (Please check)

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

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

Ann Burke, RN 2704192 CPR
Dr Mary Li - present during resuscitative measures, gave orders
Adam Bryant, RN - med nurse
Terre Dougherty, RN CPR

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. A. McBurn 2704192

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

DATE REPORT COMPLETED **TIME REPORT COMPLETED**

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT
09 DEC -7 AM 10:04

#2162 later ? death cocetn

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

I. OFFICE INFORMATION

COSMETIC PLASTIC SURGERY CENTER
Name of office

1513 S. HARBOR CITY BLVD.
Street Address

MELBOURNE 32901 BREVARD
City Zip Code County

321-676-5543
Telephone

VICTORIA VITALE-LEWIS
Name of Physician or Licensee Reporting

ME 50929 - OSR586
License Number & office registration number, if applicable

SEE SECTION II BELOW
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

FACIAL AGING
Diagnosis

11/30/09
Date of Office Visit

SURGERY
Purpose of Office Visit

4275
ICD-9 Code for description of incident

III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11/30/2009 1545
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

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)
15770, 15822, 15828, 67900.		427.5

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 RESUSCITATION + ADMISSION TO SICU Name of facility to which patient was transferred: HOLMES REGIONAL MEDICAL CENTER	

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

ANESTHESIOLOGIST - CHRISTOPHER P. DEMETRIADES ME 11440
OR NURSE - JOYCE ANN SALOMON-COLLINS RN 742332
SCRUB TECH - BRENDA BUMGARNER

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

FRONT OFFICE NURSE - NATALIE WATERS - RN 916790

IV. ANALYSIS AND CORRECTIVE ACTION

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

SEE ATTACHED

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

SEE ATTACHED

V.

Victoria Vitale-Cabrera, MD — ME 50929
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — **LICENSE NUMBER**

12/2/2009 — 7:30 PM
DATE REPORT COMPLETED — **TIME REPORT COMPLETED**

Privileged and Confidential

III. INCIDENT INFORMATION

A. CIRCUMSTANCES OF THE INCIDENT:

[redacted] is a [redacted] year old [redacted] lb [redacted] who was initially seen for consultation for facial rejuvenation surgery in my office in 11/09/2009. [redacted] stated that [redacted] was in good health and had been seen by [redacted] family physician, Dr. Donna Badalato, within the past year. [redacted] had had a previous hysterectomy in 1986, liposuction in 1994, and an upper lid blepharoplasty, all with uneventful surgical/anesthesia courses. [redacted] did describe an "allergy to adrenaline when awake" and upon further questioning stated that [redacted] felt [redacted] heart race for a short period of time when adrenaline was administered, which is a common side effect and not an allergy. [redacted] stated that [redacted] was currently taking hormone replacement therapy. [redacted] relayed a past history of back pain, arthritis, bronchitis, stomach ulcers, seasonal allergies, and sinus problems on review of systems but denied current medical problems with any of these. [redacted] does not currently smoke or drink but has been a past smoker and did have a history of alcohol consumption in the remote past.

Due to the fact that [redacted] was currently in good medical health, [redacted] was deemed an ASA I by the anesthesiologist, Christopher Demetriades, M.D. [redacted] pre-operative laboratories included a metabolic panel and CBC, neither of which showed any significant abnormalities, an HIV which was negative, and an EKG which demonstrated normal sinus rhythm.

The patient desired extensive facial rejuvenation surgery, including an endoscopic brow lift and facelift with cervicoplasty, upper lid blepharoplasty, and fat injections to [redacted] face, which fat was to be harvested from the left hip. I performed a history and physical at the initial consultation. The alternatives of treatment were all discussed, as were the advantages and disadvantages and risks of all these different treatments and recovery time. [redacted] was seen back in the office on 11/16/2009 for [redacted] pre-operative visit, when [redacted] was given another opportunity to ask questions. [redacted] was given [redacted] pre-operative instructions, [redacted] surgical and anesthesia consents were signed, and pictures were taken. The patient admitted to GERD at this time and was advised to take [redacted] Prevacid with a sip of water on the morning of surgery.

On 11/30/09, the morning of surgery, I reviewed and confirmed the procedure with the patient, inquired into any changes in [redacted] medical history since my last history and physical which [redacted] denied, and performed a brief physical exam including heart and lung assessment which was normal.

I then performed preoperative facial marking. [redacted] was given clonidine 0.2 mg with a sip of water as is routine for facelift patients. The anesthesiologist interviewed the patient for any history of anesthesia complications in the past which [redacted] denied (other than the previously mentioned adrenaline side effect), past medical and surgical history, and

performed an anesthesia assessment relating to the planned anesthesia technique, which did not reveal any significant anesthesia risk factors. Baseline vital signs were BP 118/72, HR 89 and regular, RR 16, oral temperature of 97, and O2 saturation of 97%.

Pre-operatively [redacted] had been placed in TED hose and sequential compression devices, and cefazolin one gram was administered IV. [redacted] was admitted to the OR at 08:50. General endotracheal anesthesia (Level III) was administered by an anesthesiologist, Christopher Demetriades, MD, utilizing the following agents: fentanyl, versed, forane, propofol, and tracrium. Local anesthesia consisting of Lidocaine 1% with epinephrine 1:100,000 30 mls was injected by the surgeon at 09:50 and a dilute epinephrine solution (150 ml of saline mixed with 0.5 ml of epinephrine 1:1000) was injected into the face to promote hemostasis, with 30 mls reserved to inject prior to closure of the second side later on in the case. A Foley catheter was placed once general anesthesia was induced and [redacted] urine output was monitored during the case.

Intraoperatively [redacted] was monitored with EKG, temperature, blood pressure, oxygen saturation, and end tidal CO2. The patient's heart rate ranged from 64-84. The surgery proceeded uneventfully until, as I was closing the last incisions at 15:45, the patient suddenly became bradycardic. The forane had already been discontinued and, pursuant to protocol, [redacted] was given Robinul 0.2mg and Ephedrine 10 mg IV, however, [redacted] heart rate continued to rapidly decrease. We stopped surgery immediately and called 911. Epinephrine 1 mg was given IV, and there was no response in the heart rate. [redacted] became asystolic at 15:54. All licensed personnel in my OR are ACLS certified, and we immediately initiated CPR. The EMTs arrived within 3 minutes and gave a second dose of epinephrine and atropine and continued CPR. The paramedics relayed to me that a blood pressure and pulse were obtained upon leaving the facility and maintained in the ambulance. I accompanied the ambulance to the hospital, while Dr. Demetriades himself rode in the ambulance with the patient. [redacted] was rapidly transported to Holmes Regional Medical Center ER where, despite repeated codes, [redacted] finally stabilized after a few hours. Once the patient was stabilized, I closed the remaining incisions and [redacted] was transported to the surgical intensive care unit.

In the emergency room [redacted] was seen by a cardiologist and intensivist who initiated a hypothermia protocol. Despite the sedation called for by protocol in CT scan that evening, [redacted] was blinking [redacted] eyes and it was thought by the hospital staff that the patient displayed purposeful movement. [redacted] started shivering and was placed on heavy sedation and paralytics. In the intensive care unit, [redacted] currently remains stable and is improving. The levophed drip, which was initially required to maintain [redacted] blood pressure, was weaned off and [redacted] remains intubated on a ventilator. [redacted] oxygen saturation remained within normal limits on 50% O_2 and [redacted] is now maintaining normal oxygen saturation on 40% O2. [redacted] kidney function has remained intact. Re-warming was started in the afternoon of 12/01/09 and the patient was blinking. The sedation is being decreased to further define [redacted] neurological status.

Evaluation up to this time has shown no pulmonary embolus, no myocardial infarction, and no known etiology for this event. The cardiologist, intensivist, anesthesiologist, and I

have all reviewed the circumstances of this case and have found no breach in the standard of care in the pre-operative workup, operative procedure, or subsequent emergency care.

The patient's [redacted] was notified by my office after the patient was transferred, and [redacted] is here from Palm Beach. I have been in constant communication with [redacted]. The patient is long divorced. [redacted] has a [redacted] in Utah who is being contacted by the [redacted].

At the time this Report is being submitted, the patient remains in the ICU.

IV. ANALYSIS AND CORRECTIVE ACTION:

A. Analysis: I reviewed this case in depth with the intensivist, as well as the anesthesiologist who administered the anesthetic, seeking to determine why this unfortunate incident may have happened and what could be done to prevent it in the future. Despite these efforts, at this time there is no known etiology. A licensed healthcare risk manager also was engaged to review the case and to ensure compliance with state reporting requirements.

B. Corrective Action: In accordance with the Office Surgery Rule, we routinely obtain an EKG and medical clearance on patients with significant medical history having Level III surgery in our office. While it was not felt that it would have altered the outcome in this case, all patients over [redacted] in the future, regardless of medical history, will be required to have full, independent, medical clearance by an internist prior to level III surgery in this facility.

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

Victoria A. Vitale-Lewis, M.D., F.A.C.S. — Date 12/2/2009

Christopher Demetriades, M.D. — Date Dec. 2-09

[redacted]

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
Charlie Crist, Governor

RECEIVED
CONSUMER SERVICES UNIT
09 DEC 10 AM 10:52

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

OPWC

I. OFFICE INFORMATION

Space Coast Cancer Center
Name of office

699 W. Cocoa Beach Cswy St. 606
Street Address

Cocoa Beach 32931 Brevard
City Zip Code County

321-783-9544
Telephone

Dr. Richard Levine
Name of Physician or Licensee Reporting

ME 40927
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age 11/23/09 Gender Medicaid Medicare

Breast cancer
Diagnosis

Date of Office Visit
Follow-up.

Purpose of Office Visit
174.9

ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

11/23/09
Incident Date and Time

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

Patient arrived for follow-up Routine visit. Patient complained about feeling weak, sweating, nausea. Vital signs noted bradycardia and hypotension Pt placed in wheelchair and sent to hospital emergency department. Physician Faxed ED physician. Patient Recently had Caprine medications changed by other MD's. Patient stable throughout process

DH-MQA1030-12/06
Page 1 of 2

B) ICD-9-CM Codes Hypotension - 458.9

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	Bradycardia - 427.89	None

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

Wheelchair

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: Cape Canaveral 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.

Richard Levine MD - FL ME 40927
Space Coast Medical Associates LLP - examined patient
Crystal Smith CNA - 70981
Space Coast Medical Associates LLP - took patient to ED in a wheelchair

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)

Possible medication effect - prescribed by other physicians (cardiologist)

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

Patient to follow up with other physicians

V.

Richard Levine MD — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
40927 — LICENSE NUMBER
12/4/09 — DATE REPORT COMPLETED
730A — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Charlie Crist, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#263 toler @death medlec

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

I. OFFICE INFORMATION

AAxess Health
Name of office

13085 Telecom Pkwy N.
Street Address

Tampa 33637 Temple Terrace
City Zip Code County

(813) 712-2900
Telephone

Marcia Alhamedi
Name of Physician or Licensee Reporting

RN 9272222
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 12/3/09 Gender Medicaid Medicare
Date of Office Visit

Referred Thrombectomy of Dialysis Vascular access
Purpose of Office Visit

996.73, 459.2, 585.6
Diagnosis

996.9
ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

12/3/09 12:40 pm
Incident Date and Time

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

RECEIVED
09 DEC 7 AM 11:20
CONSUMER SERVICES UNIT

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)

Post thrombectomy procedure unable to obtain hemostasis to arterial end of dialysis vascular access even though pressure was applied and sutures in place with traction applied for over an hour. Patients Vascular Surgeon was notified Dr Huang whom gave instructions to send patient to Tampa General Hospital for further evaluation. EMS initiated patient remain alert and stable and was transferred to Tampa General 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)
96.73, 459.2, 5856	N/A	N/A

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

D) Outcome of Incident (Please check)

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

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

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

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

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

Dr. James Lin ME 103741
Marcia Alhamedi – RN 9272222
Karen Annarumma – BSRT – CRT 18572

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)

elastic stenotic lesion which was recurrent
See attached letter from Dr. James Lin

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

NA

V.

Alf Alhamedi — RN 9272222
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

12/4/09 — DATE REPORT COMPLETED
15:24 pm — TIME REPORT COMPLETED

aaXess Health

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

To Whom It May Concern:

This letter is for clarification of why [redacted] was sent by ambulance to Tampa General Hospital on 12/3/09.

[redacted] is a dialysis patient who was referred for a thrombosed left arm fistula. Unfortunately the access could not be declotted because of severe elastic midbasilic stenosis. The lesion opened with full effacement of a 8x4 mm balloon but then would recoil to at least 50% stenosis after deflation of the balloon. Flow was established only to this elastic lesion; more proximally flow could not be re-established.

Finally, the case was stopped because of lack of progress secondary to this elastic lesion. I felt that a stent would not serve [redacted] well as it would be in the middle of the access. [redacted] was completely stable the entire procedure. Unfortunately hemostasis could only be obtained with traction on a suture around the cannulation site as well as gentle pressure over a tipstop. If traction or pressure was removed bleeding would restart. I believe the bleeding was secondary to the Heparin (which has to be given for a declot to help prevent catastrophic pulmonary emboli) and the high access pressures because of the midbasilic elastic lesion.

[redacted] was sent to Tampa General Hospital after speaking with Dr. Huang (patient's vascular access surgeon). The EMS staff was instructed on how to control the bleeding by gentle pressure over the tipstop and traction on the suture. Even though the patient could theoretically have gone home I did not want to risk having the bleeding restart at home at a time when no one else may be present to aid the patient. At the hospital the patient could be evaluated for an interposition graft to bypass the elastic lesion or for access ligation.

Please contact me with any further questions.

Thank you,

James W. Lin

Dr. James Lin

13083 Telecom Parkway North, Temple Terrace, Florida 33637
Phone: (813) 712-2900 | Fax: (813) 712-2901 | www.aaXessHealth.com