

COPY 05/22/2001



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

RECEIVED
CONSUMER SERVICES UNIT
MAY 15 AM 11:50

I. OFFICE INFORMATION

Name of office Florida Community Cancer Center

Street Address 11307 Cortez Blvd

City Brooksville Zip Code 34673 County Hernando

Telephone 352-596-1926

Name of Physician or Licensee Reporting Dr. Richard Caradonna

License Number ME 49404

Locating Information for Physician or Licensee Reporting Florida Community Cancer Center

II. PATIENT INFORMATION

[Redacted Patient Information]

Age 5-1-01 Gender _____ Medicaid Medicare _____
Date of Office Visit _____
Purpose of Office Visit Chemo therapy
ICD-9 Code for Diagnosis _____

III. INCIDENT INFORMATION

Incident Date and Time 5-1-01 5pm

Location of Incident:
 Operating Rm Recovery Rm
 Other Chemo center

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Patient had completed chemotherapy consisting of 5FU, Leukovorin, Gemzar, & Kytril. Patient walked to lobby, went to the bathrooms & was found having difficulty closing the door. Office person closed the door for him, & alerted nursing staff. Doors to bathroom found locked. Patient found did unlock door, & responded with garbled speech. Staff placed [redacted] in wheelchairs. Patient was incontinent of urine. Continued with garbled speech, right sided facial droop with drooling, right arm flaccid. Oxygen applied via O2 nasal prongs. 911 called. Patient transported to Oak Hill Hospital.

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)
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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)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer of the patient
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E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident (error SSJ)

Barbara Cara R.N. 262 601502
 John Brodtman R.N. (3173 error SSJ) 2729692
 Shirley White RN 143 2192

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

Marlene Bradley - Florida community Cancer Center.

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. Richard R. Carabornas ME0019404
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

M. Watkins 5-9-01



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

RECEIVED
CONSUMER SERVICES UNIT
01 JUN 11 PM 1:03

I. OFFICE INFORMATION

CHARLES E. MOORE MD
Name of office

TALLAHASSEE 32308 LEON
City Zip Code County

CHARLES E. MOORE
Name of Physician or Licensee Reporting

850/878-5184 FL 21857
Locating Information for Physician or Licensee Reporting

1210 MCCOSKREE RD
Street Address

TALLAHASSEE, FL.

850/878-5184
Telephone

License Number

II. PATIENT INFORMATION

[Redacted Patient Name]

[Redacted Patient Address]

[Redacted Patient Diagnosis]

[Redacted Patient Age]

5/1/01 Gender Medicaid Medicare

Date of Office Visit
SURGERY - (AUG. MAMMOG)

Purpose of Office Visit

ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

5/1/01 @ 10 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

N/A

N/A

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

PLEASE SEE MY EARLIER LETTER. I
BECAME SUSPICIOUS OF A PNEUMOTHORAX
(W) LUNG - STABLE VITAL SIGNS - BUT
ON X-RAY AT IMH A PNEUMOTHORAX
WAS CONFIRMED - CHEST TUBE
INSERTED WITH IMMEDIATE REINFLATION

B) ICD-9-CM Codes

SURGICAL MANIPULATION (PECTORAL) SUBMUSCULAR DISSECTION PARTIAL
 Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) 19325
 Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) N/A
 Resulting injury (ICD-9 Codes 800-999.9) PNEUMOTHORAX 512.1

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

(Use additional sheets as necessary for complete response) "DISSECTING CANNULA"

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital <p>PARTIAL PNEUMOTHORAX (L)</p>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer of the patient
--	--

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

MYSELF ALONE

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)

A SMALL OPENING MUST HAVE HAPPENED INTO THE PLEURAL SPACE DURING THE COURSE OF THE SUBPECTORAL DISSECTION

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

PATIENT TRANSFERRED TO HOSPITAL (TMH) BY MYSELF & IMMEDIATE RE-INFLATION OF LUNG & INSERTION OF CHEST TUBE

V. Charles Moore MD FL# 21857

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

6/7/01
DATE REPORT COMPLETED

9:00 AM
TIME REPORT COMPLETED

CHARLES EDWARDS MOORE, M.D.

1210 MICCOSUKEE ROAD
TALLAHASSEE, FLORIDA 32306

TELEPHONE: 878-5184

RECEIVED
CONSUMER SERVICES UNIT
01 MAY 16 PM 3:26

DIPLOMATE AMERICAN BOARD OF
PLASTIC AND RECONSTRUCTIVE SURGERY

The Board of Health
State of Florida
Tallahassee, Fl.

Dear Health Board,

I am writing in compliance with what I believe is your mandate that "untoward incidents" occurring during the course of office surgery be reported.

On May 1st, during the course of an augmentation mammoplasty, I heard what sounded to me a slight air exchange emerging through the submammary incision being utilized for the insertion of the prosthesis. I immediately suspected a pneumothorax. The patient's vital signs and blood oxygen level were not affected at any point.

Within half an hour, allowing for completion of the surgery and recovery from the sedatives, I took her to the hospital (Tallahassee Memorial) where a chest x-ray obtained upon arrival at the Emergency Room confirmed the left sided pneumothorax. A small chest tube was inserted by Dr. Charles Bianco, and the lung immediately re-expanded. She was kept overnight for observation, the chest tube being removed the AM following, and a follow-up chest film showing the lung fully expanded. She was discharged home.

I saw her at her home on two occasions following, finding her convalescence simply that which one would ordinarily expect in the usual course of events following an augmentation mammoplasty. I saw her in the office yesterday, doing well.

Not in possession of any formal documents that you may otherwise require beyond this letter, please send them, or beyond that fact please inform me how I may be further helpful to your need.

Sincerely Yours,

Charles Moore

MEDICINE BOARD
2001 MAY - 0 AM 7:19

5/8/01



STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

MAY 21 PM 2:09

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

I. OFFICE INFORMATION

GEFFEN CANCER CENTER
Name of office
VERO BEACH 32960 INDIAN RIVER
City Zip Code County
DR. JEREMY GEFFEN
Name of Physician or Licensee Reporting
VERO BEACH, FL 32960
Locating Information for Physician or Licensee Reporting

981 37th PLACE
Street Address
561-770-5800
Telephone
ME 0051697
License Number

II. PATIENT INFORMATION

[Redacted]
Patient Name
[Redacted]
Locating Information
[Redacted]
Patient Identification Number
ENDOMETRIAL CANCER
Diagnosis

[Redacted] Medicaid Medicare
Age Gender
5/8/01
Date of Office Visit
CHEMOTHERAPY INFUSION
Purpose of Office Visit
182.0
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

5/8/01 11:50 AM
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Chemo Room

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

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

[Redacted] arrived in the chemo room @ 9AM. [Redacted] (L)sc port was accessed and [Redacted] was prehydrated = 1000cc NS @ 4mg MgSO4 over 2hrs (9:15-11:15), Baseline VS: 98.6-60 113/59
At 10:45 [Redacted] was pre-medicated = granisetron 1mg IVP followed by dexamethasone 20mg and Ranitidine 50mg IVPB over 20". At 11:20, pt received first chemotherapy drug: Adriamycin 60mg in 100cc NS IVPB, at 11:45 (completion of Adriamycin) pt began to q/o substernal chest pressure radiating up to throat. BP 154/96 p. 153
O2 sat 98-99%, Dr. Geffen notified + immediately examined pt, at 11:50 911 was called. Pt was placed on O2 @ 2l via N/C. Apical pulse very rapid + irregular from 100-160 BPM.
Paramedics arrived, 12N BP 157/88 p. 160 - NO Δ in chest pressure. IV NS @ TKO.
12:05 PT transported to IRMH

B) ICD-9-CM Codes

V58.1

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

DR. JEREMY GEFEN ME 0051697

DONNA TERRILL RN RN 2877722

DARLENE LEEFORT LPN PN 1205541

JENNIFER LANE LPN PN 1359271

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

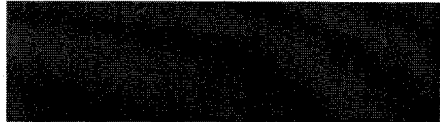
LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED



STATE OF FLORIDA
Jeb Bush, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT
01 MAY 18 AM 11:57

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

I. OFFICE INFORMATION

University Fertility Assoc.
Name of office
Clearwater 33759 Pinellas
City Zip Code County
Gayle L. Cameron, RN
Name of Physician or Licensee Reporting
Same as above
Locating Information for Physician or Licensee Reporting

2454 McMullen Booth Rd.
Street Address
(727) 669-3417
Telephone
RN 2510362
License Number

II. PATIENT INFORMATION

[Redacted]
Patient Name
[Redacted]
Locating Information
[Redacted]
Patient Identification Number
Infertility
Diagnosis

[Redacted] Medicaid Medicare
Age 05/12/01 Gender
Date of Office Visit
Oocyte Retrieval (IVF)
Purpose of Office Visit 628.9
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

05/12/01 @ 0935
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other In Office

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

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

Pt had 4th cycle of IVF, following procedure experienced pain upon abdominal. 0845: Anesthesia b/c Pt - while completing recovery Pt awake, alert, & oriented X3, VS: WNL + IV @ NS cont. @ 0855: Dr. Cowart: vaginal ultrasound revealed \emptyset bleeding & WNL. VS: 119/69 P. 78 R. 24. O₂ via mask @ 8L Sat. O₂ = 92. Dr. Terkovic (Anesthesia) began to notify of Pt status. Cont. observation - 0910: Diaphoretic BP 110/63 P. 84 R. 28 Sat O₂ 95. Pt. remained alert & oriented X3 throughout entire episode. Dr. Cowart remained @ bedside & Husband present. 0925: Pain cont. upper abdomen & C/o difficulty breathing Pt pain. Lungs clear all quad. BP 109/67 P. 86 R. 22 Sat O₂ 98 on 8L mask. Call to 911 - Pt. transported 0935 by EMS. Observed in hospital. In 2H & b/c home. No apparent reason for pain determined on hospital / Physician. [Signature]

B) ICD-9-CM Codes

Oxygen Retrieval
Surgical, diagnostic, or treatment procedure being performed at time of incident
(ICD-9 Codes 01-99.9)

Unknown
Accident, event, circumstances, or specific agent that caused the injury or event.
(ICD-9 E-Codes)

Unknown
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)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital <p><i>Subsequent D/C 5/13/01 w/ unknown cause of pain, which resolved within a few hours.</i></p>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure <p>** if it resulted in</p> <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer of the patient
--	--

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

Dr. Catherine Cowart ME 69677
Gayle L. Cameron RN 2510362

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)

Unknown - ultrasounds & X-rays revealed no evidence of active bleeding or perforation. Normal & stable CBC, no evidence of infection. Pt seen today - doing well, pain completely resolved.

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

None

V. Catherine Cowart, MD ME 69677
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
5/11/01 8:45am
DATE REPORT COMPLETED TIME REPORT COMPLETED
Maibud



STATE OF FLORIDA
Jeb Bush, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT

01 MAY 22 AM 11:33

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

I. OFFICE INFORMATION

Fl. Community Cancer Center
Name of office
Brooksville 34613 Hernando
City Zip Code County
DR. Richard Caradonna
Name of Physician or Licensee Reporting

11307 Cortez Blvd
Street Address
352-596-1924
Telephone
ME 49404
License Number

Locating information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]
Patient Name
[Redacted]
Last Name
[Redacted]
Patient Number
Lung Ca.
Diagnosis

[Redacted] Medicaid Medicare
Age 53/01 Gender
Date of Office Visit
Chemotherapy
Purpose of Office Visit
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

5/3/01 3:30 P
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other

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

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

Pt. fell & hit head while attempting to get on
commode without assist. Cut on left forehead.
Approx 1 inch long. Pressure applied. Ice pack
applied. Pt. denies any other injuries.

B) ICD-9-CM Codes

V58.1
Surgical, diagnostic, or treatment procedure being performed at time of incident
(ICD-9 Codes 01-99.9)

E884.6
Accident, event, circumstances, or specific agent that caused the injury or event.
(ICD-9 E-Codes)

873.8
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)

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

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

LINDA WHITE RN - assist & care - RN 3180002

John Brodtman RN assist & care - RN 2729692

Sue Edwards - found pt

Roberta Joseph RN assist & care RN 2758482

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 disregarded nursing instructions to call for help when [redacted] had need to use bathroom.

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

Cleanse, steri-strip, recheck in AM, ER offered

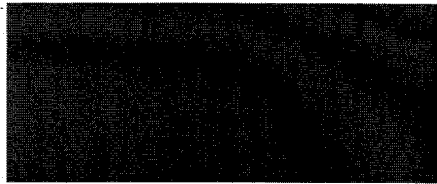
R. Caradonna ME049404
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

5/11/01
DATE REPORT COMPLETED

3⁰
TIME REPORT COMPLETED



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

Name of office: John S. GATEWOOD, MD, PA Street Address: 316 53RD AVE E.
 City: DRAKESTON, FL Zip Code: 34203 County: MANATEE Telephone: 941-756-9110
 Name of Physician or Licensee Reporting: John S. GATEWOOD, MD License Number: ME 0031783
 Locating Information for Physician or Licensee Reporting: Above Address

II. PATIENT INFORMATION

Age: 5/17/01 Gender: _____ Medicaid Medicare: _____
 Location: _____ Date of Office Visit: _____
 Patient Identification Number: _____ Purpose of Office Visit: Vasectomy Reversal
 Diagnosis: EPIDIDYMITIS ICD-9 Code for Diagnosis: 606.0

III. INCIDENT INFORMATION

Incident Date and Time: 5/17/01
 Location of Incident: Operating Rm Recovery Rm
 Other

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

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

SEE ATTACHED NARRATIVE.

B) ICD-9-CM Codes

Vasectomy Reversal
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

NONE
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

NONE
Resulting injury (ICD-9 Codes 800-999.9)

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

N/A

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a licensed hospital	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure ** if it resulted in <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function; <input type="checkbox"/> Any condition that required the transfer of the patient
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E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.

JULIA E. FLANIGAN, CRNA License # RN 3171402
PO BOX 17522 SARASOTA, FL 34276 (941) 925-0063
PATRICIA FOX, CRNFA License # RN 1820182
6603 63rd Ave E. PALMETTO, FL 34222 (941) 722-4211

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

NONE

IV. ANALYSIS AND CORRECTIVE ACTION

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

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

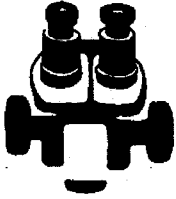
V.

John Gately, MD
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME0031783
LICENSE NUMBER

5/17/01
DATE REPORT COMPLETED

3:00 pm
TIME REPORT COMPLETED



THE MICROSURGICAL CENTER

John S. Gatewood, M.D., P.A.

Vasectomy Reversal, Vasectomy and Infertility

May 18, 2001

Agency of Healthcare Administration
Consumer Services Unit
P. O. Box 14000
Tallahassee, FL 32317-4000

01 MAR 24 AM 11:39
CONSUMER SERVICES UNIT

RE: Operative Incident

The following is a description of an operative incident occurring on 05/17/01. Within the office surgery unit, the patient's name is [REDACTED]-year-old male, Caucasian and married undergoing vasectomy reversal procedure.

When questioned in the consulting room regarding his past medical history he stated that he had no major medical problems and was allergic to penicillin. Otherwise, had no significant medical history other than having a vasectomy some 11 years previously. After having done a pre-operative consultation, physical examination was unremarkable, except that bilateral vasal gaps were palpated at the scrotum from previous vasectomy.

Patient was taken and questioned by the nurse anesthetist and again gave a negative history for any major medical problems except allergy to penicillin.

Surgical procedure was begun, anesthesia time starting at 9:50am. The left side of the scrotum was anesthetized for vasectomy reversal at 10:19am. An incision was made over top of the left scrotum at 10:20am. At 10:28am there was an immediate jump in the pulse rate from 76 regular sinus rhythm to 179. Surgery was stopped immediately. All vital signs with the exception of pulse remained stable as they were at the beginning of the procedure. At 10:30am ½ cc Fentanyl was given with no change in vital signs. At 10:32am ½ Fentanyl was given, still no change noted in vital signs; EMS was notified and scrotal wound was closed. EMS arrived 10:41am subsequently transported patient to Blake hospital emergency room.

John S. Gatewood, M.D.

John S. Gatewood, M.D.

JSG/akm



STATE OF FLORIDA
Jeb Bush, Governor



RECEIVED
CONSUMER SERVICES UNIT
PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT - 1 PH 12: 05

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

I. OFFICE INFORMATION

John S. Poser, M.D.
Name of office
Gainesville 32601 Alachua
City Zip Code County
John S. Poser, M.D.
Name of Physician or Licensee Reporting
Same
Locating Information for Physician or Licensee Reporting

780 S.W. 2nd Ave. Ste 452
Street Address
(352) 372-3672
Telephone
M241976
License Number

II. PATIENT INFORMATION

[Redacted]
Age 5/11/61 Gender _____ Medicaid Medicare _____
Date of Office Visit _____
Locating Information _____
Purpose of Office Visit Breast Augmentation
Patient Identification Number _____
Diagnosis Pneumothorax
ICD-9 Code for Diagnosis 512.1

III. INCIDENT INFORMATION

5/11/61 a.m.
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 undergoing routine submuscular breast implants. The right side completed & then left side dissection began when small air leak heard - sutured shut. Pt remained stable & transferred in monitor across the street to hospital where chest tube placed. Pt DIC Am fully recovered

B) ICD-9-CM Codes 19325.50 998.2 512.1
757.6
Breast Implant chest wall puncture pneumothorax
 Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) Accident, event, circumstance, 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)

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

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

John Paser, M.D. ME 41976
Brenda Mull RN-1402792
Jammy Lewis
April Wilson
Mary Wing RN-1178522

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)

Submuscular dissection with small puncture
chest wall

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

oversaw puncture site, close breast wound
transfer to ER for placement of chest
tube, overnight observation & full recovery

V.

John Paser ME 41976
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
5/16/01
 DATE REPORT COMPLETED TIME REPORT COMPLETED



STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT
01 JUN -4 PM 12:22

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

I. OFFICE INFORMATION

Florida Community Cancer
Name of Office Brookssville Center
11307 Cortez Blvd 34613
City Zip Code County
Michele Eger RN
Name of Physician or Licensee Reporting
Brooksville
Locating Information for Physician or Licensee Reporting

11307 Cortez Blvd
Street Address
(352) 596-1926
Telephone
2628182
License Number

II. PATIENT INFORMATION

[Redacted Patient Information]

[Redacted Patient Information]

III. INCIDENT INFORMATION

5/22/01 12:15 pm
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Chem 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)

One hour into Rituxan infusion pt has diaphoresis, dizziness
skin pale in color. States "it's only my blood sugar".
12:15 - vs 97; 80, 140/88, 22. Given juice + sugar + crackers.
12:30 vs 128/65, 84. O2 applied @ 4 L/Nc. States "I don't
feel any better". Color WNL, no further diaphoresis,
no dizziness + abdominal discomfort.
12:45 - BP 110/48, 68 in above condition. EMS called
1 pm BP 120/52 - transported via ambulance to
OHH ER for evaluation

B) ICD-9-CM Codes

158.1
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

995.2
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9E-Codes)

789.0
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)

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

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

Shirley White RN 1432192 - assisted - vital signs
Barbara Caru RN 601502 - assisted - vital signs
and watching patient - may be located
at Florida Community Cancer Center 11307 Portez Blvd
Brooksville 34613

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

Linda White RN 3180003 - Florida Community
Cancer Center

IV. ANALYSIS AND CORRECTIVE ACTION

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

Unable to determine if incident was reaction
to Rituxan or due to hypoglycemia

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

Sent to EL for evaluation. Rituxan dose will
be divided between two days.

V. Michele Eger RN

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

2628182

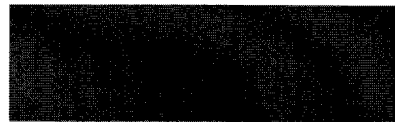
LICENSE NUMBER

5/29/01
DATE REPORT COMPLETED

TIME REPORT COMPLETED



STATE OF FLORIDA
Jeb Bush, Governor



PHYSICIAN OFFICE CONSUMER SERVICES UNIT
ADVERSE INCIDENT REPORT

RECEIVED
01 JUN 11 PM 1:02

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

I. OFFICE INFORMATION

Cancer Center of Florida
Name of office

52 W. Gore Street
Street Address

Orlando, Fl. 32806
City Zip Code County

(407) 426-8484
Telephone

Robin J. Clark RN
Name of Physician or Licensee Reporting

1548742
License Number

Laurie Amodio APRN
Localing Information for Physician or Licensee Reporting

272 9452

Dr. Daniel Halili ME0064438

II. PATIENT INFORMATION



[Redacted] Age Gender Medicaid Medicare

[Redacted]
Patient Identification Number

6/7/01
Date of Office Visit

lung CANCER
Diagnosis

chemotherapy infusion
Purpose of Office Visit

102.3
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

6/7/01 1442
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other chemotherapy

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)

#2491" anjio started @ AC - Anaset 100mg, Benadryl 25mg +
Zantac 50mg in 50cc NS infused then Salumedrol 50mg 150cc NS infused
Taxol 120mg 1250cc NS started infusing very slowly - Taxol
infused approx 7min. when pt. got low back pain - Taxol infusion
D/C and NS 250cc infusing per @ AC line - pt. became
unresponsive, pale + blue lips - B/P not palpable - pt.
reclined in chair - D/C on @ 2h AC ^{10:14} Approx. 3min later
pt. became more responsive, making eye contact - B/P 54/palpatet
NS infusing wide open - resp. 12-14 - pulse regular @ 78 - slowly
pt. regained alertness but got chest tightness - L. Amodio APRN
1 of 2 pages and Dr. D. Halili notified. Dr. Siman notified - pt. sent to
Form # ER by ambulance @ approx. 1500 for evaluation.

B) ICD-9-CM Codes

<u>V58.1</u>		
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)

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

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

Robin J. Clark RN 1548742
L. Amodio APRN 2729452
Dr. D. Habibi MEO064438

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

Rachael Burg 2573882
Stacy Fogg-Smith 3023152

IV. ANALYSIS AND CORRECTIVE ACTION

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

Chemotherapy of Jaxol or Remedax
of Anzomet, Benadryl, Zantac & Solu-medrol
Reaction

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

Pt to be reevaluated prior to any more
Chemotherapy agents

V. Robin J. Clark RN 1548742
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
6/7/01 1600
 DATE REPORT COMPLETED TIME REPORT COMPLETED



STATE OF FLORIDA
Jeb Bush, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT

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

01 JUN 13 PM 12:11

I. OFFICE INFORMATION
Florida Community Cancer Center
Name of office
Clearwater 33756 Pinellas
City Zip Code County
Dr. Robert McCreary
Name of Physician or Licensee Reporting

303 Pinellas St. Suite 230
Street Address
727-442-4188
Telephone
ME 18248
License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]
[Redacted]
Loc [Redacted]
Patient Identification Number
breast cancer
Diagnosis

[Redacted]
Age 5-31-01 Gender _____ Medicaid Medicare _____
Date of Office Visit
lab
Purpose of Office Visit
174.1
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

5-31-01 9:15 AM
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 NA
Was an autopsy performed? Yes No NA

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

It was here for lab appt. sitting in office waiting room.
Pt got up to go to lab & began to slump over in doorway
hitting her chin on doorway. Staff were ^{not} present to
assist pt to floor. Pt was placed in supine position
BIP 70/40 HR 56. Pt was awake but slow to respond
verbally. Pt denied any chest pain or pain in extremities,
head etc. legs elevated on pillow. Pt was sent 911 to
ER for further eval. per Dr. order. BIP 100/60 HR 60's upon
leaving @ Ems. Slight bruise noted on chin.

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident
(ICD-9 Codes 01-99.9)

780.2, 910.8
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)

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

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

Elizabeth White-Green RN 974212
Dr. Gail Stanton ME 41998
Dr. Robert McCreary ME 18248

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

Suzanne Killion
Debra Strand CMA

IV. ANALYSIS AND CORRECTIVE ACTION

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

It became dizzy after standing - possibly 2° to orthostatic hypotension

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

It placed in supine position in modified Trendelenburg position
sent to ER via 911 for further eval.

V.

[Signature] ME 18248
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

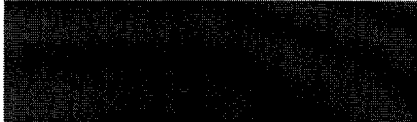
6/6/01
DATE REPORT COMPLETED

1030 hrs
TIME REPORT COMPLETED

YMW 6-7-01



STATE OF FLORIDA
Jeb Bush, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT

01 JUN 14 PM 12:08

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

I. OFFICE INFORMATION

Watson Clinic LLP
Name of office
Lakeland 33805 Polk
City Zip Code County
Cindy Hill DMC
Name of Physician or Licensee Reporting
same as above
Locating Information for Physician or Licensee Reporting

1600 Lakeland Hills Blvd
Street Address
FL 3-680-7000
Telephone
RN 2827872
License Number

II. PATIENT INFORMATION

[Redacted]
[Redacted]
[Redacted]
coronary artery disease
Diagnosis

[Redacted]
Age Gender Medicaid Medicare
06/04/01
Date of Office Visit
Following stress test following following stent placement
Purpose of Office Visit
41400
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

06/04/01 approx 2PM
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other treadmill 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)

Following stress test on treadmill pt developed rapid heart rate. O2 applied via nasal cannula; IV initiated to @ antecubital i NS; monitored i EKG monitor; pt returned to a regular heart rate prior to administration of Cardizem; physician in attendance throughout incident; per physician request pt transferred to hospital

B) ICD-9-CM Codes

93015
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

93015
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

427.31
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)

treadmill

D) Outcome of Incident (Please check)

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

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

<i>ambulance</i> Buzz Hall # 2515752 RN initiated IV	Watson Clinic same address as above
<i>clerk</i> Cindy Hill # 2527872 RN took notes	Watson Clinic " " " "
<i>cc</i> Chris Clark # 2001692 RN prepared Circulazom	Watson Clinic " " " "
<i>in Johnson</i> Kim Johnson # 2522722 RN helped initiate IV	Watson Clinic " " " "
<i>Kit</i> Cindy Ostlin # 1734782 RN applied O2	" " " " " "

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

<i>off Fountain</i> Niki Fountain # 1282281 LPN	Watson Clinic same address as above
<i>con</i> Cher Pearson # 2121222 RN	Watson Clinic " " " "

IV. ANALYSIS AND CORRECTIVE ACTION

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

abnormal response to treadmill stress test

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

DATE REPORT COMPLETED

TIME REPORT COMPLETED

Cindy P. Hill RN RN 2827872
10/8/01 PM

Reporting of Adverse Incidents in Office Practice Setting

Continued

Physician Office Adverse Incident Report

STATE OF FLORIDA
Jeb Bush, Governor

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

RECEIVED
CONSUMER SERVICES UNIT
01 JUN 19 PM 12:15

I. OFFICE INFORMATION

Bonita Springs Medical Center 26800 South Bay Rd Suite 315
Name of Office Street Address
Bonita Springs 34134 Lee 941-938-2180
City Zip Code County Telephone
Dr. Priest ME57761
Name of Physician or Licensee Reporting License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[REDACTED] [REDACTED] [REDACTED] [REDACTED]
Patient Name Age Gender Medicaid Medicare
[REDACTED] 6-11-01
Locating Information J Date of Office Visit
[REDACTED] Myoview Stress Test
Patient Identification Number Purpose of Office Visit
[REDACTED] [REDACTED]
Diagnosis ICD-9 Code for Diagnosis

III. INCIDENT DATE AND TIME

6-11-01 10-10:30 am Location of Incident:
Incident Date and Time Operating Rm
 Recovery Rm
 Other Stress Lab

Note: If the incident involved a death,
was the medical examiner notified yes no

Reporting of Adverse Incidents in Office Practice Setting

Continued

Was an autopsy performed Yes No

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

Please see attached note

B) ICD-9-CM Codes

Preparing to do stress test

Surgical, diagnostic, or
treatment procedure
being performed at the time
of incident
(ICD-9 Codes 01-99.9)

Accident, event, circum-
stances, 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 object remaining from surgical procedure

Any condition that required the transfer of the patient to a licensed hospital.

Surgical procedure performed on the wrong site**

Wrong surgical procedure performed**

Section VI.22

Reporting of Adverse Incidents in Office Practice Setting

Continued

- Surgical repair of injuries or damage from a planned surgical procedure.

** if it resulted in

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

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

Linda Pelhemus RN FL 1008122

- 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 tripped over EKG cable

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

Relocated the cable

V.


SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 57761

LICENSE NUMBER

6/13/01

DATE REPORT COMPLETED

11:20 AM

TIME REPORT COMPLETED

The official Physician Office Adverse Incident Report can be found at: <http://www.doh.state.fl.us/mqa/dataform.htm#medicine>

CITRUS HEMATOLOGY AND ONCOLOGY CENTER
770 SE 5TH TERRACE
CRYSTAL RIVER, FLORIDA 34429 (CITRUS COUNTY)
TEL. 352-795-6674 FAX 352-795-2017

RECEIVED
CONSUMER SERVICES UNIT
01 JUN 18 11:38

PHYSICIAN OFFICE INCIDENT REPORTING FORM

PATIENT'S NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
GENDER _____ DATE OF BIRTH _____ AGE _____
PATIENT ID# _____

ICD9 CODE/DIAGNOSIS 205.90 Chronic Myelomonocytic Leukemia DATE OF VISIT 06-11-01
PURPOSE OF OFFICE VISIT Lab - CBC

INCIDENT DATE AND TIME: 06-11-01 1:50 P.M.

LOCATION OF INCIDENT:
 EXAM ROOM CHEMOTHERAPY ADMIN ROOM OTHER Hall and Bathroom

IF THE INCIDENT INVOLVED A DEATH, WAS THE MEDICAL EXAMINER NOTIFIED? N/A
 YES NO

WAS AN AUTOPSY PERFORMED? YES NO N/A

DESCRIPTION OF INCIDENT (INCLUDE TIME, DATE, AND EXACT LOCATION WITHIN THE OFFICE)
companion called reported was bruising around feet where sandal straps on feet; told to come for CBC (History of low platelet count).
arrived at office aphasic. Lab drawn and Dr. Englund notified of condition.
Was direct admit to Citrus Memorial Hospital via ambulance.

ICD-9-CM CODES
784.3 Aphasia
287.5 Low Blood Count
Surgical, diagnostic or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) N/A Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) _____ Resulting Injury (ICD-9 Codes 800-999.9)

LIST ANY EQUIPMENT USED IF DIRECTLY INVOLVED IN THE INCIDENT: Given O2 via cannula at 2L min while waiting for ambulance.

OUTCOME OF INCIDENT: Death Brain Damage Spinal Damage

Surgical procedure performed on the wrong patient

Any condition that required the transfer of the patient to a licensed hospital.

Other _____

LIST ALL PERSONS DIRECTLY INVOLVED IN THE INCIDENT (INCLUDE LICENSE NUMBERS, LOCATION INFORMATION, AND A DESCRIPTION OF THE PERSON'S EXACT INVOLVEMENT AND ACTIONS)

Nancy Rogers, RN FL 45282-2

Peggy Hinman, RN FL 2173602

Donna Stanton, RN FL 3290602

LIST ANY WITNESSES NOT IDENTIFIED ABOVE

Female companion - name unknown

ANALYSIS AND CORRECTIVE ACTION:

(Apparent cause) of this incident Admitted to Citrus Memorial Hospital, Inverness,

FL via ambulance.

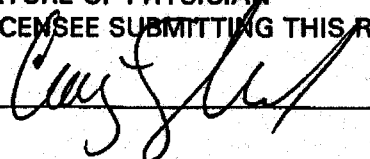
Describe corrective or proactive action(s) taken: none indicated

NAME OF PHYSICIAN Craig W. Englund, M.D. LICENSE NUMBER ME 43357

ADDRESS 770 SE 5th Terrace

CITY/STATE/ZIP Crystal River, FL 34429

SIGNATURE OF PHYSICIAN
(OR LICENSEE SUBMITTING THIS REPORT)



DATE REPORT COMPLETED 06-12-01 TIME REPORT COMPLETED 4:00 P.M.



STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
01 JUN 21 PM 12:16

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

Watson Clinic
Name of office

1600 Lakeland Hills Blvd
Street Address

Lakeland 33801 Polk
City Zip Code County

863-600-7000
Telephone

Dr. Mahias Bunny Grappuso
Name of Physician or Licensee Reporting

1751902
License Number

Watson Clinic
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted Patient Information]

Age 6-14-01 Gender [Redacted] Medicaid Medicare

Amesha
Patient Identification Number

stress test
Date of Office Visit

[Redacted]
Diagnosis

4139
Purpose of Office Visit

[Redacted]
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

4-16-01 11:AM
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other stress lab

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

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

Pt was at Watson Clinic for stress test
exercised on Treadmill during Nuclear scan developed
severe chest pain transported to stress lab. Dr.
Mahias present 3 NTG given SL per protocol
IV started (3 doses of Morphine 2mg each over 6min
NTG drip started 25mg in 250ml at 15gts
Pt then had triplet PVC, lidocaine 100mg given
IV. Bp 106/70-80-97% O2 Sat.
11:35 EMS arrived - pt stable pain 6 on scale 1-11
transported to cath lab - Dr Ebersole notified.

B) ICD-9-CM Codes

<u>995</u>	<u>Angina 4139</u>	
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)

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

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

Dr. Danny Guappone RN - 1751902 - took notes
Wol Bruce Hout RN William Hout RN 2515752 - started IV pushed meds -
all Cindy Osteron RN
cc Chris Clark RN - ~~2001692~~ 2001692

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 developed angina post stress test - Blue team called - IV started Meds including NTG, morphine, Lidocaine, ASA administered.

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

[Signature] 108811
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
6-14-01 12:00
 DATE REPORT COMPLETED TIME REPORT COMPLETED

B) ICD-9-CM Codes

None
Surgical, diagnostic, or treatment procedure being performed at time of incident
(ICD-9 Codes 01-99.9)

E888
Accident, event, circumstances, or specific agent that caused the injury or event.
(ICD-9 E-Codes)

None
Resulting injury
(ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

Linda Hartwick, office receptionist, assisted patient after incident
Hormoz Sabec M.D. Locum Physician, contacted 911, examined patient prior to EMS arrival.

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)

Patient experienced syncope in office parking lot for unknown medical reason? Cardiac not related/associated with actual treatment.

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

None. Incident was unpredictable and unavoidable due to patient unknown condition.

[Signature] 003186 Fla.
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

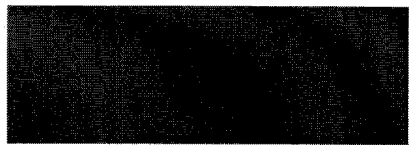
6/15/01
DATE REPORT COMPLETED

10:30a
TIME REPORT COMPLETED

MW 6-19-01



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

01 JUN 25 PM 1:23
RECEIVED
CONSUMER SERVICES UNIT

I. OFFICE INFORMATION
Cancer Centers of Florida
Name of office
Orlando 32806 Orange
City Zip Code County
Dr. D. Halili Rachel Burg
Name of Physician or Licensee Reporting
Same AS Above
Locating Information for Physician or Licensee Reporting

52 W Gore St
Street Address
407 426-8484
Telephone
ME006438
License Number

II. PATIENT INFORMATION

[Redacted]
[Redacted]
[Redacted]
[Redacted]
Patient Identification Number
Bladder Cancer
Diagnosis

[Redacted]
Age 60-19-01 Gender Medicaid Medicare
Date of Office Visit
Radiation
Purpose of Office Visit
198.8
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

6-19-01 105 Pm
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Doctor office

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

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

Pt. found in lobby sitting in wheelchair eyes open, unresponsive, + not breathing with daughter sitting by pt. Pt. brought into hallway Dr. Halili notified + had staff call 911. RN + Nurse Manager RN, evaluated pt, lifted pt. from chair and placed pt. supine then started CPR. EMTs arrived pt. still unresponsive, CPR continued. Dr. Halili spoke to son, son refuse DNR. Dr. Halili spoke to son again, DNR ordered approved by son, CPR terminated. [Signature]
Medical Examiner and Orlando Police Department notified and arrived at office, Pt sent with Zanders funeral Home in Apopka Florida

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)

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

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

Meredith Howell RN 2529942
 Rachel Burg RN 2513882
 Dr Daniel Halili MD ME 0064438
 Laurie Amadeo ARNP

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

Jane Murry-Todd 3156

IV. ANALYSIS AND CORRECTIVE ACTION

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

Patient arrived this way from home Family unsure how long [redacted] was like this

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

V. Daniel Halili MD ME 0064438
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
 6-19-01 2:30 PM
 DATE REPORT COMPLETED TIME REPORT COMPLETED



STATE OF FLORIDA
Jeb Bush, Governor



**PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT**

RECEIVED
CONSUMER SERVICES UNIT
01 JUN 25 PM 1:25

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, PA.

Name of office

Tallahassee 32308 LEON
City Zip Code County

DAVID D NILES MD
Name of Physician or Licensee Reporting

same as office address above
Locating information for Physician or Licensee Reporting

2000 Centre Pointe Blvd
Street Address

850-309-0500
Telephone

ME 0011502
License Number

II. PATIENT INFORMATION



6/15/01 Age Gender Medicald Medicare

Post operative bleeding
Date of Office Visit Purpose of Office Visit

998.11
ICD-9 Code for Diagnosis

Patient Identification Number
Hematuria secondary to direct
Diagnosis VISION internal urethrotomy for
urethral stricture

III. INCIDENT INFORMATION

6/15/01 4:20 P.M.
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Dr'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 was seen in office on 6/15/01 at physician's direction
due to persistent bleeding after foley catheter was removed
at 12:00 noon on 6/15/01 at home. Patient underwent a
cystoscopy with direct vision internal urethrotomy on 6/13/01.
Foley was reinserted in office and bleeding persisted. A
gauze dressing was placed around the urethral meatus
and bleeding stabilized. IV fluids were started and patient
at one point appeared to lose consciousness. VITAL signs
were stable and patient was transferred via ambulance
to Tallahassee Memorial hospital for admission and
further observation and management.

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)

NOT APPLICABLE

D) Outcome of Incident (Please check)

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

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

<u>DAVID D Miles MD</u>	<u>ME</u>	<u>0011502</u>
<u>Terry Hollahan RN</u>	<u>RN</u>	<u>91591-2</u>
<u>Anne Rebeck RN</u>	<u>RN</u>	<u>2679962</u>
<u>Kathy Sims RTR</u>	<u>RT</u>	<u>17636</u>

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

NONE

IV. ANALYSIS AND CORRECTIVE ACTION

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

Post operative bleeding due to cystoscopy with direct vision internal urethrotomy for urethral stricture performed on June 13, 2001 at surgical facility - Southeastern Surgery Center

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

NONE taken. Post operative bleeding status post direct vision internal urethrotomy is a potential anticipated complication of this procedure

David Miles, M.D. ME 0011502
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

6/21/2001
DATE REPORT COMPLETED

9:25 AM
TIME REPORT COMPLETED



STATE OF FLORIDA
Jeb Bush, Governor

CONSUMER SERVICES UNIT

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

JUN 26 AM 11:39

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

I. OFFICE INFORMATION

Name of office Charles L. Cooper, MD, PA
City Tallahassee State FL Zip Code 32308 County Leon
Name of Physician or Licensee Reporting Charles L. Cooper, MD
10638
Locating Information for Physician or Licensee Reporting

2414 E. Plaza Dr
Street Address
(850) 877-7106
Telephone
10638
License Number

II. PATIENT INFORMATION

[Redacted]
[Redacted]
Patient Identification Number
Un desired Pregnancy
Diagnosis

Age 6-15-01 Gender _____ Medicaid Medicare _____
Date of Office Visit _____
Purpose of Office Visit For Termination of Pregnancy
ICD-9 Code for Diagnosis _____

III. INCIDENT INFORMATION

6-15-01 About 11:00 AM
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Office

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

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

See Copy of dictated Notes up to transfer of pt to TMH. At TMH she had a laceration and removal of pregnancy products and repair of laceration of uterus. Dr Ak Deek came in for a surgical consult on injury to the sigmoid colon by the suction curette. There was no actual perforation to the lumen of the bowel but rather a longitudinal tear which he resected and planed & stapled closure. No significant blood loss - no transfusion. A follow up completed 5 day hospital stay.

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident
(ICD-9 Codes 01-99.9)
59840

Accident, event, circumstances, or specific agent that caused the injury or event
(ICD-9 E-Codes)
635.21

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)

Suction Machine and POC equipment

D) Outcome of Incident (Please check)

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

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

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

BAIL SWICORD, LPN PN 279921

LOUISE JONES, LPN PN 234091

IV. ANALYSIS AND CORRECTIVE ACTION

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

Perforation of the uterus is one of the more frequent complications of abortion. This procedure further than it clinically appeared which leads to a higher complication.

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

Require all but collect pregnancies to have an ultrasound confirmation of pt history & physician exam

V.

Charles E Cooper MD 10638
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
6-25-01 11:00 AM
DATE REPORT COMPLETED TIME REPORT COMPLETED



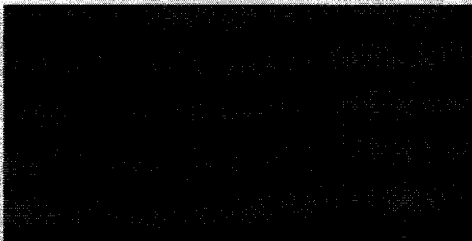
**Tallahassee Memorial
Hospital**

Tallahassee Memorial HealthCare

*cc
6.20.01*

HISTORY: The patient is an [redacted]-year-old gravida three, para 0, abortus two, Rh-positive lady who is previously known to me. Initial contact with this patient was on August 20th, 1998, when I did a termination of pregnancy, which was uneventful. The next contact was a termination of pregnancy on April 14th, 2000; the pathology report on that one showed hydropic degeneration of the villi; the patient was counseled to not become pregnant for one year and to do a pregnancy test each month. My next contact with the patient was on June 15th of this year, when she came to the office with a history of her last menstrual period being on 3-21-2001. She was certain of the date of this period. She had a positive pregnancy test after this period. She stated that all pregnancy tests before this were negative, assuming that she was doing them one a month. A pelvic examination at this time showed the uterus to be in the range of three months on bimanual exam. Relying on the certainty of the menstrual history and the positive pregnancy test since that time and my own examination which failed to demonstrate a uterus larger than dates, she was sedated with intravenous Demerol and Valium after being counseled and instructed again regarding the procedure, her postoperative care, and problems. Termination of pregnancy was started after dilatation of the cervix, and the size of the cord led me to feel that this pregnancy was further than her gestational dates. Again, on examination with her being sedated, it may have felt somewhat larger but certainly not to the umbilicus by any means.

I proceeded with the pregnancy termination, removing all of the placenta and villi and then felt that I had possibly perforated the uterus posteriorly, the curette going further out than it should. I was reluctant to continue attempts at termination in the office and discontinued the procedure. I talked with the patient and told her that it would be necessary to transfer her to the hospital, where we would do <exploratory laparotomy> cesarean section to remove the pregnancy products and any other things necessary to do for the perforation. She was stable; her blood pressure was 110/70, pulse 80. She had very little bleeding. We started an IV with Ringer's lactate. An ambulance was obtained to transfer her to TMH for the anticipated emergency surgery.



C. L. COOPER, M.D.

06/17/2001 14:59:12 gs 06/18/2001 14:39:17



HISTORY AND PHYSICAL EXAM

PAGE 1 OF 3

DICTATING PHYSICIAN



**Tallahassee Memorial
Hospital**

Tallahassee Memorial HealthCare

ALLERGIES: None.

MEDICAL HISTORY: Negative except for the hydropic degeneration.

OPERATIONS: Negative except for two D&Cs.

She is a nonsmoker.

PHYSICAL EXAMINATION:

VITAL SIGNS: Her blood pressure is 140/80 initially and 110/70 at the time of admission.

GENERAL: She is a well-developed, well-nourished young lady.

HEENT: Negative.

CHEST: Clear.

HEART: Regular sinus rhythm.

ABDOMEN: There is some lower tenderness. The uterus still did not appear markedly enlarged beyond the dates.

EXTREMITIES: No edema and were normal.



C. L. COOPER, M.D.

06/17/2001 14:59:12 gs 06/18/2001 14:39:17



DICTATING PHYSICIAN

HISTORY AND PHYSICAL EXAM
PAGE 2 OF 3

Hospital

Tallahassee Memorial HealthCare

ADMISSION DIAGNOSIS: Incomplete abortion and possible perforation of the uterus.

END



C. L. COOPER, M.D.

06/17/2001 14:59:12 gs 06/18/2001 14:39:17



HISTORY AND PHYSICAL EXAM

PAGE 3 OF 3

DICTATING PHYSICIAN



STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT
01 JUN 26 PM 3:00

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

OFFICE INFORMATION

Open Access Vascular Access Center
Name of office
N. Miami Beach 33169 Dade
City Zip Code County
Sandford Altman, M.D.
Name of Physician or Licensee Reporting
16400 N.W. 2nd Ave Suite 101
Locating information for Physician or Licensee Reporting

16400 N.W. 2nd Ave Suite 101
Street Address
305-948-5333
Telephone
M.E. 58495
License Number

II. PATIENT INFORMATION

[Redacted Patient Information]

Age 6/08/01 Gender Male Medicaid/Medicare
Date of Office Visit 06/08/01
Purpose of Office Visit Outlet or Exchange of Catheter
ICD-9 Code of Diagnosis 996.73

Patient Identification Number
ESRD - Fully functioning dialysis catheter
Diagnosis

III. INCIDENT INFORMATION

06-08-2001 4:45pm
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)
The patient is an [redacted] year old [redacted] = ESRD 2° HTN + a history of atherosclerosis. Pt. started dialysis 5/99. Pt. is (R) IS tunnel catheter = poor flow + general dialysis. Pt. at Open Access for catheter declot or replacement P.R.N. Attempt to declot catheter's success, pt. has new catheter placed over guide wire = no significant blood loss, total procedure time less than 10 mins. Post procedure pt. became hypotensive and unresponsive, N/S 250 ml infused via catheter, O₂ on at 7l/min. Pt. responded well to N/S bolus, pt. became awake + alert, = 9050B + became restless. 911 called pt. again hypotensive
Bp 86/63 H.R. 118, O₂ sat 87%, placed in Trendelenburg position. N/S 250 ml rapid infusion by catheter = improvement. Pt. noted to be pulseless in sinus bradycardia. CPR initiated by Dr. Altman upon arrival of Ems team, they took over + pt. was intubated + transferred to Parkway Hospital.

B) ICD-9-CM Codes

<u>996.73</u>	<u>unknown</u>	
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)

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

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

<u>Sanford Altman M.D. (Physician)</u>	<u>ME 58495</u>
<u>Carlin Trumps RN</u>	<u>ERN 1574742</u>
<u>Jose Rodriquez</u>	<u>Surgical Technologist</u>
<u>Daven Westbrook</u>	<u>Obst.</u>


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.

	<u>ME 58495</u>
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
<u>6/24/01</u>	<u>10:30 AM</u>
DATE REPORT COMPLETED	TIME REPORT COMPLETED

Persons involved in incident

1. Dr. Sanford D Altman, MD
255 Bay Ave
Miami Beach, FL 33140
License #58495
Physician performing procedure, assisted in CPR

2. Carmen Trunzo, RN
7100 SW 21st Terrace
Miami, FL 33155
License #2121802 FL license
Assisted in performing CPR

3. Gwen Nastasi
106 Lake Emerald Drive #108
Oakland Park, FL 33309
Tech, recorded vital signs, timing of events

4. Jorge Rodriguez
5421 SW 89th Avenue
Miami, FL 33165
Scrub Tech, assisted in CPR



STATE OF FLORIDA
Jeb Bush, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT
01 JUL -9 AM 11:54

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

I. OFFICE INFORMATION

FL COMA CANCER CTR
Name of office
BROOKSVILLE FL 39613
City Zip Code County
D. CARADONNA
Name of Physician or Licensee Reporting

11307 CENTER BLVD
Street Address
352-596-1926
Telephone
ME 49404
License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]
Patient Name
[Redacted]
Locating Information
[Redacted]
Patient Identification Number
BREAST CA
Diagnosis

[Redacted]
Age 6/25/01 Gender Medicaid Medicare
Date of Office Visit
Chemo treatment
Purpose of Office Visit
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

6/25/01
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other Chemo Room

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

PATIENT RECEIVED TAXOL for first time, AFTER RECEIVING PREMED. PT WAS STARTED ON TAXOL 60mg
VERY SLOWLY, SOME AN HOUR. TAXOL 60mg WAS MIXED IN A 250ml bag of NS. TAXOL
15 minutes WAS INCREASED TO 100mg, PT STARTED TO EXPERIENCE SEVERE SOB, FACE HAD TURNED RED.
PT HAD BEEN ON N/C O2 AT 2-3L, PT WAS GIVEN SOLUMEDROL + BIVANOL, 911 WAS CALLED PT
B/P HAD INCREASED TO 180/84 - 92, PT STILL SOB, FACE TURNED EVEN RED, EMTs ARRIVED
PT PLACED ON STRETCHER AND PT TRANSPORTED TO OAK HILL HOSPITAL, PT STILL SOB ON N/C, PT'S
FACE PINK LEW RED, PT TAKEN TO O.H.H.; PT OBSERVED 24 HOURS
AT HOSPITAL HOSPITAL AND RELEASED IN GOOD
CONDITION

B) ICD-9-CM Codes

V58.9
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

995.2
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9E- 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)

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

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

John C Brodman RN 2729692
Roberta Joseph RN 2758482

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

pt had allergic reaction to Taxol

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

911 CALLED - pt transferred to OAH HIV Hospital

v. X Robert R. Carabonero ME 49404
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

6/28/01
DATE REPORT COMPLETED

TIME REPORT COMPLETED



STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT JUN 03 2001

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

I. OFFICE INFORMATION

Name of office Edward H. Farrior, M.D., F.A.C.S.

City Tampa Zip Code 33609 County _____

Name of Physician or Licensee Reporting Barbara Dame, LHCRM

Locating Information for Physician or Licensee Reporting 3853 Serubi Ave., Lakewood, FL 33461

2908 Azeela Street
Street Address

813-875-3223
Telephone

5500888
License Number

II. PATIENT INFORMATION

Patient Name [Redacted]

Location of Incident [Redacted]

Patient Identification Number _____
Diagnosis Brow ptosis - Dermatochalasis
Blepharochalasis

Age 6-19-01 Gender _____ Medicaid Medicare _____

Date of Office Visit Facial Plastic Surgery

Purpose of Office Visit _____
ICD-9 Code for Diagnosis 701.8 - 701.8 - 374.87

III. INCIDENT INFORMATION

Incident Date and Time 6/19/01

Location of Incident:
 Operating Rm Recovery Rm
 Other _____

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

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

End of surgery the patient was extubated, immediately patient's breathing became labored and Sa O2 decreased to 89-90%. Within one minute of extubation assisted ventilation was not adequate to maintain Sa O2, patient reintubated and Ambu bagged with 100% oxygen. Sa O2 returns to normal. Vital signs stable. Suctioned for pink tinged secretions R/o pulmedema/CHF. Patient responded to painful stimuli but would not wake up. Paramedics called, patient transferred to Memorial Hospital and admitted to unit.

RECEIVED
CONSUMER SERVICES UNIT
01 JUN 10 PM 4:02

B) ICD-9-CM Codes

08.70 - 86.82
Surgical, diagnostic, or treatment procedure being performed at time of incident
(ICD-9 Codes 01-99.9)

876.9
Accident, event, circumstances, or specific agent that caused the injury or event.
(ICD-9 E-Codes)

N/A - No Injury
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)

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

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

Edward Farciar, M.D. - ME 0050318 - Surgeon

Dedra Hern, CRNA - ARNP 270-2392 - CRNA

Mazie Cowen, CST - CST 4070 - Surgical Tech.

Leigh Atkins, L.P.N. - PN 0848441 - Circulator

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)

Patient was extubated the following morning 6/20/01 and discharged the next morning 6/21/01. It was identified that the patient had sleep apnea not diagnosed prior to date of surgery. [redacted] is under the care of pulmonologist

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

This event could not have been prevented. As diagnosis of sleep apnea never discovered until surgical event. All staff responded appropriately and participated in the event, as per facility protocol.

V. [Signature] 5500888
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
6/29/01 4pm.
DATE REPORT COMPLETED TIME REPORT COMPLETED