

STATE OF FLORIDA
Jeb Bush, Governor

B) ICD-9-CM Codes

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

Chest Pain 786.50
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 outcome of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only <u>observation</u>	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred <u>South Bay Hospital</u>	<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 outcome of the patient

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

Doris Jones LPN PN1221611 Took Vitals, Administered O2
George Dermankur MD ME 62547 questioned pt re condition ordered O2

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)

Angina

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

Vitals taken, O2 administered, 911 summoned

V. [Signature] PN1221611
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
5/21/03 3:15 PM
DATE REPORT COMPLETED TIME REPORT COMPLETED

UM11 5-23-03



245a

no procedure

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT
03 JUN -3 AM 8:16

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

I. OFFICE INFORMATION
Florida Hematology & Oncology
Name of office
Brandon FL 33511 Hillborough
City Zip Code County
G. Dornickar M.D.
Name of Physician or Licensee Reporting

401 Vanderbilt Dr
Street Address
813 684-2329
Telephone
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION
[Redacted]
Patient Identification Number
Prostate Cancer
Diagnosis

[Redacted]
Age 5-21-03 Gender [Redacted] Medicaid Medicare
Date of Office Visit
Chemotherapy
Purpose of Office Visit
ICD-9 Code for description of incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION
1300 5/21/03
Incident Date and Time

Location of Incident:
 Operating Rm. Recovery Rm
 Other Parking Lot

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 returned to office by [Redacted] son, who states [Redacted] fell in the parking lot. Patient sustained laceration to right outer elbow that was cleaned & bandaged, and a hematoma to the right forehead. Patient & son advised to go to Emergency Room of Brandon Regional Hospital.

B) ICD-9-CM Codes

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

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

881.00 / 920.
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 type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital Outcome of transfer - e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred _____	<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 outcome 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.

Jacqueline Pray RN Assessed patient post-fall,
cleared + bandaged elbow, suggested visit to ER.

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

no witnesses to fall

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.

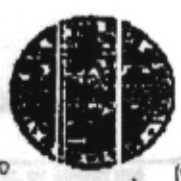
Jacqueline Pray
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

RN 2650572
LICENSE NUMBER

5-21-03
DATE REPORT COMPLETED

16:30
TIME REPORT COMPLETED

246
87



STATE OF FLORIDA
Job Bush, Governor

954-351-7844

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32309-3275

NO
AAAHLC
accreditation

board card
American Board of
Plastic Surgery
Vitaly Cross
Brownard Hospital privileges
454-771-8000
not accredited AAHAHLC

OFFICE INFORMATION

Name of office: Florida Center for Cosmetic Surgery Direct Address: 915 Middle River Drive
City: Fr. Lauderdale State: 33304 Code: Broward Telephone: 954-565-7575
Name of Physician or License Reporting: Roger Borden MD License Number & office registration number, if applicable: Registration #38
Patient's address for Physician or License Reporting: _____

5/12/03 per wound and abdominal surgery wound in back

II. PATIENT INFORMATION

Age: _____
Date of Office Visit: _____
Purpose of Office Visit: _____
ICD-9 Code for description of incident: _____
Level of Surgery (I) or (II): _____
Diagnosis: adipoma, epistaxis, lipodystrophy of flanks

III. INCIDENT INFORMATION

Incident Date and Time: 5/12/03 at 10:30 AM Location of incident: at home
at Coral Springs Medical Center
 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)

underevent abdominal plastic and two liposuction on stomach -
1st postoperative day visit benign. When evaluated on 4th postoperative day,
demonstrated elevated temperature @ 101.3 and an area of vague
erythema of right lower quadrant abdomen. Cipro was added to
telex antibiotic regimen. Reevaluation of patient on 5th postoperative
day revealed temperature of 99.4 - we discussed possibility of
no antibiotic. was added to penicillin temperature 4th day and to
Cipro of 101 F. When he arrived for evaluation on 8th postop
day - he elected to be evaluated by another physician who noted improvement
the patient called me during the evening of the 7th postoperative day stating
1 of 2 pages that his temperature had been 102 for an entire week!! -
Form # DH-MQA103 - rev 12-00; revised 3-24-03
I agreed to see him in AM - we discussed possible abdominal lip liposuction
and possible hospitalization. when he did not present to office in the pm
we contacted _____ name to learn that _____ went to Coral Springs Medical Center
and was admitted. I spoke with patient during _____ hospital stay - I spoke with
_____ attending MD on Kenneth Saper who related that if surgery would be
necessary, it would be done in the hospital to ensure sterility. _____ was heard on

Page 2 found

B) ICD-9-CM Codes

E879

683

Surgical, diagnostic, or treatment procedures being performed at time of incident (ICD-9 Codes 86-99.9)

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

Resulting Injury (ICD-9 Codes 800-899.9)

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 a planned foreign object remaining from surgical procedure <input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital Outcome of transfer - e.g., death, brain damage, observation only Name of facility to which patient was transferred: _____	<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 outcome 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.

Roger Gordon

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

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
possible post-operative infection. This is an anticipated complication of any surgical procedure. It was not compliant with post-op care.

B) Describe corrective or preventive action(s) taken (Use additional sheets as necessary for complete response)
It was on 2x1 antibiotics and was being monitored by attending physician closely.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

HE 0082538
LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

RECEIVED
CONSUMER SERVICES UNIT
03 JUN 16 AM 8:07

247
190

American Board of Plastic Surgery
call not accredited

AD: [unclear]
ACCR: [unclear]

I. OFFICE INFORMATION
Premiere Center for Cosmetic Surgery
Name of office
Weston, FL 33331 Broward
City Zip Code County
John E. Nees, M.D.
Name of Physician or Licensee Reporting
Patient's address for Physician or Licensee Reporting

2665 Executive Park Drive
Street Address
954-389-3779
Telephone
ME 36792 RGG # 349
License Number & office registration number, if applicable

II. PATIENT INFORMATION
[Redacted]
Patient's Address
Patient Identification Number
Gynecomastia, Lipodystrophy
Diagnosis

Age [Redacted] Gender [Redacted] Medicaid Medicare
Date of Office Visit: May 23, 2003
Purpose of Office Visit: Liposuction of chest & flanks.
ICD-9 Code for description of incident: III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION
May 23, 2003
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)

This healthy, [Redacted] year-old [Redacted] developed fat deposits in [Redacted] chest and flanks consistent with gynecomastia and lipodystrophy. This condition was treated with tumescent liposuction on May 23, 2003, about 11AM. After infiltrating 2 liters of tumescent solution (1% saline + 50cc 1% xylocaine + 1cc epinephrine 1:1000) and then removing 2000 cc of fat and fluid from the flanks, this patient became hypotensive under general anesthesia not adequately responsive to IV fluids and medication. [Redacted] also developed an episode of wide-complex tachycardia followed by bradycardia which was responsive to medication. This condition required immediate termination of surgery before the gynecomastia was treated. During recovery, [Redacted] continued to have a low but steady blood pressure. Because of concerns about [Redacted] health and a possible anesthesia reaction or underlying cardiac condition, [Redacted] was transferred to the nearest hospital for evaluation.

NOT Tumor
Gynecomastia
Anesthesia

B) ICD-9-CM Codes

611.1 272.6

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

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

Resulting injury
(ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)
None

D) Outcome of Incident (Please check)

<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 outcome of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only <u>Observation</u>	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred <u>Cleveland Clinic, Weston, FL</u>	<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 outcome of the patient

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

Robert de la Torre, M.D. ME78337

John E. Nees, M.D. ME36792

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

Circulating Nurse Michelle Rivera, Jennifer Ahmad

Surgery Technician Evelyn Curren

IV. ANALYSIS AND CORRECTIVE ACTION

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

This event was most likely the result of an anesthesia reaction and/or pre-existing cardiac condition. There was no significant blood or fluid loss or tissue trauma during the procedure. We are currently evaluating

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

Once the most likely cause of this situation is determined, we will take appropriate action to prevent similar events as much as possible.

V.

[Signature]
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME36792
LICENSE NUMBER

June 4, 2003
DATE REPORT COMPLETED

8 PM
TIME REPORT COMPLETED

RECEIVED
CONSUMER SERVICES UNIT
03 JUL -3 AM 8:00

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

248
191



Board cert American
Board of Plastic Surgery
AAASF accreditd
Boca Raton Hosp.

I. OFFICE INFORMATION

daniel Man, M.D.
Name of office

Boca Raton, FL 33486
City Zip Code County

Daniel Man, M.D.
Name of Physician or Licensee Reporting

3392 Cabaret Lane Margate FL
Patient's address for Physician or Licensee Reporting

851 Meadows Road Boca Raton
Street Address

561-395-5508
Telephone

ME37381
License Number & office registration number, if applicable

II. PATIENT INFORMATION

Pat [Redacted]
Pat [Redacted]

Patient Identification Number
Excessive Fat
Diagnosis

Age [Redacted] Gender [Redacted] Medicaid Medicare

6-16-03
Date of Office Visit
post operative infection
Purpose of Office Visit

111
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6-16-03
Incident Date and Time

Location of Incident:
 Operating Rm Recovery Rm
 Other

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Patient underwent Suction Lipectomy on 6-11-03. [Redacted] developed an
infection of the surgical site on 6-16-03. [Redacted] was directly admitted
to Delray Medical Center. Incision and Drainage was performed. [Redacted]
was treated with intravenous antibiotics and discharged in stable
condition on 6-26-03.

B) ICD-9-CM Codes

278.00

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

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

Resulting injury
(ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

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 outcome of the patient to a licensed hospital Outcome of transfer - e.g., death, brain damage, observation only _____ Name of facility to which patient was transferred _____	<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 outcome 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.

Daniel Man, M.D.

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)

Infection of surgical site.

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

Incision and Drainage of surgical site. Intravenous antibiotics administered as in-patient.

V.

[Signature]
SIGNATURE OF PHYSICIAN/LICENSING OFFICER SUBMITTING REPORT

6-30-03

DATE REPORT COMPLETED

5PM

TIME REPORT COMPLETED

ME37381
LICENSE NUMBER



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Name of office: Children's Center for Cancer & Blood Diseases Street Address: 2501 N. Orange Ave Ste 589
City: Orlando Zip Code: 32738 County: Orange Telephone: 407-303-2020
Name of Physician or Licensee Reporting: Fouad Hajjar MD License Number & office registration number, if applicable: ME0066642
Patient's address for Physician or Licensee Reporting: 3040 Alma Ave Apt B3, Orlando, FL 32792

no procedure

II. PATIENT INFORMATION

Patient Name: [Redacted] Age: [Redacted] Gender: [Redacted] Medicaid Medicare
Patient's Address: [Redacted] Date of Office Visit: Sept 15, 2003
Patient Identification Number: [Redacted] Purpose of Office Visit: Diagnostic test - Bone Marrow Aspirate
Diagnosis: Leukopenia ICD-9 Code for description of incident: Level II
Level of Surgery (II) or (III): [Redacted]

III. INCIDENT INFORMATION

Incident Date and Time: 9/15/03 10:53 am Location of Incident: Operating Rm Recovery Rm Other Clinic procedure room

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

NIA

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

After Bone marrow aspirate done pt is very upset and started to hyperventilate. Tried to get her to deep breathe but she would not follow commands. Then patient passed out with shallow breathing. Pt was shook awake but at first only stared at the nurse and then she became upset again and hyperventilated and passed out again. Sats dropped to 92%. Tried to wake patient up but she was ketorolac. Sats dropped to 87%. O2 15L AB given by Dr Hajjar while Narcan 2mg IV given @ 10:55. Pt started to wake up but was disoriented x3. Romazicon 0.2mg given @ 10:57. Pt was belted onto her back. Sats 100% on 15L O2 AB. Still disoriented and very slow to respond. Pt looks "spacey". A second dose of narcan 2mg given @ 10:59.

(cont'd)

B) ICD-9-CM Codes

39220
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)

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)

Oxygen, Blood Pressure machine, Pulse oximeter

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 outcome of the patient to a licensed hospital Outcome of transfer - e.g., death, brain damage, observation only <u>observation only 24 hours</u> Name of facility to which patient was transferred <u>Florida Hospital - Orlando</u>	<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 outcome 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.

Dr. Fouad Hajjar - ME 0066648
Kerry Gallahza RN - 2619282

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

Diane Wiggins RN - 2694122
Marlene Miller RN - 2752342

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pt hyperventilated because she was upset during. After procedure then she passed out. Possible seizure related

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

Oxygen given 15 L @ 15, Narcan 4mg given in a divided dose, Benazuron 0.2mg given, 911 called, Pt admitted to Florida Hospital.

V.

Fouad Hajjar MD / Kerry Gallahza RN / ME 0066648 / 2619282 RN
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
9/17/03 / 16.35
DATE REPORT COMPLETED TIME REPORT COMPLETED



**FLORIDA HOSPITAL
CANCER INSTITUTE**

The skill to heal. The spirit to care.

Children's Center for Cancer and Blood Diseases

**Risk Management Emergency Meeting
Minutes
September 18, 2003**

Fouad Hajjar, M. D., Angela D. Tyykila, MSN, ARNP, and Kerry Giallanza, R.N. were in attendance for the meeting.

The team reviewed policies and procedures for sedation, procedures, and codes and felt they were appropriate. We reviewed the regulations regarding office surgery. The group felt that we are in compliance of the regulations.

We reviewed the adverse event that occurred September 12, 2003. We agreed that the adverse event was handled in an appropriate and timely manner. All members of the team performed assigned emergency code duties well. Reversal medications and oxygen were administered and EMT services arrived in a timely manner.

The risk management team will reconvene during for the next regular quarterly meeting next week.

Angela D. Tyykila, MSN, CPNP
Angela D. Tyykila, MSN, CPNP
Nurse Practitioner

Fouad Hajjar
Fouad Hajjar, M.D.
Medical Director

Kerry Giallanza RN
Kerry Giallanza, RN
Registered Nurse

(cont'd)

250
[Redacted]



American Board of Plastic Surgery

STATE OF FLORIDA
Jeff Bush, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

AAAAASF accredited

~~No Board Certification~~
~~NO AAAASF accreditation~~
Columbia Hospital
561-842-6141

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4002 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

NO AAAASF accreditation

I. OFFICE INFORMATION
Center for Cosmetic Surgery
West Palm Beach, 33401, Palm Beach
S. DARRYL LEE, M.D.
Name of Physician or Licensee Reporting

1501 Forest Hill Blvd
561-964-0001
Registration # 242
License Number & office registration number, if applicable

Facility's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted Patient Information]

Age 6/3/83
Date of Office Visit 6/24/03
Purpose of Office Visit Evaluation for liposuction
ICD-9 Code for description of incident
Level of Surgery (I) or (II)

Bowel perforation -> recover

III. INCIDENT INFORMATION

Incident Date and Time June 17, 2003

Location of Incident
 Operating Room
 Recovery Room
 Other

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

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

[Redacted] underwent on June 17, 03 additional liposuction (previous liposuction 4/2/03) and following surgery on 6/24/03 for bowel perforation. During the interval [Redacted] was evaluated at the office for dehydration and medication induced psychosis. On June 24 [Redacted] was found to be anemic, tachycardic, and was taken to Wellington Hospital by [Redacted] after arrangements with Columbia Hospital fell through.

At Wellington Hospital [Redacted] underwent surgery for bowel perforation and was then transferred to Jackson Memorial for more definitive care.

B) ICD-9-CM Codes
liposuction 86.83

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 81-86.9)

639.2 bowel perforation

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

Respiration 863

Resulting injury (ICD-9 Codes 880-999.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as a necessity for complete responses)

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 a planned foreign object remaining from surgical procedure	<input type="checkbox"/> Death
<input checked="" type="checkbox"/> Any condition that required the transfer outcome of the patient to a licensed hospital	<input type="checkbox"/> Brain Damage
Outcome of transfer - e.g., death, brain damage, observation only <u>SM 551254</u>	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred <u>Wellesley Hospital</u>	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
<u>then Jordan Memorial</u>	<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 outcome of the patient

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

S. DARRIN LEE, MD. - Surgeon ME 76643
M. Lopez, MD - Anesthetist ME 46304
L. Hirsch - scrub nurse
E. Mitt - circulator
J. FIKINS RN - recovery room nurse

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

patient had Scar tissue from previous liposuction

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

The use of additional incision for access and the use of smaller cannulas for scdo liposuction cases.

V. S. Darrin Lee MD ME 76643
 SIGNATURE OF PHYSICIAN LICENSEE SUBMITTING REPORT LICENSE NUMBER
7/3/03 10 am
 DATE REPORT COMPLETED TIME REPORT COMPLETED

STATE OF FLORIDA
Job Bush, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4032 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

NO
AAACCC
accreditation

I. OFFICE INFORMATION

Name of office: Florida Center for Cosmetic Surgery
City: Ft. Lauderdale State: FL Zip: 33304 County: Broward
Name of Physician or Licensee Reporting: Timothy Alexander MD

Street Address: 915 Middle River Dr.
Telephone: 954-565-7575
Registration # 38
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted Patient Information]

Age: 71 Gender: M Medical History: None

Patient Identification Number: pacimovax s/p Breast Aug
Diagnosis: 860 pneumothorax

Date of Office Visit: 7/1/03
Purpose of Office Visit: 860 pneumothorax
ICD-9 Code for description of incident: 860 pneumothorax
Level of Surgery (I) or (II)

III. INCIDENT INFORMATION

Incident Date and Time: 7/1/03 4:00 pm

Location of Incident:
 Operating Room
 Recovery Room
 Other: follow-up visit

Note: If the incident involves 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 breast Augmentation on 6/20/02
uneventful recovery
Two weeks later presented w/ a pneumothorax
which was treated in Hospital completely
resolved
note pt also has history of spontaneous pneumothorax. Both had
spontaneous pneumothorax

1 of 2 pages
Form # DH-MQA1030 created 1-00; revised 3-24-01