

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 81-99.9)

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

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 responses)

Needle & syringe

D) Outcome of Incident (Please check)

scrubbed hand & cleaned table

<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	<input type="checkbox"/> 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.

+ Samantha L. Syron

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 responses)

→ scrubbed hand & cleaned table

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

→ Will keep eye on area

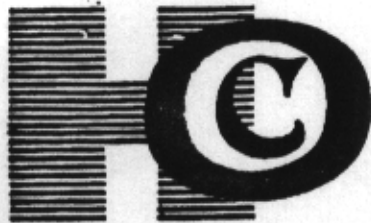
V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

7/24/03  
DATE REPORT COMPLETED

13:39  
TIME REPORT COMPLETED





**Hematology  
&  
Oncology  
Consultants  
of Tampa Bay, PA.**

**Lewis E. Auerbach, MD  
Hafeez T. Chatoor, MD  
Mark S. Robbins, MD**

**PRACTICE ADMINISTRATOR  
Allan R. Tait, CPA**

**SOUTH TAMPA  
2111 W. Swann Avenue  
Suite 102  
Tampa, FL 33606-2478  
(813) 254-7227  
Fax (813) 253-0285**

**BRANDON  
604 Medical Care Drive  
Brandon, FL 33511-5637  
(813) 685-6627  
Fax (813) 653-2523**

**SUN CITY CENTER  
4051 Upper Creek Drive  
Suite 104  
Sun City Center, FL  
33573-6825  
(813) 633-3955  
Fax (813) 633-0441**

**ADMINISTRATIVE OFFICE  
2111 W. Swann Avenue  
Suite 102  
Tampa, FL 33606-2478  
(813) 254-4233  
Fax (813) 254-2434**

**E-MAIL  
info@heme-onc-consult.com**

**WEBSITE  
http://www.heme-onc-consult.com**

September 17 , 2003

Agency for Health Care Administration  
Consumer Services Unit  
PO BOX 14000  
Tallahassee, FL 32317-4000

Re: Physician Office  
Adverse Incident Report

Gentlemen:

In reviewing my pending list I noted that there was no clear indication that the attached adverse incident report had been submitted to your office, although I am not sure that an incident of this nature involving an employee is reportable to you.

This incident took place on 7/24/03.

The employees name is Samantha Thorn, the patients name is [REDACTED]. The physician involved is Mark S. Robbins, MD.

Please call me if you have any questions.

Sincerely,

Allan R. Tait, CPA  
Practice Administrator

03 OCT 13 PM '03  
RECEIVED  
OFFICE



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: Northwest Oncology & Hematology  
City: Coral Springs Zip Code: 33065 County: Broward  
Name of Physician or Licensee Reporting: Steven Weiss, MD

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

Locating Information  
Patient Identification Number  
Diagnosis

5170 Royal Palm Blvd.  
Street Address  
954 755-1904  
Telephone  
ME 057847  
License Number

no procedure

9-4-03 Date of Office Visit  
Dr. Steven Weiss Purpose of Office Visit  
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

9-4-03 2<sup>nd</sup> P  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other Chemotherapy Room

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

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

Pt had just dose of Gemzar and tolerated it well.  
The infusion of Drip (FD) was just started, when pt started  
to complain of stomach pain at which time he was arrested (it was  
his 3rd infusion of Drip). was attended to by 2 physicians.  
EMS was summoned. Pt started breathing. Was transported  
to closest E.R.

Steven Weiss

B) ICD-9-CM Codes

I.V. infusion & resulting allergic reaction

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-Code)

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. Steven Weiss MD # 57847 (FS4-755190) treating

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Allergic Reaction - apnea & pulse maintained - airway secured, brief respiratory assist, decaolcon, saline infusion, pt awoke & became responsive; EMS arrived

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

took over.  
Restock Code Tray.

v. Steven Weiss MD MD # 57847  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
9/4/03 6:30 PM

PHYSICIAN OFFICE  
REVERSE INCIDENT REPORT

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

*Office Information*  
*Dr. Steven Weiss*  
*8170 Royal Palm Blvd.*

*8170 Royal Palm Blvd.*  
*8170 Royal Palm Blvd.*  
*33065*

iHEADER PRAES Production (MQ-P) 6057847 01/22/04  
coliver 09:14:33  
#####  
@tnrbal31/2.2 DISPLAY SUBORDINATE LICENSES 1501/MED-ME@

o SUPERIOR o  
o File: 48773 o  
o SSN: [REDACTED] Medical Doctor o  
o Lic: 57847 CLEAR, ACTIVE o  
o Name: STEVEN WEISS o  
o Addr: 8170 ROYAL PALM BLVD. o  
o State: FL o  
o City: CORAL SPRINGS o  
o Zip: 33065 o  
o County: BROWARD o

RelationID	Rank	Status	Act Status	Count	Max	Item 1 of 20
o1	ALTER-SUP	RS OBLIGATIONS	ACTIVE	0		
o2	MED DIR	HCCR CLEAR	ACTIVE	0	5	
o3	ME LICENSE	LL DELINQUENT		0		
o4	OSR	OSR OBLIGATIONS	ACTIVE	0		

o iñe  
oAction: Select List Exit  
o Select supporting license

#####  
1 Sess-1 167.78.1.20 1 22/9

*(A) Reports to be reviewed of the incident (pending)*  
*Physician's license is in good standing and he is not under any disciplinary action.*  
*Physician's name is Steven Weiss, MD, who is currently active in the state of Florida.*  
*He is currently practicing at 8170 Royal Palm Blvd., Coral Springs, FL 33065.*  
*His license number is 57847.*  
*There is no record of any disciplinary action against him.*  
*He is currently active in the state of Florida.*  
*He is currently practicing at 8170 Royal Palm Blvd., Coral Springs, FL 33065.*  
*His license number is 57847.*  
*There is no record of any disciplinary action against him.*  
*He is currently active in the state of Florida.*  
*He is currently practicing at 8170 Royal Palm Blvd., Coral Springs, FL 33065.*  
*His license number is 57847.*  
*There is no record of any disciplinary action against him.*

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

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



Board Certified  
American Board of Plastic Surgery  
Privileges at West Side Regional,  
Vplantation General  
@MAAHSF  
accredited

I. OFFICE INFORMATION  
Weston Cosmetic Surgery Center

Name of office  
Weston 33326 Broward  
City Zip Code County

Name of Physician or Licensee Reporting  
Charles A. Messa, FF, M.D.

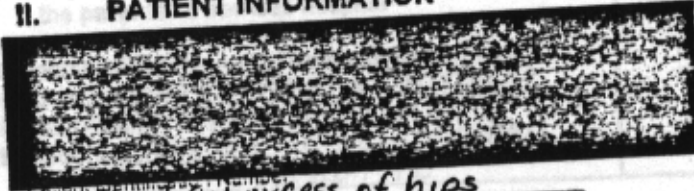
Patient's address for Physician or Licensee Reporting  
64 S. Royal Poinciana Blvd., Miami, FL 33166

17180 Arvida Pkwy. Stes. 1+2  
Street Address

954-659-7760  
Telephone

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

II. PATIENT INFORMATION



9/12/03  
Date of Office Visit

Surgical procedure  
Purpose of Office Visit

518.4  
ICD-9 Code for description of incident

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

Diagnosis  
Localized fat excess of hips  
Unacceptable cosmetic appearance  
of left breast.

III. INCIDENT INFORMATION

9/12/03 11:55 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 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)

See attached

General anesthesia by MD anesthesiologist -> pal edera  
no surgery done

43 SEP 30 AM 8 10

B) ICD-9-CM Codes

None performed

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

Definitive cause unknown

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

518.4

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 outcome of the patient to a licensed hospital  Outcome of transfer - e.g., death, brain damage, observation only <u>Admission &amp; Treatment</u> Name of facility to which patient was transferred: <u>Cleveland Clinic Hospital, Weston, FL</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.

Charles A. Messa III, M.D., plastic surgeon ME-71235  
Tamara Bynoe, M.D., anesthesiologist ME-79167

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

Jill Jackson, RN 3066392; Lori Feldman, RN 9181859; Danielle Margues, RN 3234722; Brenda Shapiro, scrub tech.

IV. ANALYSIS AND CORRECTIVE ACTION

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

See attached.

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

See attached

V.

[Signature]  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME-71235  
LICENSE NUMBER

9/26/03  
DATE REPORT COMPLETED

3:30 PM  
TIME REPORT COMPLETED



### **III: INCIDENT INFORMATION**

#### **A. CIRCUMSTANCES OF THE INCIDENT:**

On 9/12/03, the patient presented for elective liposuction of the flank, and left breast implant capsular plication. She was a [REDACTED] healthy woman who previously underwent breast augmentation and liposuction of the abdomen in June 2001. Her preoperative evaluation revealed normal electrolytes, white blood cell count and coagulation studies. Baseline vital signs were 90/62, heart rate 62. She was an ASA I with no significant past medical history or known drug allergies.

General anesthesia (Level III) was administered by board certified anesthesiologist, Tamora Bynoe, M.D., utilizing a laryngeal mask airway and the following agents: IV Diprivan, Sevoflurane and IV Fentanyl. Anesthesia administration began at 10:55 a.m. Shortly after induction, and prior to the administration of local anesthesia or surgical intervention, the patient's systolic blood pressure decreased to 78/58 with a heart rate of 50. Ephedrine 10 mg. IV was given with an improvement of systolic blood pressure to 90, and an increase of heart rate to 58. The patient remained stable for the next 10 minutes. During this time, local anesthesia was administered, (lidocaine 1% with epinephrine 1:100,000 for a total of 9 cc) to the left breast and bilateral hips. Prior to initiation of the surgery, at 11:10 a.m., she had an acute rise of systolic blood pressure to 190, diastolic blood pressure of 124, and demonstrated a narrow complex tachycardia with multifocal PVC's at a rate of 160 by monitor. Oxygen saturation at this time was 100%. The inhalation agent was discontinued, Lidocaine 100mg. IV was administered followed by Labetolol 5 mg. IV. Blood pressure and heart rate normalized, 98-128/52-82 (BP) with a heart rate in the 70's, and sinus rhythm without ectopy. The patient received 100% oxygen prior to induction and throughout her time in the operating room. Clear bilateral breath sounds were noted throughout this time.

Because of this chain of events, I elected not to perform the surgical procedure. The anesthesia was discontinued at 11:10 a.m. and the patient awoke from the anesthesia with blood pressure of 100/60, heart rate of 78, and in normal sinus rhythm with 100% oxygen saturation, clear bilateral breath sounds, respiratory rate of 15 and no acute distress. The patient was alert, oriented, and hemodynamically stable. Post anesthesia, she was continuously monitored in the operating room by Dr. Bynoe and Dr. Messa. The patient maintained stable vital signs and was doing well when, at 11:55 a.m., she began complaining of shortness of breath and developed pink frothy sputum with a drop in her oxygen saturation to 88% while breathing 100% oxygen by anesthesia face mask. Upon examination by Dr. Bynoe and Dr. Messa, she was noted to have rales at the bases with clinical evidence of pulmonary edema.

911 was immediately called to dispatch EMS to transfer the patient to a tertiary care facility for further evaluation and treatment. Lasix 10 mg. IV was given, with improvement in respiratory symptoms, while waiting for rescue to arrive. Throughout this time, the patient was always attended by Dr. Bynoe and Dr. Messa and remained alert and oriented with no complaint of chest pain, no calf or leg pain. Oxygen saturation

improved to 94% on 100% facemask. EMS arrived, she was placed on their monitors, and oxygen administered. Patient was discharged from our facility and transferred to Cleveland Clinic Medical Center.

Upon evaluation by the Emergency Room attending physician, she was admitted to the Intensive Care Unit and found to have pulmonary edema by chest x-ray. An echocardiogram was also performed and showed left ventricular hypokinesis and mitral regurgitation. After medical treatment her symptoms improved. Prior to discharge, the patient's chest x-ray and echocardiogram were repeated with normalization of the previously present abnormalities. Patient was discharged from Cleveland Clinic on 9/15/03 in good condition. She has had no subsequent problems, and has had a full recovery.

#### ***IV. ANALYSIS AND CORRECTIVE ACTION:***

***A. Analysis:*** An immediate meeting was held with all involved staff members to discuss this incident, why it may have happened and what could be done to prevent it in the future. The facility risk manager was notified the same day to ensure compliance with state reporting requirements. After analysis of the event and the surrounding circumstances, we concluded that the patient might have had a hypersensitivity reaction to one of the anesthesia agents given. The concomitant administration of IV ephedrine and local anesthesia infiltration may have acted synergistically resulting in increased blood pressure and heart rate. The concept of post-obstructive pulmonary edema was discussed and discounted as a potential cause as the patient's airway remained patent throughout the conduct of anesthesia and post anesthesia recovery. Trends or patterns could not be identified, as this was the first time this had ever occurred in this facility.

***B. Corrective Action:*** The patient was informed of what occurred. She was given a list of all medications administered to her in the event that she would require anesthesia in the future, and she was advised to communicate her anesthesia history to future healthcare professionals.

It has been decided that in the future in our facility, local anesthesia with epinephrine will not be administered in close proximity to any vasopressor given by the anesthesiologist.

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



iHEADER PRAES Production (MQ-P) 01/22/04  
coliver PRAES Production (MQ-P) 11:37:22

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etnrbal31/2.2 DISPLAY SUBORDINATE LICENSES 1501/MED-ME

o SUPERIOR o  
o File: 62110 o  
o SSN: [REDACTED] Medical Doctor o  
o Lic: 71235 CLEAR, ACTIVE o  
o Name: CHARLES ANGELO MESSA III o  
o Addr: 17180 ARVIDA PARKWAY State: FL o  
o City: FORT LAUDERDALE Zip: 33326 o  
o County: BROWARD o

oifn File No License No Efct.Dte Name o  
oole 472 408 11/05/2001 WESTON COSMETIC SURGERY CENTER o

oifn o  
o Action: View Add Change Delete History Report Exit o  
o Action: License Exit o  
o View subordinate licenses o

\*\*\*\*\*  
1 Sess-1 167.78.1.20 1 22/9

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUGGEST FORM TO:  
Department of Health, Consumer Services Unit  
4052 Sand Cypress Way, Bin C76  
Tallahassee, Florida 32399-3276

OFFICE INFORMATION

Weston Cosmetic Surgery Center

17180 Arvida Pkwy, Ste. 142

Weston 33326 Broward

954-659-7760

iHEADER PRAES Production (MQ-P) 01/22/04  
coliver A. Massa, MD -71235 11:38:16

#####  
@nrba6/2.11 RSD MAINTENANCE 1514/ME-OSR@

@File: 472 Office Surgery Registration @

@Lic: 408 CLEAR @

@Name: WESTON COSMETIC SURGERY CENTER (DBA:0 Old:0) @

#####

@ Rcd\_Type Date\_Stmp Col\_1 Col\_2 Col\_3 Item 1 of 1@

@ Accrediation 2002-05-15 AAAASF Accredited 12/31/2001 @

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A) Describe circumstances of the incident (narrative)

(see additional sheets as necessary to complete report)

See attached

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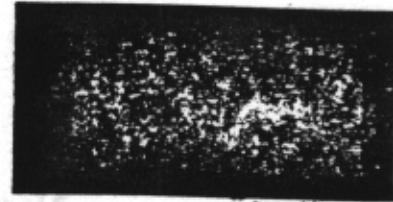
Continued on attached sheet #2  
1/22/04

259  
202



OSR 188  
NIV

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

3 OCT -9 11 8:06  
CONSUMER SERVICES UNIT

I. OFFICE INFORMATION

Southeastern Urological Center, PA  
Name of office  
Tallahassee 32308 Leon  
City Zip Code County  
Dr. Scott Sellinger  
Name of Physician or Licensee Reporting  
25 above  
Patient's address for Physician or Licensee Reporting

2000 Center Pointe Blvd  
Street Address  
850-309-0400  
Telephone  
ME0051896  
License Number & office registration number, if applicable

no procedure

II. PATIENT INFORMATION

[Redacted]  
Patient Identification Number  
Gross Hematuria  
Diagnosis

[Redacted]  
Age 9-12-03 Gender \_\_\_\_\_ Medicaid Medicare \_\_\_\_\_  
Date of Office Visit \_\_\_\_\_  
Purpose of Office Visit Gross hematuria  
579.7  
ICD-9 Code for description of incident  
NA  
Level of Surgery (II) or (III) \_\_\_\_\_

III. INCIDENT INFORMATION

9-12-03 @ about 11:00 am  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other med 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 for assessment of gross hematuria. Became dyspnoic B/P 60/10. progressed to unresponsive for less than one minute. Moved to stretcher (from chair). IV started, EKG begun. Patient became responsive after being moved. Dr. Sellinger requested transfer to hospital for further assessment and patient refused. After catheterization it was determined a cystoscopy would be required to evacuate clots from the bladder and so patient then agreed to ambulance transport to the hospital for evaluation and surgery.

**B) ICD-9-CM Codes**

NONE  
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)

BIP manual

**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 <p>Outcome of transfer -- e.g., death, brain damage, observation only <u>surgery to be done</u>                  Name of facility to which patient was transferred <u>TMH</u></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 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.**

16 Seeling MD - ME005-1896 - supervising physician  
SH Watson PA - PA9101615 - PA seeing patient  
JF Griffin RN - RN11610261 - nurse working pt up  
John Caruso MD - ME005-7214 - assisted in transfer of pt.  
stretcher

(over)

**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)**

Dr Seeling felt this may have been a vagal response to hemorrhage and urinary retention.

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

Situation handled appropriately. Patient well cared for and transported to acute care in timely manner with necessary precautions for follow up care.

**V.**

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

9-15-83  
DATE REPORT COMPLETED

10:00 AM  
TIME REPORT COMPLETED

OSR 184  
NIV

STATE OF FLORIDA  
Jon 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

90-111-1301  
1001-9 01-06  
1001-9 01-06

OFFICE INFORMATION

*Neurological Associates, PA*      *2000 Centre Pointe Blvd*  
*Tallahassee, FL 32305*      *850-309-0400*

iHEADER      *Scott J. [unclear]*      PRAES Production (MQ-P)      01/22/04  
coliver      *NECOS 1896*      11:02:57  
#####  
@tnrball2/2.16      MAINTAIN ANY LICENSE DATA      1501/MED-ME@  
@File: 43454  
@SSN: [redacted]      Medical Doctor  
@Lic: 51896      CLEAR, ACTIVE  
@Name: SCOTT BARRETT SELLINGER M.D. (DBA:0 Old:1)  
@Addr: 2000 CENTRE POINTE BLVD      State: FL  
@City: TALLAHASSEE      Zip: 32308  
@County: LEON  
@Certificate No: 111630      First License: 11/30/1987  
@Date: 11/13/2003      In Rank Since: 11/30/1987  
@Last Renewal: 11/12/2003      License Method:  
@Current Expiry: 01/31/2006      Renewal Notice: 09/20/2003  
@Status Date: 01/01/1801      In Directory?      Include  
@Fee Exempt?      N  
@Note:  
@Action: Query Transfer A-Address B-Basic\_Data C-PSD D-Contact\_Hst ...  
Go to view only options  
#####

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

*Patent for assessment of gross hemorrhage. Because depth  
of 60/14 progressed to hypoxemia and heart rate  
minutely. Moved to stretcher (from chair). IV started  
with heparin. Patient became responsive after being moved.  
In hallway requested transfer to hospital for further  
assessment and patient refused. After consultation  
it was determined a cardiopulmonary would be required to  
evaluate status from the head/neck and as patient then  
agreed to ambulate over transport to the hospital for  
evaluation and surgery.*





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

03 OCT - 7 AM 8:01

I. OFFICE INFORMATION

*Michaela G. Scott & Associates*  
Name of office

*1460 36TH STREET*  
Street Address

*VERO BEACH 32960 INDIAN RIVER*  
City Zip Code County

*772-562-7777*  
Telephone

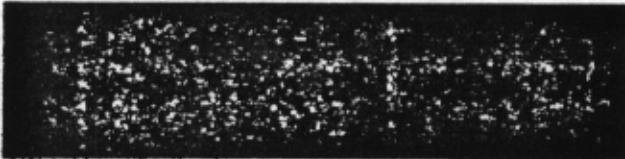
*APRILL BAKER RN*  
Name of Physician or Licensee Reporting

*2047992 (R.N.)*  
License Number

*Same*  
Locating Information for Physician or Licensee Reporting

*no procedure*

II. PATIENT INFORMATION



*9/17/03* Gender  Medicaid  Medicare

*Systemic Mastocytosis*  
Diagnosis *CMML*

*LABWORK + INJECTION*  
Purpose of Office Visit  
*285.9*  
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

*9/17/03 1430*  
Incident Date and Time

Location of Incident:  
 Operating Rm  Recovery Rm  
 Other *Laboratory*

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)

*pt came into office for routine blood count. due to anemia from systemic mastocytosis. Chronic leukemoid reaction. came in complaining of severe right flank pain pt has a history of kidney stones in past underwent several renal & urology pt in same family unable to drive self 911 notified for transportation to hospital direct admit for hospitalization unable to drive*

**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 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. MICHAELA SCOTT ME0005287

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

APRILL BAKERI RN 8047992

**IV. ANALYSIS AND CORRECTIVE ACTION**

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

kidney stones

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

Pt. transported to IRMH

**V.**

M. Q. Scott MD 25287  
SIGNATURE OF PHYSICIAN/LICENSING SUBMITTING REPORT :: LICENSE NUMBER

9/18/03  
DATE REPORT COMPLETED

1350  
TIME REPORT COMPLETED

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Agency for Health Care Administration,  
Consumer Services Unit, Post Office Box 14000,  
Tallahassee, Florida 32312-4000

OFFICE INFORMATION

*Michael G Scott & Associates*  
*1460 36TH STREET*  
*VERO BEACH 32960 INDIAN RIVER*  
*772-512-7777*

iHEADER PRAES Production (MQ-P) 01/22/04  
 coliver 12:09:44  
 \*\*\*\*\*  
 @tnrball2/2.16 MAINTAIN ANY LICENSE DATA 1501/MED-ME@  
 @File: 18553  
 @SSN: [REDACTED] Medical Doctor  
 @Lic: 25287 CLEAR, ACTIVE  
 @Name: MICHAELA G SCOTT (DBA:0 Old:0)  
 @Addr: 1460 36TH ST State: FL  
 @City: VERO BEACH Zip: 32960-4849  
 County: INDIAN RIV  
 @Certificate No: 90151 First License: 04/04/1975  
 @ " Date: 01/26/2002 In Rank Since: 04/04/1975  
 @Last Renewal: 12/04/2001 License Method: EXEN  
 @Current Expiry: 01/31/2005 Renewal Notice: 10/20/2001  
 @Status Date: 01/01/1801 In Directory? Include  
 Fee Exempt? N  
 @Note:  
 @Query: ... O-Lics Supported P-Exam\_Hist R-Cert\_Log S-Change\_Log ...  
 @ Display licenses supported by selected license  
 \*\*\*\*\*  
 1 Sess-1 167.78.1.20 1 22/8

A) Describe circumstances of the incident (narrative)

*The case is to report on routine blood count due to  
 anemia from [REDACTED] [REDACTED]  
 cause in complaining of severe knee & back pain pt has  
 a history of [REDACTED] [REDACTED] [REDACTED]  
 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]*

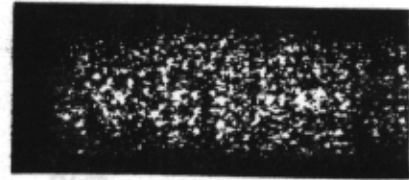
201

[Redacted]



OSR 188  
N/V

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

03 OCT -9 11 11 AM  
Consumer Services Unit

I. OFFICE INFORMATION

Southeastern Urologica Center, PA  
Name of office

2000 Centre Pointe Blvd  
Street Address

Tallahassee 32308 Leon  
City Zip Code County

850-309-0400  
Telephone

Byron B Blasko ARW  
Name of Physician or Licensee Reporting

1554842  
License Number & office registration number, if applicable

23 Thayer  
Patient's address for Physician or Licensee Reporting

no procedure

II. PATIENT INFORMATION

[Redacted]

[Redacted]

188-11  
Patient Identification Number  
Diagnosis

9-17-03 Date of Office Visit  
Urinary frequency Purpose of Office Visit  
NA ICD-9 Code for description of incident  
NA Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

9-17-03 @ 1500  
Incident Date and Time

Location of Incident:  
 Operating Rm  
 Recovery Rm  
 Other physician office

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

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

Patient arrives for office visit for urinary frequency and states [redacted] feels tired. Blood pressure is 72/48 but 30 minutes later was 90/50. After a discussion with the patient's primary care physician, Dr. [redacted], the patient was transported to TMH via ambulance upon the request of Dr. [redacted].

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)

NA  
Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

NA

D) Outcome of Incident (Please check)

<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 <u>TMH</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
--	--

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

<u>Mary Ford RN</u>	<u>RN 2-02-0262</u>	<u>Assisting with care</u>
<u>Jerry Spear RN</u>	<u>91591-2</u>	<u>Clinical Services Director</u>
<u>Bryon Blaska ARNP</u>	<u>1554842</u>	<u>Practitioner supervising</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)

Patient's Condition

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

Jerry Spear RN RN 91591-2  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
9-19-03 1530  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

FIRCS / OSR 3/5

262

205



NO AAAPMF  
no Board certification  
American Board  
of Plastic  
Surgery

STATE OF FLORIDA  
Job Bush, Governor

CONSULT  
03 OCT

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4062 Beld Cypress Way, Bin C75  
Tallahassee, Florida 32309-3275

NO AAAPMC  
accreditation

I. OFFICE INFORMATION

COSMETIC SURGERY CENTER  
Name of office  
SARASOTA 34233 SARASOTA  
City Zip Code County  
KURT S. DANGL, M.D.  
Name of Physician or Licensee Reporting  
100 N. ADAMS DR. SARASOTA 34236  
Address of Physician or Licensee Reporting

3900 CLARK RD, Bldg E-1  
Street Address  
(941) 922-7888  
Telephone  
ME 71286  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted Patient Information]  
Patient Identification Number 757.6  
Diagnosis

Age 9-25-03 Gender \_\_\_\_\_ Medical/Medicare \_\_\_\_\_  
Date of Office Visit  
Purpose of Office Visit SCENT SURGERY  
ICD-9 Code for description of incident  
Level of Surgery (M) or (H) 2

III. INCIDENT INFORMATION

9-25-03 12pm  
Incident Date and Time

Location of Incident  
 Operating Room  
 Recovery Room  
 Other

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

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

see ATTACHED NARRATIVE

**B) ICD-9-CM Codes**

19325  
 Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 81-88.8)      Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 I-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)  
SEE ATTACHED

**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 <u>DOCTORS HOSPITAL - SARASOTA</u>	<input type="checkbox"/> Surgical procedure performed in 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
--	--

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

KURT S. DUNGL, M.D. ME: 71286  
AMANDA FORTNER RN 264762  
BRUCE CROW C.S.T.

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

MICHELLE LAWRENCE } 3900 CLARK RA. Bldg E-1, SARASOTA 34233  
BARBIE BEAVER }

**IV. ANALYSIS AND CORRECTIVE ACTION**

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

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

K. Kibler  
 SIGNATURE OF PHYSICIAN/LICENSÉE SUBMITTING REPORT      71286 LICENSE NUMBER  
9-26-03 DATE REPORT COMPLETED      5:00 PM TIME REPORT COMPLETED

## Incident narrative

### A. Describe circumstances of incident

Near the end of routine and uncomplicated breast implant surgery, SaO2 monitor alarm sounded. Patient was asked to take a deep breath while SaO2 probe was repositioned on the left hand. Nasal cannula O2 was increased to 10 lpm.

Patient did not respond as requested and SaO2 reading could not be obtained. Oral airway was inserted, patient's head was repositioned and patient was given several ventilations with Ambu bag.

Chest was noted to rise with each ventilation and patient was easy to ventilate. SaO2 was noted to be fluctuating widely between 100% and 68%. Breath sounds were checked and noted to be equal bilaterally. Manual ventilation of the patient continued with 100% O2.

Cardiac monitor indicated sinus bradycardia. Carotid pulse was present and consistent with bradycardia on monitor. EMS was called. 0.5cc of atropine was given rapid IV push. No effect was seen and after ~ 1 minute atropine 0.5 cc rapid IV push was repeated. Again, no effect was seen and cardiac monitor indicated progressive rapid slowing of heart rate. Carotid pulse was found to be very slow to no pulse and manual chest compressions were started. Strong carotid upstrokes could be felt during the manual compressions.

1 mg of epinephrine was administered rapid IV push while continuing chest compressions and BVM ventilation. Patient's heart rate increased to 120 bpm and patient began spontaneous respirations. Continuous SaO2 of 98-100% was noted. Blood pressure was also normalized at 118/72. EMS arrived and assumed care of the patient.

Patient did not recover consciousness. Patient was intubated by EMS and transported to hospital E.R.

### C. Equipment used

- Pulse oximeter
- Cardiac Monitor
- Blood pressure monitor
- Ambu bag

### IV. Analysis and corrective action

- A) Apparent cause of incident – rapid bradycardia
- B) Corrective or proactive action taken –

*assume  
contains  
sedation  
by 0 points  
other 5 points  
check on sheet*



```

iHEADER                                PRAES Production (MQ-P)                                01/22/04
coliver                                11:10:01
#####
@tnrball2/2.16                        MAINTAIN ANY LICENSE DATA                                1501/MED-ME@
@File: 62161
@SSN: ██████████ Medical Doctor
@Lic: 71286 CLEAR,ACTIVE
@Name: KURT STEPHEN DANGL (DBA:0 Old:0)
@Addr: 3900 CLARK ROAD STE E1
@City: SARASOTA
State: FL
Zip: 34233
County: SARASOTA
@Certificate No: 73007 First License: 08/14/1996
@ " Date: 12/21/2001 In Rank Since: 08/14/1996
@Last Renewal: 12/20/2001 License Method: ENDR
@Current Expiry: 01/31/2005 Renewal Notice: 10/23/2001
@Status Date: 03/02/2000 In Directory? Include
@Note: Fee Exempt? N
@Action: Query Transfer A-Address B-Basic_Data C-PSD D-Contact_Hst ...
Go to view only options
#####
1 Sess-1 167.78.1.20                                1 22/9

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iHEADER

PRAES Production (MQ-P)

01/22/04

coliver

11:10:06

#####

@tnrbal31/2.2

DISPLAY SUBORDINATE LICENSES

1501/MED-ME@

@ SUPERIOR

@ File: 62161

@ SSN: [REDACTED] Medical Doctor

@ Lic: 71286 CLEAR, ACTIVE

@ Name: KURT STEPHEN DANGL

@ Addr: 3900 CLARK ROAD STE E1

State: FL

@ City: SARASOTA

Zip: 34233

County: SARASOTA

File No	License No	Efct.Dte	Name
0010 323	315	08/09/2000	KURT S. DANGL, MD

@Action: License Exit

@ View subordinate licenses

#####

Fleets, BSA 315

STATE OF FLORIDA  
Department of Transportation

REGISTRATION OFFICE  
LICENSEE'S INCIDENT REPORT

SUBJECT FORM TO:  
Department of Public Safety, Consumer Services Unit  
301 East Cypress Way, Ste 675  
Tallahassee, Florida 32309-0077

3900 CLARK RD, STE E-1  
SARASOTA, FL 34233  
(941) 557-7888

iHEADER PRAES Production (MQ-P) 01/22/04  
coliver Kurt ME 71286 11:10:06

#####

@tnrbal31/2.2 DISPLAY SUBORDINATE LICENSES 1501/MED-ME@

@ SUPERIOR @  
@ File: 62161 @  
@ SSN: [REDACTED] Medical Doctor @  
@ Lic: 71286 CLEAR, ACTIVE @  
@ Name: KURT STEPHEN DANGL @  
@ Addr: 3900 CLARK ROAD STE E1 State: FL @  
@ Zip: 34233 @  
@ City: SARASOTA County: SARASOTA @

ifê	RelationID	Rank	Status	Act Status	Count	Max	Item	4 of 20
@1@	ALTER-SUP	RS	OBLIGATIONS	ACTIVE	0			
@2@	MED DIR	HCCR	CLEAR	ACTIVE	0	5		
@3@	ME_LICENSE	LL	DELINQUENT		0			
@4@	OSR	OSR	OBLIGATIONS	ACTIVE	1			

ifê  
@Action: Select List Exit  
@ List Subordinate Licenses

#####  
1 Sess-1 167.78.1.20 1 22/9