Chemo Rt [redacted] 145

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 FEB -6 AM 11:48

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

11000 Lakeland Hills Blvd
Street Address

Lakeland 33805 Polk
City Zip Code County

813-680-7000
Telephone

616 2480
AAAHC

Cindy O'Steen
Name of Physician or Licensee Reporting

License Number

Same as above
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

[redacted]

Small Cancer of Lung Liver
Diagnosis

2-1-02 Gender Medicaid Medicare
Date of Office Visit

Chemo
Purpose of Office Visit

162.9 197.7
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

2-1-02 9:40 Am
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)

Began Taxol treatment IV. Pt complained of severe weakness. Pt immediately became unresponsive. Blue team called. Pt found upon arrival apneic & pulseless. Pt placed on floor & CPR initiated x 1 min. Monitor showing sinus tachycardia 150 & ST depression of 3mm. O_2 @ 100% nonrebreather SaO_2 91% BP 240/110 Unresponsive. D5W KVO. 9:46 ACLS ambulance called Resp 20 BP 226/100 P-117 SaO_2 94% IV-NS KVO 9:50 Ambulance arrived pt moving, appropriately responding to commands. BP 210/102 P-115 SaO_2 96%

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)
J9265 96410	J9265	427.5 799.1

C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)
IV Pump, Dinamap, Post Arrest Cardiac Monitor, Ambu Pulse Oximetry

D) Outcome of Incident (Please check)

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

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.
Dr Ruben Saez ME74565 Buzz Hall (William) RN 2515752 Equip.
Dr Eric Lipsay ME0056759 - Airway Heather O'Connor RN 187872 - Book BP's
Dr Paul Butler ME81774 - Monitoring Nicole Howell
Dr Richard Rutherford ME0030405 Monitor Chris Clark RN 2001692 - Equip.
Cindy Olsten RN 1734782 Chest Compression

F) List witnesses, including license numbers if licensed, and locating information if not listed above
Dawn Polk RN 153840

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
Unknown - This was the patients first treatment with Taxol. Recently diagnosed with lung cancer. This may have been a reaction of some sort to the Taxol but cannot rule out other causes.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Uncertain of need for specific corrective action as response to treatment could not have been anticipated.

V. Cindy Olsten — RN 1734782
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

2-1-02 — 1045
DATE REPORT COMPLETED — TIME REPORT COMPLETED

[redacted]

146

Chemo NP

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED CONSUMER SERVICES UNIT 02 FEB 11 AM 11:54

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

SLIA

I. OFFICE INFORMATION

JEREMY R. GEFFEN, MD
Name of office

981-37th PLACE
Street Address

VERO BEACH — 32960 — INDIAN RIVER
City — Zip Code — County

772-~~561~~-770 ~~9988~~ 5800
Telephone

JEREMY R. GEFFEN MD
Name of Physician or Licensee Reporting

ME 0051697
License Number

VERO BEACH FL 32960
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age — Gender — Medicaid — Medicare

2/5/02
Date of Office Visit

Chemo Therapy
Purpose of Office Visit

Prostate Ca Chest pain
Diagnosis

185
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

2/5/02 1130
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 undergoing chemotherapy Taxotere started @ 60mg. within 2 minutes pt became flushed & c/o chest discomfort [illegible] by [illegible] [illegible] 94% [illegible] 149/67 P 76 skin warm & dry lungs clear. [illegible] 911 dispatched along with Dr Geffen made aware.

1 of 2 pages
Form #

3

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)
90000		

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

D) Outcome of Incident (Please check)

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

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

C Romo Resp. nurse. Maureen Van Name LVN #875752
Jeanine Smith RN 219512

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)

911 emergency dispatched

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 0051697
LICENSE NUMBER

2/5/02
DATE REPORT COMPLETED

11:50 am
TIME REPORT COMPLETED

147

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 FEB 11 AM 11:45

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

FCCTC Brandon
Name of office

401 Vonderburg Drive
Street Address

Brandon 33511 Hillsborough
City Zip Code County

(813) 684-2339
Telephone

Maria T. Trice RN
Name of Physician or Licensee Reporting

RN3401622
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Breast Ca 174.4
Diagnosis

[redacted]
Age 11/29/02 Gender Medicaid Medicare
Date of Office Visit

Follow-up
Purpose of Office Visit

Chest Pain SOB
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11/29/02 9:30 AM
Incident Date and Time

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

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

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

Patient came in for follow-up with Dr. Dermarkar and port flush. After patient's exam & port flush patient attempted to leave when Chest pain & SOB started. Pt was sat back down in exam room. Dr. Dermarkar was called to exam room. Vitals were taken. Patient stable, EMS called to take patient to BRH ER.

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

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
Mediport Flush 39960	Chest Pain, SOB 413.1 786.05	unknown

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

D) Outcome of incident (Please check)

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

Outcome of transfer – e.g., death, brain damage, observation only unknown
Name of facility to which patient was transferred Brandon Reg. Hosp. ER

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

** If it resulted in

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

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.
Maria Trice R.N. witnessed pt. grabbing at chest & having SOB. Patient was trying to leave exam room.

F) List witnesses, including license numbers if licensed, and locating information if not listed above
Pamela Pierce RN # RN1584472
Dr. Dermarkar # ME62547

IV. ANALYSIS AND CORRECTIVE ACTION

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

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Kept patient sitting upright, took vital signs, called EMS.

V.

Maria Trice RN — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
RN340 1622 — LICENSE NUMBER
1/29/02 — DATE REPORT COMPLETED
10:30 — TIME REPORT COMPLETED

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

GMW 2-11-02
ZCK

1

148

[redacted]

Anaphylaxis
CT radiocontrast
No Death
no procedure

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 FEB 13 AM 11:38

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

Gainesville Radiology Group West
Name of office

4960 Newberry Rd., Ste. 280
Street Address

Gainesville 32607 Alachua
City Zip Code County

(352) 371-3336 377-7120
Telephone

John S Shahan MD
Name of Physician or Licensee Reporting

JR 3722900 ME 39094
License Number

1026 SW 2nd Ave, Gainesville 32601
Locating Information for Physician or Licensee Reporting
352-377-7120

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
2/11/02
Date of Office Visit

Recurrent Lung Cancer
Diagnosis

CT Scan of Chest, Abdomen, Pelvis
Purpose of Office Visit

162.9, 719.45
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

2/11/02 - Approx 0915
Incident Date and Time

Location of Incident:
☐ Operating Rm
☐ Recovery Rm
☒ Other CT scanner

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) 2/11/02
(use additional sheets as necessary for complete response)

at approximately 9:15AM, I was called to see pt. for anxiety and pain. Patient had nonpalpable pulse but was conscious. [redacted] was pale + diaphoretic. I diagnosed a vasovagal reaction and gave [redacted] O2 by nasal cannula. [redacted] had received 100cc of Omnipaque 240 IV for CT contrast so I also gave [redacted] IV saline as fast as possible.
I subsequently pt began to close [redacted] airway. ~~I~~ I could not palpate a pulse. I decided [redacted] was also having an anaphylactic reaction to IV contrast as above. [redacted] 5cc of IV 1/10,000 epinephrine and [redacted] revived. We called 911; EMTs arrived within 10-15 mins. They stabilized [redacted] with O2 + IV saline; BP rose to 60 systolic. Pt never lost consciousness. Left for North Fla. Regional ED @ ~9:40am in relatively stable condition. No breathing problems. [signature] MD

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)
74160, 71260 (162.9, 719.45)	A4645 E 947.8	977.8 995.0

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

D) Outcome of Incident (Please check)

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

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

Krista Stevenson, RT(R)(CT)(MR) #33744
Robert Hardin, RT(R)(MR) #2446 } assisted physician
Dana Jordan, RT(R) # 31174

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)

Vagovagal reaction followed by anaphylactic shock and angioneurotic edema. Pt became lost consciousness

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

Pt responded to O2 by nasal cannula, IV saline, and 5cc of IV 1:10,000 epinephrine.

V. John L. Graham MD — ME39094
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

2/11/02 — DATE REPORT COMPLETED
10:05 AM — TIME REPORT COMPLETED

GAINESVILLE
RADIOLOGY
GROUP

4960 Newberry Rd., Ste. 280 / Gainesville, Florida 32607 / (352) 371-3336 / FAX (352) 371-3372

Bruce K. Stechmiller, M.D.
720 SW Second Avenue, Ste. 160-N
Gainesville, FL 32601

[redacted]

The patient presented to our outpatient office for a CT scan of the chest, abdomen and pelvis in evaluation of recurrent lung cancer and pelvic/hip pain.

At approximately 9:15 a.m., I was called to see the patient for anxiety and pain. At that time the patient did not have an easily palpable radial pulse but was conscious. [redacted] was pale and diaphoretic. At that time I diagnosed a vasovagal reaction and gave [redacted] oxygen by nasal cannula. [redacted] had received 100 cc Omnipaque 240 intravenously for CT contrast so I also began an IV saline drip as fast as I could get it to run.

Subsequently the patient began to complain of shortness of breath and by physical examination appeared to be wheezing and also perhaps closing [redacted] airway. I did hear stridor through the stethescope. At that time I could not palpate a radial pulse. The clinical diagnosis changed from vasovagal reaction to anaphylactic reaction to IV contrast. I gave [redacted] 5 cc of IV 1/10,000 epinephrine as well as a further infusion of saline intravenously. The patient began to revive quickly. During this time we called 911. Over the next 10 minutes the patient continued to stabilize although was still quite anxious. [redacted] never lost consciousness. The EMT personnel arrived within 10-15 minutes.

The EMT stabilized the patient with oxygen and IV saline. [redacted] blood pressure rose to 60 systolic. While they were here [redacted] never lost consciousness. Within a few minutes [redacted] left for North Florida Regional Medical Center, Emergency Department in relatively stable condition. [redacted] was having no breathing problems and was conscious. However, [redacted] blood pressure was still low.

John S. Shahan, M.D./krs
cc:
Agency for Health Care Administration
Consumer Services Unit
PO Box 14000
Tallahassee, FL 32317-4000

PPATIENT PRESENTED FOR

74160 CT ABDOMEN W/CONTRAST
71260 CT CHEST W/CONTRAST
A4645 OMNI CONTRAST MATERIAL

PRESENTING DIAGNOSES

162.9 MALIGNANT NEOPLASM, BRONCHUS AND LUNG UNSPECIFIED
719.45 PELVIC PAIN

ADVERSE REACTION

E947.8	ADVERSE EFFECT WITH THERAPEUTIC USE OF CONTRAST MATERIAL
995.0	ANAPHALACTIC SHOCK, NOS, OR DUE TO ADVERSE EFFECT OF CORRECT MEDICINAL SUBSTANCE PROPERLY ADMINISTERED
977.8	POISONING BY DRUGS, MEDICINAL AND BIOLOGICAL SUBSTANCES, CONTRAST MEDIA USED FOR X-RAY PROCEDURES

morphine overdose
no overnight stay
No procedure

149

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 FEB 13 AM 11:54

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

AAAHC
Y

I. OFFICE INFORMATION

Tampa Pain Relief Center
Name of office

4703 N. Armenia Avenue
Street Address

Tampa | 33603 | Hillsborough
City | Zip Code | County

(813) 872-4492
Telephone

Winston C.V. Parris, M.D.
Name of Physician or Licensee Reporting

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

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Chronic Low Back Pain
Diagnosis

[redacted] Age 1/04/02 Gender Medicaid Medicare

1/04/02
Date of Office Visit

Morphine Pump Refill
Purpose of Office Visit

96530 (CPT)
ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

1/04/02
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
■ Other Exam Room

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

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

Patient had office visit for refill of Morphine Pump. Received call a few hours later from Emergency Room Dept. at St Joseph Hospital. Allegedly, patient had collapsed at a store, 911 was called, patient taken to hospital. Emergency Room doctor administered Narcan and patient became more responsive. Admitted to hospital. Dr. Parris went to hospital and removed remaining Morphine in pump. Additional Narcan administered. Patient's vital signs remained stable and ready for discharge with no sequelae from incident

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

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
96530 CPT (no comparable ICD9 code)	E850.2	965.09

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

D) Outcome of incident (Please check)

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

Outcome of transfer – e.g., death, brain damage, observation only _____
Name of facility to which patient was transferred St Joseph Hospital

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

** If it resulted in

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

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

Michelle D. Hilton, RN 3382162
Winston C.V. Parris, M.D. ME0074042

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)

Probable that the bevel of needle was not fully inserted into the membrane of pump when the office nurse injected the Morphine into pump reservoir. Probable that some morphine leaked into muscle instead

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

Training of office nurses was enhanced to emphasize methods to check that medication is being completely inserted into the reservoir.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER: ME0074042

2/11/02 — DATE REPORT COMPLETED

8:00AM — TIME REPORT COMPLETED

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

160

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 FEB 15 AM 11:59

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Chemo 14 TAX 31

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 Center
Name of office

11307 Cortez Blvd
Street Address

Brooksville FL 34613 Hernando
City Zip Code County

352 596 1926
Telephone

Richard Caradonna MD
Name of Physician or Licensee Reporting

ME0049404
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Lung Cancer
Diagnosis

[redacted]

1-29-2
Date of Office Visit

Chemotherapy
Purpose of Office Visit

995.2
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1-29-2
Incident Date and Time

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

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

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

Primary IV of 250 NS started, premed Solumedrol 50mg IVP, cimetidine 300mg IVPB, benadryl 50mg, hytril 1mg given IVPB over 15 min. Taxol 80mg/m in 250cc NS hung @ 50cc/hr note via pump. 15 min into Taxol c/o nausea - taxol turned off, skin turned warm+moist. BP 86/70. NS fluid turned up + R Joseph RN notified. Denies chest pain or dyspnea. Alert+oriented. Laid flat in chair. Solumedrol 50mg IVP given. 5 min later BP drop to 70/?, O2 put on 3l/NC, still alert. No other c/o. Sudden loss of consciousness, EMS called, 2nd dose Solumedrol 125mg IVP given, unable to insert airway, O2 via ambubag. Dr Caradonna present. Went pulse, CPR started, turned dusky P few min + CPR continuing. EMS arrived + took over CPR, gave emergency drugs + Transported to hospital in full code by EMS squad.

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

B) ICD-9-CM Codes

V58.1	995.2 995.0	427.5
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

Outcome of transfer – e.g., death, brain damage, observation only _____
Name of facility to which patient was transferred Oak Hill Hospital

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

** if it resulted in

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

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

Dr Curadonna - physician ME0049404, Roberta Joseph RN OCN RN 2758482, Sharon Robitelli RN RN 31760322
Debbie Parker RN OCN ME68734 Michele Fayer RN RN2628182, Shirley White RN RN1432219.
John Brodtman RN RN2729692 - All involved in actual CPR code, Barbara Cora RN OCN RN60150-2 - INITIAL chemo + treatment, called 911.

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)

cause - reaction to Taxol

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

turned off Taxol at 1ST sign of reaction, VITALS monitored, solumedrol x2 given, O2 put on, CPR STARTED + 911 notified, sent to hospital

V.

Rachel R. Curadonna — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
ME 0049404 — LICENSE NUMBER
2-1-1 — DATE REPORT COMPLETED
4pm — TIME REPORT COMPLETED

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

9MW
2-11-02

151

[redacted]

STATEOFFLORIDA
JebBush,Governor

RECEIVED
CONSUMER SERVICES UNIT
02 FEB 15 AM 11:58

PHYSICIANOFFICE ADVERSEINCIDENTREPORT

SUBMITFORMTO:
AgencyforHealthCareAdministration,
ConsumerServicesUnit,PostOfficeBox14000,
Tallahassee,Florida32317-4000

I. OFFICEINFORMATION

Fla Community Cancer Center
Nameofoffice

11307 Cortez Boulevard
StreetAddress

Brooksville Fl 34613 Hernando
City ZipCode County

Brooksville 3525961926
Telephone

Dr Richard Caradonna
NameofPhysicianorLicenseeReporting

ME C049404
LicenseNumber&officeregistrationnumber,ifapplicable

Patient'saddressforPhysicianorLicenseeReporting

II. PATIENTINFORMATION

[redacted]
PatientIdentificationNumber

[redacted]
Age Gender MedicaidMedicare

2-4-2
DateofOfficeVisit

Chemotherapy treatment
PurposeofOfficeVisit

lung cancer 162.5
Diagnosis

995.2 V58.1 995.2
ICD-9Codefordescriptionofincident

LevelofSurgery(II)or(III)

III. INCIDENTINFORMATION

2-4-2 10:10 AM
IncidentDateandTime

tionofincident:
☐ OperatingRm ☐RecoveryRm
☒Other Clinic

Note:IftheincidentinvolvedadeathorwasmedicalexaminernotifiedYes ☒No
Wasanautopsyperformed? ☐Yes ☐No

A) Describecircumstancesoftheincident(narrative)
(useadditionalsheetsasnecessaryforcompleteresponse)

History of vomiting & cisplatin in past treatments. 10:10 During cisplatin Rx started vomiting. Compazine 5mg im given & some nausea relief & 10 min. At 10:20 am clo pins + needles in face + arms. Cisplatin turned off. Skin warm + dry. Denies dyspnea or angina. BP 100/50 P 98. Skin warm + dry & Morgan ARNP notified. About 10:25 eyes rolled back + became unresponsive. 911 called. Resp + pulse present, moved to hall - became responsive within 45 sec. Alert when responded. O2 via mask. Skin warm + dry. BP 80/? palpated. 10:30 am ems transported To Oak Hill via Ems. Dr Caradonna present during time in hall. Hospital observation.

Form#DH-MQA1030-created2-00;revised9-6-01

B)ICD-9-CMCodes

V58.1	995.2 J9060	780.09
Surgical,diagnostic,ortreatment procedurebeingperformedattimeof incident (ICD-9Codes01-99.9)	Accident,event,circumstances,or specificagentthatcausedtheinjury orevent. (ICD-9E-Codes)	Resultinginjury (ICD-9Codes800-999.9)

C)Listanyequipmentusedifdirectlyinvolvedintheincident
(Useadditionalsheetsasnecessaryforcompleteresponse)

D)OutcomeofIncident (Pleasecheck)

- ☐ Death
- ☐ BrainDamage
- ☐ SpinalDamage
- ☐ Surgicalprocedureperformedonthewrongpatient
- ☐ Aproceduretoremoveunplannedforeignobjects remainingfromsurgicalprocedure
- ☒ Anyconditionthatrequiredthetransferoutcomeof thepatienttoalicensedhospital

Outcomeoftransfer–e.g.,death,braindamage, observationonly observation
Nameoffacilitytowhichpatientwas transferred Oak Hill Hospital

- ☐ Surgicalprocedureperformedonthewrongsite**
- ☐ Wrongsurgicalprocedureperformed**
- ☐ Surgicalrepairofinjuriesordamagefromaplanned surgicalprocedure

**ifitresultedin

- ☐ Death
- ☐ BrainDamage
- ☐ SpinalDamage
- ☐ Permanentdisfigurementnottoincludethe incisionscar
- ☐ Fractureordislocationofbonesorjoints
- ☐ Limitationofneurological,physical,orsensory function;
- ☐ Anyconditionthatrequiredthetransfer outcomeofthepatient

E)Listallpersons,includinglicensenumbersiflicensed,locatinginformation,and thecapacityinwhichthey weredirectlyinvolvedwiththisincident.

BARBARA CARR RN OCN RN60150-2, Dr Caradonna ME0049404, Elizabeth Morgan NP 1838022
Roberta Joseph RN OCN RN 2758482, JohnBrodtman RN RN 2729692, Sharon Robitelle RN RN3176322 Michele Eger RN RN 260 23182
3 Cons - chemo + 911 episode, rest of people 911 episode.

F)Listwitnesses,includinglicensenumbersiflicensed,andlocatinginformationifnotlistedabove

IV. ANALYSISANDCORRECTIVEACTION

A)Analysis(apparentcause)ofthisincident (Useadditionalsheetsasnecessaryforcompleteresponse)

reaction to cisplatin

B)Describecorrectiveorproactiveaction(s)taken(Useadditionalsheetsasnecessaryforcompleteresponse)

stopped cisplatin, O2, 911 called, sent to hospital for assess

V. Richard R Caradonna MD ME0049404
SIGNATUREOFPHYSICIAN/LICENSEESUBMITTINGREPORT LICENSENUMBER

2.5.2 2-5-2 BR 4pm
DATEREPORTCOMPLETED TIMEREPORTCOMPLETED

Form#DH-MQA1030-created2-00;revised9-6-01

MW 02-11-02

152

[redacted]

p. procedure
Cardiac echo
Pul. Func. Tests
CHF

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 FEB 18 AM 11:39

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: Watson Clinic

Street Address: 1600 Lakeland Hills Blvd

City: Lakeland Zip Code: 33805 County: Polk

Telephone: 680-7000

Name of Physician or Licensee Reporting: Heather Oconnor RN, BSN, MPH

License Number: 1187872

Locating Information for Physician or Licensee Reporting: Clinical Services

II. PATIENT INFORMATION

[redacted]

Patient Identification Number

Date of Office Visit: 2/5/02

Diagnosis: Cardiac Dyspnea.

Purpose of Office Visit: Pulmonary Function

ICD-9 Code for Diagnosis: 428.1

III. INCIDENT INFORMATION

Incident Date and Time: 2/5/02. 4⁴²/pm.

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☑ Other EKG Dept.

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)

4⁴³/ PT @ clinic for cardiac echo & Pulmonary function testing for diagnosis of shortness of breath - Started phase I of PFT. Developed increased dyspnea - RR 16, P 60, BP 108/58 - As patient changed position, ↑ resp distress - PT had diminished breath sounds ⓑ 2/3 - Bilateral basilar rhonchi & rales -
On multiple medications -
4⁵⁹ PT @ this time ↓ pressure of 80/59 - ↑ SOB, ↑ RR to 18. DR Bazzy paged @ present
4⁵⁵/ BP 108/54 P 68 R-18 continued SOB but stable - Awaiting return of page to Bazzy
5¹⁰ PT tx to urgent care - DR Bazzy notified & returned page. BP 90/62 P 59 R-18
O2 sat 96% - PR maneuvered - Chest X ray done -
5⁵⁸ - To be admitted to LRMC DX CHF.

B) ICD-9-CM Codes

428.1	Undoing PFT → 78596 (PFT.)	428.1
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)

O2, O2 saturation machine, cardiac monitor, BP cuff - stethoscope -

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☒ Any condition that required the transfer of the patient to a licensed hospital
- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** if it resulted in

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

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

Heather OConnor RN 1187872 } Watson clinic
Buzz Hall 2515752 RN } 1600 Lakeland Hills Blvd

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

PFT tech → Mary Smart MA.

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pt - was adequately evaluated before test by staff c̄ deterioration, due to symptoms pt - admit by ambulance to LRMC - R/O CHF -

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

I don't think there is a way to PREVENT this type of outcome - [redacted] was seen by [redacted] DR. (Dr Bailey) the day before test -

V.

[signature] K. [illegible] MD (MINES)
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 11267
LICENSE NUMBER

2/13/02
DATE REPORT COMPLETED

1:25 pm.
TIME REPORT COMPLETED

153

[redacted]

RECEIVED
CONSUMER SERVICES
02 FEB 19 PM 12:15

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

Watson Clinic LLP
Name of office

Lakeland 33805 Polk
City Zip Code County

Dr. Chatree Vicaponsse
Name of Physician or Licensee Reporting

Locating Information for Physician or Licensee Reporting

1600 Lakeland Hills Blvd
Street Address

863-680-7000
Telephone

ME0004631 6
License Number

II. PATIENT INFORMATION

Patie[redacted]
Local[redacted]
Patient Identi[redacted]
Diagnosis Cerebral Infarct

[redacted] Medicare
2-7-02
Date of Office Visit
MRI
Purpose of Office Visit
434.91
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

2-7-02 2:02 pm
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other X-ray dept

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)

IV in Lt ant Cubital.
Patient seized within 1 min of Contrast being administered during an MR scan of the brain. [redacted] was removed from the scan room with a bite stick held in mouth. [redacted] seized for approx 2 min. The blue team was called. [redacted] was put on O2 - an IV bag of .9% saline was hung. Initial BP 220/90 R arm. O2 sat 95% -

B) ICD-9-CM Codes

434.91 70553	70553	780.39
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)

IV Contrast. Magnevist – Gadolinium

D) Outcome of Incident (Please check)

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

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

Cindy O.Steen 173416 Airway
Tina Atkins 3209332 IV BP's
Beth Kelp 1089 Airway
Tina Yanko 1789862 Documentation

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

Elizabeth Ayala 3287

IV. ANALYSIS AND CORRECTIVE ACTION

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

Most likely related to Magnevist administration plus [illegible] infarct left brain. Patient was resuscitated after developing seizures 2-3 minutes. IV Valium was [illegible] given.

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

V. [signature]

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 46316

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

Esophageal perforation after endoscopy with concurrent surgery died 5 days later

154

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 FEB 21 PM 12:13

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

DEATH

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

I. OFFICE INFORMATION

Mark Lamet, M.D., P.A. — Name of office
1150 N 35 Ave., Ste 445 — Street Address
Hollywood FL 33021 — City
Broward — County
954-961-7771 — Telephone
Mark Lamet — Name of Physician or Licensee Reporting
Denise Lamet — Name of Physician or Licensee Reporting
ME0037578 / RN2005682 — License Number
Same as above — Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient Name
N/A — Locating Information
[redacted] — Patient Identification Number
[redacted] — Diagnosis
[redacted] — Age / Gender / Medicaid / Medicare
Date of Office Visit 2/4/2002
Purpose of Office Visit: Upper Endoscopy & Colonoscopy
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

Incident Date and Time

Location of Incident:
☒ Operating Rm ☐ Recovery Rm
☒ Other Mem Reg Hospital

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 underwent Upper Endoscopy & Colonoscopy on 2/4/02 to evaluate hemeoccult positive stool in my office endoscopy suite. [redacted] recovery was uneventful & the patient was discharged to [redacted] SNF. [redacted] subsequently developed subcutaneous emphysema & was admitted to Memorial Regional Hospital that evening. Further studies revealed a pharangeal/esophageal perforation. [redacted] underwent corrective surgery that evening. [redacted] Clinical course postoperatively was complicated by cardiac arrythmia, Renal failure & ultimately septic shock [redacted] expired on 2/12/02

B) ICD-9-CM Codes

43235	E878 ?	879.1 ?
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 800-999.5)

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

D) Outcome of Incident (Please check)

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

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

Mark Lamet MD # 037518

Denise Kamsler RN # 2005782 - inserted Depart. Administered Sedation & Recovery.

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pt inadequately sedated + was combative initially w/ further sedation the exam was completed easily

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

Caution, awareness + appropriate use of sedatives

V. Mark Lamet 037518

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

2/15/02 — DATE REPORT COMPLETED

11:00 AM — TIME REPORT COMPLETED

Asthma attack?

STATE OF FLORIDA
Jeb Bush, Governor

155

[redacted]

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

RECEIVED
CONSUMER SERVICES UNIT
02 FEB 25 AM 11:48

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

DEATH

no procedure

Died going to hospital no procedure

I. OFFICE INFORMATION

MIMA - VIERA
Name of office

7125 Murrell Road
Street Address

Melbourne 32940 Brevard
City Zip Code County

(321) 255-5448
Telephone

KAREN Andersen - Risk Manager
Name of Physician or Licensee Reporting

LITCRM
License Number

(321) 725-3679 65 E. NASA Blvd Melbourne FL
Locating Information for Physician or Licensee Reporting

Dr. Foley - Attending

II. PATIENT INFORMATION

[redacted]

[redacted]

Age 2/18/02 Gender Medicaid Medicare
Date of Office Visit

Cerebral Palsy, Intractable Seizures Quadriparesis
Diagnosis

Wheezing
Purpose of Office Visit

786.07
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

2/18/02 1500 Pronounced 15:14
Incident Date and Time

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

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

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

Child brought in by parent for wheezing. Child was somewhat blue on arrival to MD office. Taken to Radiology for CXR. Child coded after X-ray taken. CPR instituted immediately. 911 called. Emergency crews responded within ten minutes. Unable to resuscitate child. MD declared patient expired and signed death certificate.

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)
V81.4		933.1

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

D) Outcome of Incident (Please check)

- [x] Death
- [ ] Brain Damage
- [ ] Spinal Damage
- [ ] Surgical procedure performed on the wrong patient
- [ ] A procedure to remove unplanned foreign objects remaining from surgical procedure
- [ ] Any condition that required the transfer of the patient to a licensed hospital
- [ ] Surgical procedure performed on the wrong site **
- [ ] Wrong surgical procedure performed **
- [ ] Surgical repair of injuries or damage from a planned surgical procedure

** if it resulted in

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

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

KEVIN FOLEY, MD ME# 0067529 attending
CRAIG SNOW, MD ME# 0069288 Assisting

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

Jennifer Chapman - office Manager
CANDACE JUDAH, MA SCOTT NORVELL, MA DONNA ROWLAND MA

IV. ANALYSIS AND CORRECTIVE ACTION

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

Extremely debilitated, medically compromised child
Death ruled Cardiac arrest from natural causes

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

NONE - Staff responded appropriately
Body released to the funeral Home

V.

(Karen Andrews)
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

2-19-02
DATE REPORT COMPLETED

1600
TIME REPORT COMPLETED

#156

[redacted]

Fell off Scale in hosp stay no procedure

STATEOFFLORIDA
JebBush,Governor

RECEIVED
CONSUMER SERVICES UNIT
02 MAR -4 PM 12:08

PHYSICIANOFFICE ADVERSEINCIDENTREPORT

SUBMITFORMTO:
AgencyforHealthCareAdministration,
ConsumerServicesUnit,PostOfficeBox14000,
Tallahassee,Florida32317-4000

I. OFFICEINFORMATION

FLORIDA COMMUNITY CANCER CENTER 6449 38th AVE N C-3
Nameofoffice StreetAddress

ST PETERSBURG FL, Pinellas 33710 727 384 3735
City ZipCode County Telephone

ZUREL SOLC MD
NameofPhysicianorLicenseeReporting

ME0037736
LicenseNumber&officeregistrationnumber,ifapplicable

N/A
Patient'saddressforPhysicianorLicenseeReporting

450
2200
Desoto

II. PATIENTINFORMATION

[redacted]
PatientIdentificationNumber

[redacted]
Age Gender MedicaidMedicare

2/20/02
DateofOfficeVisit

CANCER OF RECTUM
Diagnosis

CONSULTATION
PurposeofOfficeVisit

ICD-9Codefordescriptionofincident

N/A
LevelofSurgery(II)or(III)

III. INCIDENTINFORMATION

2/20/02
IncidentDateandTime

Locationofincident:
☐OperatingRm ☐RecoveryRm
☑Other SCALE

Note:IftheincidentinvolvedadeathwasthemedicalexaminernotifiedN/A ☐Yes ☐No
Wasanautopsyperformed? ☐Yes ☐No N/A

A) Describecircumstancesoftheincident(narrative)
(useadditionalsheetsasnecessaryforcompleteresponse)

[redacted] WAS BEING WEIGHED. [redacted] WALKER WAS OVER THE SCALE TO STABILIZE [redacted]. WHEN [redacted] WAS GETTING OFF THE SCALE [redacted] FELL BACKWARDS.

DR SOLC EXAMINED THE PATIENT, NOTING THAT [redacted] WAS STABLE. BECAUSE [redacted] HIT [redacted] HEAD HE ELECTED TO HAVE THE PARAMEDICS CALLED AND TAKE THE PATIENT TO THE EMERGENCY ROOM. THIS WAS DONE AND PATIENT HAD A CT SCAN, C-SPINE SERIES AND LAB WORK. [redacted] WAS RELEASED TO HOME. FILMS + LABS ALRIGHT, SHOWING NO TRAUMA.

Form#DH-MQA1030-created2-00;revised9-6-01

B)ICD-9-CMCodes

Surgical,diagnostic,ortreatment procedurebeingperformedattimeof incident (ICD-9Codes01-99.9)	Accident,event,circumstances,or specificagentthatcausedtheinjury orevent. (ICD-9E-Codes)	Resultinginjury (ICD-9Codes800-999.9)
obtaining Weight	Pt. Age + Balance	None

C)Listanyequipmentusedifdirectlyinvolvedintheincident
(Useadditionalsheetsasnecessaryforcompleteresponse)
PARAMEDICS USED A COLLAR + BACKBOARD

D)Outcomeofincident (Pleasecheck)

☐ Death	☐ Surgicalprocedureperformedonthewrongsite**
☐ BrainDamage	☐ Wrongsurgicalprocedureperformed**
☐ SpinalDamage	☐ Surgicalrepairofinjuriesordamagefromaplanned surgicalprocedure
☐ Surgicalprocedureperformedonthewrongpatient	**Ifitresultedin
☐ Aproceduretoremoveunplannedforeignobjects remainingfromsurgicalprocedure	☐ Death ☐ BrainDamage ☐ SpinalDamage ☐ Permanentdisfigurementnottoincludethe incisionscar ☐ Fractureordislocationofbonesorjoints ☐ Limitationofneurological,physical,orsensory function; ☐ Anyconditionthatrequiredthetransfer outcomeofthepatient
☒ Anyconditionthatrequiredthetransferoutcomeof thepatienttoalicensedhospital	
Outcomeoftransfer–e.g.,death,braindamage, observationonly_____ Nameoffacilitytowhichpatientwas transferred NORTHSIDE HOSPITAL	

E)Listallpersons,includinglicensenumbersiflicensed,locatinginformation,and thecapacityinwhichtheyweredirectlyinvolvedwiththisincident.
CYNDI ARMSTRONG · MEDICAL SERVICES SECRETARY — WAS WEIGHING PATIENT.

DR SOLC ME 0037736

F)Listwitnesses,includinglicensenumbersiflicensed,andlocatinginformationifnotlistedabove
LISA BLACK, RTT #29415
BONNIE WILLIAMS, CMD #18699

IV. ANALYSISANDCORRECTIVEACTION

A)Analysis(apparentcause)ofthisincident (Useadditionalsheetsasnecessaryforcompleteresponse)
IT WILL BE STANDARD POLICY THAT WHENEVER PTS. ARE BEING WEIGHED THE STAFF PERSON IS TO BE BEHIND PATIENT.

B)Describecorrectiveorproactiveaction(s)taken(Useadditionalsheetsasnecessaryforcompleteresponse)

V.

ME 0037736
SIGNATUREOFPHYSICIAN/LICENSEESUBMITTINGREPORT LICENSENUMBER

2/21/02 14:00
DATEREPORTCOMPLETED TIMEREPORTCOMPLETED

Form#DH-MQA1030-created2-00;revised9-6-01

[redacted]

V tach-cardiac arrest after lumbar joint injections - pt deceased.

157

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 MAR -7 AM 11:53

DEATH

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: Southern Pain Institute

Street Address: 4801 S. Congress Ave.Ste.201

City: Lake Worth,FL Zip Code: 33461 County: Palm Beach

Telephone: 561-649-8770

Name of Physician or Licensee Reporting: Douglas G. MacLear, D.O.

License Number: OS 3806'

Locating Information for Physician or Licensee Reporting:

II. PATIENT INFORMATION

[redacted]

[redacted] Gender Medicaid Medicare

Date of Office Visit: 2/28/2002

Diagnosis: Osteoarthritis/Osteoporosis

Purpose of Office Visit: Spinal Injections

ICD-9 Code for Diagnosis:

III. INCIDENT INFORMATION

Incident Date and Time: February 28, 2002 at 1605

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

Aaron Ruiz 561-688-4575

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

[redacted] with hx of heart disease presented to clinic routine lumbar facet injections for ongoing severe back pain.Patient was given an injection series consisting of 1cc of 0.5%bupivacaine with 8 mg of triamcinolone at each lumbar level:eight levels in all. [redacted] vital signs were stable prior to and throughout the procedure. The procedure took eight minutes to complete. [redacted] received no sedation during the procedure. [redacted] was taken to recovery area and continuously monitored post procedure and [redacted] vital signs were normal. Fifteen minutes following the procedure

Form #

[redacted] began to vomit. [redacted] then went into Ventricular Tachycardia at a rate of 150 and became unresponsive. [redacted] then developed a pulseless Ventricular Tachycardia and CPR was started. [redacted] was successfully cardioverted, intubated and an IV started. At the time of transfer [redacted] had a heart rate in the 60's and a blood blood pressure of 109/57. Paramedics arrived and the patient was taken to JFK Hospital Emergency Department. The patient later arrested again several times. CPR was eventually unsuccessful and the patient expired at JFK 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)
Lumbar facet Injections ,64475 X 1 64476 X 5	Heart Disease 429.9	

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

D) Outcome of Incident (Please check)

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

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

Dr.Douglas MacLear #3806 CPR
Dr. Lawrence Gorfine ME31792 CPR
Michael Doyle, R.N. RN1463102
Debra A Bass,R.N. RN1479522

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

Amy Augustine,R.N. RN9177685
Terry Jones,R.N. RN3412772

IV. ANALYSIS AND CORRECTIVE ACTION

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

Dysrhythmia, V-Tach secondary to heart disease

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

CPR started, pt cardioverted X 2, Intubated, Epi,Lidocaine with return of rhythm and systolic BP 109/57. Paramedics took right to JFK Hospital ER.

V. D.MacLear
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

#3806
LICENSE NUMBER

3/01/02
DATE REPORT COMPLETED

1400
TIME REPORT COMPLETED

[redacted]

~~158~~ 158

Fell off exam table, c/o chest pain, no procedure

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 MAR 11 AM 11:57

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

North Florida Radiology PA
Name of office

6716 NW 11th Pl.
Street Address

Gainesville 32605 Alachua
City / Zip Code / County

352 331 9729
Telephone

Ken Murphy
Name of Physician or Licensee Reporting

RT 29650
License Number

Same as Above
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Age [redacted]

Date of Office Visit

Back Pain
Diagnosis

Lumbar Epidural
Purpose of Office Visit

62311
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

3/7/02 @ 1130
Incident Date and Time

Location of Incident:
☐ Operating Rm
☐ Recovery Rm
☑ Other X-Ray Room

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

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

While the technologist "Lynn Nelson" was Clearing the procedure tray the pt. attempted to get off the exam table unassisted. The Pt Slipped and rolled on to the floor. Pt complained of chest Pain after fall. Pt examined by Physician Vital Signs taken, with Pt. Complaint of chest discomfort EMS was Activated Pt transported to North Florida Regional medical center for evaluation and care. Ken Murphy

Form #

B) ICD-9-CM Codes

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

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

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☑ Any condition that required the transfer of the patient to a licensed hospital
- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** if it resulted in

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

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

Lynn Nelson RT #31032 North Florida Radiology, PA 352-331-9725

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)

To instruct all patients not to attempt to get off exam table without assistance.

V. Lisa Morgan — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — 29650 LICENSE NUMBER

3/7/02 — DATE REPORT COMPLETED

1435 — TIME REPORT COMPLETED

[redacted]

159

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Felt getting into bed no procedure

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

RECEIVED
02 MAR 11 AM 11:56
CONSUMER SERVICES UNIT

I. OFFICE INFORMATION

Space Coast Medical Associates
Name of office

225 Cone Rd.
Street Address

Merritt Island 32952 Brevard
City Zip Code County

321-453-1361
Telephone

Name of Physician or Licensee Reporting

License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Patient Identification Number

Recurrent Ovarian Cancer, MDS
Diagnosis

[redacted]

Medicaid Medicare

Date of Office Visit

Purpose of Office Visit

ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

03/05/02 approx. 3:15 PM
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other treatment 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 transferring from W/C to bed, lost balance + fell to floor. Pt struck (L) hip and (L) elbow.
Sent to ER for x-rays to R/O fx's.
D.C.

(36)

B) ICD-9-CM Codes

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

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

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☑ Any condition that required the transfer of the patient to a licensed hospital
- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** If it resulted in

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

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

R.D. Sprawls MD

Sprawls

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

J. Shapiro RN

IV. ANALYSIS AND CORRECTIVE ACTION

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

Bed wheels Not locked.

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

Bed Wheels Locked before
Evaluated before Transfer
Staff Training re transfers from W/C to Bed/Chair

V.

R. [illegible] MD — 54026
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

3.5.02
DATE REPORT COMPLETED

17:00
TIME REPORT COMPLETED

2 of 2 pages
Form #

Care ? office
SOB
No procedure

160

STATE OF FLORIDA
Jeb Bush, Governor

[redacted]

RECEIVED
CONSUMER SERVICES UNIT
02 MAR 11 AM 11:51

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

Cancer Centers of Florida
Name of office

52 W Gore St
Street Address

Orlando 32806 Orange
City Zip Code County

407 426 8484
Telephone

Rachel Bura
Name of Physician or Licensee Reporting

2573882
License Number

Cancer Centers of Florida
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

Metastatic Lung Cancer
Diagnosis

3-6-02
Date of Office Visit

Flu GVAX Injection
Purpose of Office Visit

ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

3-6-02 345 Pm
Incident Date and Time

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

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

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

Pt in For follow up and G-VAX Injection. Pt arrived at office Short of Breath, Dr Simon into See patient O2 Sats checked @ 80% Pt Placed on O2 via NC 4LPM. Pt Sats Rechecked on O2 improved to 85% Pt Cont to C/O SOB 911 called Pt transported to Orlando Regional Medical Center

B) ICD-9-CM Codes

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

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

D) Outcome of Incident (Please check)

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

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

Dr K Simon ME05007658
Rachel Burg 2573882
Richard Santomassino
Lynn Hogue

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 with Metastatic lung Cancer, Progressive disease

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

3-6-02
DATE REPORT COMPLETED

5pm
TIME REPORT COMPLETED

numbness weakness Rt upper extremity after blood patch for spinal headache

Cervical epidural injection 12/11/01 Have epidural blood patch. numbness & weakness of upper extremity

161

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED CONSUMER SERVICES UNIT
02 MAR 12 PM 12:07

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: FLORIDA PAIN MANAGEMENT.

Street Address: 5990 54th Ave North.

City / Zip Code / County: ST. PETERSBURG FLORIDA / 33709.

Telephone: 727-545-1270.

Name of Physician or Licensee Reporting: KAZI HASSAN.

License Number & office registration number, if applicable: ME 0066904

Patient's address for Physician or Licensee Reporting:

II. PATIENT INFORMATION

Patient [redacted]

Age / Gender [redacted] ☐ Medicaid ☐ Medicare

Date of Office Visit: 12/11/02

Purpose of Office Visit: CERVICAL EPIDURAL Injection

Patient Identification Number

Diagnosis: Rule out Brachial plexopathy. Radial / Median / ulnar Neuropathy.

ICD-9 Code for description of incident: CHRONIC NECK PAIN.

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Incident Date and Time: 12/11/01.

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

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

. Pt underwent cervical Epidural steroid injection on 12/11/01 For [redacted] chronic Neck Pain / cervical spinal stenosis and cervical Bulging disc. [redacted] developed Post-DURAL Puncture headache after which Pt was given cervical Epidural Blood Patch. [redacted] headache decreased but after [redacted] developed Numbness and weakness of Right upper Extremity. At that time, My diagnosis of numbness and weakness was due to irritation of cervical Nerve Root due to Blood or Local Anesthesia. Pt was Referred to Dr. Hulley Neurologist for Evaluation and Pt is scheduled to be seen on. Dr. walker who is A Neuro Surgeon. for [redacted] weakness in [redacted] Rt upper Extremity mainly beyond

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

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
723.1 / 722.0 / 723.0	Not Known yet But it may be the Automatic Blood	

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response) Pressure Machine Not Know yet, But it may be Automatic Blood Pressure Machine

D) Outcome of Incident (Please check)

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

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

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

** If it resulted in

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

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

KAZI HASSAN, M.D. – SURGEON. LICENSE – ME66904
SARDHA PERERA, M.D. – ASSISTANT. SURGEON – ME 33234

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

KAZI HASSAN, M.D. – License # – ME66904
SARDHA PERERA-M.D. – License # – ME 33234

IV. ANALYSIS AND CORRECTIVE ACTION

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

Not known yet - Pt Referred to Neuro surgeon Dr. Waller
Pt was Evaluated by Dr. Hulley Neurologist -
with Radial / ulnar / Median Nerve Neuropathy.

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

The Automatic Blood Pressure machine is taken off
the office. and Is sent to Manufacturer
for Analysis & BP Machine Especially calibration

V. Kazi Hassan MD. — ME0669 04
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

3/5/02 — DATE REPORT COMPLETED
4:12 P.M. — TIME REPORT COMPLETED

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

allergy testing intradermal tests
Fell off table and lacerated head
NO procedure

162

STATE OF FLORIDA
Jeb Bush, Governor

[redacted]

RECEIVED
CONSUMER SERVICES UNIT
02 MAR 12 AM 11:28

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: Watson Clinic LLP
Street Address: 1600 LAKELAND Hills BLVD
City: LAKELAND
Zip Code: 33805
County: Polk
Telephone: 863-680-7000
Name of Physician or Licensee Reporting: William Hau RN
License Number: RN 2515752
Locating Information for Physician or Licensee Reporting: 1600 LAKELAND Hills BLVD

II. PATIENT INFORMATION

[redacted]

[redacted] Age Gender ☐ Medicaid ☐ Medicare

Date of Office Visit: 3/4/02
Purpose of Office Visit: ALLERGY TESTING
Patient Identification Number
Diagnosis: 850.9 Concussion unspecified
ICD-9 Code for Diagnosis:

III. INCIDENT INFORMATION

Incident Date and Time: 3/4/02 131pm

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

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

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

Pt was being seen in office for Allergy Testing. Had received intradermal injections. Approximately 5 minutes after last injection pt apparently fell off the exam table on which [redacted] was sitting and struck [redacted] head on cabinet sustaining laceration to occiput of head and abrasion to left shoulder. Pt was unattended at the time of the incident. Staff reported pt groggy, responded slowly to verbal questions and did not appear to lose consciousness. After several minutes pt able to make telephone call to mother. [redacted] Placed in wheelchair c̄ assistance for safety and taken to Urgent Care Dept after vital signs taken (B/P 142/90, HR 80, resp 16. Skin warm, dry/pink. Pupils - PERRL.) Urgent Care physician ordered pt transfered to local hospital emergency room via ALS ambulance. Skin scratch/prick test - 117; Intradermal test - 32.

1 of 2 pages
Form #

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)
95004, 95024		850.9 (possible)

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

D) Outcome of Incident (Please check)

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

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

All employees of Ishbia Clinic, Lucille Beauchamp MA/allergy Tech, Christie Duncan MA/allergy Tech. Dr. Bonini - Allergist ME0038844, William Hallen RN 251575-2, Jacqueline Ramos RN 2859372 Dr. Estupinan ME0050693

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pt has passive vagal response to injection. Pt did not report any adverse reaction to injections to nurse.

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

All pts receiving allergy testing will remain supine x 15 minutes after Testing on Dr Bonini in addition to frequent checks on allergy techs.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	251575-2 RN

DATE REPORT COMPLETED	TIME REPORT COMPLETED
3/4/07	330pm

163

[redacted]

Job in office
Prefer not
NO Procedure

Job Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 MAR 14 PM 12:01

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

call next week
Mr. Tait
(813) 254-4233

I. OFFICE INFORMATION

HEMATOLOGY ONCOLOGY CONSULTANTS — Name of office
1414 SWANN AVE — Street Address
TAMPA FL 33606 — City / Zip Code / County
(813) 254-7207 — Telephone
HAFEEZ CHATOOR MD — Name of Physician or Licensee Reporting
0060783 — License Number
AS ABOVE — Leaving Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient Name
ABOVE — Leaving Information
[redacted] — Patient Identification Number
COAGULOPATHY — Diagnosis

[redacted] — Age / Sex / Medicaid / Medicare
3/6/02 — Date of Office Visit
FOLLOW UP — Purpose of Office Visit
286.9 — ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

3/6/02 1045 — Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☐ Other OBELISK WAITING AREA

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

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

Patient arrived at MD office at 945 via Red Cross Share Van. [redacted] OV was for 1100. LAB personnel (Liz. GILBERT) drew labs. pt did not appear in any distress. Was on O2 per NC @ 2L from Home. Pt was observed by LIZ GILBERT in office waiting area & she coughing and having difficult breathing. RD called to assess (ELLEN SMILEY RN) O2 ↑ to 4L per NC BP 135/48 HR reg. Pt coughing. Dr. Chatoor assessed. 911 called. [redacted] was having wheezing + shortness. [redacted] has h/o asthma + CHF. Pt. Sent to Memorial 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)
786.9	X	X

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

D) Outcome of Incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☑ Any condition that required the transfer of the patient to a licensed hospital
  PL SOB BREATH
- ☐ Surgical procedure performed on the w ong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage fro m a planned surgical procedure

** if it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to incl ude the incision scar
- ☐ Fracture or dislocation of bones or j oints
- ☐ Limitation of neurological, physical, o r sensory function;
- ☐ Any condition that required the trans fer 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.
LIZ GILBERT MLT TL 33795
ELLEN SMILEY RN 8822572
HAFEEZ CHAUDHR MD 0060783

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

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
Dx ↑ & HL per EC, Dr Chaudhr deceased, 911 called

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

V. [signature] 0060783
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

3/6/02
DATE REPORT COMPLETED

1115
TIME REPORT COMPLETED

colonoscopy / chest tightness 45 mins / tachycardia after procedure

164

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 MAR 18 AM 11:46

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: Rafael A. Fleites, M.D.

Street Address: 351 N.W. 42nd Avenue Suite 308

City: Miami, Fl Zip Code: 33126 County: Dade

Telephone: 305 643 6806

Name of Physician or Licensee Reporting: Rafael A. Fleites M.D.

License Number: ME 35796

Locating Information for Physician or Licensee Reporting:

II. PATIENT INFORMATION

[redacted]

Patient Identification Number

Age [redacted] Gender Medicaid Medicare

Date of Office Visit: 3/9/02

Purpose of Office Visit: For colonoscopy

Diagnosis: Colonic Polyp

ICD-9 Code for Diagnosis: 211.3

III. INCIDENT INFORMATION

Incident Date and Time: 3/9/02 @ 11:15 AM

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)

[Add: Even though patient is [redacted] y.o [redacted] was healthy (ASA II) and recently had been cleared by [redacted] PMD and myself and tolerated an endoscopic procedure 1 month ago]

Pt was brought to the endoscopy suite @ 9:50 AM on 3/9/02. At 9:55 AM and 9:58 AM [redacted] received 25 mg of demerol and 1 mg of versed respectively. [redacted] was fully monitored between 9:50 AM and 10:30 AM with BP, telemetry, respiratory rate and oxymeter readings. Procedure ended @ 10:15 AM. Throughout the monitoring period [redacted] HR, telemetry, BP and oxymeter reading were normal. The last reading showed the following BP 159/70 HR 84 sinus, O_2 Sat 94% RR 20. Also, [redacted] was fully awake and oriented without chest or abdominal pain. At 11:15 AM [redacted] was going to be discharged when [redacted] complained of chest tightness and lightheadness. The monitor showed an SVT c a HR of 150, BP 75/40 & RR of 20. [redacted] O_2 Sat was 95%. [redacted] physical exam was normal except for [redacted] HR & BP. [redacted] was given 0.5 g of lanoxin and Fire Rescue was called. On Arrival @ 11:25 AM [redacted] BP had ↑ to 87/40 but HR was still ≥ 155. Fire Rescue started a new IV and gave [redacted] adenosine. [redacted] was transported to Coral Gables Hospital ER and on arrival [redacted] to the ER had converted to normal sinus and normal

1 of 2 pages
Form #

B) ICD-9-CM Codes

45385, 211.3	427.0	none
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☑ Any condition that required the transfer of the patient to a licensed hospital
- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** if it resulted in

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

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

Dr. Rafael A Fleites ME 35796
RN Felix Bustos RN 1017512
Ernest Mondage R.M.A Reg# 996537

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 a history of supraventricular tachycardia and [redacted] cardiologist had both [redacted] lanoxin and [redacted] verapamil because of bradycardia and blood pressure.

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

V.

M.D

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 35796

LICENSE NUMBER

3/13/02

DATE REPORT COMPLETED

N/A

TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

[redacted]VICES UNIT
02 MAR 21 PM 12:14

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

I. OFFICE INFORMATION

Hematology Oncology
Name of office

414 Swan Ave
Street Address

Tampa 33606 Hills.
City Zip Code County

(813) 251-7227
Telephone

Dr. H. Chatoor
Name of Physician or Licensee Reporting

ME0783
License Number

same as above
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

[redacted]
Age 11/28/01 Gender Medicaid Medicare

Patient Identification Number

Iron def. Anemia
Diagnosis

Date of Office Visit

Iron infusion
Purpose of Office Visit

280.9
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

11/13/01 12:40p
Incident Date and Time

Location of Incident
☐ Operating Room ☐ Recovery Rm
☑ Other Office

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

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

pt. rec. iron infusion and after completing tx. went into ex rm. with Dr. Chatoor. As [redacted] was checking out the receptionist, Stacey, notified us (the nurses) that the pt. was having trouble breathing. When we arrived pt. appeared SOB and stated [redacted] was "lightheaded" O2 per NC was applied to 2L. Bp-142/80 P-100 R-20 Dr. Chatoor was present and asked pt. [redacted] if [redacted] wanted to go to the hospital. Pt replied "yes." We notified [redacted] sister, whom [redacted] lives with, and

See other sheet

[redacted] sister stated [redacted] lives in [redacted] was still needed to
et dressed. The only other relatives were [redacted] daughter
he lives in [redacted] We brought [redacted] back to the intensive
oom and placed [redacted] in a recliner. IV was begun in [redacted] (L
rm and fluids were begun. Dr. Chatoor rec. we call 911 &
ave [redacted] transported to the E.R. @ S.S.H. 911 was noti-
ied.

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)

O2, IV fluids, tubing, #24 needle.

D) Outcome of incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- X Any condition that required the transfer of the patient to a licensed hospital
- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** if it resulted in

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

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

Stacey Simmason (same as office) - notified the nurses that pt was having trouble breathi
Mary Ann Klaus / RN 958072 (same as off) assesed pt & assisted with care
Ellen Smiley / RN (same as off) assesed pt & assisted with care
Kathy Leavitt / RN 294554 (same as off) assesed pt & assisted with care
Dr. H. Chatoo 0060783 - assessed pt and assisted with care.

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Hgb. 5.5

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

pt transferd to S.H. via BLS ambulance

V. Mary Ann Klaus — 958072

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

11/14/01 — DATE REPORT COMPLETED

1800 — TIME REPORT COMPLETED

Form # DH-MQA1030, 2-00

[redacted]

166

Vaccine after dispensed injection no procedure

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 MAR 22 AM 11:29

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

Continucare Medical Group at Lutz
Name of office

217 Crystal Grove Blvd., Suite 101
Street Address

Lutz, FL 33549
City Zip Code County

813-949-4224
Telephone

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

ME 47300
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

2/12/02
Date of Office Visit

Diagnosis

complaint of Vertigo & Blurred Vision
Purpose of Office Visit

ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

2/12/02 2:30 PM
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 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)

The patient went to the Otolaryngologist (ENT) today at my request because of [redacted] complaint of vertigo, and ear pain. I spoke to the ENT physician and he did not find anything wrong. However [redacted] was having blurred vision and I requested that [redacted] come to the office for an examination. I was concerned about temporal arteritis possibly, with headache, blurred vision, or migraines. I gave [redacted] an injection of 80 mg of Depo Medrol to reduce the inflammation. After the injection, [redacted] became lightheaded and almost passed out. [redacted] blood pressure was 180/90 and [redacted] was positioned in a trandelenburg position. We called 911 and sent [redacted] to the emergency room for evaluation.

B) ICD-9-CM Codes

N/A	E 932.0	.780.2
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

Name of facility to which patient was transferred _____

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

** If it resulted in

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

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

Dr. Daniel Heinig - Administered injection.

Jayson Noble, Medical Assistant (assisted Dr. Heinig) Address: 10533 Great Falls Lane, Tampa, FL

Amara Williams, Medical Assistant (assisted Dr. Heinig) Address: 8910 Temple Terrace Hwy #4, Tampa, FL

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

N/A

IV. ANALYSIS AND CORRECTIVE ACTION

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

SEE ATTACHED

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

SEE ATTACHED

V.

[signature] 42300

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

3/18/02

DATE REPORT COMPLETED — TIME REPORT COMPLETED

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

Office incident report: Dr. Heinig Date of Incident: 2/12/02

IV. Analysis and Corrective Action

A) Analysis of this incident

The patient presented with blurred vision, headache, and dizziness over the past week. We believe [redacted] fainted as a result of [redacted] presenting condition, rather than as a result of the steroid shot [redacted] received, although [redacted] may also have had a vasovagal reaction to the shot. A pharmacist was contacted after the incident to determine whether the incident could be related to the shot, but we were told less than ½ of 1% of patients would have a similar reaction. The patient had also had a steroid shot the previous day with no complications. The patient was transferred to the hospital to be fully evaluated to be sure there was no other underlying cause for the incident. In the hospital, the patient was thought to have otitis media with vertigo as well as basilar migraine, which led to the patient's symptoms.

B) Corrective/proactive actions taken:

As we believe this incident did not occur as a result of medical intervention by the physician, and the physician and staff responded appropriately to the incident, no corrective action has been taken.

Case in SOB
Manfred P
USP.
No procedure

167

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 MAR 22 PM 1:56

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Southeastern Urological Center, PA. — Name of office
2000 Centre Pointe Blvd. — Street Address
Tallahassee — City
32308 — Zip Code
FL — County
850-201-0408 — Telephone
Joseph L. Camps, M.D. — Name of Physician or Licensee Reporting
ME57214 — License Number & office registration number, if applicable
Same — ~~Patient's~~ address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient Identification Number
77203 — Diagnosis: Metastatic Prostate Cancer

[redacted] — Age, Gender, Medicaid, Medicare
3-13-02 — Date of Office Visit
Gross hematuria + anemia — Purpose of Office Visit
599.7 — ICD-9 Code for description of incident
N/A — Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3-13-02 9:46 a.m. — Incident Date and Time

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

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

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

Patient has known metastatic, terminal prostate cancer. Patient presented to the office diaphoretic, light headed and nauseated. Foley catheter was draining gross blood with clots. (Had been seen in E.R. the previous night with gross hematuria and hemoglobin of 7.7 - foley catheter was placed.) Due to patient's condition, [redacted] was transferred to SMH for cystoscopy with clot evacuation and blood transfusion.

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

B) ICD-9-CM Codes

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

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

D) Outcome of Incident (Please check)

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

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

Joseph L. Camps, M.D.	ME57214	Physician
Angie Fougnie, R.N.	RN3066282	Staff Nurse
Jerry Spear, R.N.	91591-2	Clinical Services Director
Kaye Monello, RHIA, LHRM	5500848	Risk Manager

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. admitted on numerous occasions with gross hematuria + clots secondary to terminal metastatic prostate cancer. This incident was coincident with patient's condition.

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

Patient was appropriately evaluated and transferred to the hospital for further treatment.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
3-14-02	3:10 pm.
DATE REPORT COMPLETED	TIME REPORT COMPLETED

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

168

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

[redacted]

RECEIVED
CONSUMER SERVICES
02 MAR 29 AM 11:4

Chemo Rx
pul. edema
Cardiogenic shock
no procedure

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

Florida Community Cancer Ctr. — Name of office
725 Virginia St. — Street Address
Dunedin — City
34698 — Zip Code
Pinellas — County
(727) 733.9364 — Telephone
Linda Montgomery RN OCN — Name of Physician or Licensee Reporting
License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient Identification Number
Lung Cancer — Diagnosis

[redacted] — Age, Gender
Medicaid Medicare
3/19/02 — Date of Office Visit
Chemotherapy / Lung cancer — Purpose of Office Visit
518.4 Pulmonary edema (acute) — ICD-9 Code for description of incident
2° to 428.1 - left ventricular failure + 785.51 cardiogenic shock 40.9 MI — Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3/19/02 1055 AM — Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other doctor office - outpatient 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)

Patient discharged from chemotherapy room in stable condition. [redacted] returned 5 minutes later stating [redacted] felt awful + something was wrong. C/O SOB. Color pale, then grey. Unable to stand BP 162/88, in respiratory distress & very loud pulmonary edema worsening rapidly. O2 5L N/C. applied. 911 called. Pt. transported to Mease Dunedin ER.

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

GW 3-26-02

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
V58.1 Chemotherapy	518.4 Pulmonary edema 428.1 left ventricular failure 785.51 cardiogenic shock 410.9 MI	

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

D) Outcome of Incident (Please check)

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

Outcome of transfer – e.g., death, brain damage, observation only: condition grave
Name of facility to which patient was transferred: Mease Dunedin Hospital

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

** if it resulted in

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

E) List all persons, including license numbers if licensed, locating information, and the capacity in which they were directly involved with this incident.
Linda Montgomery RN OCN RN 3034772
Dr. McAloon MD. ME 26552
Responding paramedics

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

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
pulmonary edema 2° cardiogenic shock

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

V.

Linda Montgomery RNOCN — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
RN 3034772 — LICENSE NUMBER
3/20/02 — DATE REPORT COMPLETED
1100 AM — TIME REPORT COMPLETED

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

[redacted]

169

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 APR -1 PM 1:51

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

Alton Earl Ingram Jr MD PA
Name of office

3109 Stirling Rd # 100
Street Address

Hollywood 33312 Broward
City Zip Code County

954 981 3223
Telephone

Alton Earl Ingram Jr MD
Name of Physician or Licensee Reporting

72621
License Number & office registration number, if applicable

1571 W Fairway Rd Pembroke Pines FL 33026
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Cosmetic Breast Surgery
Diagnosis

[redacted]
Age Gender Medicaid Medicare

3-21-02
Date of Office Visit

Surgery
Purpose of Office Visit

Cosmetic Surgery
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3/21/02 10:15 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 N/A
Was an autopsy performed? ☐ Yes ☐ No

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

Please See Attached

I have also included a copy of the patient's office chart and the anesthesia record.

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

B) ICD-9-CM Codes

Breast Augmentation	Unknown	None Apparent
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)
the patient had an IV in place and silicone breast implants had been placed

D) Outcome of Incident (Please check)

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

Outcome of transfer – e.g., death, brain damage, observation only OBSERVATION
Name of facility to which patient was transferred Memorial Hospital Hollywood

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

** If it resulted in

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

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

Alton Ingram MD FL Lic # 72621 - Surgeon
Pam Rains RN FL Lic # 2149602 - Anesthetist
Erin Barrett CST - 1st Assistant
Tiffany Alfaya CST - Assisted w Resuscitation

All can be found at address on P1

F) List witnesses, including license numbers if licensed, and locating information if not listed above
Hollywood Beach Paramedics, Stirling Road Station

IV. ANALYSIS AND CORRECTIVE ACTION

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

Please See Attached

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

Please See Attached

V.

[signature]	72621
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
3/26/02	10:45 AM
DATE REPORT COMPLETED	TIME REPORT COMPLETED

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

Answer to question III A (page one)

[redacted] was having breast augmentation surgery. Intravenous sedation was given per the anesthetic record and local anesthetic as well as intercostals blocks were administered. The patient required no additional IV medications (except for the diprivan drip which was started at 9:15) until 9:30. At that time the patient's heart rate went up to 160 and inderal was given intravenously. Shortly thereafter (between 9:30 and 9:35), the patient's systolic blood pressure rose to 180, and 2.5 mg of labetalol was given.

From that point until the placement of the breast implants, which were soaked in iodine, the patient was very stable. [redacted] blood pressure and heart rate descended until they approximated [redacted] preoperative values, and [redacted] did not seem to be in any pain. The Diprivan drip continued to run and [redacted] needed no further medication.

The right-sided breast implant was placed into the pocket at 10:00. At 10:05, the patient's heart rate abruptly dropped to 45, with [redacted] oxygen saturation staying at 99% or greater. We considered treating this bradycardia, but the heart rate spontaneously increased back to the 90-100 range. The left-sided implant was placed at 10:07 and inflation of that implant was begun at approximately 10:10.

Abruptly between 10:10 and 10:15, the patient's heart rate again decreased and this time [redacted] blood pressure also decreased. [redacted] was breathing spontaneously and had an oxygen saturation of 99-100 at that time. As we again prepared to treat the bradycardia, [redacted] became apneic. Surgery was stopped and the patient was resuscitated.

The events from this point until the paramedics' arrival were documented on the date of the event by the anesthetist and this record as well as a narrative I wrote immediately after the incident are included to detail the specifics of the resuscitation.

In summary the patient's airway and ventilation were secured and the Diprivan drip was immediately stopped. The patient received atropine and epinephrine. Approximately 5 minutes after the onset of the bradycardia, the patient was asystolic.Chest compressions were started and 911 was called. Oxygen saturations of >90% were maintained at the digital saturation monitor throughout the period of CPR. Epinephrine and atropine again were given, and the patient went into ventricular tachycardia which was treated with lidocaine. The rhythm changed to ventricular fibrillation and [redacted] was shocked 3 times and given another ampule of lidocaine. [redacted] rhythm converted to sinus. A lidocaine drip was started and we awaited the paramedics' arrival.

I accompanied the patient in the ambulance to the hospital and turned over [redacted] care to Dr. Salazar. An initial urine toxicology screen reportedly was positive for benzodiazepines (prescribed for anxiety and given at the start of the case) as well as cocaine, marijuana, and amphetamines. A later test of a second specimen was inconsistent with either the previous test or the medications the patient was known to have taken pre- and intraoperatively.

ACP 3/26/02

Answers to Question IV (page 2)

IV-A:
The apparent cause is not completely clear. [redacted] does not seem to have had a reaction to the local anesthetic or to the agents given intravenously at the start of the case due to the time course. The inderal and labetalol similarly seem to have been given long enough in advance of the occurrence to rule them out as the cause. The Diprivan drip was running up to the point of the patient's bradycardia, but it was continually observed to be running at an appropriate rate, and the patient's respiratory rate was not depressed until after the onset of the event.

The time course of the patient's event suggests that it may be related to the instillation of betadine into [redacted] implant pockets. While there was no injection into the vascular system or the muscle, there are always interrupted blood vessels in a dissected implant pocket, and a high systemic absorption of betadine is possible.

Finally, an interaction of licit and illicit drugs is possible. The two urine toxicologies were contradictory and the second test did not turn up drugs known to have been ingested by the patient.

IV-B
I am in the process of reviewing our policy with regard to preoperative toxicological testing as well as our emergency protocols. After this review, I plan to discuss the above in a formal setting with all of the staff.

acs
3/26/02

170

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

02 APR -4 AM 11:58

N/A. Abd. pain. Nausea after physical. No procedure

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

I. OFFICE INFORMATION

Southeastern Urological Center
Name of office

3000 Centre Pointe Blvd.
Street Address

Tallahassee 32308 Leon
City Zip Code County

850-201-0408
Telephone

David D. Miles, M.D.
Name of Physician or Licensee Reporting

ME 0011502
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]
Diagnosis

[redacted]
Age Gender Medicaid Medicare

2/21/02
Date of Office Visit

Preoperative lab tests
Purpose of Office Visit

789.07
ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

2/21/02 2:00 p.m.
Incident Date and Time

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

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

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

Patient presented to office for the purpose of obtaining preoperative lab tests. While in the office [redacted] complained of a headache, abdominal pain, and nausea. Became somewhat hypotensive and an IV was started. Patient had past medical history of cardiac problems and is diabetic. Blood sugar was 222. Primary care M.D. was called and requested that patient be transferred to TMH E.R. for further evaluation.

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

B) ICD-9-CM Codes

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

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

D) Outcome of Incident (Please check)

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

Outcome of transfer – e.g., death, brain damage, observation only _____
Name of facility to which patient was transferred Tallahassee Memorial Hospital

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

** if it resulted in

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

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

David D. Miles, M.D.	ME 0011502
Jerry Spear, RN	91591-2
Mary Ford, RN	20202162

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)
Cause of symptoms unknown at time of office visit. Felt unrelated to patient's urological diagnosis (BPH).

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Patient evaluated and appropriately transferred to hospital for further evaluation by Urology Physician.

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

4-3-02
DATE REPORT COMPLETED

9:50 a.m.
TIME REPORT COMPLETED

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

171

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 APR -9 AM 10:32

Fell
Jerry was
exam table
broke hip
No procedur

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

Associates in Pulmonary Medicine
Name of office

Primary Mailing Address
3615 Central Ave Ste 7
Ft Myers, FL 33901
Street Address

Office Site of Incident
9981 Healthpark Circle
Suite 279 Ft Myers 33908

see next column
City Zip Code County

(941) 275-1170
Telephone

KENNETH TOLEP
Name of Physician or Licensee Reporting

ME0071219
License Number

See addresses
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age Gender Medicaid Medicare

Dx: COPD
Diagnosis

April 2, 2003 2002
Date of Office Visit

Evaluation + treatment of COPD
Purpose of Office Visit

496
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

April 2, 2003 (3:45-4pm)
Incident Date and Time 1002

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)

[redacted] was seen in this office 4 times previously. [redacted] lives independently, drove [redacted] to the office & had been the prime caregiver for [redacted] before [redacted] died. On arrival, our staff observed that the patient could move onto and off from the exam table without assistance. When I came into see the patient, [redacted] was sitting in a chair without signs of respiratory distress. [redacted] easily participated in the interview - history taking. [redacted] did not intitate any unsteady gait or syncope. I was summoned out of the room to speak to the husband DEPT.

When I came back to the exam room, the patient was on the floor, having fallen trying to get onto the exam table. [redacted] did have ↓ pain. The staff and I carefully helped the patient onto a wheelchair and I brought [redacted] to the ER on supplemental oxygen. [redacted] was immediately attended to by the ER staff and Respiratory Therapist (I was out of the patient's room for ≤ 2 minutes). Orthopedic Surgery was consulted + successful orthopedic surgery was completed.

B) ICD-9-CM Codes

496	N.A.	Hip Fracture 820.8
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response) NONE

D) Outcome of incident (Please check)

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

Outcome of transfer - e.g., death, brain damage, observation only observation + surgical repair.
Name of facility to which patient was transferred Lee Memorial Hospital Ft Myers FL

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

** If it resulted in

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

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

Jennifer Giammarisio - took vital signs on patient when patient initially arrived (see Narrative) works as staff at Healthport Office Location).

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

Alan Siegel, M.D. ME 03908

IV. ANALYSIS AND CORRECTIVE ACTION

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

The incident was not predictable/preventable. However, in the future, patients will remain seated unless they are accompanied by family, friends or staff. see below.... →

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

→ We will ask them if they are able to go to exam table w.thout assistance, and if not, assistance + supervision will be provided.

V. Kenneth Tolf ME. 0071219

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

4/4/02 — DATE REPORT COMPLETED

1 PM — TIME REPORT COMPLETED

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

Hair Implant
Seizure ? lidocaine reaction
Procedure not started. no powder
no gloves

172

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 APR 11 PM 12:03

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

Bernard P. Nusbaum, M.D., P.A.
Name of office

7867 N. Kendall Dr.
Street Address

tomorrow

Miami FL 33156 Dade
City Zip Code County

(305) 274-2202
Telephone

Bernard P. Nusbaum, M.D.
Name of Physician or Licensee Reporting

037143
License Number

7867 N. Kendall Drive; Miami 33156
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Gender Medicaid Medicare

3/27/02
Date of Office Visit

Hair Transplant
Purpose of Phys. Visit

Male Pattern Alopecia
Diagnosis

704.00
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

3/27/02 3:20 p.m.
Incident Date and Time

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

(1 & 1/2 vials = 10 mg/ml)
NOT a TOXIC dose.

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 Halcion 0.5 mg p.o. and Cephalexin 500mg p.o. 30 minutes prior to the incident. During the infiltration of xylocaine with epinephri local anesthesia (224 mg of xylocaine given) the patient had a change in mental status with rigidity. I administered oxygen by nasal canula and gave 3 doses of IM Valium 5 mg, 2.5 mg and 2.5 mg and called 911. The patient improved with the above treatment. During the episode BP was 160/1C and oxygen saturation was within normal limits. Rescue transferred the patient to Baptist Hospital of Miami without further treatment. I followed and consulted with the Emergency room physician upon the patient's arrival to the E.R.

(See continuation on next page)

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

Street Address

City Zip Code County

Telephone

Name of Physician or Licensee Reporting

License Number

Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Name

Age Gender ☐ Medicaid ☐ Medicare

Locating Information

Date of Office Visit

Patient Identification Number

Purpose of Office Visit

Diagnosis

ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

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)

NO Sosnik

(cont.)

The patient was admitted to the hospital and develped transient neurologic signs during the hospital stay. While hospitalized the patient had MRI's, CT's and EEG and MRA which were normal. Patient was discharged without any residual deficits. I consulted with the treating heurologist and the diagnosis was: probable seizure-type reactic to medication.

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)
Hair Transplant	Lidocaine	Transient neurologic signs resolved.

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

NONE

D) Outcome of incident (Please check)

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ A procedure to remove unplanned foreign objects remaining from surgical procedure
- ☒ Any condition that required the transfer of the patient to a licensed hospital
- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

** if it resulted in

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

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

Ana Alvarez, R.N. License No. RN9164064
Injected the local anesthesia
7867 N. Kendall Drive, Miami, Fl 33156
Phone # (305) 274-2202

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

Sandra Fuentefria, Medical Assistant 7867 N. Kendall Dr. Miami FL 33156
Sandra Fernandez, Medical Assistant 7867 N. Kendall Dr. Miami, FL 33156

IV. ANALYSIS AND CORRECTIVE ACTION

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

Most probably a reaction to Lidocaine

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

Analized our response to the incident and reviewed with staff the possible adverse reaction to administration of local anesthesia.

V. [signature] MD 037143

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

4/8/02
DATE REPORT COMPLETED

1PM
TIME REPORT COMPLETED