209

~~208~~ 210

[redacted]

no procedure
migrine → syncopal →
transfer.

NA

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 DEC -3 AM 7:45

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

Watson Clinic (Main) Urgent Care
Name of office 11000 Lakeland Hills Blvd.

11000 Lakeland Hills Blvd.
Street Address

Lakeland Fl. 33805 Polk
City Zip Code County

(863) 680-7000
Telephone

Neppie Howell RN
Name of Physician or Licensee Reporting

RN 1467312
License Number & office registration number, if applicable

11000 Lakeland Hills Blvd.
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Pat[redacted]

Pa[redacted]

Patient Identification Number

[redacted] Gender Medicaid Medicare

11-15-02.
Date of Office Visit

346.11
Diagnosis

Migraine headache + bruising behind (L) ear
Purpose of Office Visit

.780.2
ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

11-15-02. 12 noon
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☑ Other waiting 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. presented to urgent care with complaint of migraine starting 11/9/02 and bruising behind (L) ear without known accident. Given Demerol 75mg + Phenergan 25mg. IM. Sent to CT for CT of head. While awaiting results pt syncopal in chair. Transferred to Lakeland regional medical center via ambulance after initial treatment in urgent care. CT scan was without contrast and result did show and old subdural hematoma.

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

B) ICD-9-CM Codes

34611	J21750 / J2550	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 Lakeland Regional Medical Center.

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

** if it resulted in

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function;
- ☐ Any condition that required the transfer 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. Cuttaso CU51774. Kevin Harrison MD.
Chris Clark RN - RN2001692 Ellen Bower RN - RN2969902
Virginia Howell LPN (1467312)
Valerie Dyle, LPN PN1359941

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)

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

None indicated

V.

Virginia M Howell RN
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

RN 1467312.
LICENSE NUMBER

11-19-02
DATE REPORT COMPLETED

1150 AM.
TIME REPORT COMPLETED

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

no procedure
bleeding
accidents

NA 209 211 210

[redacted]

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02 DEC -3 AM 7:43

Florida Medical Association

PO Box 10269 · Tallahassee, FL · 32302 · 123 S. Adams St. · 32301
850.224.6496 · 850.224.6627 (fax) · Internet Address: www.fmaonline.org

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

OFFICE INFORMATION

Name of office Vascular Access Center of Orlando

Street Address 1511 Sligh Blvd. Suite A

City Orlando, FL.

Zip Code 32806

County Orange

Telephone (407) 851-5600 ext. 190

Name of Physician or Licensee Reporting Jorge Larranaga, M.D.

License Number ME 0070052

Locating Information for Physician or Licensee Reporting Mike Lowman

PATIENT INFORMATION

Patient Name [redacted]

Age [redacted] 41o

Gende[redacted]

[redacted] Medicaid

Medicare

[redacted]

6/9/00

LOCATING INFORMATION

Date of Office Visit Nov 1, 2002

Patient Identification Number N/A

Purpose of Office Visit Malfunctioning Perm. Cath

Diagnosis ESRD

ICD-9 Code for Diagnosis _____

INCIDENT INFORMATION

Location of Incident: Vascular Access Center of Orlando

Incident Date and Time Nov. 1, 2002 / 0905AM

_____ Operating Rm

_____ Recovery Rm

__X__ Other vascular Access Center waiting room.

Note: If the incident involved a death, was the medical examiner notified?

_____ Yes

_____ No

Was an autopsy performed?

_____ Yes

_____ No

Describe circumstances of the incident (narrative)

See attached

(use additional sheets as necessary for complete response)

B) ICD-9-CM Codes

[redacted]

Physician Office Adverse Incident Report
Vascular Access Center of Orlando
1511 Sligh Blvd. Suite A
Orlando, Florida

Nov. 1, 2002

Call was received from the dialysis center regarding patient with malfunctioning hemodialysis catheter. We were asked to see this patient and evaluate.

Patient arrived at the Vascular Access Center bleeding profusely from what appears to be a partially pulled catheter. Patient was immediately taken to the lab where pressure was held and the patient was cleaned. An assessment was made and the catheter was totally removed and pressure was held. Patient informed Dr. Larranaga that [redacted] is taking 7.5mg coumadin daily. After holding pressure for 1 hour and 10 minutes, the patient was still bleeding. At this time we called 911 to transport the patient to the hospital where the patient can be monitored and a new catheter placed for dialysis. The patient was hemodynamically stable throughout this period of time. Patient and family were informed throughout the process

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

N/A

(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

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

[redacted]

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. Jorge Larranaga

Mike Lowman

Shannon Wood

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

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)

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER ME 0070052

DATE REPORT COMPLETED Nov 9, 2002

TIME REPORT COMPLETED 0830AM

[redacted]

Physician Office Incident Report

211

(212)

[redacted]

YES AA Board Surgery
AAAS F
YES, PRIV @ N. Florida Hos

CONSUMER SERVICES UNIT
02 DEC -4 AM 7:48

STATE OF FLORIDA
~~Lawton Chiles, Governor~~
Jeb Bush
CONFIDENTIAL
Risk Management
CODE 15 REPORT

Agency for Health Care Administration
Division of Health Quality Assurance
Risk Management
~~2727 Mahan Drive~~
~~Tallahassee, FL 32308~~
Phone: (850) 487-1709; Fax: (850) 921-5459

Consumer Services Unit,
P.O. Box 14000
Tallahassee, FL.
32317-4000

face lift - developed a new Fib intraoperative

Was a 24 Hour Report submitted for this incident? ☐ Yes ☒ No
Date Submitted 11/27/02 **(Attach Copy)**

I. FACILITY INFORMATION

John S. Poser, M.D.	720 S.W. 2nd Ave, #452
Name of Facility or Campus	Address
Gainesville ___ Alachua	(352) 372-3672
City / Zip Code / County	Telephone
John Poser	M.D.
Person Reporting	Title

II. PATIENT INFORMATION

[redacted]	[redacted]		☐	☐
Patient Name	Age	Sex	Medicaid	Medicare
[redacted]	11/20/02			
Patient Identification Number	Date of Admission			
Atrial Fibrillation	427.31			
Admitting Diagnosis	ICD-9 Code for Admit Diagnosis			

III. INCIDENT INFORMATION

11/20/01 A.M.
Incident Date and Time

Location of Incident:
- ☐ Emergency Rm
- ☐ Patient Rm
- ☒ Operating Rm
- ☐ Recovery Rm
- ☐ Facility Campus
- ☐ Radiology
- ☐ Outpatient Services
- ☐ Labor/Delivery
- ☐ Other ____________

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

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

See attached — cardiologist consulted again on tele phone & [redacted] cleared for home & have ECG next day & if AF admit for conversion. [redacted] wanted [redacted] to stay over night

AHCA Form 3140-5001

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)
Full Face Lift	Asymptomatic Atrial fib following surgery	N/A

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

Bovy

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

- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Surgical procedure performed on the wrong patient
- ☐ Surgical procedure unrelated to the patient's diagnosis or medical needs
- ☐ Surgical procedure performed on wrong site ☐☐ Wrong surgical procedure performed
- ☐ Surgical procedure to remove foreign objects remaining from surgical procedures
- ☐ Surgical repair of injuries or damage from a planned surgical procedure

E) **List license numbers of personnel and the capacity in which they were directly involved with this incident, i.e., ER physician, attending physician, surgeon, etc.** (List social security numbers of unlicensed personnel)

John Poser, M.D. ME41976 CRNA
Brenda Mull - CRNA 140279-2
Heath Trowell - 592-64-8743
April Wilson - 263-37-1082
Patti Hall, RN - 1549602

F) **List license numbers of witnesses** (List social security numbers of unlicensed personnel)

Same as above

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pt had hx of Atrial fibrillation - cleared by M.D. ("with light" for surgery

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

w/ careful monitoring during surgery

V. [signature] | M.D. | 11/27/02

Signature of Person Reporting | **Title** | **Date**

John S. Poser, M.D., P.A., F.A.C.S.
Diplomate of the American Board of Plastic Surgery, Inc.

Member
American Society of
Plastic and Reconstructive
Surgeons, Inc.

Specializing in
Cosmetic, Hand, Laser
and Reconstructive Surgery

720 S.W. 2nd Avenue, Suite 452
Gainesville, Flordia 32601
Telephone (352) 372-3672
Fax (352) 378-1117

November 20, 2002

State of Florida

To Whom It May Concern:

[redacted] is a healthy [redacted] year old [redacted] who underwent facelift surgery on 11/20/02. The patient had a history of atrial fib. under good control and saw a cardiologist for consultation prior to facelift surgery. Following surgery the patient did develop asymptomatic atrial fib. and was transferred to the hospital for observation and review by [redacted] cardiologist.

Sincerely,

John S. Poser, M.D.

JSP/sem

NO procedure 3 weeks post op (office) (hysterectomy) TVH in hospital 3 days vaginal bleed

212

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
02 DEC 11 AM 7:43

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

N/A

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

I. OFFICE INFORMATION

JUST LADIES HEALTHCARE
Name of office

1304 N. LAWNWOOD CIRCLE
Street Address

FT PIERCE 34950 STLUCIE
City Zip Code County

772 489 6636
Telephone

LEIGH B HOPPE .M.D.
Name of Physician or Licensee Reporting

ME 7912 9
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted]
Age 11/21/52 Gender ☐ Medicaid ☐ Medicare

Date of Office Visit

post op follow up.
Purpose of Office Visit

post op vaginal cuff bleeding
Diagnosis

ICD-9 Code for description of incident 9975 6238

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11/21/2002 10:30 a.m.
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 N/A.

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

uncomplicated TVH, Anterior & Posterior Colporrhaphy done 10/29/02. Patient presented for post op visit - had URI symptoms, elevated blood pressure. began bleeding in the waiting room. Evaluation showed arterial bleeding at cuff - unable to control in the office - taken to the OR for suturing.

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
N/A	E878.8	998.11

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 OR admission
Name of facility to which patient was transferred LAWNWOOD REGIONAL MEDICAL CENTER

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

** If it resulted in

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

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)

Suture at the top of the vagina broke N dissolved 3 weeks post op.

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

under adequate anesthesia the vaginal cuff was visualized and suture material was used to control arterial bleeding.

V. [signature] ME 79129

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

12/3/2002 — DATE REPORT COMPLETED

1645 — TIME REPORT COMPLETED

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

no procedure was done therefore no records

N/A

213

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
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02 DEC 18 AM 7:39

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

Southeastern Urological Center PA
Name of office

2000 Centre Pointe Blvd
Street Address

Tallahassee 32308 Leon
City Zip Code County

850-201-0406
Telephone

James C. Springer MD
Name of Physician or Licensee Reporting

ME 0056136
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted] ☐ ☐
Age Gender ☐ Medicaid ☐ Medicare

Prostate Cancer
Diagnosis

11-27-02
Date of Office Visit

Staple removal post op
Purpose of Office Visit

998.3
ICD-9 Code for description of incident

NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11-27-02
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 came to office for staple removal after prostatectomy. Wound was steri stripped after staples removed and patient discharged. Later the same afternoon the patient returned to the office with a wound dehisence and was transported to Tmh for admission to the hospital for subsequent surgical repair via ambulance.

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

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
NA	40.3, 60.5	998.3

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

- ☐ 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.

Diane Flynn RN — RN 11/4/1942
James C Springer MD — ME 0056136
Joseph L. Cerepa MD — ME 57214

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)

Incision should have been healed within this time frame.

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

Patient appropriately transferred to hospital for further treatment and evaluation.

V.

Terry Spear RN for James C Springer MD 91591 | ME 0056136
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT | LICENSE NUMBER

12-06-02 | 1813
DATE REPORT COMPLETED | TIME REPORT COMPLETED

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

214

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
03 JAN 21 AM 7:26

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

The Back Center at Brevard Orthopaedic.
Name of office

315 E NASA Blvd
Street Address

Melbourne 32934 Brevard
City Zip Code County

321 723 7716
Telephone

Dr NANCY LAYRON
Name of Physician or Licensee Reporting*

ME # 0051048
License Number

315 E NASA BLVD. Melbourne 32934
Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Age [redacted] Ge

12/11/0
Date of Office Visit

radio Frequenc
Purpose of Office Visit

Neck pain.
Diagnosis

I.C.D.
ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

12/11/02 945/am
Incident Date and Time

Location of Incident:
☐ Operating Rm ☐ Recovery Rm
☒ Other procedure 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 vomited just after completion of C-3 RFTC (radio frequency thermocoagulation) with transient hypoxia. Pt. resuscitated with Narcan, oral airway, 100% NRB mask. Paramedics called + pt transported to HRMC ER to evaluate for ASPIRATION. VS UPON D/C FROM our clinic were stable on R.A. R.A Sa0$_2$ 93%

1 of 2 pages
Form # DH-MQA 1030, 2/00

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
723.8	787.03 ~~518.81~~	518.81

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.
Maureen Vouglas. 1855 Hammock Estates Ln Melbourne FL 32934 RN 2069822
Joann Fernico 2989 Park Village Way Melbourne FL. 32935 R.T.-072095
Barbara Cantillon RN 673802; 419 Ocean Ave #401, Melbourne Bch 32951
Nancy L.A. Layton, MD, treating physician ME 051048, 315 E. NASA Blvd, Melbourne Florida 32901

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)
Nausea due to IV Fentanyl lead to vomiting and near aspiration causing transient glottic spasm and transient Hypoxemia

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Immediately stopped procedure and began ACLS protocol. patient responded to treatment initiated. Post episode exam by myself and ED staff showed no sequelae

V. Nancy L.A. Layton
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 051048
LICENSE NUMBER

12/11/02
DATE REPORT COMPLETED

1238
TIME REPORT COMPLETED

[redacted]

03 JAN 21 AM 7:21

215

N/A

Florida Medical Association

PO Box 10269 · Tallahassee, FL · 32302 · 123 S. Adams St. · 32301
850.224.6496 · 850.224.6627 (fax) · Internet Address: www.fmaonline.org

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

OFFICE INFORMATION

Name of office: Vascular Access Center of Orlando

Street Address: 1511 Sligh Blvd. Ste. A.

City: Orlando, FL.

Zip Code: 32806

County: Orange

Telephone: (407) 851-5600 ext 190

Name of Physician or Licensee Reporting: Jorge Larranaga, M.D.

License Number: 0070052

Locating Information for Physician or Licensee Reporting: Mike Lowman

PATIENT INFORMATION

Patient Name: [redacted]

Age: [redacted]

Gender: [redacted]

[redacted] Medicaid

[redacted] Medicare

[redacted]

6/9/00

LOCATING INFORMATION

Date of Office Visit Jan. 7, 2003

Patient Identification Number [redacted]

Purpose of Office Visit thrombosed A-V graft

Diagnosis Clotted Access

ICD-9 Code for Diagnosis 36831 ; 35476; 35475; 75978; 75790

INCIDENT INFORMATION

Location of Incident: Vascular Access Center Recovery Room

Incident Date and Time Jan. 7, 2003 1037

_____ Operating Rm

X Recovery Rm

_____ Other

Note: If the incident involved a death, was the medical examiner notified?

_____ Yes

_____ No

Was an autopsy performed?

_____ Yes

_____ No

Describe circumstances of the incident (narrative)

Patient had an allergic reaction to the contrast media. No Hx before and four previous procedures without incident. Reaction occured post procedure and was treated with 50mg benadryl and 125mg Solumedrol. Patient was monitored and transferred to dialysis for treatment, Patient was discharged from dialysis center, following 2 hr. treatment, without incident.

(use additional sheets as necessary for complete response)

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

Omnipaque contrast media

(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

[redacted]

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.

Jorge Larranaga, M.D. 0070052

Sharon Wood LPN PN1296781

Mike Lowman CVT

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

Mike Lowman

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)

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

Jorge Larranaga, M.D.

LICENSE NUMBER 0070052

DATE REPORT COMPLETED Jan 8, 2003

TIME REPORT COMPLETED 0800

216

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES
03 JAN 24 AM 7:1

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: GEPPERT CANCER CENTER
Street Address: 981 37TH PLACE
City: VERO BEACH Zip Code: 32960 County: INDIAN RIVER
Telephone: 772-770-5800
Name of Physician or Licensee Reporting: JENNIFER SMITH RN OCN
License Number: 3199512 FL
Locating Information for Physician or Licensee Reporting:

II. PATIENT INFORMATION

Name: [redacted]
Locating Information:
Patient Identification Number: [redacted]
Diagnosis: CLL
Age: [redacted] Gender: Medicaid Medicare
Date of Office Visit: 12/23/02
Purpose of Office Visit: Chemotherapy
ICD-9 Code for Diagnosis:

III. INCIDENT INFORMATION

Incident Date and Time: 12/23/02 1030 AM

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 returned from Bathroom quiet unsteady, skin pale appears to have had an syncope episode. Breathing stopped. Unable to palpate heart beat. Pt Resuscitated and transported via EMS to IRMH.

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.

June Goodrich, RN
Jeannine Smith, RN, OCN
Andy Fender CA-C
AC Bailey

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

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

V.

JR Goffaux — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 51697 — LICENSE NUMBER

12/23/02 — DATE REPORT COMPLETED

1030 — TIME REPORT COMPLETED

217

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

NOT RELEVANT

no procedure
Vaso vagal, syncope
after blood draw

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 SOUTH LABORATORY
Name of office

1033 N. PARKWAY FRONTAGE RD.
Street Address

LAKELAND FL. 33803 POLK
City Zip Code County

863-647-5011
Telephone

Name of Physician or Licensee Reporting

LABORATORY L80000 1553
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

Patient Identification Number

SYNCOPE
Diagnosis

[redacted]

Age 11/6/03 - LABORATORY Medicaid Medicare
Date of Office Visit

BLOOD DRAW
Purpose of Office Visit

780.2
ICD-9 Code for description of incident

DONE
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1/6/03 9:08 AM
Incident Date and Time

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

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

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

AS [redacted] WAS LEAVING THE LABORATORY DRAW ROOM [redacted] BECAME DIZZY AND PASSED OUT. [redacted] FALL WAS BROKEN BY LPN KELLY HUPOLD. WHO FOUND [redacted] ON FLOOR UNRESPONSIVE. SHE FELT [redacted] AIRWAY WAS PARTIALLY OBSTRUCTED SO SHE LIFTED [redacted] CHIN TO OPEN [redacted] AIRWAY. AFTER APPROX. 1½ MINUTES, [redacted] SPONTANEOUSLY OPEN [redacted] EYES AND SAID [redacted] FELT LIGHTHEADED AND DIZZY. [redacted] WAS ASSISTED TO A WHEELCHAIR AWAITING TRANSPORT TO EMERGENCY ROOM. [redacted] DID HAVE SOME NAUSEA AND VOMITING RIGHT BEFORE [redacted] WAS TAKEN TO EMERG-ER

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

B) ICD-9-CM Codes Vasovagal Syncope, 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)

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 _____

Name of facility to which patient was transferred Lakeland Regional Medical Center

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

** if it resulted in

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

Kelly Lupola LPN (FL PN1057891) Assisted patient after [redacted] fell. Primary Care, Watson Clinic.

Rose Widener (FL RN 3214562) PT. Assessment, Assisted PT. To wheelchair. From Watson Clinic South.

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)

Not preventable

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

V.

Dr. Doug Newsletter — FL. RN 0995362

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

7/16/03 — 7:40 AM

DATE REPORT COMPLETED — TIME REPORT COMPLETED

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

218

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

RECEIVED
CONSUMER SERVICES UNIT
03 JAN 28 AM 7:14

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

Not Relevant

no procedure
Chemo Rx

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

I. OFFICE INFORMATION

Florida Cancer Institute — Name of office
11307 Cortez Blvd. — Street Address
Brooksville 34613 Hernando — City / Zip Code / County
352-596-1926 — Telephone
Michele Eger RN — Name of Physician or Licensee Reporting
2628182 — License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient Identification Number
Non small cell lung cancer — Diagnosis
Age 1/13/03 Gender Medicaid Medicare — Date of Office Visit
Chemotherapy — Purpose of Office Visit
162.5 — ICD-9 Code for description of incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

January 13, 2003 time: 3⁴⁰ pm — 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 received chemotherapy, tolerated Taxotere 5 difficulty. Approx. 5min into Carboplatin pt began coughing and appeared to be choking prior to respiratory arrest. Pt removed via recliner chair to hallway and placed on floor. Pt without pulse or respirations at this time. CPR initiated. One ampule of Epinephrine given IVP at 3¹³pm, one amp of Na bicarb given IVP at 3¹⁵ - both per physician orders. At 3¹⁵pm pt had a pulse and started breathing on [redacted] own. 3²⁰pm pt transported via EMS to Oak Hill Hospital ER.

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

B) ICD-9-CM Codes

V58.1/162.8	427.5	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 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.
Michele Eger RN - administered Epi + Na bicarb
Sharon Robitille RN - CPR 376322
John Brodtmon RN - CPR 227275

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Carboplatin D/C for this patient. Pt sent via EMS to Oak Hill Hospital

V. Michele Eger RN — 262882
SIGNATURE OF ~~PHYSICIAN~~/LICENSEE SUBMITTING REPORT — **LICENSE NUMBER**

1-13-03 — 5pm
DATE REPORT COMPLETED — **TIME REPORT COMPLETED**

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

[redacted]

219

[redacted]

STATE OF FLORIDA
Jeb Bush, Governor

CONSUMER SERVICES UNIT
JAN 20 AM 7:10

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

N/A

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

I. OFFICE INFORMATION

The BACK Center at Brevard Orthopaedic. — Name of office
315 E NASA BLVD — Street Address
Melbourne — City
32901 — Zip Code
Brevard — County
321-723 7716 — Telephone
Dr Nancy LAYTON — Name of Physician or Licensee Reporting
ME 005 1048 — License Number
SAME — Locating Information for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient Identification Number
[redacted] — Age / Gender / Medicaid / Medicare
BACK PAIN — Diagnosis
1-16-03 — Date of Office Visit
Lumber epidural injection. — Purpose of Office Visit
724.2 — ICD-9 Code for Diagnosis

III. INCIDENT INFORMATION

1/10/03 9AM — Incident Date and Time

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

In preop area pt noted to have HR = 72, regular pulse
pt ambulated 25 feet to procedure area, placed prone
and monitors showed atrial fibrillation with
RATE = 160.
procedure nor anesthesia had begun. NO procedure
EMS for transport to ER initiated.
Labetalol 10mg IV ÷ given & O2 2 lpm n.c.
When HR ~ 90 bpm, lumbar epidural steroids
placed for pt's history of severe pain and
severe spinal stenosis.

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)
Not yet initiated		

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.
Dr NANCY LAYTON 315 E NASA BLVD Melbourne FL 32901 ME0051048
MAureen Vouglas - 1855 HAmmock Estates Ln Melbourne FL 32934 RN 2069822
Mia Fernico - 989 Park Village Way Melb. Fl. 32935 R.T. 1199

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

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
(1) patient had back resent, relatively prolonged hospitalization for non-cardiac causes.
(2) H/O Mitral valve prolapse

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
(1) Call to transport for ASAP/STAT transfer to ER
(2) Labetalol. IV + Oxygen to control heart rate

V.

Teresa L B Layton — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — ME0051048 LICENSE NUMBER

1/10/03 DATE REPORT COMPLETED

1203 TIME REPORT COMPLETED