

46
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STATE OF FLORIDA
Rick Scott, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Vascular Access Center of Jacksonville
Name of office

Jacksonville 32216 Duval
City Zip Code County

Dr. Danny RD
Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

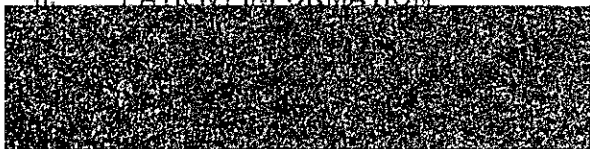
6820 Southpoint Parkway Suite 1
Street Address

904 296 4106
Telephone

Me 105114
License Number & office registration number, if applicable

Office Registration Number
OSR822

II. PATIENT INFORMATION



Patient Identification Number

End stage renal disease
Diagnosis



4-20-13
Date of Office Visit

thrombectomy of left arm fistulogram
Purpose of Office Visit

ICD-9 Code for description of Incident

III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

9/20/13 1530
Incident Date and Time

Location of Incident:
☒ Operating Room ☐ Recovery Room
☒ Other at home

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)

Please see enclosed narrative

B) ICD-9-CM Codes

585.6
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes) Resulting injury (ICD-9 Codes 800-999.9)

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

Angiojet, 7X8 Vaccess Balloon

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer - e.g., death, brain damage, observation only Name of facility to which patient was transferred: Peachtree - downtown Jacksonville	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input checked="" type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Tracy Zimmer RN RN9323041
 Dr VO Me 105114
 Beverly Maide RT CRT 138205 CMT 3449
 Lynette Honey RN RN 9328682

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)

Risk of procedure as explained in informed consent.

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

Dr Moore completed a successful thrombectomy at Baptist Hospital 9-20-13

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 83348
 LICENSE NUMBER

9-25-13
 DATE REPORT COMPLETED

1730
 TIME REPORT COMPLETED

12

PROCEDURE: Thrombectomy of Left Upper/Lower arm AV Graft

Dr Vo Procedural Dictation: "After informed consent was obtained, under sterile conditions the left AV graft was accessed in opposing locations using US and 6 French sheaths were established. A fistulagram and venogram performed confirming the thrombosis. Over the wire embolectomy ensued in each direction to disrupt the platelet plug. Mechanical thrombectomy followed with the Angiojet in each direction. Follow up fistulagram revealed some stenosis of the venous anastomosis and a 7mm balloon was used to dilate this. Follow up images showed patency of the venous anastomosis. Reflux into the arterial circuit showed some thrombus lodged at the brachial bifurcation. 4mg of TPA was then injected into the radial, ulnar and distal brachial artery and the Angiojet was used to remove further thrombus within the arterial circuit. Follow up images revealed resolution of the thrombus as well as patency of the graft. Hemostasis was obtained without difficulty using suture cerclage. The patient had a palpable radial pulse at the end of the procedure."

Tracy Rimmer, RN nursing assessment: Midway through the procedure the patient started complaining of 10/10 pain to her left hand. The patient's left hand was noted by Dr. Vo post fistulagram. It was discolored and addressed by Dr. Vo and procedural staff. Dr. Vo placed catheter retrograde into the artery, did a contrast injection and he then ballooned the area. He followed this with another contrast injection. Dr. Vo did not mention his findings, and stated that "we were done", and sutured insertion site. Patient was still in pain 10/10 and Dr. Vo ordered to keep patient for observation for a few hours. 50mcg of Fentanyl IV given by Tracy Rimmer RN at 1055. Pain relief ineffective. Pain continued to complain of left hand pain 10/10. Dr. Vo aware at 1130. Patient's thumb was purple in color, positive radial pulse palpated, and painful. Dr. Vo performed ultrasound on patient. No further orders and patient discharged home at 1225. Patient was given discharge instructions that if pain worsened, if the color of her hand changed, or if the pain was unbearable or lost pulse she should immediately go to the hospital. Later that afternoon, Dr Vo's partner, Dr. Moore made Vascular Access Center aware that patient had come to Baptist Hospital with hand pain. Dr. Moore did perform an embolectomy on 9/20/13.

MEDICATIONS AND CONTRAST USED: OPTIRAY 110ML, VERSED 6MG, FENTANYL 250MCG IN PROCEDURE AND 50MCG POST PROCEDURE
ZOFTRAN 4MG, TPA 4MG INTRASHEATH

Lynette M. Huggins
Center Manager

41

STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

OCT 30 2013

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

OFFICE INFORMATION

Name of office: Invasive Pain Management Clinic
City: Newport Richy Zip Code: 34655 County: Pinellas
Name of Physician or Licensee Reporting: Rafael Sanchez, M.D.

Street Address: 8819 River Crossing Blvd
Telephone: 727-834-8833
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

PATIENT INFORMATION

Age: 10/15/2017 Gender: Female Medicaid/Medicare
Date of Office Visit: Fluor. Pump Refill
Purpose of Office Visit: 724.4
ICD-9 Code for description of incident
Level of Surgery (II) or (III)

INCIDENT INFORMATION

Incident Date and Time: 10/15/2013

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ 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)

Patient presented for intrathecal drug delivery system refill. After filling pump, [redacted] acted a little confused. I asked husband to wait 10-15 mins so I could fill. I came back in 10 mins and [redacted] showed signs of overmedication. I emptied pump, injected 0.4mg narcan IM. Patient continue with profuse symptoms. 911 called and [redacted] was transported to Trinity Hospital in Tampa, FL. [redacted] condition deteriorated and [redacted] passed away next day.

B) ICD-9-CM Codes

95990

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

Codman Pump for intrathecal drug delivery system

D) Outcome of Incident (Please check)

<input checked="" type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer - e.g., death, brain damage, observation only Name of facility to which patient was transferred: Treva Hospital, New Trinity, PL	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death. <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints. <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident; this would include anesthesiologist, support staff and other health care providers.

Rodolfo Santiago MD 96525 - Physician
Shannon Barvey - Medical Assistant

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)

We are awaiting Medical Examiner's report. We are conducting an internal review of procedures.

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

will depend on outcome of report / internal review. will report when clear about it.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
10/24/17
12:20 PM
ME 96525
LICENSE NUMBER

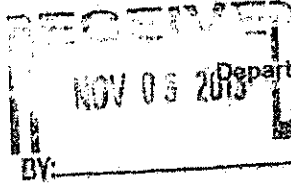
DATE REPORT COMPLETED
10/24/17
TIME REPORT COMPLETED
12:20 PM

44

STATE OF FLORIDA
Rick Scott, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT



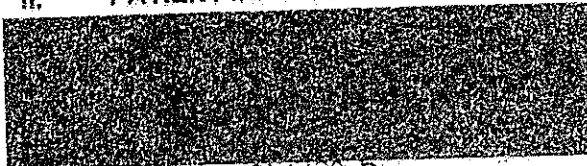
SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Advanced Imaging & Interventional Institute 2730 N. McMullen Booth Rd. Ste 100
Name of office Street Address
Clearwater 33761 Pinellas
City Zip Code County
Dr. G. Niedzwiecki / ME 70649
Name of Physician or Licensee Reporting
Same As?
Patient's address for Physician or Licensee Reporting

(727) 791-7300
Telephone
ME70649 / 058521
License Number & office registration number, if applicable

II. PATIENT INFORMATION



443.89 / 440.21 / 72.5
Diagnosis Peripheral Vascular Disease,

68 Male ☐ Medicaid ☒ Medicare
Age Gender
10/24/2013
Date of Office Visit
Angiogram Procedure
Purpose of Office Visit
386.50
ICD-9 Code for description of incident
II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10/24/2013 10:00am
Incident Date and Time

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

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

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

The patient was transferred to the recovery unit at 10:10am following an uncomplicated bilateral lower extremity angiogram. Shortly after arriving to recovery he began complaining of new severe chest pain with pressure radiating into his left arm. Dr. C. Niedzwiecki and Dr. G. Niedzwiecki were notified and at the patient's bedside immediately. The patient was on monitoring in recovery and 3 lead ECG demonstrated no changes. Patient was on Aspirin at home and already on oxygen at 2L via NC in recovery. Nitro paste 1/4 inch was administered topically and Hydralazine 5mg IV given for elevated BP of 175/101 and Morphine 2mg IV was also given for pain. 911 was called DH-MQA 1030-12/06 to transfer the patient to Mease countryside ER. The patient continued Page 1 of 2 to complain of severe chest pain and was given an additional dose of Morphine 2mg IV and was then supplemented with an additional dose of Morphine 1mg IV several minutes later for ongoing pain. The events were discussed with the patient's cardiologist by Dr. G. Niedzwiecki. EMS arrived at 10:40am to transfer the patient to the ER. Patient discharged via 911 at 10:45am to be transferred to the ER for further work up of his chest pain. BP, HR and O2 sat's were all stable on transfer.

B) ICD-9-CM Codes

443.89 / 440.2 / 729.5
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-Code)

780.50
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)

Monitors, Oxygen, and supportive medications

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer - e.g., death, brain damage, observation only <u>Chest Pain</u> Name of facility to which patient was transferred; <u>Wase County Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Dr. G. Niedzwiecki - Surgeon - ME70649

Dr. C. Niedzwiecki - Anesthesiologist - ME68554

Jessica Sperry, LMA, RN - RN9343420

Cynthia Taylor, RN - RN2202132

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)

Patient Had Severe PAD. His very recent Nuclear Stress Test demonstrated No Significant Disease. Patient appears to have suffered a Cardiac event unrelated to procedure

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

Appropriate response to new onset of chest pain with rapid transfer to ER for workup of chest pain.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME70649
LICENSE NUMBER

10/25/13
DATE REPORT COMPLETED

1200pm
TIME REPORT COMPLETED

NOV 13 2013



STATE OF FLORIDA

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

45
All Female 28960 U.S. 19
Name of office Street
Clearwater 33761 Pinellas
City Zip Code County
Dr. Hugo Perez
Name of Physician or Licensee Reporting

Address

Telephone

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted Patient Information]
Patient Identification Number Purpose
798-03, 946-3
Diagnosis ICD-9
2
Level

Age F
Gender 10/30/2013 Medicaid Medicare
of Office Visit
Hyst/IUD Removal
of Office Visit
Perforated Uterus
Code for description of Incident Level II
of Surgery (II) or (III)

III. INCIDENT INFORMATION

10/30/13
Incident Date and Time

Location of Incident:
☒ Operating Room ☐ Recovery Room
☒ 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)

The patient was having a hysteroscopy and removal of an embolized IUD. Upon removal of the IUD the surgeon notice the uterine wall had a hole in it. The procedure was performed under I.V. sedation. The patient was stable. The patient remained stable and was transferred to the hospital in an ambulance.

B) ICD-9-CM Codes

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

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

Resulting Injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer - e.g., death, brain damage, observation only <u>ADDITIONAL PROCEDURE</u> Name of facility to which patient was transferred: <u>MEAD LAURENCE HOSPITAL</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

HUN RPTZ M.D. ME 65315
BOOP RICH M.D. ME 12340
CHIK
ELIZABETH

F) List witnesses, including license numbers if licensed, and locating information if not listed above
LUD has been embedded in the incision with a wire
in place for 26 years.

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)

Patient was transferred to the hospital for repair of
incision defect.

V.

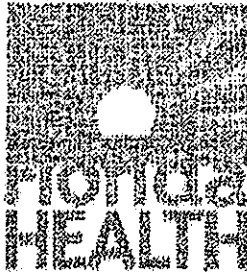
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 65315
 LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

48



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C76
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Florida Oral Surgery
Name of office
Sanford 32771 Seminole
City Zip Code County
Chuck DeWild, DMD, MD
Name of Physician or Licensee Reporting
Patient's address for Physician or Licensee Reporting

205 Bellagio Circle
Street Address
407-330-3250
Telephone
ME 96477; DN 14841
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted Patient Information]
Patient Identification Number
Cracked tooth #19
Diagnosis

76 F ☐ Medicaid ☒ Medicare
Age Gender
11/1/13
Date of Office Visit
extraction of tooth #19
Purpose of Office Visit
U7210
ICD-9 Code for description of incident
II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11/1/13 9:05 a.m.
Incident Date and Time

Location of incident:
☐ Operating Room ☐ Recovery Room
☒ 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)

See attached Procedure Note and Initial Report.

B) ICD-9-CM Codes

D7210

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

E878.8

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

N/A

Resulting injury (ICD-9 Codes 800-999.9)

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

See attached Procedure Note and Initial Report

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned (foreign) objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer - e.g., death, brain damage, observation only d/c stable and improved Name of facility to which patient was transferred: Central Florida Regional Hospital	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. * If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.
See attached list

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

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)
The cause of the patient's complication is believed to be coronary vasospasm.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
A review of the response procedure has been conducted. All actions taken were appropriate.

Charles Daulton

ME9647Z

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
11/18/13

LICENSE NUMBER

DATE REPORT COMPLETED

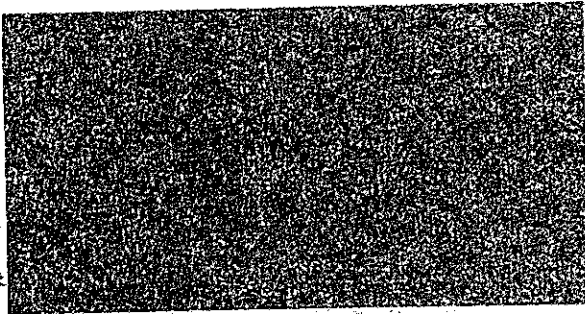
10:30 a.m.
TIME REPORT COMPLETED

11/4/2013

Re:

DOB

phone



To Board of Medicine/Dentistry:

I saw [redacted] on Friday 11/1/2013
for tooth #19 extraction via local anesthesia.
She has past medical history which includes:

- Hypertension
- Supraventricular Tachycardia
- Coronary artery disease & stent
- Anxiety about dental extraction (per pt. description).

During extraction (of part of her tooth)
she reported chest pain. Her pain was
substernal and did not radiate. I placed her
on cardiac monitors. Lead II showed normal sinus
rhythm, but 12-lead ECG showed inverted T-waves
in V₁ & V₂. I administered O₂ & 325mg aspirin &
called 911. She was transported to:

Central Florida Regional Hospital (Sanford, FL).
She was discharged on 11/3/2013.

- Chuck DeWilde DMD MD
cell # 407.340.4159



STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Services

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

NOV 20 2013

SUBMIT FORM TO:

Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bldg C76
Tallahassee, Florida 32399-3275

NO repeat

OFFICE INFORMATION
The Vein & Vascular Inst.
Name of Office
Lutz 33548 Hillsborough
City Zip Code County
Thomas Kerr
Name of Physician or Licensee Responsible

19189 N. Dale Mabry Hwy
Street Address
813.341.4029
Telephone
ME61567 / OSR 767
License Number & office registration number, if applicable

II. PATIENT INFORMATION
79 F
Age Gender
NOV. 4, 2013
Date of Office Visit
Ilac Angioplasty
Purpose of Office Visit
II
ICD-9 Code for description of incident
II
Level of Surgery (II) or (III)

☐ Medicaid ☒ Medicare
Diagnosis
P.A.D.

III. INCIDENT INFORMATION
NOV. 04, 2013 12:23
Incident Date and Time

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

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

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

At the end of the procedure while holding pressure, pt. stated she felt "funny" & became unresponsive/apnic (verbally). MD immediately notified 1 in attendance. ACLS protocol initiated, EMS called (Directed front office staff to call) pt. treated w/ Atropine & Epi. Second IV inserted. Attempted to intubate by MD correct placement verified & removed pt was gagging, tube (-) removed. pt noted to be responsive, coughing, gagging, wheezing ruled & treated w/ Albuterol. EMS Arrived & transferred to hospital. MD spoke to pt. daughter - pt is stable can not recall.

B) ICD-9-CM Codes

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

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

none known
Resulting injury (ICD-9 Codes 800-999.9)

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

N/A

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer — e.g., death, brain damage, observation only Name of facility to which patient was transferred: <u>St. Joes North</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Thomas Kerr MD ME61567 Jon Marchese RN 9281628
Jon Kerzner RN 9199731 Alberio Gonzalez MD 4610886
Rod Navarro ST
Vince Castillo RT 0160356

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

Tommy Kerr, Gary Stratton, Justin Marchese

IV. ANALYSIS AND CORRECTIVE ACTION

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

Not known

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

ACL's protocol; pt transferred to hospital

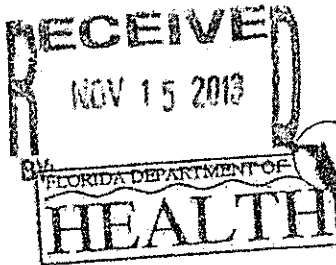
V.

[Signature]
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME61567
LICENSE NUMBER

11/18/13
DATE REPORT COMPLETED

11:00 AM
TIME REPORT COMPLETED



STATE OF FLORIDA
Charlie Crist, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

46
NO

I. OFFICE INFORMATION
Name of office DPT North Broward
City Coconut Creek Zip Code 33073 County Broward
Name of Physician or Licensee Reporting Dr. Mehul Desai
Patient's address for Physician or Licensee Reporting _____

1,808 N State Rd. 7
Street Address
(954) 817-7747
Telephone
License Number & office registration number, if applicable _____

II. PATIENT INFORMATION
[Redacted Patient Information]
Diagnosis Stroke

Age 81 Gender F ☐ Medicaid ☐ Medicare
Date of Office Visit 11/5/13
Purpose of Office Visit MRI Brain Plain
ICD-9 Code for description of incident Stroke
Level of Surgery (II) or (III) _____

III. INCIDENT INFORMATION
Incident Date and Time 11/5/13 10pm

Location of Incident: ☐ Operating Room ☐ Recovery Room
☒ Other MRI 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)

MRI tech (Brent DeVriendt) began MRI scan of pt's brain @ 9:45pm. As he was scanning, he saw a stroke, called the radiologist, Mehul Desai, and immediately sent him the images. Dr. Desai instructed Brent to HOLD the pt. while he contacted the referring Dr. Dr. Arun Kumar. Dr. Kumar instructed us to call 911 and have the pt. transported to the Emergency Room immediately. A car and report was readily made available and the EMT's took the pt. to the hospital at 10:10pm (Northwest Medical Hospital in Margate).
⑧ Dr. Desai's notes - I was called after the scan completed at 2:13a hours Nov 5th, 2013. I paged Dr. Kumar the internist immediately. Dr. Kumar called back immediately and as per his instructions, 911 called and patient transported to Hospital. ER with report + CD of films at 2200 hours. MB Desai, 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)

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

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer --e.g., death, brain damage, observation only Name of facility to which patient was transferred: <u>Northwest Medical Center</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
---	---

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Brent DeVriert (Lic CRT 64460), Theresa Knight, Dr. Mehul Desai and referring Dr. Amelary Gomez

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

Brent DeVriert (Lic CRT 64460), Theresa Knight

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pt was at facility for MRI Brain when a stroke was noticed. The Radiologist was contacted and finally Dr. Gomez.

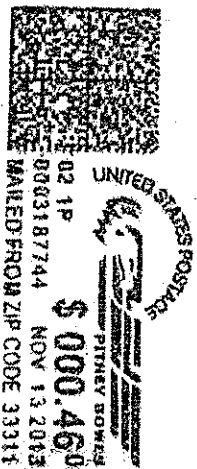
B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

The Radiologist instructed Brent DeVriert to call 911 and the pt. was transported to the Emergency Room.

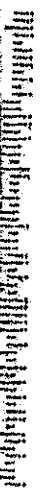
V. M.D. Desai M.E. 63393
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
11/12/13 DATE REPORT COMPLETED
1650 hours TIME REPORT COMPLETED
 LICENSE NUMBER

Diagnostic Professionals, Inc.
1799 West Oakland Park Blvd.
Suite 200
Fort Lauderdale, FL 33311

Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, FL 32399-3275

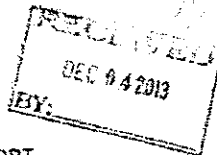


32399327595





STATE OF FLORIDA
Rick Scott, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION
Radiology Regional Center

Name of office
Lehigh Acres 33936 Lee
City Zip Code County
Paul Makhoul, M.D.
Name of Physician or Licensee Reporting
3680 Broadway Ave. Fort Myers, FL 33901
Physician's address for Physician or Licensee Reporting

1110 Lee Blvd
Street Address
(239)344-1000
Telephone
ME98397
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted Patient Information]
Patient Identification Number
Diagnosis

75 (male) ☐ Male ☒ Female
Age Gender
11/13/2013
Date of Office Visit
Nuclear Medicine Cardiac Stress Test
Purpose of Office Visit
410.9
ICD-9 Code for description of incident
N/A
Level of Surgery (I) or (II)

III. INCIDENT INFORMATION

11/13/2013 11:00 am
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☐ Other Location

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

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

The patient was originally scheduled for Nuclear Medicine cardiac rest and stress imaging. The patient was injected with 8.6 mCi Tc99m sestamibi and after 49 minutes the patient was placed on the treadmill for exercise. Within a few minutes of baseline exercise the patient experienced multiple episodes of ventricular tachycardia so the stress portion was cancelled. The patient was given 4 liters of O2 via nasal cannula. He denied chest pain or shortness of breath; however, it was decided to transport the patient to the ED via EMS for complete evaluation. Findings on the baseline images demonstrate a small, low-grade apical perfusion defect extending into the inferoseptal territory.

B) ICD-9-CM Codes

28452	E979.2	unknown
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event (ICD-9 E-Code)	Residing injury (ICD-9 Codes 800-899.9)

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

GE Marquette Series 2000 treadmill, ADAC Genesys Nuclear Medicine Camera

D) Outcome of incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer --e.g., death, brain damage, observation only, etc. Name of facility to which patient was transferred:	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
---	---

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Paul Makhlouf, M.D. J4698387 Nuclear Physician
 Ramon Torres CRT55876 Nuclear Medicine Technologist
 Ed Knapp PMD15933 Paramedic

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)

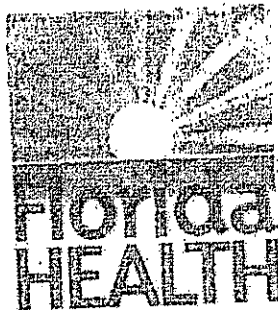
The patient's clinical history of angina, hypercholesterolemia, hypertension, and prior tobacco use combined with episodes of tachycardia during the baseline stress portion of the procedure warranted a full cardiac eval.

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

No corrective actions are required.

V.

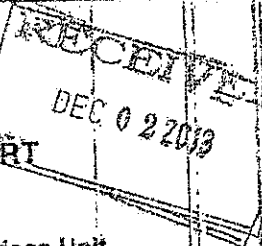
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
DATE REPORT COMPLETED	TIME REPORT COMPLETED



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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



49
NO
repeat

I. OFFICE INFORMATION
Aesthetic Enhancements
Name of office
Orlando 32819 U.S.
City Zip Code County
Armando Soto
Name of Physician or Licensee Reporting
7009 Dr. Phillips Blvd Ste. 100
Patient's address for Physician or Licensee Reporting

7009 Dr. Phillips Blvd Ste. 100
Street Address
407 218-4550
Telephone
ME 90541 DSR 651
License Number & office registration number, if applicable

II. PATIENT INFORMATION
[Redacted Patient Information]
Patient's Age, Sex, Race, Ethnicity
Hypertrophic Skin Breast tissue
Diagnosis
Diastasis Rectus

61 F
Age Gender
11/14/13
Date of Office Visit
Surgeon
Purpose of Office Visit
998.31 - 998.12
ICD-9 Code for description of incident
III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION
11/15/13 - Estimated 10:30 pm
Incident Date and Time

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

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

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

See Attached

B) ICD-9-CM Codes

19316; 15847; 15830
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

E 927.0
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

998.31; 998.12
Resulting Injury (ICD-9 Codes 800-999.9)

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

N/A

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed.** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
Outcome of transfer - e.g., death, brain damage, - observation only <u>Suicide / Blood Transfusion</u> Name of facility to which patient was transferred: <u>Dr. Phillips Hospital</u>	

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Ginger Bliss, RN RN 9167586
Caley Wilcox, RN RN 9349068
Teffrey Lee, MDA ME 65587
Armando Joto, MD ME 96541

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)

See Attached

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

See Attached

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 96541
LICENSE NUMBER

11/26/13
DATE REPORT COMPLETED

4:40pm
TIME REPORT COMPLETED

On 11-15-13, the patient presented for elective abdominoplasty and bilateral mastopexy. She was a 61-year-old woman with a surgical history of facelift, tonsillectomy, browlift, laser resurfacing, rhinoplasty, lymph node biopsy, surgery for a detached retina, and removal of a colonic polyp. She was an ASA 2 with past medical history significant only for well controlled rheumatoid arthritis without active inflammation, and no known drug allergies. She was preoperatively medically cleared by her internist.

Baseline vital signs were 139/80, R 14, 99% on room air, HR 72. General anesthesia (Level III) was administered by board certified anesthesiologist, Jeffrey Lee, M.D., utilizing Isoflurane, with propofol induction. Anesthesia administration began at 12:05 p.m. Surgery began at 12:33 and the intraoperative phase was uneventful. The patient remained hemodynamically stable throughout. Hemostasis was achieved and the patient's abdominal muscles were repaired using 0 Prolene and 0 Ethibond for a secure closure.

The patient was transferred to my facility PACU at 5:07 pm. She was attended and monitored by two RNs who would be staying overnight (23 hours) with the patient. Admission vital signs were 139/80, heart rate of 72, respiratory rate of 14, and 99% oxygen-saturation-on-room-air. ~~Beginning early in the recovery period, and throughout~~ the recovery, the patient was overactive in the bed, making aggressive, jerky movements and getting up on her own, against medical advice; seeming to want to prove that she could be more independent than the average patient, despite admonishments from the nurses.

At 10pm, the patient complained that she needed to have a bowel movement and attributed this to a stool softener she had taken the night before. She was assisted to the bathroom, where against medical advice, she strained several times. She did not have a movement, and was taken back to the bed, where a few minutes later, she removed her binder, insisting to the nurses that she felt "restricted" and that she knew what was best for her. After significant admonishments from the nurses, she agreed to have the binder replaced, but continued to move aggressively and ambulate in an upright position though she was told to only ambulate in a bent over position to avoid tension on the abdominal incision line.

At 11:45 pm, I received a call from the nurses, who were concerned that she was complaining of dizziness and that her blood pressure was low (72/54) with a heart rate of 98. I returned to the facility to evaluate her. On arrival, Dr. Lee was already here and had ordered the administration of a bolus of crystalloid, which had been given by the nurses, with resolution of the patient's symptoms and normalization of her vital signs. At that time, she said her pain (specifically her abdominal pain) was 3-4 on a scale of 10, and her examination was normal for the acute recovery period after this combination of procedures. Her drains were not producing more or different output than usually seen, and her abdomen was soft and did not show bruising or abnormal tension. We concluded

that she was behind in her fluids and that this had been rectified by the bolus of crystalloids.

At 3:30 am, I received another call from the nurses because the patient was again dizzy, with blood pressure of 93/63 and a heart rate of 88. Her oxygen saturation was 100% on room air. My examination upon arrival at the facility revealed increased drain output of dark blood. The abdomen otherwise showed a small amount of bruising, but was not tense in a way indicating a possible subcutaneous accumulation of blood, and the patient continued to state that she did not have significant pain. However, because of her persistent symptoms and the volume and character of the drain output, I thought it most prudent to explore her abdominal wound, and called Dr. Lee to ask him to return.

On Dr. Lee's arrival, due to her persistently low blood pressures, and because my facility does not have the capability to perform blood tests or administer blood products, we agreed to transfer the patient to Dr. P. Phillips Hospital for evaluation and definitive management/hematoma evacuation.

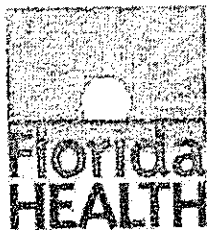
911 was called at 5:10 a.m. to dispatch EMS to my office surgical facility. Throughout this time, the patient was attended by myself, Dr. Lee, and the two RNs and remained alert and oriented with no complaints of pain. Vital signs were blood pressure of 96/59, heart rate 109, RR 19, and 94% oxygen saturation on room air. The patient was discharged from our facility at 05:20 a.m. and transferred to Dr. P. Phillips Hospital via EMS.

Evaluation in the ED showed continued drainage of bloody fluid from her drains. Lab work returned an H/H of 6/18, Type and cross was performed and she received one unit of packed cells. She was prepped for surgery and upon exploration, I discovered a hematoma and additionally, that she had torn both layers of every suture that had been placed in her abdominal wall. I evacuated the hematoma and re-sutured the patient. She received another unit of packed cells intraoperatively and stayed overnight in the hospital. During her overnight hospital stay, she received two more units of packed cells and her drain output steadily diminished and normalized in character (became thinner and less bloody) as well. Her post transfusion H/H was 9/27. She was released to home on 11/16/2013 in good condition and has had no subsequent problems.

ANALYSIS AND CORRECTIVE ACTION

I suspect that the patient was simply overactive against medical advice, and that at some point this caused rupture of her two-layer abdominal wall repair, which led to bleeding. She had had extensive preoperative teaching as well as printed instructions and verbal reinforcement during recovery regarding the need to limit activity in the early postoperative period, but perhaps due to cultural differences (she is Russian) she believed that many of these instructions and restrictions were overly cautious and unnecessary for her.

In my 13 years of practice I have never had this particular adverse occurrence, despite the performance of several abdominoplasty procedures per week. I have already discussed this case with my nurses and anesthesiologist, and this unanticipated sequela will be further reviewed through my accreditation peer review process.



52
NO
STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Vascular and Spine Institute

Name of office

Miami 33156 Miami Dade

City

Zip Code

County

Osor Sosa MD

Name of Physician or Licensee Reporting

same as above

phy Patient's address for Physician or Licensee Reporting

7887 N. Kendall Dr # 210

Street Address

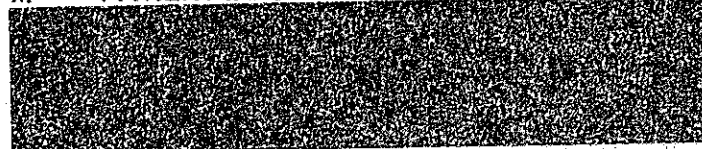
305-598-1555

Telephone

OSR 718

License Number & office registration number, if applicable

II. PATIENT INFORMATION



Patient Identification Number

440-20

Diagnosis



Age 11/20/13 Gender M

☐ Medicaid ☒ Medicare

Date of Office Visit

angiography w/possible intervention

Purpose of Office Visit

785.9, 729.5

ICD-9 Code for description of incident

II

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11/26/13 @ 1305

Incident Date and Time

Location of Incident:

☐ Operating Room

☐ Other

☒ Recovery 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)

After an angiogram procedure with intervention in the lower left extremity, the patient developed left foot pain while in recovery. Doppler evaluation revealed decreased pulses in the left foot, skin palor and the left foot was cool to the touch. The physician contacted Dr. Martinez, a local vascular surgeon, and patient was transported by ambulance to Mercy Hospital ER. He was then evaluated and treated by Dr. Martinez.

B) ICD-9-CM Codes

89.5 / 88.4
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

E878.9
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

N/A
Resulting injury (ICD-9 Codes 800-999.9)

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

N/A

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer - e.g., death, brain damage, observation only <u>treated by Dr. Martinez</u> Name of facility to which patient was transferred: <u>Mercy Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Oscar Sosa MD; #ME80319, physician; (305) 598-1555
Robert Alvarez, #CRT 58699, technician; (305) 598-1555
Evangelina Ramos RN; #RN 92480267, nurse; (305) 598-1555
Karina Alas, ARNP; #ARNP 9199444, nurse; (305) 598-1555

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

Osmany DeAngelo, DO #OS 9245; (305) 598-1555

IV. ANALYSIS AND CORRECTIVE ACTION

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

The cause appears to have been related to the patient's severe peripheral vascular disease and poor circulation.

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

This was not a preventable occurrence. We will continue to follow all appropriate protocols.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 80319
LICENSE NUMBER

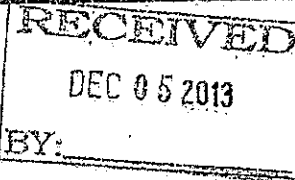
12/3/2015
DATE REPORT COMPLETED

1520
TIME REPORT COMPLETED

201319328



STATE OF FLORIDA
Rick Scott, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Open Access Life Line LLC
Name of office
N Miami Beach FL MIAMI DADE
City Zip Code County
SANFORD D ALTMAN MD
Name of Physician or Licensee Reporting
SAME AS ABOVE
Patient's address for Physician or Licensee Reporting

16401 NW 2nd Ave #101
Street Address
(305) 948 5333
Telephone
OSR 744
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted Patient Information]
Patient Identification Number ESRD
Diagnosis

[Redacted Patient Information]
Date of Office Visit Follow up Visit / Appt
Purpose of Office Visit 518.81
ICD-9 Code for description of incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

November 25, 2013 1:15 hrs
Incident Date and Time

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

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

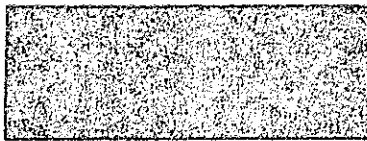
UNK - @ Hospital

UNK - @ Hospital

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

Please Review Attached Report

November 25, 2013



Performing Physician:
Sanford Altman

[REDACTED] was seen in our office today for poor flow. The following is a summary of today's visit.

The patient is a [REDACTED] who presents with Office visit-MIA.

Physical Exam:

Exam	Findings	Details
Constitutional	Neg	Level of distress - Normal.
Neck Exam	Neg	Range of motion - Normal.
Cardiovascular	Neg	Inspection - JVD: Absent, Heart rate - Regular rate, Rhythm - Regular. Heart sounds - Normal S1, Normal S2.
Vascular	Neg	Bruits - Carotids: Absent.
Extremity	Neg	Edema.
Psychiatric	Neg	Oriented to time, place, person & situation Appropriate mood and affect Memory loss - No.
Dialysis Access	Neg	No swelling or erythema were found. No arm swelling or asymmetry. Normal augmentation was found. No drainage. No ecchymosis seen. No hematomas found. No hyper pulsatility. No infiltration. No redness found. There was no tenderness.
Dialysis Access	Pos	Bruit was heard. Good thrill was found.
Respiratory	Neg	Auscultation - Normal, Inspection - Normal.

ASA physical status reveals patient has a severe stable systemic disease.

Airway Examination:

Inter-incisor: > 3 finger breadths.
Hyo-mental: > 3 finger breadths.
Thyro-mental: > 5 finger breadths.
Tongue protrusion within normal limits.
Side-to-side neck movement within normal limits.
Neck extension within normal limits.

Sedation, Consents and Clearances:

The patient was cleared for and consented to procedure. Sanford Altman cleared patient for procedure at 2:29 PM on 11/25/2013.

The patient was cleared for and consented to moderate sedation. Sanford Altman cleared patient for sedation at 2:29 PM on 11/25/2013.

The patient identity was verified. Sanford Altman verified the patient identification at 2:29 PM on 11/25/2013.

Today's Procedures:



Access Flow Ultrasound

Access History:

The patient has a right arm AV graft access. The last procedure performed was angioplasty in July 2013. Access flow at that time was 687 ml/min.

Evaluation:

Ultrasound evaluation of the access reveals that it appears abnormal. Flow in the access is 409 ml/min.

Angioplasty

The patient was brought into the procedure room, placed on the angiographic table and connected to continuous cardiac, blood pressure and O2 saturation monitoring. The right upper extremity was then prepped and draped in the usual sterile manner using cap, mask, gowns, gloves, surgical preps and drapes. Prior to initiating the procedure a time out was performed by the OR staff. One percent lidocaine was used for local anesthesia.

An 18g needle was then used to cannulate the access in an antegrade direction for introduction of a 5 French catheter. Contrast was then injected and imaging performed of the access and central circulation.

A significant stenosis was visualized in the access/outflow. The central circulation appears patent and free of stenoses.

The catheter was then exchanged over the 0.035 wire for introduction of an 8 mm PTA balloon. Angioplasty was then performed successfully treating the venous limb and venous anastomotic/outflow stenoses. Following the angioplasty procedure the flow appeared to improve angiographically. The flow was noted however to be slow post PTA. It was felt that there may be an arterial inflow stenosis.

A second entrance was then performed in the access in a retrograde direction for introduction of a 5 French catheter. Contrast was injected and imaging performed. No significant stenoses were seen however the flow was noticed to be diminished. Patients cardiac rhythm was unchanged however patient became unresponsive.

CPR was initiated and EMS was activated. Patient had been given 1.5mg Versed and 50ug of Fentanyl for sedation, same dose as previous procedures which patient tolerated well. Given the abrupt change in patients condition, Narcan and Romazicon were immediately administered. Patients rhythm remained stable but blood pressure dropped and no palpable pulse could be obtained. Chest compressions were continued and oxygenation performed via AMBU. EMS arrived and intubated patient. Patient treated with EMS meds per EMS physician on scene and transported to Jackson North in PEA receiving chest compressions.

This was discussed with Dr. Molina as well as patients daughters following the incident.

Stenosis:

Location	Time Pre	Stenosis	Time Post	Stenosis	Balloon Size	Balloon Type
venous anastomosis		70%			8x4	Direct Access
V-Limb		70%			8x4	Direct Access

Active Access Sites:

Date	Type	Side	Location
	AV graft	Right	arm

Medications Administered Today:

Time	Medication	Dose	Units	Route	Response	Given By
2:37 PM	Lidocaine	2.00	mL	subQ	area numb	Sanford Altman
2:37 PM	Fentanyl citrate	50.00	mcg	intra-graft	with relief	Sanford Altman
2:37 PM	Midazolam Hydrochloride	1.50	mg	intra-graft	sleepy	Sanford Altman
3:33 PM	Omnipaque 300 mgI ml	15.00	mL	intra-graft	no change	Sanford Altman
2:47 PM	Flumazenil	0.20	mg	intra-graft	no change	Sanford Altman
2:47 PM	Naloxone	0.40	mg	intra-graft	no change	Sanford Altman
2:50 PM	Flumazenil	0.20	mg	intra-graft	no change	Sanford Altman
2:52 PM	Flumazenil	0.20	mg	intra-graft	no change	Sanford Altman

Orders:**Office labs:**

Assessment	Test	Interpretation	Value
	Glucose finger stick	70 - 126 mg/dL	44 mg/dL
	Glucose finger stick	70 - 126 mg/dL	173 mg/dL

Office Procedures/Services:

Assessment	Service	Comments
	Fentanyl citrate 50 mcg	
	Flumazenil 0.20 mg	
	Flumazenil 0.20 mg	
	Flumazenil 0.20 mg	
	Lidocaine 2 mL	
	Midazolam Hydrochloride 1.50 mg	
	Naloxone 0.40 mg	
	Omnipaque 300 mgI ml 15 mL	

Referring Dialysis Center: FL Davita Miami Lakes Artificial Kidney

Pre-operative diagnosis: stenosis

Post-operative diagnosis: stenosis

Today's Assessment:

End Stage Renal Disease

Other complications due to renal dialysis device,

Pre-operative diagnosis same as indications documented above.

Post-operative diagnosis same as diagnosis documented above.

Provider: Sanford Altman 11/25/2013

Document generated by: Sanford Altman 11/25/2013 4:36 PM EST

Referring Provider: Reynaldo Molina

B) ICD-9-CM Codes

35476
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

E879.2
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

798.2
Resulting Injury (ICD-9 Codes 800-999.9)

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

N/A

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer - e.g., death, brain damage, observation only <u>Death</u> Name of facility to which patient was transferred: <u>JACKSON N. HOSPITAL</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
---	---

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

SANFORD D. ALTMAN, MD (ME 58495) Resident Physician, M. Farber MD (ME 305520) Olga Pazos RN (RN 9207140) Rachel Plummer RN (RN 2121802)
Suzanna Hernandez RN (RN 9338933) Heather Palmer LPN (PN 5162940) Karla Rosen RN (RN 9207140)

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

Annie Archer LPN (PN 5162939) Jorge Rodriguez, Tech
Steven Loring, Center Manager

IV. ANALYSIS AND CORRECTIVE ACTION

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

Unknown. Patient with known cardiac disease
with apparent cardiac arrest unresponsive to the first

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

First AED used

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

11/30/2013

0815145

DATE REPORT COMPLETED

TIME REPORT COMPLETED

54



STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Services
DEC 20 2013

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

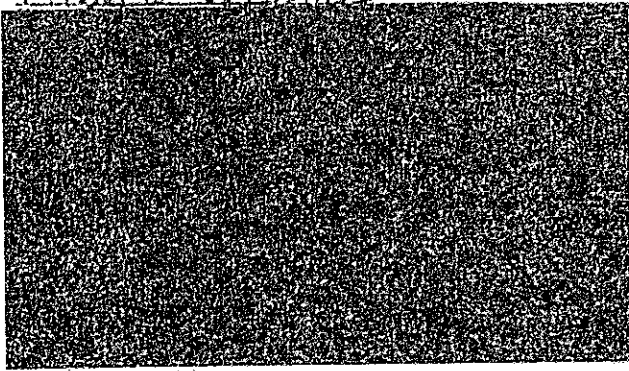
SUBMIT FORM TO:

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

OFFICE INFORMATION

The Vein & Vascular Institute
Name of office
Lutz FL 33548
City Zip Code County
Alberto Gonzalez

19189 N. Dale Mabry Hwy
Street Address
813. 841. 4029
Telephone
ME108367 / OSR 767
License Number & office registration number, if applicable



72 F
Age Gender Medicaid Medicare
December 5, 2013
Date of Office Visit
Anogram - P.A.D
Purpose of Office Visit
ICD-9 Code for description of incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

12/5/13 11:00 AM
Incident Date and Time

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

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

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

pt. came to office for an Anogram. Uneventful procedure (Atherectomy). pt was transferred to PACU. pt started feeling Nauseated, became bradycardic, complained about pain on Right Side. MD made aware, MD came to bed side, u/s tech was called for an ultrasound which revealed pt had fluid in Abdomen. pt was transferred to Hospital (St. Johns North) via EMS for workup.

B) ICD-9-CM Codes

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

Closure Device Failure retroperitoneal Hematoma
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting Injury
(ICD-9 Codes 800-899.9)

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

Mynx Closure Device

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer -- e.g., death, brain damage, observation only Name of facility to which patient was transferred: <u>Dr. JBS North</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Alberto Gonzalez MD 118367 Rob Navarro EST
Jan Kerner, RN RN919973
Vince Castillo RT CRT 6756

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)

Closure Device did not Seal artery

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

Transfer to hospital by EMS

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

HE 108367
LICENSE NUMBER

12/16/2013
DATE REPORT COMPLETED

12:05
TIME REPORT COMPLETED

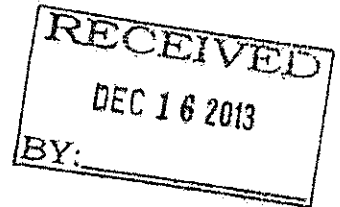
53

123



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

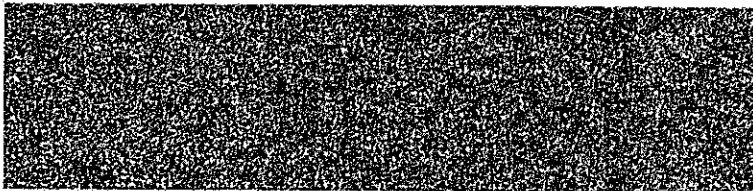


SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Name of office Open Access Lifeline
16401 NW 2nd Avenue
City North Miami Beach, FL 33169 Suite/Zip Code M.D. County SANFORD ALTMAN
Name of Physician or Licensee Reporting SAME
Patient's address for Physician or Licensee Reporting

16401 NW 2nd Ave Ste 101
Street Address
(305) 948 5333
Telephone
05R 744
License Number & office registration number, if applicable



Patient Identification Number ESRD
Diagnosis

52 Age M Gender
12-09-2013 Date of Office Visit
Thrombectomy Purpose of Office Visit
996.73 ICD-9 Code for description of Incident
11 Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

12-09-13 Incident Date and Time
1703 hrs

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

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

UNK. @ Hospital
UNK. @ Hospital

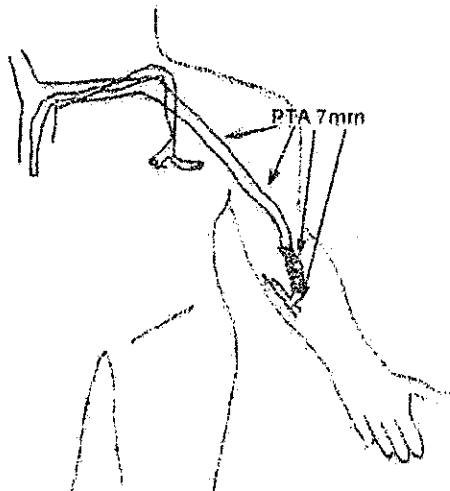
A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Please Review ATTACHED Report

December 9, 2013

Age: 52 years
Performing Physician:
Sanford Altman

was seen in our office today for clotted fistula and clotted catheter. The following is a summary of today's visit.



The patient is a 52 year old male who presents with AV access, clotted-MIA.

Physical Exam:

Exam	Findings	Details
Constitutional	Neg	Level of distress - Normal.
Neck Exam	Neg	Range of motion - Normal.
Cardiovascular	Neg	Inspection - JVD: Absent, Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2.
Vascular	Neg	Bruits - Carotids: Absent.
Extremity	Neg	Edema.
Psychiatric	Neg	Oriented to time, place, person & situation Appropriate mood and affect Memory loss - No.
Nephrology	Comments	Patient's fistula clotted 2-3 weeks ago. Patient sent to hospital and catheter placed. Fistula was not declotted. Patient referred for attempted fistula declot without use of thrombolytics. Discussed with Dr. Nieto. OK to give 3000U of Heparin if needed.
Dialysis Access	Neg	No swelling or erythema were found. No arm swelling or asymmetry. Normal augmentation was found. No thrill was found. No bruit was found. No drainage. No ecchymosis seen. No hematomas found. No hyper pulsatility. No infiltration. No redness found. There was no tenderness.
Respiratory	Neg	Auscultation - Normal, Inspection - Normal.

ASA physical status reveals patient has a severe stable systemic disease.

Airway Examination:

Inter-incisor: > 3 finger breadths.

Hyo-mental: > 3 finger breadths.

Thyro-mental: > 5 finger breadths.

Tongue protrusion within normal limits.

Side-to-side neck movement within normal limits.

Neck extension within normal limits.

Sedation, Consents and Clearances:

The patient was cleared for and consented to procedure. Sanford Altman cleared patient for procedure at 3:39 PM on 12/09/2013.

The patient was cleared for and consented to moderate sedation. Sanford Altman cleared patient for sedation at 3:39 PM on 12/09/2013.

The patient identity was verified. Sanford Altman verified the patient identification at 3:39 PM on 12/09/2013.

Today's Procedures:

Thrombectomy, PTA

The patient was brought into the procedure room, placed on the angiographic table and connected to continuous cardiac, blood pressure and O2 saturation monitoring. The left upper extremity, left chest and catheter were then prepped and draped in the usual sterile manner using cap, mask, gowns, gloves, surgical preps and drapes. Prior to initiating the procedure a time out was performed by the OR staff. One percent lidocaine was used for local anesthesia.

Using micropuncture access, the access was cannulated proximally and distally for introduction of 7 French sheaths. Cannulation in the distal arm access was through a covered stent as stents were present from the arterial anastomosis to the mid arm portion of the fistula. Thromboaspiration was then performed through the sheaths. Contrast was then injected revealing residual thrombus in the access which was treated with mechanical thrombectomy using an Arrow PTD with subsequent thromboaspiration through the sheaths. There was no clot now visualized in the graft or outflow to the origin of the left sided central venous catheter.

A 5 French PTA catheter was then introduced over an 0.035 wire the tip of which was positioned in the central brachiocephalic vein. Contrast was injected confirming central venous patency. Heparin 5000 units along with Versed 1.5mg and Fentanyl 50ug were then administered.

Contrast was again injected with fistulography/venography performed revealing access stent and outflow stenoses. Angioplasty was performed using a 7mm balloon. Following multiple inflations successful PTA was noted reducing stenoses to less than 30% in diameter. The balloon was then advanced across the arterial anastomosis and gently inflated to dislodge the platelet plug restoring flow into the access.

There was no evidence of thrombus in the distal arterial run-off. The flow appeared adequate with no significant stenoses seen in the access. A small diameter inflow artery was noted. Immediately after flow had been restored the patient look up and said he didn't feel well, his eyes rolled back and then he immediately became unresponsive. His blood pressure, pulse and O2 sat remained stable.

EMS was activated, patient placed in Trendelenburg and vitals monitored. Patient had stable rhythm and palpable carotid and radial pulses. Patient was having difficulty with respiration. Ambu bag was used to aid in oxygenation. Paramedics arrived quickly and transported the patient immediately to JMH north. Patient had palpable pulse and



stable rhythm at time of transport receiving Ambu ventilation with O2 saturations in the 70-90% range prior to leaving OAL.

At JMH North patient was intubated. He had 100% oxygenation on the respirator with stable BP and pulse. Patient awaiting further work-up.

Active Access Sites:

Date	Type	Side	Location
	AV fistula	Left	arm

Medications Administered Today:

Time	Medication	Dose	Units	Route	Response	Given By
4:51 PM	Fentanyl	50.00	mcg	intra-fistula	with relief	Sanford Altman
4:46 PM	Lidocaine	4.00	mL	subQ	area numb	Sanford Altman
4:51 PM	Midazolam Hydrochloride	1.50	mg	intra-fistula	sleepy	Sanford Altman
4:51 PM	Methylprednisolone injection	200.00	mg	intra-fistula	no change	Sanford Altman

Post-Procedure:

The patient is oriented to time, place, person, and situation.

Discharge:

and left in an ambulance.

Orders:

Office labs:

Assessment	Test	Interpretation	Value
	Hematocrit	34 - 47%	39.8%
	Hemoglobin	12 - 16 gm/dL	11.2 gm/dL
	Potassium	3.5 - 5.2 mmol/L	4.6 mmol/L

Office Procedures/Services:

Assessment	Service	Comments
	Fentanyl 50 mcg	
	Lidocaine 4 mL	
	Methylprednisolone injection 200 mg	
	Midazolam Hydrochloride 1.50 mg	

Dialysis Center Instructions:

Attempted Decлот and Angioplasty.

Respiratory arrest.

Patient transported to JMH North ER as described above.

Referring Dialysis Center: FL Davita Aventura Kidney Ctr

Pre-operative diagnosis: clotted fistula, clotted catheter

Post-operative diagnosis: clotted fistula, clotted catheter, fistula de clot, respiratory distress, EMS

Today's Assessment:
End Stage Renal Disease

Other complications due to renal dialysis device.
Pre-operative diagnosis same as indications documented above.
Post-operative diagnosis same as diagnosis documented above.

Provider: Sanford Altman 12/10/2013

Document generated by: Sanford Altman 12/10/2013 4:38 PM EST

Referring Provider: Michael Lemont

Electronically signed by Sanford Altman on 12/10/2013 04:39 PM EST



B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)
780.09

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

799.1
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

E878.8
Resulting injury (ICD-9 Codes 800-999.9)

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient, remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer - e.g., death, brain damage, observation only Name of facility to which patient was transferred: <u>TACKMAN V. HOSPITAL E.R.</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed on the wrong site ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. Any condition that required the transfer of the patient to a hospital.
---	--

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

RICARDO D. ALTMAN MD (NYS 58495) HEATHER PALMER LPN (NYS 162940)
JOSE L. RODRIGUEZ, Tech. SIZANA HERNANDEZ RN (NYS 338938)

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)

NO ANALYSIS TAKEN

B) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

NO LIST

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

NO CORRECTIVE OR PROACTIVE ACTION TAKEN

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
1/8/11-2013
1/8/11-2013
1/8/11-2013

DATE REPORT COMPLETED
030-12/06

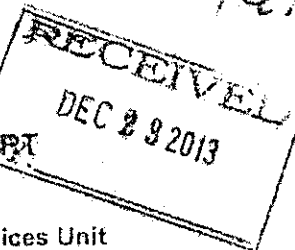
TIME REPORT COMPLETED
0940 A.M.
0940 A.M.
0940 A.M.

LICENSE NUMBER
0740 A.M.
0740 A.M.
0740 A.M.



ORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT



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

I. OFFICE INFORMATION

The Vascular Group of Naples
Name of office

Naples 34103 Collier
City Zip Code County

Dr. Alvaro Zamora
Name of Physician or Licensee Reporting

2450 Goodlette Rd N Naples FL 34103
Patient's address for Physician or Licensee Reporting Suite 102

2450 Goodlette Rd N Suite 102
Street Address

239-643-8794
Telephone

ME12801
License Number & office registration number, if applicable



Atherosclerosis w/ INT Claudication 440.21
Diagnosis

80 M ☐ Medicaid ☒ Medicare
Age Gender

12-10-13
Date of Office Visit

Urologram (ILE)
Purpose of Office Visit

458.29
ICD-9 Code for description of Incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

12-10-13 00920
Incident Date and Time

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

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

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

Retained Foreign Body in Left Common Iliac
artery. (Fractured. Acell sheath). Patient
had to be transferred, in stable condition, to
the hospital for removal of aforementioned.

B) ICD-9-CM Codes

440.21
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

E874.0
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

MA
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)

Cook Ansell Sheath - 7Fr 45cm

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input checked="" type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer -- e.g., death, brain damage, observation only Name of facility to which patient was transferred: <u>Naples Community Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
--	---

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

LINDA PATTERSON - RN 9177764
Jordan Martin CRT 74339
James Ferran CRT 80465
DLA Zamora ME 12801

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)

See attached HRP

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

Emergency Surgery

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 12801
LICENSE NUMBER

12/11/13
DATE REPORT COMPLETED

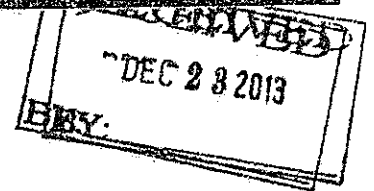
16:50
TIME REPORT COMPLETED



57
ND
repeat

STATE OF FLORIDA
Jeb Bush, Governor

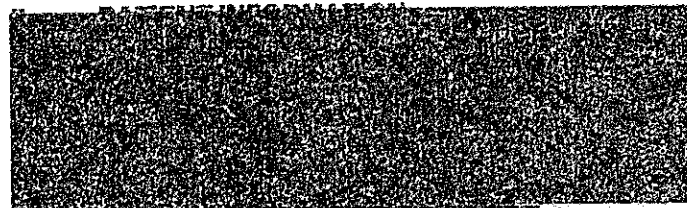
PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT



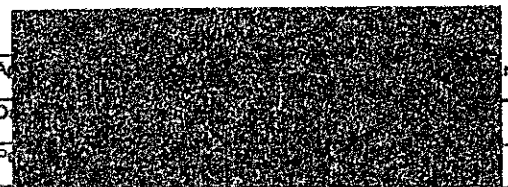
SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C78
Tallahassee, Florida 32388-3275

I. OFFICE INFORMATION

SWFL Facial Plastic Surgery Inc. 9407 Cypress Lake Dr. Suite A
Name of office Street Address
Fort Myers 33919 USA 239-437-3900
City Zip Code County Telephone
Samantha Dabill
Name of Physician or Licensee Reporting RN 9294134
License Number & office registration number, if applicable
9407 Cypress Lake Dr. Suite A
Patient's address for Physician or Licensee Reporting
Fort Myers, FL



Diagnosis



ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

12-15-13 8:20 AM 12-14-13 1400
Incident Date and Time

Location of Incident:

☐ Operating Rm

☐ Recovery Rm

☒ Other Home

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)

12-10-13 Pt arrived to surgical center for scheduled facelift. 12-11-13 post-op day 1 pt taken back to OR for Hematoma evacuation. 12-12-13 post op day 2 pt taken back to OR for hematoma evacuation. 12-14-13 Pt called with increased pain and drainage. Pt. came back to office for reevaluation. Pt transferred to Health Park medical center at this time for further workup. Pt v.s.s stable and AAO x3 at time of transfer.

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)

998.12
Resulting injury
(ICD-9 Codes 800-899.9)

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

D) Outcome of Incident (Please check)

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

Samantha Dabilis, RN, RN 9294134
Linda Ross-Pederson, CRNA, ARNP 1927642
Stephen Prendiville, MD, ME 81906
Amy GRIFFY, scrub Tech

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. F/U on post-op day 1 and 2. presented with hematoma formation. Pt returned to OR for evacuation of hematoma. on 12-14-13 pt c/o increased drainage. Pt reevaluated by MD.

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

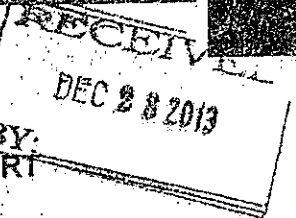
Pt. admitted to heathpark medical center on 12-14-13 for further evaluation and monitoring. Consult for hematology/oncology placed. FFP ordered.

V.

SD RN RN 9294134
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
12-19-13 1030
 DATE REPORT COMPLETED TIME REPORT COMPLETED



STATE OF FLORIDA
Charlie Crist, Governor



PHYSICIAN OFFICE BY:
ADVERSE INCIDENT REPORT

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

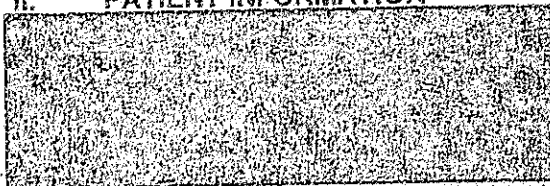
I. OFFICE INFORMATION

Name of office: Refine Rasmussen & Associates
City: Jacksonville Zip Code: 32223 County: Duval
Name of Physician or Licensee Reporting: Frank Rasmussen MD

Street Address: 11945 San Jose Blvd
Telephone: 904-262-5333
License Number & office registration number, if applicable: 770

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION



Diagnosis: ECG

Date of Office Visit: Hypertension, November
Purpose of Office Visit: Hypertension
ICD-9 Code for description of Incident: 99.0
Level of Surgery (II) or (III): 1

III. INCIDENT INFORMATION

Incident Date and Time: 12/16/13

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

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

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

Pt underwent Hypertension / Endometrial Ablation
uneventfully. Patient had pre existing hx of
hypertension. Pre op BP 128/84. In Recovery Room
BP consistently elevated 190-200/115 in spite of
incremental dosing of Labetalol 85mg total. Pt under
d-Alet throughout with only other symptom of
lower abd cramping. - & nausea. EMS called pt transferred
to ER for further evaluation. & treatment of
BP

B) ICD-9-CM Codes

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

Anesthesia, Monitor, Intra-aortic Pump, BP cuff, EKG

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 hospital.

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

Name of facility to which patient was transferred:

Baptist 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 of the patient to a hospital

E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Glenn J. Martin MD Anesthesiologist - ME 76157

Tom Leath RN in SCQ

David Rame MD ME 66781

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)

Pre Existing Essential Hypertension

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

Continued Pre-operative Surgery at Corvallis Medical Center

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

58

123



STATE OF FLORIDA
Charlie Crist, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Ft. Lauderdale Access Center
Name of office

Ft. Lauderdale 33309 Broward
City Zip Code County

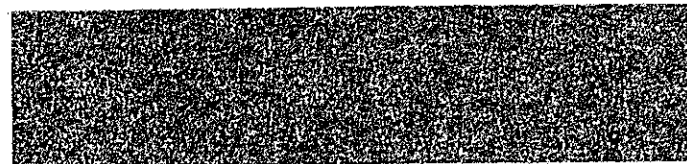
A. Kamra MD
Name of Physician or Licensee Reporting

3601 W. Commercial Blvd. Suite 21
Patient's address for Physician or Licensee Reporting

3601 W. Commercial Blvd.
Street Address Suite

954-497-2161
Telephone

OSR 719
License Number & office registration number, if applicable



641-1125-62
Patient Identification Number
Right ATRIAL Thrombus
Diagnosis

51 M ☐ ☐ Humana
Age Gender Medicaid Medicare
12-17-13
Date of Office Visit
malfunctioning dialysis catheter
Purpose of Office Visit
I
ICD-9 Code for description of Incident
I
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

December 17, 2013 1:48 PM
Incident Date and Time

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

Note: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No 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)

Patient was referred to the Access Center for poorly functioning tunneled
Dialysis catheter. LIP, Dr. A. Kamra performed an SVC (Superior Vena Cava) anagram
and noted the presence of a fibrin sheath. He performed a disruption of fibrin sheath
as well as a right IJ catheter exchange. Dr. Kamra noted the arterial port
was not aspirating with ease. Additional Angiogram was performed and he
noted a right atrial thrombus. Dr. Kamra spoke with the patient and the patient's
primary nephrologist, Dr. Gupta, to discuss findings and plan of care.
Patient's PCP (Dr. Gupta) was also made aware of findings. Patient was asymptomatic
throughout and vital signs were stable. Mr. Gates was then referred via bus to
Florida Medical Center for further evaluation and treatment. A BUN of
the study was sent along with a vascular diagram to Florida Medical Center
to help in treating Mr. Gates better understanding of the patient's needs.