

## PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

| 1. OFFICE INFORMATION Vascular access Center of Lackson with  | 4820 Sowe point fark way Suite 1  |
|---|---|
| Name of office  Cocksonville 3204 Dural City 210 Code County  | 904 296 4106  |
| City Zip Code County  Dr Do nou VO  Namo of Physician or Libonace Reporting   | Telephone  Mc 105114  Lloance Number & office registration number, if applicable  |
| Patient's address for Physician or Licensee Reporting   | Office Registration number, it applicable Office Registration number  |
| II. PATIENT INFORMATION   |   |
| Patient Identification Number 5 15-14 End Stock Tenal disockee Diagnosis  | Date of Office Visit  Thrombe charry of left arm firstulingra.  Purpose of Office Visit  ICD-9 Code for description of incident |
| III. INCIDENT INFORMATION   | Level of Surgery (II) or (III)  |
| 9/aol/3 1530  | Location of incident:  Di Operating Room  Di Recovery Room  Si Other On the Same  |
| Note: If the incident involved a death, was the medical example was an autopsy performed? Division No                                       | niner notified? • Yes • No  |
| A) Describe circumstances of the incident (narrations and distinct sheets as necessary for complete response) Please See enclosed narrative | ive)  |
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| DH-MQA1030-12/06<br>Page 1 of 2   |   |

| B) ICD-9-CM Codes  |  |             |  | •  |
|--|--|-------------|--|--|
| Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)   | Accident, event, of event, (ICD-9)                 | at cau      | used the injury  | Resulting injury<br>(ICD-9 Codes 800-999.9)  |
| C) List any equipment used if di<br>(Use additional sheets as necessary for ea   | Irectly Involved<br>Implete response)<br>CCCS2 Ro  |             |  |  |
| 3 0  |  | <u> </u>    | 007.   |  |
| D) Outcome of Incident (Please   | check)   |             |  |  |
| g Death  |  | 9           | Sulgical biocedu   | re bartormed on the wrong alte **  |
| cı Brain Damage  |  | G           | Wrong surgical p   | procedure performed **   |
| □ Spinal Damage  |  | 100         | Surgical repair o<br>surgical procedu  | f injuries or damage from a planned ire.   |
| Surgical procedure performed on the  | e wrong patient.                                   |             | ** If it resulted in   | !  |
| A procedure to remove unplanned remaining from surgical procedure.   | foreign objects                                    |             | D Death D Brain Dama   | ge   |
| Any condition that required the tran   | sfer of the  |             | incision scar  | disfigurement not to include the   |
| Outcome of transfer e.g., death, brain   |  |             | <ul> <li>Limitation of function.</li> </ul>  | dislocation of bones or joints fineurological, physical, or sensory on that required the transfer of the   |
| Name of facility to which patient was  | U DXKZWONIK  |             | patient to a   | hospital.  |
| they were involved in this incident care providers.  | se numbers if lic<br>, this would incl<br>1932 304 | ude<br>ude  | ed, locating info<br>anesthesiologis   | ormation and the capacity in which<br>it, support staff and other health   |
| Tracy himmes RN RN<br>Dr VO MC 10511   |  |             |  |  |
| Bevery Maida RT al   | LET 138200   | *           | CKT 3449   |  |
| The state of the s | N 939 8682   | <del></del> | and the second state of th | and the second second of the second s |
| F) List witnesses, including licens  | e numbers if lic                                   | ense        | ed, and locating   | Information if not listed above  |
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| IV. ANALYSIS AND CORRI<br>A) Analysis (apparent cause) of this<br>hish of procedure (  | s incident (Usa addi                               | tional      | shoets as necessary t  | of comblete tesbouse)  |
|  |  | -           |  |  |
| B) Describe corrective or proactive Or moore Computed O  | action(s) taken (                                  | ise ac      | Iditional sheets as nec  | echony at Baphist  |
| V. SIGNATURE OF PHYSICA  | ANLICEVSEE:  | SUB         | MITTING REPO   | MER3348 LICENSE NUMBER   |
| H-25-13  DATE REPORT COMPLI  DH-MQA1030-12/06  | EKED TIME  | E RE        | PORT COMPLE  | TED  |
| Page 2 of 2  |  |             |  |  |

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 fisiulagram 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 anastomesis and a 7mm balloon was use to dilate this. Follow up images showed patency of the venous anastomesis. 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. Meore did perform an embolectomy on 9/20/13.

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

ynith mthuyw Center manager





## PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399.3275....

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|  | Patient's address for Physician or Licensee Reporting  | the Been and the   |
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| er 4                                       | 76's 11"   |  |
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| icp.g.cM Codes   | ·  |
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| argical, diagnostic, or treatment ocadure being performed at time of specific agent that dident (ICD-9 Codes 61-89.9)  Accident, event, including a specific agent that dident (ICD-9 Codes 61-89.9)   | circumstances, or Resulting Inluty at caused the injury (ICD-9 Codes 800-999,9) E-Codes)   |
| Y. List any equipment used if directly involved  | d in the incident  |
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| petient to a hospital.   | inclaion acer<br>D Fracture or dislocation of bones or joints  |
| Outcome of transfer - e.g., death, brain damage,   | C Limitation of neurological, physical, or sensory   |
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| ANALYSIS AND CORRECTIVE ACTI<br>A) Arialysis (apparent cause) of this incident places<br>of the incident places of this incident places  | william invest as recessary for complete respectively  |
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| B) Describe corrective or proactive action(s) taken will depend on outcome   | of Klont-Ingered Kinger min bebout a   |
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| ph-modiosa-12/06   | ,, t.  |
| Page 2 of 2.   | **************************************   |
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STATE OF FLOR

## PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

SUBMIT FORM TO:

Open Timent of Health, Consumer Services Unit

4052 Bald Cypress Way, Bin C75

Tallahassee, Florida 32399-3275

| Name of office   33+C  Pine   County    Dr. G. Niedzwiecki   ME + Owy    Name of Physician or Licensee Reporting    Some As A  Patient's address for Physician or Licensee Reporting | (462) 491-430<br>Telephono  | <u> </u>      |
|--|---|---------------|
| 11. PATIENT INFORMATION  LH3 86 / CH0.2 (+td1.2)  Diagnosis Peripreral Vocablar (1.205e,   | Age Gender  Age Old Hack Sender  Oste of Office Visit  On Old Orcom  Purposed of Office Visit  Act So  ICD-9 Code for description  Level of Surgery (ii) or (iii) | Mocadure      |
| III. INCIDENT INFORMATION  10/84/30/3 10/00m  Incident Date and Time  Note: Withough Involved a death, was the medical exam  | Location of Incident:  Cl Operating Room Cl Other Liner notified? Cl Yes Cl N   | Recovery Room |

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

## A) Describe circumstances of the incident (narrative)

The patient was transferred to the recovery unit at latio on following an incomplicated bilderal lawer extremity and ognorn. Shortly after ording to recovery to began complaining of new source check pain with present radiating into his left arm. Dr. C. Lindswick and Dr. G. Dietwieck were notified and at the patient's bedoids immediately. The patient was an immittaring in recovery and 3 lead Fun demonstrated no changes. Patient was an Applian at home and already on any pendicine sing IV given for elevated limb was an Applian at home and already on any pendicine sing IV given for elevated and a Fall I and Harphine aing IV was also given for pain. All was called the patient to there examinates a fing IV was also given an additional dose of Page I of 2 to complain of severe chest pain and was given an additional dose of Harphine and II and was than a splan ented with an additional dose of horphine and II are and was than a splan ented with an additional dose of horphine and I are and was than a splan ented with an additional dose of horphine and I minutes later for an addition, the events were discussed with the patient continued and a patient of a patient of a patient with an additional dose of the patient and a patient with a patient were discussed with the patient continued as a patient described with an additional dose of a patient with a patient continued as patient described with an additional dose of the patient and a patient described with an additional dose of the patient and a patient described with an additional dose of the patient and a patient described with an additional dose of the patient and a patient described with an additional dose of the patient and a patient described with an additional dose of the patient and a patien

## B) ICD-9-CM Codes

443.89 440.21 729.5 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-Codes)

786.60 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)

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- Destin
- 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; Worse Country-de Hospital

- Surgical procedure performed on the wrong site \*\*
- Wrong surgical procedure performed \*\*
- Surgical repair of injuries or demage 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
- Any condition that required the transfer of the patient to a hospital.

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| E) List all persons, including license numbers if license have involved in this includent, this would include  | nsed, locating information and the capacity in which e anesthesiologist, support staff and other health  |
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| man of the man was the man of the model of t | <u>UQ</u>  |
| Dr.G. Wiedzwiecki-Anesthesiologist   | WEC8654  |
| Dr. C. MEORORER THE CONTRACTOR   | 3477   |
| Jeroica Sperny Littleton RN - RNO34  | And the same of th |
| Culting TOLACIO, KN - KNOODD 125   |  |
| F) List witnesses, including license numbers if licer  | sed, and locating information if not listed above  |
| See Above  |  |
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| V. SIGNATURE OF PHYSICIAN/LICENSEES  | Property is a second of the se |
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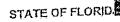
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Page 2 of 2

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## PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

| The Street 3376 Piches  Zip Code County  Ame of Physician or Licensee Reporting  | Telephone License Number & office registration number, if applicable   |
|--|--|
| atient's address for Physician or Licenses Reporting   |  |
| Pallent Information  Age  Pallent Identification Number Purpose Diagnosis ICD-9 Level  | Gende 2013 Medicaid Medicare  10/30/2013 Medicaid Medicare  10/30/2013 Medicaid Medicare  Portifica Visit IND Removal  Portification Visit INT OUL Code for description of Incident Over III  of Surgery (II) or (III)   |
| III. INCIDENT INFORMATION  OSOS Incident Date and Time   | Location of Incident:  Disperating Recovery Room  Other Control  |
| Note: If the incident involved a death, was the medical exam Was an autopsy performed? D Yes @ No.   | niner notified? D'Yes D No   |
| A) Describe circumstances of the incident (narration (use additional sheets as necessary for complete response)  The private the triple of the incident (narration (use additional sheets as necessary for complete response)  The private triple of the incident (narration (use additional sheets as necessary for complete response)  The private triple of the incident (narration (use additional sheets as necessary for complete response)  The private triple of the incident (narration (use additional sheets as necessary for complete response)  The private triple of the incident (narration (use additional sheets as necessary for complete response)  The private triple of the incident (narration (use additional sheets as necessary for complete response)  The private triple of the incident (narration (use additional sheets as necessary for complete response)  The private triple of the incident (narration (use additional sheets as necessary for complete response)  The private triple of the incident (narration (use additional sheets as necessary for complete response)  The private triple of the incident (use additional sheets as necessary for complete response)  The private triple of the incident (use additional sheets as necessary for complete response)  The private triple of the incident (use additional sheets as necessary for complete response)  The private triple of the incident (use additional sheets as necessary for complete response)  The private triple of the incident (use additional sheets as necessary for complete response)  The private triple of the incident (use additional sheets as necessary for complete response)  The private triple of the incident (use additional sheets as necessary for complete response)  The private triple of the incident (use additional sheets as necessary for complete response)  The private triple of the incident (use additional sheets as necessary for complete response)  The private triple of the incident (use additional sheets as necessary for complete response)  The private triple of the | removal of the IUD the FILL Section. The Perfect of State of the restore the subtract of the perfect of of the |
| DH-MQA1030-12/06   |  |

## 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)

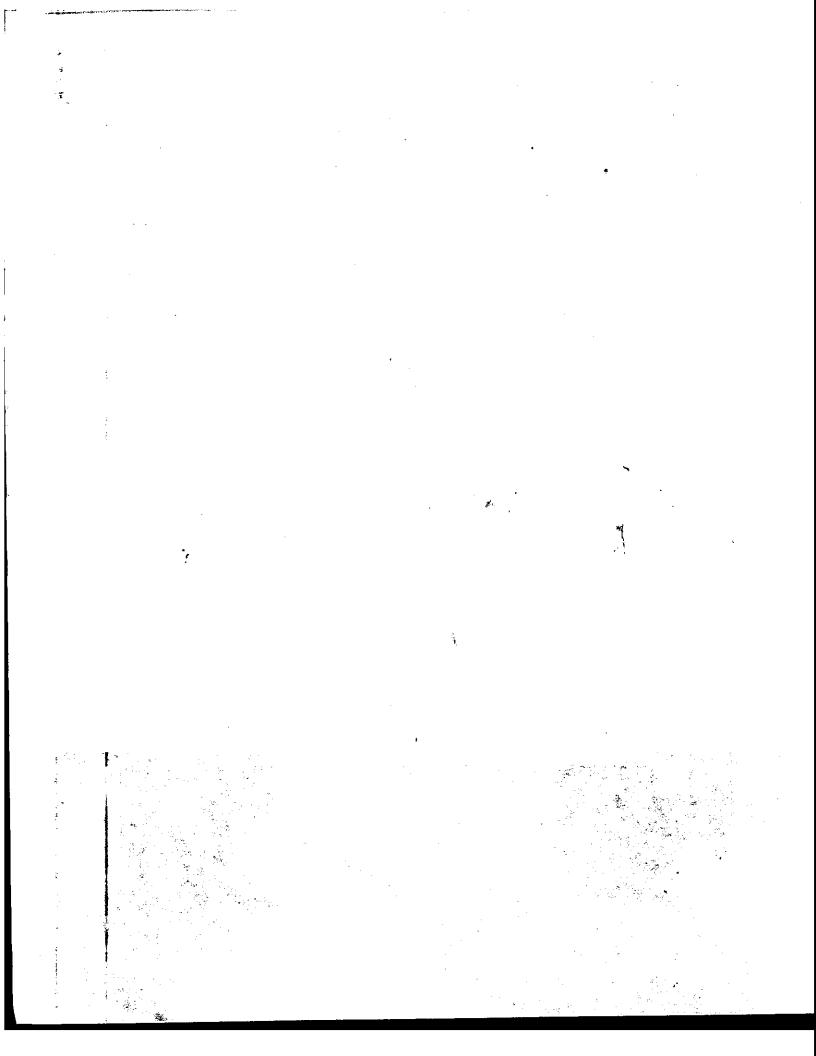
C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

| (Use additional sheets as necessary for complete techniques  |   |
|--|---|
| D) Outcome of Incident (Please check)  | the urong sile to   |
|  | Surgical procedure performed on the wrong site  |
| D Death  | Wrong surgical procedure performed **   |
| D Brain Damage   | CI Surgical repair of injuries or damage from a planned surgical procedure.   |
| Spinal Damage     Surgical procedure performed on the wrong patient.   | re If it resulted in:   |
| A procedure to remove unplanned foreign objects remaining from surgical procedure.   | Death |
| Any condition that required the transfer of the patient to a hospital.   | c: Frecture or dislocation of bones or joints c: Limitation of neurological, physical, or sensory   |
| Outcome of transfer – e.g., death, brain damage, observation only VIDY ON PUL (3) Name of facility to which patient was transferred; C.  | function.  Any condition that required the transfer of the patient to a hospital.   |
| they were involved in this many care providers.  H. W. L. P. M. D. A. E. G. S. M. D. M. M. D. M. D. M. E. G. S. M. D. M. D. M. D. M. D. M. D. M. E. G. S. M. D. | licensed, locating information and the capacity in which clude anesthesiologist, support staff and other health   |
| F) List witnesses, including license numbers if  | licensed, and locating information if not listed above  |
| IV. ANALYSIS AND CORRECTIVE ACT A) Analysis (apparent cause) of this incident tose   | (ION additional sheets as refressory for complete response)   |
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| B) Describe corrective or proactive action(s) take   | en (Use) additional shorts as necessary regrouplets response  |
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| V. SIGNATURE OF PHYSICIAN/LICENS   | FE SUBMITTING REPORT LICENSE NUMBER   |
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DATE REPORT COMPLETED

TIME REPORT COMPLETED

DH-MQA1030-12/06 Page 2 of 2





## 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 G75 Tallahessee, Florida 32399-3275

| Florida Oral Sur<br>Hame of office   | gery   | <del> </del>   | 205 Bellagio Circle Street Address   |
|--|--|--|--|
| Sanford  | 32771  | Seminole   | 407-330-3250   |
| Oliv<br>Oliuck DeWild, I   | Zip Code<br>DMD, MD                                | County   | Tolephone<br>ME 96477; DN 14841  |
| Name of Physician or I   | Jeensee Reporting                                  | ······································   | License Number & office registration number, if applicable   |
| Pallent's address for P  | hysician of License                                | в Керстина   |  |
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|  |  |  | 11/1/13 Cate of Cifice Visit extraction of tooth #19   |
| Parent Joseph Rall (M.)  | hülper<br>Anger                                    |  | Purpose of Office Vielt  |
| Diagnosis  | ,  |  | ICD-8 Code for description of incident   |
|  |  |  | Level of Surgery (II) or (III)   |
| III. INCIDEN   | TINFORMATI   | ON .   |  |
| 11/1/13 9:05 a.m   |  |  | Lacation of incident:  |
| Incident Date and Time   | •  |  | Coperating Record Com  |
| Note: If the incide<br>Was an auto   | nt involved a de<br>ppsy performed i               | eth, was the medical ex<br>' b Yes ip No   | aminer notifled? ¤ Yes. ¤ No.  |
| A) Describe air  | cumstances c                                       | of the incident (narra   | tive)  |
| See attached   | Procedure No                                       | te and Initial Report.   | જ્યું એક્સા તારમ ભાગ ન્યારા ભાગમાં આવેલા છે. જેવા મામલા તાર સ્ટાઇક લેવાના સ્થાન સ્થાન સ્થાન સામા છે. યુન્સ સ્થ<br>-  |
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| C un vibi 3 spain, means weg Calventon annage; quece av  | . Wester i destau gë qënçt tiç si gjar njus rëstan | der ann de gant de faite de data de  | हुत्स्तान साम्युक्तमधूष्ठी।विषयमात्रामकार्यात्रकार वर्षात्र व्यवमास्यक्षात्र स्थापना स्थापना स्थापना वर्षात्र व  |
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| 10D-9-OM Codes   | E878.8  |  | N/A   |  |
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| 27210 urgical, diagnostic, or treatment ocedure being performed at time of cident (ICD-9 Codes 01-99.9)  | Accident, event, circumstances, of specific agent that coused the injury or event (ICD-9 E-Codes) |  | Resulting injury<br>(ICD-9 Codes 800-389,9)                     |  |
| ) List any equipment used if dir<br>(Use additional shoots as responsery for our<br>See attached Procedure Note and<br>b) Outcome of Incident (Please of           | Initial Report  |  | ifile batotued ou the midud also ;;                             |  |
| Death  | g   |  | blocequie belicimes **  |  |
| Brain Damage   |   |  | of injuries or damage from a planned                            |  |
| a Spinal Damage  | C   | surgical proced  | ति। <b>६</b> '<br>ले पर्यंत्रास्त्रे हैं। यहारानुष्ठ प्रतास । ए |  |
| Surgical procedure performed on the  | s wrong patient.  | ≈ if it resulted   |   |  |
| A procedure to remove unplanned for remaining from surgical procedure.   | 1   | Death Death Death Death  | nage<br>mana  |  |
| Any condition that required the trans<br>patient to a hospital.  |   | Definition defigurement not to include the incision sent     Freduce or dislocation of bones or joints     Limitation of neurological, physical, or sefunction.     Any condition that required the transfer of patient to a hospital. |   |  |
| Outcome of transfer—e.g., death, brain<br>observation only d/c stable and impro<br>Name of facility to which patient was t<br>Gentral Florida Regional Hospital    | damage,<br>ived<br>ransferred;  |  |   |  |
| E) List all persons, including floens they were involved in this incident, oare providers. See allached list  F) List witnesses, including floens See flom E above |   |  |   |  |
| IV. ANALYSIS AND CORRE<br>A) Analysis (apparent cause) of this<br>The cause of the patient's comp  |   |  | y for complete response)<br>y asospasm,                         |  |
| B) Describe corrective or proactive<br>A review of the response proces   | action(s) taken (us<br>dure has been con  | a radilional sheets as inducted. All act   | peceestry for complete response) ons taken were appropriate.    |  |

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SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
11/18/13
DATE REPORT COMPLETED TIME REPORT COMPLETED

DH-MQA 1030-12/06 Page 3 of 3

205 Bellagio Circle Sanford, FL 32771 Phone: 407-330-3250 | Fax: 407-330-3209

11/4/2013

Florida Oral Surgery Chuck DeWild, DMD, MD

www.flaoralsurgery.com

Re:

To Board of Meditine Dentistry:

152m 1/1/2013 for tooth #19 extraution viz local anesthesia. She has past medical history which includes:

Hypertensis-Supraventierlar Tachycardia Coronary artery disease Sp Stent Anxiety about devidal extraction (per pt. descorption).

During extraction (of part of her toots) she reported chest pain. Her pail was substernal and did not rochate. I placed her on cardiac monitors. lead I showed normal sims Mythm, bit 12-lead EKG showed invented T-waves invitered of & Brown appiring called 911. She was transported to:

Central Francia Regional Hospital (Sontord, Ft.). She was dischanged on 11/3/2013.

- Chick David mis all #407.340.4159



STATE OF FLORIDA Rick Scott, Governor DOH Consumer Services

## PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

NOV 2 0 2013

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

| The VERN VASAUNT TOST- Numb at office Lutz 33548 Hilstoxium Thanks Kor  | Street Address SIS. 341.4029 Telephone WE 0 567 / OSR 767 Ucense Number & office reglatration number, it applicable   |
|---|---|
| Patient Identification Number Diagnools   | Age Nov. L. Geoder 3 Medicald Medicare  Date of Office Vieth  Furpose of Office Vieth  [CD-9 Gede for description of incident  Level of Surgely (II) or (III)   |
| III. INCIDENT INFORMATION  NOV. 04, 2013 12:23  Incident Date and Time  Note: If the Incident Involved a death, was the medical examin  | Coation of Incident:  Coperating Room  Cher  Conher  Conher |
| Was an autopsy performed? 12 Yes (2No.  A) Describe circumstances of the incident (narrative (use additional sheets as nacassary for complete reoponae)  Of the end of the onvolume to the Stated She felt "turny"  (Verbahy) HW Immediatly hut felts of the State to can pt-  Second TV inserted Afternet Correct phrement verified a ren  (envired of nuted to be respons  When ing puted reaked a Al | elule holding pressure, I became l'un resoure Ne/Apric Thed I in affendance.  Ems carled (Directed Freated a Atropine of Epi It in hibate by MI) Never pt was gaging tube (et) Ne coughnes ! gaging                         |

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| B) ICD-9-CM Codes  | circumstances, or Resulting injury (ICD-9 Codes 800-999.9)   |
|--|--|
| C) List any equipment used if directly involved (Use additional sheets as necessary for complete response)   | d in the incident  |
| D) Outcome of incident (Please check)  | CI Surgical procedure performed on the wrong site **   |
| C Douth  | Mitouti antiglosi biocednie betotuleg ;*      Alibicsi biocednie betotuleg ou tue Miduti aire  |
| O Srain Damage   |  |
| G Spinal Damage  | snidlost brocednie.  |
| 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:  | ** If it resulted in:  Death D |
| E) List all persons, including license numbers if license providers. Yell Mb ME 61567  TOWNS YELL PLOSIGNS  TO NOWWYD ST  VIVE COSTILL PLOSICE  CLEVES C   | censed, locating information and the capacity in which ude aneathealologist, support staff and other health  JON MATCHESE PN 938 1638  Alberto Garage MD LIE 1886  |
| FLIst witnesses, including lipense numbers if lipen | ensed, and locating information if not listed above  |
| IV. ANALYSIS AND CORRECTIVE ACTION All Analysis (apparent cause) of this incident (Uan solds)  | M<br>florid spects as uscassary for complete technology  |
| 1-3 PT MA WELL + SEVI H  | wells usy  |
| B) beacribe corrective of proactive action(s) taken it   | Jsq additional should be necessary for complete responsed  |
| v  | ME 61567   |

DH-MQA1030-12/06 Page 2 of 2



STATE OF FLORIDA Charlie Crist, Governor

# PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

| C/ () Department of 4052 E Tallah  | of Health, Consumer Services Unit<br>Bald Cypress Way, Bin C75<br>Dassee, Florida 32399-3275  |
|--|---|
| Name of office  OFFICE INFORMATION  Name of office  OPON IT CYCEK 33073 BYOLIZING  City  Or. Me had Nessa Reporting  Name of Physician of Licensea Reporting   | Street Address  (954) 817 - 7747  Telephone  Ucense Number & office registration number, If applicable  |
| Patient's address for Physician or Licensee Reporting  II. PATIENT INFORMATION  F  F  Diagnosis  S-COKE  | Age Gerdes Medicald Medicare  Date of Office Visit  Purpose of Office Visit  ICD-9 Code for description of incident  STOCK  Level of Surgary (II) or (III)  |
| III. INCIDENT INFORMATION    V   S   13   D   D   D  | Lecation of Incident:  □ Operating Room □ Other <u>MR1 rocks</u> miner notified? □ Yes □ No   |
| A) Describe circumstances of the incident (narrations and the same as necessary for complete response)  MRI tech (Brent DeVriench) began was sean in mediantely sent him the find HOLD the pt. while he contact the Emergency Room immediantely such a summediantely sent him the summediantely sen | ke, called the radiologist, Mehul Pesai, ke, called the radiologist, Mehul Pesai, is inages pr. Desai instructed Brent fed the referring Dr. D. Amazing loomen. It and have the pt. transported to the A on and report was readily a took the pt. to the hospital at 10:16. |

| 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)   |
|--|--|
| <ul> <li>C) List any equipment used if d<br/>(Use additional sheets as necessary for c</li> </ul>      | lirectly involved in the incident omplete response)  |
|  |  |
| D) Outcome of Incident (Please   |  |
| Dealh .  | Surgical procedure performed on the wrong site **  |
| D Brain Damage   | □ Wrong surgical procedure performed **  |
| 3 Spinal Damage  | Surgical repair of injuries or damage from a planned surgical procedure.   |
| Surgical procedure performed on t  | 1  |
| <ul> <li>A procedure to remove unplanned<br/>remaining from surgical procedure</li> </ul>              | foreign objects Q Death  |
| Any condition that required the transpatient to a hospital.  | nsfer of the Permanent disfigurement not to include the incision scar  |
| Outcome of transfer -e.g., death, brain  | 1  |
| observation only  Name of facility to which patient was  NOThures Mcdical                              | transferred;   Any condition that required the transfer of the   |
| care providers.  "Brent DeVriev  Descrit and neservit  | of Dr. Appreling Gomes   |
| F) List witnesses, including licens Parent Delyrice  | se numbers if licensed, and locating information if not listed above out (Lic. CRT64460), The vest Knight:   |
| noticed. The Rac   | is incident (Use additional sheets as necessary for complete response) FIT I I ty for MRI Brayn When a stroke was I blogget was contricted and finally Dr. Gam   |
| B) Describe corrective or proactive  The Kridioli  and the pt  | e action(s) taken (use additional sheets as necessary for complete response)  1015 to instructed Brent Devicement to Call 9  1115 trunsported to the Emergency Room  |
| V. SIGNATURE OF PHYSIC DATE REPORT COMPL   | IAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  1650 6045  ETED TIME REPORT COMPLETED   |
| DH-MQA 1030-12/06<br>Page 2 of 2   | See & Common and the Common and the Common and the Common and Comm |

Magnostic Professionals, Inc. 1939 West Oakland Park Blvd. Wite 200



Legachment of Hadem Consumor Services With Bis C75
Tollighmissee, FL 32309-3275





STATE OF FLORIDA Rick Scott, Governor



#### PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORMTO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tellahassee, Florida 32398-3275

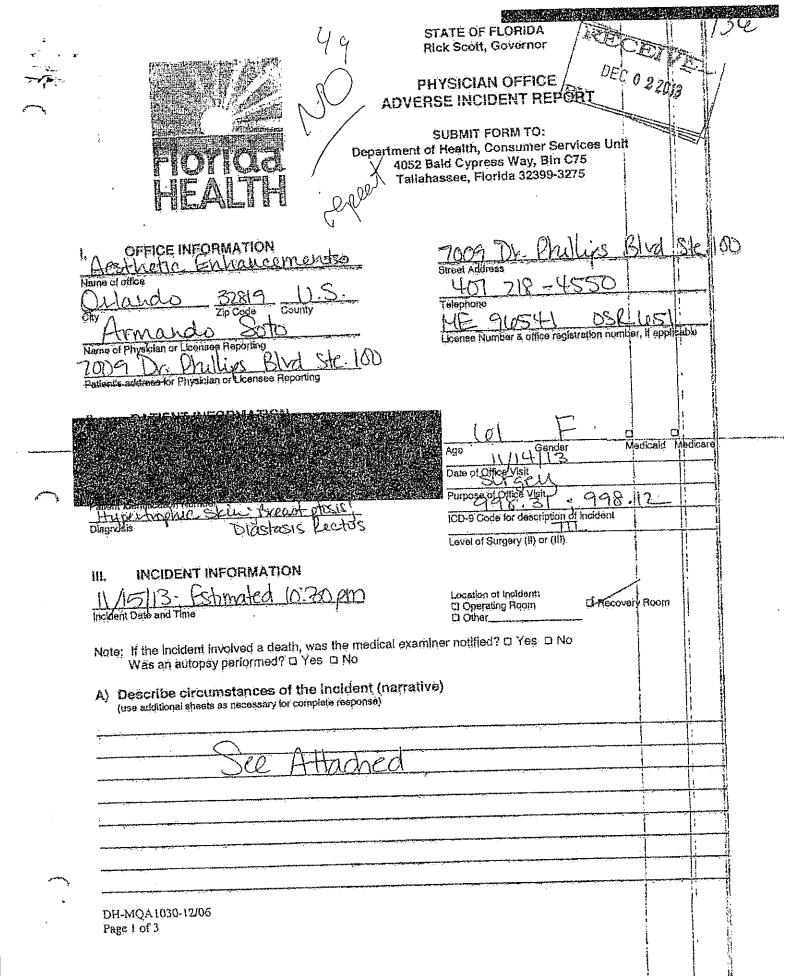
| i. OFFICE IN              | FORMATIO                     | ч                                     | 1110 Lee 81v          | d  |                  |                           |
|---------------------------|------------------------------|---------------------------------------|-----------------------|--|------------------|---------------------------|
| Radiology Regiona         | Center                       | ···                                   | Street Address        |  |                  |                           |
| Name of office            | 22026                        | Lee                                   | (239)344-10           | 000  |                  |                           |
| Lehigh Acres              | 33936                        |                                       | Telephone             |  |                  |                           |
| City                      | Zip Code                     | County                                | ME98397               |  |                  |                           |
| Paul Makhlouf, M          | I.D.                         |                                       | House Names           | A crisce registrate  | n rember, if app | ecopie                    |
| atome of Physician or Lic | zasce Reporting              |                                       | ENGLIS TO THE STATE   |  |                  |                           |
| 3660 Rmadway              | Ave. Fort My                 | ers, Fl. 33901                        |                       |  |                  |                           |
| Patere's address for Pfr  | ysician or License           | е Reparing                            |                       |  |                  |                           |
| Patient Bentilization No. | INFORMATI                    | ON                                    | Perpesse of Office    | maile Bender in Nuclear Medic in Vick 410.9 Viscoption of indo | ine Contisc St   | ∰<br>Nedkard<br>ress Test |
| III. INCIDEN              | T INFORMA                    | TION                                  | Lucation of Inci      | dent:  |                  |                           |
|                           |                              | <del></del>                           | O Operating Po        | oem Eli  | Recovery Room    | 1                         |
| Resident Date and Time    | *                            |                                       | D One have            |  |                  |                           |
| Note: If the incide       | at involved a consy performe | leath, was the medical d? D Yes D No. | examiner notified? CI | Yes (3 No  |                  |                           |

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

The patient was originally scheduled for Nuclear Medicine cardiac rost and stress imaging. The patient was injected with 8.6 mCl Tc99m sestamibl and after 49 minutes the patient was placed on the treatmill for exercise. Within a few minutes of baseline excercise the patient experienced multiple episodes of ventricular excercise, Within a few minutes of baseline excercise the patient exas given 4 liters of 02 via nasal camputa. He tachycardia so the stress portion was cancelled. The patient was given 4 liters of 02 via nasal camputa. He decided to transport the patient to the ED via EMS for 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 interesental territory. extending into the interoseptal territory.

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|---------------------|-----|
| Train to the second |     |

| B) 1CD-9-CM Codes<br>28452   | 9.2  | นกหาดงหา                                     |
|--|--|--|
| ingical diagnostic, or treatment A   | ent, event, droumstances, or<br>fic agent that caused the injury<br>ent. (ICD-9 E-Codes)   | Resulting injury<br>(ICD-9 Coder 800-999-9)  |
| List any equipment used if three additional means resources and the additional means resources and in the complete compl | 14725xxxxx6  |  |
| GE Marquette Series 2000 treat   | II, ADAC Genesys Nucle   | ar Medicine Camera                           |
|  |  |  |
| D) Outcome of Incident passed  |  |  |
| Death  | 1  | dure perionned on the wrong site **          |
| : Srain Demage   | ti Wrong sungica   | ni procedure periormed **                    |
| · -  | C Surgical repair  | r of injuries or danzeje: trom a planned     |
| 3 Spinst Damage  | surgical proce   | dure.  |
| a Surplical procedure performed on the   | \$ #-#.4E2015E27   | icc  |
| <ul> <li>Aprocedure to remove undannec los</li> </ul>  | rubjects D Death<br>D Brain Dan  | nana   |
| remaining from surgical proceduse.   | . In Soine Da  | 2011A  |
| R Any condition that required the same   | Titre C Pennanus<br>Indision s   | तो टाइडिट्राम एक एको बार्च अपने की है जिल्हा |
| गर्वाच्यां स्व स्त्रीतकारोत्री   | S CT Fronting  | or reclaration of bones or joints            |
| Consume of transfer — e.g., ricafa, brain d  | nge  | of neurological physical nescosory           |
| deservation only whom<br>Name of Jacoby to which patient was to  | overed: III Just could   | ition that revised the assister of the       |
| Willish Established to Absolute transfer   | paliant to   | a hospital.                                  |
| E) List all persons, including license<br>they were involved in this incident, it<br>care providers.<br>Paul Makidod, M.D. 14E98987 Nuclei<br>Remon Tores ORF99876 Nuclei  | nysician<br>Medicine Tachnologist  | gist, suppod stell and other hualti          |
| Ed Knapp PM015033 Parar  | âc   |  |
| F) List witnesses, including license   | nbers if licensed, and location  | eveds beteiften Machematica above            |
| sams as obove  |  |  |
| IV. ANALYSIS AND CORRECT AND ANALYSIS AND CORRECT ANALYSIS (apparent value) of this is   | JON I Plan according a present an experient  | ery for complete essperiols                  |
| The patients direct history of angina, with episodes of inchycardia during the   |  | ion and propertional in the competition      |
| (a) Describe corrective or proactive a   |  |  |
| No corrective actions are required.  |  |  |
| Į  | m. O   | Mesery.                                      |
| 7/   | MA ()  |  |
| V  |  | CARCALL GRANGES AND SERVED BURNING AND V     |
| SIGNATURE OF PHYSICIA  | TO STATE OF THE PARTY OF THE PA | ·  |
| SIGNATURE OF PHYSICIA  | 263 9.0  |  |



| B) ICD-9-CM Codes  | 0 998.31 998.12  |
|--|--|
| incident (ICD-9 Codes 01-99.9) or event. (ICD-9 E  | rcumstances, or Resulting Injury (caused the injury (ICD-9 Codes 600-999.9) -Codes)  |
| C) List any equipment used if directly involved (Use additional sheets as secessary for complete response)   | In the incident  |
| D) Outcome of Incident (Please check)  |  |
| Death  | D Surgical procedure performed on the wrong alle   |
| D Brain Damage   | D Wrong surgical procedure performed.**  |
| Spinal Damage  | Surgical repair of injuries or damage from a planned surgical procedure.   |
| Surgical procedure performed on the wrong patient.   | ** it it resulted in:  |
| C A procedure to remove unplanned foreign objects remaining from surgical procedure.   | D Death D Brain Damage D Spinal Damage   |
| Any condition that required the transfer of the patient to a hospital.   | Permanent disfigurement not to include the incision scar     Fracture or dislocation of bones or idents  |
| Outcome of transfer = e.g., death, brain damage, observation only SULLEUL Blowd + YOVSTVSION Name of facility to which patient was transferred;  DV - PVLULUS + toSpI+AL | U Limitation of neurological, physical, or sensory function.  I Any condition that required the transfer of the patient to a hospital.   |
| they were involved in this incident, this would incore providers.  Calcul Wilcox, DW LW 934  Teffrey Lee, MDA ME les  Armando Sto, MD ME 9                               | loansed, locating Information and the capacity in which lude anesthesiologist, support staff and other health 7586 - 7068 - 587 - 654 - censed, and locating information if not listed above |
| IV. ANALYSIS AND CORRECTIVE ACTI<br>A) Analysis (apparent cause) of this incident (use ac  | ON iditional shoots as necessary for complete response)  |
| B) Describe corrective or proactive action(s) taker  | (Use additional sheets as nocessary for complete response)   |
| A THENLO   |  |
| V. SIGNATURE OF PHYSICIAN/LICENSEI   | SUBMITTING REPORT LICENSE NUMBER   |
| DH-MQA1030-12/06<br>Page 2 of 3  |  |

DATE HEPORT COMPLETED

HE REPORT COMPLETED

DH-MQA1030-12/06 Page 3 of 3 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. Philips 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.



51

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

I. OFFICE INFORMATION

Vascular Ord Spine Institute

Name of office

Miami

Street Address

Street Address

Street Address

305 - 598 - 1655

Telephone

OSR 718

License Number & office registration number, if applicable

Same as address for Physician or Licensee Reporting

II. PATIENT INFORMATION

| IL PATIENT INFORMATION       | the analysis and the second of |
|------------------------------|--|
|                              |  |
|                              | Age 11/20 Gendes Medicard Medicare   |
|                              | Parallography w/posible intervention   |
| Palen) identification Number | Purpose of Office 185,9 \ 729.5  |
| Diagnosis                    | ICD-9 Code for description of Iricident  |
|                              | Level of Surgery (II) or (III)   |
| III. INCIDENT INFORMATION    | •  |
| 11/26/13 @ 1305              | Location of Incident:  |
| Incident Date and Tinle      | O Operating Room Confecusive Room O Other  |

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

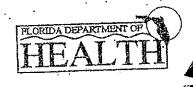
A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

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

DH-MQA1030-12/06 Page 1 of 2

| 3) ICD-9-CM Codes  | E879   | 2 a   | N/A  |                          |
|--|--|---|--|--------------------------|
| Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)                     | Accident, event, circ<br>specific agent that or event. (ICD-9 E- | cumstances, or<br>caused the Injury<br>Codes) | Resulting injury<br>(ICD-9 Codes 800-999.9)        | _                        |
| C) List any equipment used if (Use additional sheets as necessary for  | directly involved (<br>complete response)                        | in the incident                               |  |                          |
| N/A  | -  |   |  |                          |
| D) Outcome of Incident (Plea   | ese check)   |   |  |                          |
| O Death  |  |   | ure performed on the wrong site **                 |                          |
| Brain Damage   |  | D Wrong surgical                              | procedure performed **                             |                          |
| □ Spinal Damage  |  | Surgical repair surgical proced               | of injuries or damage from a planned<br>lure.      |                          |
| Surgical procedure performed o   | n the wrong patient.   | ** if it resulted i                           | nı   |                          |
| A procedure to remove unplann  | ed foreign objects   | ci Death<br>ci Brain Dam                      | age  |                          |
| remaining from surgical procedu  |  | m Spingl Dag                                  |  |                          |
| Any condition that required the patient to a hospital.   | transter of the  | incision so                                   |  |                          |
| ·  | rain damage  |   | of neurological, physical, or sensory              |                          |
| Outcome of transfer – e.g., death, be observation only <u>Heater</u> be Name of facility to which patient with MCCU HOD TO | as transferred:  | function.  G Any condipation patient to       | tion that required the transfer of the a hospital, |                          |
|  |  |   | e di anti dia anno ditti in subit                  | <u>.</u><br>. <u>.</u> . |
| care providers. OSCAY SOCA MD, # ROBERT Alvarez, #   | ent, this would inclu  | physician<br>Hachnoloa<br>924.80267           | 10T: 605)098-1335                                  | 三<br>三<br>三<br>三         |
|  |  |   | ig information if not listed above (305) 598-1555  |                          |
| IV. ANALYSIS AND COM A) Analysis (apparent cause) of The cause Severe peripre  | this incident ruse addle<br>appears to<br>tral Vascul            | have bee<br>ar diseas                         | e and poor circul                                  | eath<br>Cath             |
| B) Describe corrective or proaching was not  | tive action(s) taken (L  | Hobe o  | CCUYETCE. We WI                                    | Щ.                       |
| continue to to   |  | ANTAINE                                       | mé 80319   |                          |
| V. SIGNATURE OF PHY  | SICIAN/LICENSEE S  | SUBMITTING REP                                |  |                          |
| DATE REPORT COM  |  | REPORT COMP                                   | LETED  |                          |

DH-MQA1030-12/06 Page 2 of 2



STATE OF FLORIDA Rick Scott, Governor

DEC 0 5 2013

T BY:

OT PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

 $\overline{\phantom{a}}$ 

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

| 1. OFFICE INFORMATION OPEN ACCESS LIVE LINE LLC:   | 16401 NW 2" Ave # 101  |           |
|--|--|-----------|
| Name of office   | Street Address (305) 949 5333  |           |
| N Miami Beach FC Miami DADE  | Telephone 35 Q D/II/   |           |
| · SANFORD D ALTMAN MO  | Ucense Number & office registration number, if applicable  |           |
| Name of Physician or Licensee Reporting  | And the second s |           |
| Patient's address for Physician or Licensee Reporting  |  |           |
| II. PATIENT INFORMATION  |  |           |
|  |  |           |
|  |  |           |
|  | Date at Office Visit Visit / Apr   |           |
| Patient Identification Number ESRO   | Rurpose of Office Visit 5/8/8/   | ,         |
| Diagnosis  | ICD-9 Code for description of incident  Level of Surgery (II) or (III)   | •         |
| III. INCIDENT INFORMATION  |  |           |
| Novembre 25 2013 1945 hes  | Logation of Incident:  |           |
| Incident Date and Time   | Operating Room   |           |
| Modern Date and Time   | O Other  |           |
| Note: If the incident involved a death, was the medical exa  | miner notified? a Yes a No UNK - @ Hopit   | 797       |
| Value is insident involved a death, was the medical exa  | ~ // */  | 297       |
| Note: If the incident involved a death, was the medical example was an autopsy performed? If Yes I No W  | miner notified? a Yes a No UNK - C Hopit   | PAT_      |
| Note: If the incident involved a death, was the medical example was an autopsy performed? I Yes I No W   | miner notified? a Yes a No UNK - C Hopit   | 297       |
| Note: If the incident involved a death, was the medical example was an autopsy performed? If Yes I No W  | miner notified? a Yes a No UNK - @ Hopit.<br>UK - C Hospital   | PAT_      |
| Note: If the incident involved a death, was the medical example was an autopsy performed? If Yes I No W  | miner notified? a Yes a No UNK - @ Hopit.<br>UK - C Hospital   | PT.       |
| Note: If the incident involved a death, was the medical example was an autopsy performed? If Yes I No W  | miner notified? a Yes a No UNK - @ Hopit.<br>UK - C Hospital   | 776       |
| Note: If the incident involved a death, was the medical example was an autopsy performed? If Yes I No W  | miner notified? a Yes a No UNK - @ Hopit.<br>UK - C Hospital   | 19 Town   |
| Note: If the incident involved a death, was the medical example of the incident (narrate (use additional sheets as necessary for complete response)  Hear Ruim ATTACLES R  | miner notified? c) Yes o No UNK - & Hopital UK - C Hospital Ive)   | PT_       |
| Note: If the incident involved a death, was the medical example of the incident (narrate (use additional sheets as necessary for complete response)  Hear Ruim ATTACLES R  | miner notified? a Yes a No UNK - @ Hopit.<br>UK - C Hospital   | PATE.     |
| Note: If the incident involved a death, was the medical example of the incident (narrations additional sheets as necessary for complete response)  **Rease Review ATTAcks K.**   | miner notified? c) Yes o No UNK - & Hopital UK - C Hospital Ive)   | 79 Fr.    |
| Note: If the incident involved a death, was the medical example of the incident (narrate). Was an autopsy performed? If yes In No. W. W. A.) Describe discumstances of the incident (narrate) (use additional sheets as necessary for complete response).  **Please Review Attached R.** | miner notified? c) Yes o No UNK - & Hopital UK - C Hospital Ive)   | 79 France |

## OPEN APPEC LIFE BAR A

Vasculer Center

November 25, 2013



Performing Physician: Sanford Altman

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

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

| Physical Exam:<br>Examination and Security |   |
|--|---|
| Constitutional Neg                         | Level of distress - Normal,   |
|  |   |
|  | 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 Joss - 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                            | 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-incison > 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 mi/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 continuos 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 inoticed 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 aprubt change in patients condition, Narcan and Romazacon 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 he incident

| Sten |  |
|------|--|
|      |  |
|      |  |

| Stenosis:          | ilimeteration stenosis in stime Post is | Steriosis abailoon Size | Balloonstypex |
|--------------------|---|-------------------------|---------------|
| venous anastomosis | 70%                                     | 8x4                     | Direct Access |
| V-Limb             | 70%                                     | . 8x4                   | Direct Access |

Active Access Sites:

AV graft

Right

arm

**Medications Administered Today:** 

| Timera  | AMedication (C. 1884)   | A Dose % | aunits: | & Route &   | Response We | SIS#Given/By#Sis# |
|---------|-------------------------|----------|---------|-------------|-------------|-------------------|
| 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 | şleepy      | Sanford Altman    |
| 3:33 PM | Omnipaque 300 mgI ml    | 15.00    | mĹ      | 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:

Glucose finger stick Glucose finger stick 70 - 126 mg/dL 44 mg/dL 70 - 126 mg/dL 173 mg/dL

#### Office Procedures/Services:

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 Miarni 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

| ICD-9-CM Codes  |   |
|---|---|
| 35476 E.87  |   |
| gical, diagnostic, or treatment Accident, event, cedure being performed at time of specific agent the dent (ICD-9 Codes 01-99.9) or event. (ICD-9   | circumstances, or Resulting Injury at caused the injury (ICD-9 Codes 800-999.9) E-Codes)        |
| List any equipment used if directly involved (Use additional sheets as necessary for complete response)   | d in the incident   |
| N/A   |   |
| Outcome of incident (Please check)  |   |
| Dea(i)  | G Surgical procedure performed on the wrong site **   |
| Brain Damage  | ☐ Wrong surgical procedure performed **   |
| Spinal Damage   | Surgical repair of injuries or damage from a planned surgical procedure.                        |
| Surgical procedure performed on the wrong patient.  | ** If it resulted in:   |
| A procedure to remove unplanned foreign objects remaining from surgical procedure.  | Death Death Death   |
| Any condition that required the transfer of the patient to a hospital.  | Spinel Damage     Permanent disfigurement not to include the incision scar                      |
| come of transfer – e.g., death, brain damage,   | Fracture or dislocation of bones or joints     Limitation of neurological, physical, or sensory |
| ryation only <u>Dearh</u><br>se of facility to which patient was transferred:   | function.  'a Any condition that required the transfer of the                                   |
| e of facility to which petient was transferred:   | patient to a hospital.  |
| Istall persons, including license numbers if license involved in this includent, this would include providers.  NFONO D. ALTMAN MO (ME 584)  E 207520 ) OLGA PAZOS RN  ANNA FRANCIORE RN (RN 933)  (5162940 ): KANLA ROSEN RN | (RN9207140) Karhel P(JMMUR)<br>8938) HEATU PALMU CAN<br>(RN9209140)                             |
| ist witnesses, including license numbers if lice<br>Note Anchu LON (PN-51629  | nsed, and locating information if not listed above 39) TONSE KUDNI SUEZ TECK                    |
| even Javing, Center   | nominger  |
| ANALYSIS AND CORRECTIVE ACTION analysis (apparent sause) of this incident luse addition when the fireman  | onal cheets as necessary for complete response)   |
| with a year - Conding   | Acres + unichow to tretos   |
| escribe corrective or proactive action(s) taken (us   | se zeiditional sheels as necessary for complete response)                                       |
| <del></del>   |   |
| SIGNATURE OF PRYSICIAN/LICENSEES  | UBMITTING REPORT LICENSE NUMBER   |
| DATE REPORT COMPLETED TIME  | CG/5 has<br>REPORT COMPLETED  |
| MQA 1030-12/06<br>2 of 2  | a pomer carrière i pai me realis epière è sudiffi   |
|   |   |

(FAX)

STATE OF FLORIDA Rick Scott, Governor

## PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

DOH Consumer Services

SUBMIT FORM TO: Department of Health, Consumer Services Unit 4852 Baid Cypress Way, Bin C75 Tallahasses, Florida 32398-3275

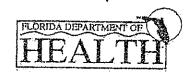
| The Vein Vascular Institute Name of office  Litz City  Zip Code  Columy   | 19189 N. Dale M. Street Address 813. 841. 4020 Telephone                     | abry Huy                         |
|---|--|----------------------------------|
| Alberto Grazales  | Cicenee Number & Office/regulatration in                                     | - //O /<br>number, if applicable |
|   | Age Accomposition of Incident  Level of Surbery (II) or (III)                | Medicald Medicare                |
| III. INCIDENT INFORMATION 13 513 11,00 AM Incident Date and Time  | Location of Incident:  ☐ Operating Room ☐ Other                              | very Room                        |
| Note: If the incident involved a death, was the medical examine<br>Was an autopsy performed? 다 Yes 및 No   | notified? • Yes • No   |                                  |
| A) Describe circumstances of the incident (narrative) (use editional sheets as necessary for complete response)  At Come to Office for An Analyzian  (Afherection ) Of was variable of  Vausates i frame bradycardic according to  Chantside MD made auguste. M | n. Uneventful provi<br>to PACU. pt star<br>implamed about po<br>came to toda | reduce<br>ted feeling<br>side i  |
| uls tech was called for an ult<br>on New Of fluid in Abdomen. Of<br>Ist, lies North Via EMS: for wor  | rasourel which was transfed:   | revided<br>to bospital           |
| DE-MQA1030-12/06 Page 1 of 2  |  |                                  |

| B) ICD-9-CM Codes  A TOTAL Accident, event, a specific agent the incident (ICD-9 Codes 01-99.9)  ACCID-9-CM Codes  Accident, event, a specific agent the or event. (ICD-9)   | NOTE FAILUR VETVO DEVI TOTAL HET Discussed the Injury (ICD-8 Godes 800-898.9) E-Codes)   |  |  |
|--|--|--|--|
| C) List any equipment used if directly involved (Use additional sheets as necessary for complete response)   | I in the incident  |  |  |
| Death  | Surgical procedure performed on the wrong site **  |  |  |
| D Brain Damage .   | ☐ Wrong surgical procedure performed ***   |  |  |
| □ Splnat Damage  | Surgical repair of injuries or damage from a planned surgical procedure.   |  |  |
| 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 tability to which patient was transferred; | # 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 iurction,  Any condition that required the transfer of the patient to a hospital. |  |  |
| E) List all persons, including ilcense numbers if ildensed, locating information and the capacity in which they were involved in this incident, this would include aneuthesiologist, support staff and other health care providers.  HOWD SWAM ME WAST RU NWAWO EST  JON KURNEY BY KN919918  MDC 03014 PT CET 6 556                |  |  |  |
| 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 (the printens sheets so necessory for complete rections)  WHITE DEVICE OUT WITH SERVICE CHERRY   |  |  |  |
| B) Describa corrective or preactive action(s) taken (use stiditional physics at necessary for complete response)  TRANTICK TO MOSPITAL BUY GMS   |  |  |  |
| V. SIGNATURE OF PHYSICIAN/LICENSEES  DATE REPORT COMPLETED TIME  | LICENSE NUMBER  REPORT COMPLETED   |  |  |

DH-MQA1030-12/06 Page 2 of 2







STATE OF FLORIDA Rick Scott, Governor

# PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

DEC 1 6 2013

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

| I. OFFICE INFORMATION   | Wal about and a  |
|---|--|
| Name of office Open Access Lifeline 16401 NW Zad Avenue   | 16401 NW 2" Ave Ste 101<br>Street Address<br>(305) 948 5333  |
| City Suite Zin County SAN FOLD  | Altman Telephone 3353  |
| North Miami Beach, FL 53169 M. D. Name of Physician of Licenses Reporting                                 | 05R 744  |
| Same  | License Number & office registration number. If applicable   |
| Palleni's eddress for Physician or Licensee Reporting   |  |
| Patient  dentification Number   | Age 12- Agender 013 Medicald Medical Date of Office Visit 996.73   |
| Diagnosis   | ICD-9 Gode for description of Incident   |
|   | Level of Surgery (II) or (III)   |
| III. INCIDENT INFORMATION   |  |
| 12-09-13 1703 hrs<br>Incident Date and Time   | Location of incident:  © Operating Room  Chother   |
| Note: If the incident involved a death, was the medical Was an autopsy performed? If Yes In No.           | UNK-@ HOSO   |
| A) Describe circumstances of the incident (nar (use additional sheets as necessary for complete response) | rative)  |
| PKASE REVIEW ATTACK   | · •  |
| THIS ISSUED PATTER  | NED REPORT   |
|   |  |
|   |  |
| 3   | And the second s |
|   |  |
|   |  |
|   |  |
|   |  |

Page 1 of 2

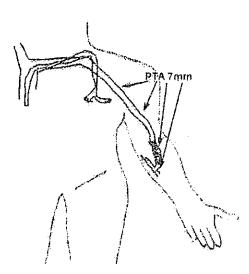
Vascular Center

December 9, 2013



Age: 52 years Performing Physician: Sanford Altman

was seen in our office today for glotted fistula and glotted 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 | Evany! |
|----------|--------|

| Citasirai eveitit |          |  |
|-------------------|----------|--|
| Exam              | Findings | Details  |
| Constitutional    | Neg      | Level of distress - Normal.  |
| Neck Exam         | Neg      | Range of motion - Normal.  |
| Çardiovascular    | 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 | catheter placed. Fistula was not declotted. Patient referred for atempted  |
| •                 |          | fistula declot without use of thrombolitics. 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 Q2 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 7French 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 02 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:**

Туре

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 | <u>Lidocaine</u>             | 4.00   | mĹ    | 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 | mĝ    | 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

Hematocrit

Test

Hemoglobin

Potassium

Interpretation Value 34 - 47% 39,8%

12 - 16 gm/dL 11.2 gm/dL 3.5 - 5.2 4.6 mmol/L

mmol/L

#### Office Procedures/Services:

Assessment Service

Fentanyl 50 mcg Lidocaine 4 mL

Methylprednisolone injection 200 mg Midazolam Hydrochloride 1.50 mg

Comments

Dialysis Center Instructions:

Attempted Declot 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 fishtula, clotted catheter

Post-operative diagnosis: clotted fisrtula, clotted catheter, fistula declot, respiratory distress, EMS

Today's Assessment: End Stage Renal Disease

Ç.

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



| Simple Codes  Francisco |
|--|
|--|



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

| OFFICE INFORMATION  The Vascular Group of Naples  Name of office  All 03 Collier  City Zip Code County  De Alvaro Zumna  Name of Physician or Licensee Reporting  2450 Greatelle RAN Modes F1.34/03  Patient's address for Physician or Licensee Reporting Suk 182   | 2450 Goodlette RAN Suite/0 Street Address 239-643-8794 Telephone ME12801 License Number & office registration number, if applicable                   |
|--|---|
| Payent Identification Number LAT Claudication 440, 21 Diagnosis  | Ags 12-10-13 Medicald Medicare  Date of Office Visit  Purpose of Office Visit  ICD-9 Code for description of incident  Level of Surgery (II) or (III) |
| III. INCIDENT INFORMATION    2-10-13-0-09-00  Incident Date and Time   | Location of Incident:  Operating Room Oliner  |
| Note: If the incident involved a death, was the medical exammed was an autopsy performed? I Yes I No MA  A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response)  Refarmed Foreign Body in Artery (Fractured, Ancell Stand to be transferred in Africa hospital for removal) | niner notified? □ Yes □ No  |
| DH-MQA1030-12/06<br>Page 1 of 2  |   |

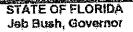
| B) ICD-a-Clat Codes  | 1 5-141  | 7                                      | 11/1   |  |  |
|--|--|--|--|--|--|
| 440.21   | Accident, event, circumstances, or Resulting Injury              |  | Resulting Injury   |  |  |
| Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)  Accident, event, circumstances, or resulting injury (ICD-9 Codes 800-999.9)  Specific agent that caused the injury or event, (ICD-9 E-Codes) |  |  |  |  |  |
|  | involved in t  | ha incident                            |  |  |  |
| C) List any equipment used if directly (Use additional sheets as necessary for complete r  | eshouse)   |  |  |  |  |
| Cool Ansell Sheath   | · 7Fr 4.   | 5cm                                    |  |  |  |
| (WC IIII-II)   |  |  | •  |  |  |
| D) Outcome of Incident (Please check)  |  |  | of formed on the wrong site as   |  |  |
| ල Death  |  | •                                      | ire performed on the wrong site **   |  |  |
| g Brain Damage   | Ď  |  | procedure performed **   |  |  |
| Spinal Damage  | ٥  | Surgical repair of<br>surgical procedu | finjuries or damage from a planned lire.   |  |  |
| Surgical procedure performed on the wron   | g patlent.   | ** if it resulted in:                  |  |  |  |
| A procedure to remove unplanned foreign remaining from surgical procedure,   | objects  | C Death C Brain Dama                   | ge   |  |  |
| Any condition that required the transfer of patient to a hospital.   | the  | Permanent of incision scale            | disfigurement not to include the r   |  |  |
|  |  | ☐ Fracture or of Limitation of         | dislocation of bones or joints<br>f neurological, physical, or sensory   |  |  |
| Outcome of transfer - e.g., death, brain damage observation only   |  | tunction.                              | ·  |  |  |
| Name of facility to which patient was transfe  | fled:  | D Any condition patient to a           | on that required the transfer of the hospital.   |  |  |
| Naples Community Hospita   | 1  | farital acts of                        |  |  |  |
| E) List all persons, including license nurthey were involved in this incident, this vare providers.  LINDA HAMS RON RNO Tordan Martin LET 743  James Ferran CET 57046  TOLA Zamara ME 12 801  F) List witnesses, including license nur               | 1177764<br>1-9<br>5  | aties the storo Åis                    | a, auppoir van en agreement  |  |  |
|  |  |  |  |  |  |
| A) Analysis (apparent cause) of this incidence of the ched of  | /E ACTION<br>ent Wse additional                                  | sheets as necessary f                  | for complete response)   |  |  |
| B) Describe corrective or preactive action   | ı(s) taken (Usə ac   | iditional sheets as nec                | ceasery for comblete response)   |  |  |
| Emorgent Surgen  | 1  |  | The state of the s |  |  |
| V V  | J  |  |  |  |  |
| v  |  |  | NE, 12801  |  |  |
| SIGNATURE OF PHYSICIANILI  | SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER |  |  |  |  |
| DATE REPORT COMPLETED  | TIME RE  | PORT COMPLE                            | TED  |  |  |
| DH-MOA 1030-12/06  |  |  |  |  |  |

DH-MQA1030-12/06 Page 2 of 2

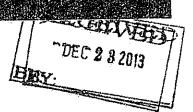


1 of 2 pages Form # DH-MQA1030- created 2-00; revised 3-24-03





## PHYSICIAN OFFICE ADVERSE INCIDENT REPORT



epart

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

| L. OFFICE INFORMATION SWFL FOCIAL PLASTIC SURgery THO  | · 9407 CYDIESS Lake Dr. Suite  |
|--|--|
| Nome of office   | Streat Address   |
| Fort Myers 33919 USA   | 239-437-3900   |
| City Zip Code County   | Tabphone   |
| Samantha Dabillo   | en 979 413 4   |
| Name of Physician or Licensee Reporting  | Uconse Number & office registration number, if applicable  |
| Paliant's address tool Physician or Liggiesea Reporting  |  |
| Fort Myers, FL   |  |
| Comment of The Hard Market Parks and the Comment of |  |
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|  | Ā  |
|  | $\frac{1}{2}$  |
|  |  |
|  |  |
| Diagnosis  | ICD-9 Code for description of incident   |
|  | Level of Surgery (if) or (iii)   |
| III. INCIDENT INFORMATION 40 -1/1/12   |  |
|  |  |
| 11. INCIDENT INFORMATION 12-14-13  | t mades of brokens   |
|  | Location of Incident:  © Operating Rm  |
| 12-15-13 89200 1400 Incident Date and Time   | Operating Rm O Recovery Rm Other Home  |
| 12-15-13 89200 1400 Incident Date and Time  Note: If the incident involved a death, was the medical examine  | Operating Rm O Recovery Rm Other Home  |
| Note: If the incident involved a death, was the medical examine Was an autopsy performed? © Yes © No   | Operating Rm O Recovery Rm Other Home  |
| 12-15-13 89200 1400 Incident Date and Time  Note: If the incident involved a death, was the medical examine  | Operating Rm O Recovery Rm Other Home  |
| Incident Date and Time  Note: If the incident involved a death, was the medical examine Was an autopsy performed? D Yes D No  A) Describe circumstances of the incident (narrative) (use additional cheets as necessary for complete response)   | © Operating Rm © Recovery Rm Pother Home   |
| Incident Date and Time  Note: If the incident involved a death, was the medical examine Was an autopsy performed? D Yes D No  A) Describe circumstances of the incident (narrative) (use additional cheets as necessary for complete response)   | © Operating Rm © Receivery Rm Pother Homes   |
| Incident Date and Time  Note: If the incident involved a death, was the medical examine Was an autopsy performed? D Yes D No  A) Describe circumstances of the incident (narrative) (use additional cheets as necessary for complete response)  12-10-13 Pt CYYIVED to SU)  Scheduled facelift. 12-11  | glcal center-for  To post-op day 1 pt  |
| Incident Date and Time  Note: If the incident involved a death, was the medical examine Was an autopsy performed? 5 Yes 5 No  A) Describe circumstances of the incident (narrative) (use additional cheets as necessary for complete response)  12-10-13 Pt cirrived to sure Scheduled face lift. 12-11 taken back to or for Herri   | a Receivery Rim  proting Rim  proting Home  rottlied? a Yes a No  a Receivery Rim  proting Rim  proting Rim  proting Rim  proting Rim  Receivery Rim  proting Rim |
| Incident Date and Time  Note: If the incident involved a death, was the medical examine was an autopsy performed? of Yes o No  A) Describe circumstances of the incident (narrative) (use additional cheets as necessary for complete response)  12-10-13 Pt arrived to sure Scheduled facelift. 12-11 taken back to or for Herry post op day 2 pt taken by  | a Recovery Rim  pother Home  rnotlfied? a Yes a No  Calcal Center for  T3 post-op day 1 pt  vatoma evacuation 12-12-13  ack to or for hematoma   |
| Incident Date and Time  Note: If the incident involved a death, was the medical examine Was an autopsy performed? of Yes o No  A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)  12-10-13 Pt cirrived to sui  Scheduled facelift. 12-11  taken back to or for Herr post op day 2pt taken be evacuation. 12-14-13 pt calle  | a Recovery Rim  Frother Home  rnothlied? a Yes a No  Talcal center for  T3 post-op day 1 pt  natoma evacuation 12-12-13  ack to or for hematoma  d with incresed pain  |
| Incident Date and Time  Note: If the incident involved a death, was the medical examine was an autopsy performed? of Yes o No  A) Describe circumstances of the incident (narrative) (use additional cheets as necessary for complete response)  12-10-13 Pt arrived to sure Scheduled facelift. 12-11 taken back to or for Herry post op day 2 pt taken by  | a Recovery Rim  pother Home  rnotlified? a Yes a No  Calcal center for  13 post-op day 1 pt  natoma evacuation 12-12-13  ack to or for hematoma  d with in cresed pain  ack to affice for reevaluation.  |
| Incident Date and Time  Note: If the incident involved a death, was the medical examine Was an autopsy performed? of Yes o No  A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)  12-10-13 Pt cirrived to sui  Scheduled facelift. 12-11  taken back to or for Herr post op day 2pt taken be evacuation. 12-14-13 pt calle  | a Recovery Rim  Frother Home  rnothlied? a Yes a No  Talcal center for  T3 post-op day 1 pt  natoma evacuation 12-12-13  ack to or for hematoma  d with incresed pain  |
| Incident Date and Time  Note: If the incident involved a death, was the medical examine Was an autopsy performed? of Yes o No  A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)  12-10-13 Pt cirrived to sui  Scheduled facelift. 12-11  taken back to or for Herr post op day 2pt taken be evacuation. 12-14-13 pt calle  | a Recovery Rim  pother Home  rnotlfied? a Yes a No   a post-op day 1 pt  natoma evacuation. 12-12-13  ack to are for hematoma  d with in cresed pain  ack to affice for reevaluation.  ark medical center at  b. Pt v.s.s stable and   |

| B) ICD-S-CM Codes   |   |                              | 008.12  |  |
|---|---|------------------------------|---|--|
| Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-89.9)                              | Accident, event, of specific agent that or event. (ICB-9 E-Codes)                       | CSńżed Me wh                 | Resulting injury ry (ICD-9 Codes 800-899.9)   |  |
| C) List any equipment used if (Use additional sheats as necessary for   |   |                              |   | AL PROPERTY OF THE PROPERTY OF |
| D) Outcome of Incident (Pross   | e check)  |                              | does the usene site **  | war hadayan  |
| D Death   |   | <b>}</b>                     | ocedure perform ed on the wrong site **   |  |
| •   | !   | ☐ Mtoud srit                 | gioal procedure performed **  | ļ  |
| O Brain Damage O Spinal Damage  | ,   | g Surgical re                | peir of injuries or damage from a plann<br>poedure  | ed   |
| Surgical procedure performed on   |   | " If it resu                 |   |  |
| A procedure to remove unplanne<br>remaining from surgical procedure   | e<br>d foreign objects  | g Death<br>a Brain           | Demage  |  |
| Any condition that required the tr  | ensier outcome of   | D Spina                      | Damage anent defigurement not to include the  |  |
| Outcome of transfer - e.g., death, brobservation only   |   | a Limita                     | ure or dislocation of bones or Johns<br>ation of neurological, physical, or senso<br>ion; | ry   |
| Name of facility to which patient wasterned Henthours   |   | E Any o                      | condition that required the transfer<br>ome of the patient                                |  |
| E) List all persons, including lice were directly involved with the Samantha Dabil Linda Ross-Pede Stephen Prencity Amy Carlery, Se | ense numbers if lic<br>is incident<br>IS, RN, S<br>eyson, CR<br>ille, MD,<br>cyub, Tech | 2N 9294<br>NA , AR<br>ME 819 | NP 192742<br>Ole  | ch they  |
| F) List witnesses, including licer  | so numbers if lice  | nseci, and locali            | ing information if not listed above   | . A Commonweal St. V   |
| IV. ANALYSIS AND COR<br>A) Analysis (apparent cause) of   | PREPARE APPE  | ON<br>distant sheets as ne   | consumptor complete reaponse)  Owd 2. Dresented   | lwith  |
| rematoma form   | D031-05   | ve furned                    | to or for evacuat   | ion of ated by mo  |
| B) Describe corrective or project   | lve action(s) taken d to beo  | (Upo poditional shee         | medical center  | STEVE Bleeding<br>HOMNO  |
| 10 110  | ニベレー あいとりしん   | $\rho \vee \rho \vee \alpha$ | THE TAXABLE PROPERTY  | ا ۱۳۰۰ اشتعداد   |

Form # DH-MQA1030- created 2-00; revised 3-24-03

17-19-13 DATE REPORT COMPLETED

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

DATE REPORT COMPLETED

TIME REPORT COMPLETED

LICENSE NUMBER

V.



STATE OF FLORIDA Charlie Crist, Governor

DEC 2 8 2013

# 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

| 를 보고 있다는 것이 없는 것이 되었다. 그렇게 들고 있는 것이 되었다고 있다고 있다.<br>1945년 - 1일 - 1945년 1일 교회 중에 보고 있는 것이 되는 것이 되었다. 그런 그렇게 되었다.  |  |
|--|--|
| 1. Q OFFICE INFORMATION + Brock  | 11945 San Jose Blw   |
| Name of office   | Street Address 904 2112-5333   |
| City Zip Code County   | Telephone  |
| -tork Kaner 15   | 7 10   |
| Name of Physician or Licensee Reporting  | License Number & office registration number, if applicable   |
| Patient's address for Physician or Licensee Reporting  |  |
|  |  |
| II. PATIENT INFORMATION  |  |
|  | AC 11B   |
|  | Date of Office Visit Nove  |
|  | Purpose of Office Visit  |
|  | GICD-9 Code for description of incident  |
|  | Level of Surgery (II) or (III)   |
|  | 그는 물 등 가는 살림이 한 다른 살이다. 이 가는 사람들은 그 가는 사람들은 그 가는 것 같아. 그를  |
| III. INCIDENT INFORMATION  |  |
| 12/16/13   | Location of Incident:  |
| Incident Date and Time   | Other Other  |
| Incident Date and Time  Note: If the incident involved a death, was the medical examin   | Other Other  |
| Incident Date and Time  Note: If the incident involved a death, was the medical examination was an autopsy performed? ☐ Yes ☐ No.  | Operating Room Other  Or notified?  Yes  No  |
| Incident Date and Time  Note: If the incident involved a death, was the medical examin   | Operating Room Other  Or notified?  Yes  No  |
| Incident Date and Time  Note: If the incident involved a death, was the medical examine Was an autopsy performed? ☐ Yes ☐ No.  A) Describe circumstances of the incident (narrative jusc additional sheets as necessary for complete response)  P+ WWW. HAWW. HAWW.  | Operating Room Other  Or notified?  Yes  No  |
| Incident Date and Time  Note: If the incident involved a death, was the medical examined was an autopsy performed? The thought of the incident (narrative just additional sheets as necessary for complete response)  Hudrender Hamiltonian Hamiltonia | Operating Room Other  ner notified? Tyes Tho  Procedural Alaction  Droce Room  Alaction  Droce Room  Alaction  Droce Room  Dro |
| Incident Date and Time  Note: If the Incident Involved a death, was the medical examining was an autopsy performed? Yes INo  A) Describe circumstances of the incident (narrative jusc additional sheets as necessary for complete response)  H. W. W. H. H. W. H. W.   | Operating Room Other  Ther notified? Tyes Tho  Abolition  Pre Resort Abolitic Abolition  Pre Resort Abolitic Abolition  Pre Resort Abolition  Pre  |
| Incident Date and Time  Note: If the incident involved a death, was the medical examining was an autopsy performed? The Thomas an autopsy performed? A Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response)  The walk of the incident (narrative (use additional sheets as necessary for complete response)  The walk of the incident (narrative (use additional sheets as necessary for complete response)  The walk of the incident (narrative (use additional sheets as necessary for complete response)  The walk of the incident (narrative (use additional sheets as necessary for complete response)  The walk of the incident (narrative (use additional sheets as necessary for complete response)  The walk of the incident (narrative (use additional sheets as necessary for complete response)  The walk of the incident (narrative (use additional sheets as necessary for complete response)  | Operating Room Other  ner notified? Tyes Tho  Procedural Alaction  Droce Room  Alaction  Droce Room  Alaction  Droce Room  Dro |
| Incident Date and Time  Note: If the Incident Involved a death, was the medical examining was an autopsy performed? The Thomas Thomas The Incident (narrative just additional sheets as necessary for complete response)  However the last th | Doparating Room Other  Ther notified? Tyes Tho  About the Room  Th |
| Incident Date and Time  Note: If the incident involved a death, was the medical examining was an autopsy performed? The Tho  A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response)  H. W. W. H. H. W. H. H. W. W. W. H. W. W. W. H. W. W. W. H. W.   | Doparating Room Other  Ther notified? Tyes Tho  Abolition  Dre exoration by the object of the object |
| Incident Date and Time  Note: If the incident involved a death, was the medical examining was an autopsy performed? The Tho  A) Describe circumstances of the incident (narrative jusc additional sheets as necessary for complete response)  Physical Additional Sheets as necessary for complete response)   | Specovery Room Other  ner notified? Yes No  Leconstruction  Pre exaction Abolition  Pre exaction by the control of the control |

DH-MQA1030-12/06

Page 1 of 2

| B) ICD-9-CM Codes Project  |  |
|--|--|
| Surgical, diagnostic, or treatment procedure being performed at time of incident, (ICD-9 Codes 01-99.9)  Accident, event, or specific agent the or event. (ICD-9 E   | caused the latury (ICD-3 Codes accessors)  |
| C) List any equipment used if directly involved  | in the incident  |
| D) Outcome of Incident (Please check).   | for all on the aurops site **  |
| Death  | Surgical procedure performed on the wrong site **  |
| Brain Damage   | Wrong surgical procedure performed **  |
| Spinal Damage  | Surgical repair of injuries or damage from a planned surgical procedure.                                   |
| Surgical procedure performed on the wrong patient,   | *** If it resulted in:   |
| A procedure to remove unplanned foreign objects remaining from surgical procedure.   | Death Brain Damage Spinal Damage   |
| Any condition that required the transfer of the patient to a hospital.   | Permanent disfigurement not to include the incision scar.  Fracture of dislocation of bones or joints      |
| Outcome of transfer - e.g., death, brain damage,   | Limitation of neurological, physical, or sensory function.   |
| observation only Name of facility to which patient was transferred:  | patient to a hospital.   |
| E) List all persons, including license numbers if it<br>they were involved in this incident, this would inc  | censed locating information and the capacity in which ude enesthesiologist, support staff and other health |
| TON LOKE LAS IN  | 260471   |
| Toud Kasse No ME   | 4/72)  |
|  |  |
| the second of th |  |
| IV. ANALYSIS AND CORRECTIVE ACTIVE ACTIVE ACTIVE A) Analysis (apparent cause) of this incident (use sale   |  |
| In Exoration Essentia  | 1 - Hyperterisin   |
|  | N. Ale   |
| B) Describe corrective or proactive action(s) taken  | (Use saditional diservatives neconatary for complete manpones)   |
| Midricy Mondanis.  |  |
|  | SUBMITTING REPORT LICENSE NUMBER   |
| SIGNATURE OF PHYSICIAN/LICENSEE  | 1X08   |
| DATE REPORT COMPLETED TIME DH.MOA1039-12/06  | E REPORT COMPLETED   |

Page 2 of 2

DH-MOA1030-12/06 Page 1 of 2



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

| 1, OFFICE INFORMATION Ft. Louderdeule Access Conter   | 3601 W. Commercial Blue.<br>Strool Address Suct 21   |
|---|--|
| Name of office  |  |
| Ft-Lunderdelle 33309 Broward  | 954- 497-2161<br>Telephone   |
| A. Kamra Md   | OSR 719  |
| Name of Physician of Licensee Reporting   | License Number & office registration number, if applicable   |
| 3601 W. Commercial Blvd. Sut 21   |  |
| Patlent's address for Physician or Licensee Reporting Ff. Laude dec   | le FL  |
|   | Age Gender Medicaid Medicare  Date of Office Visit.  Mathunchoning dialysis cultive.   |
| Patient Identification Number AL Thrombus   | Fullose of Camera Albit  |
| Diagnosis   | ICD-9 Gode for description of Incident   |
|   | Level of Surgery (II) or (III)   |
| III. INCIDENT INFORMATION   |  |
| December 17, 2013 1:48 PM Incident Date and Time  | Location of Incident:  C Operating Room C Other  |
| Note: If the incident involved a death, was the medical examin Was an autopsy performed?   Yes   No NA              | er nolified? a Yes a No NA   |
| A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response)     | )  |
| Patient was referred to the Access Central Dialysis cuthefor. LIP, DR. A. Kamra P.                                  | les for poorly Functioning typneled  |
| Dialysis cutheter. LiP, or. Hi kamper p   | erroymed an suc Gupera vena cana, angular  |
| as well as a Right II technister exchange was not aspirating with easen Additional notes a right atrial thrombus DR | ge. Dr. Kama noted the atternal port   |
| noted a right atrial thrombus DR  | Kanna species with the The parent  |
| and the partial's primary rephrologist the Ge   | idh. to discuss findings and Pun affeire   |
| much throughout and vital figure were stabilities the   | te me Cales was them formed via out to   |
| the study was sent along with a vargent to help the treatmy we have a better  | ich to discuss tindings pure Pum affeire as a war of the transfer of the trans |
|   |  |
|   | And the state of t |