

Personel arrived. Pt answering questions. vs 119/61 p72  
OzSats 100%. Report given to EMS responder via Dr Duffy,  
pt transported to Baptist ER. It was released from Baptist  
ER later that afternoon. Add note: Dr Duffy performed  
Abd ultrasound to assess for possible bleeding and noted  
pt to be hemostatically stable with no bleeding noted.

[illegible]

**BOOK REVIEW**

44-38861-100  
FBI  
FEB 1966

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*[Faint, illegible markings]*

SECRET

1. *Pharmaceutical industry* – The pharmaceutical industry is a major contributor to the U.S. economy, with sales of over \$200 billion in 2000. The industry is characterized by high R&D costs, long development times, and high barriers to entry. The industry is also heavily regulated by the FDA.

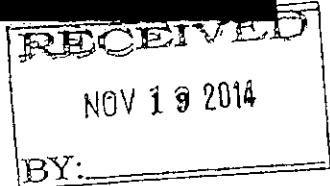
WOLFF, G. 1993. *Phylogeny and Biogeography of the Fishes of the Order Cyprinodontiformes*. Ph.D. thesis, University of California, San Diego.

10. The above is a true and correct copy of the original.

[illegible][illegible]



STATE OF FLORIDA  
Rick Scott, Governor



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Guaflocat Kinnithomas and Voular  
Name of office Surgeons Office  
Fort Myers 33901 Lee  
City Zip Code County  
Dr. Michael Novotney  
Name of Physician or Licensee Reporting

8010 Summerlin Lakes Dr. Ste. 100  
Street Address  
339-939-1767  
Telephone  
ME80304 / D82891  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted]  
Patient Identification Number  
NPH Healing Wounds RIE, PVD  
Diagnosis HTN, DM

78 F  
Age Gender  
10/28/2014 Date of Office Visit  
Medicaid Medicare  
Purpose of Office Visit 99812  
ICD-9 Code for description of incident  
Level of Surgery (II) or (III)

possible  
and/or plastic  
surgery, arthroscopy  
and/or thrombectomy, thrombolytics.

III. INCIDENT INFORMATION

10/28/2014 @ 1230  
Incident Date and Time

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

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

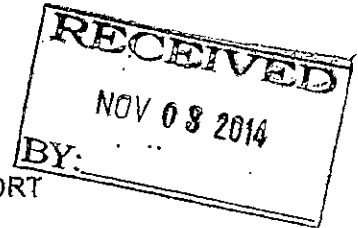
A) Describe circumstances of the incident (narrative)  
(use additional sheets as necessary for complete response)

Ph arrived to office in AM for procedure. Taken to procedure area. Intraoperative period uneventful. Once ph slid into stretcher to go to Post Op Area - 0950 swelling noted to Lt groin puncture site. Manual pressure immediately applied. Manual pressure continued until approx. 1200 and then leg restraint applied to prevent ph from moving. At 1230 check area that was previously outlined by Dr. Novotney was larger and firmer to palpation. Ph denied increase in pain. Dr. Novotney @ bedside and decision made to transfer ph to hospital for further treatment of Lt femoral groin hematoma. ERIS/911 contacted for transport. ER doctor contacted via phone by Dr. Novotney.



STATE OF FLORIDA

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT



SUBMIT FORM TO:  
Department of Health, Consumer Services Unit  
4052 Bald Cypress Way, Bldg C75  
Tallahassee, Florida 32399-3276

I. OFFICE INFORMATION

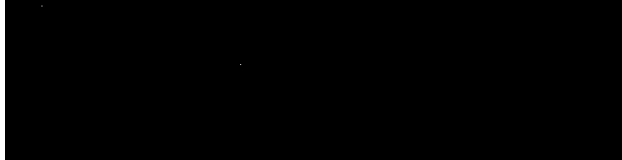
Lifestylia Lift  
Name of office Street  
Maitland 32751  
City Zip Code County  
DR. Weikel, Anthony  
Name of Physician or Licensee Reporting

151 South Hall Lane Suite 175  
Address  
407-622-7288  
Telephone

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION



78yo Age B Gender ☐ Medicald ☒ Medicare

of Office Visit

of Office Visit

Code for description of Incident

of Surgery (II) or (III)

Diagnosis ICD-9

Level

III. INCIDENT INFORMATION

10/29/2014 1:30 PM  
Incident Date and Time

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

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

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

Pt. was scheduled for face lift under local + PO  
Sedation: She received .3mg Clonidine - 1 hr  
before incident and subsequently was given 20mg  
of Valium. About 15-20 minutes after Valium,  
pt developed Epigastric pain + hypotension 80/30  
with 80 Pulse bps. - 911 was called and  
responded in 5 minutes - EKG NSR - IV started  
+ Pt. transferred to FL Hospital Altamonte Springs  
She was admitted - No Evidence of AMI on EKG or

B) ICD-9-CM Codes

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

Prep Surgery  
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)

N.A.

D) Outcome of Incident (Please check)

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

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

Anthony Weikel MD LIC # ME118797  
Amanda Brown Surgical Tech  
Amanda Wachter Surgical Tech

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

AMANDA WAGNER

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pt. was pre op. for free lft and received 3mg clonidine  
1hr. earlier + 20mg Valium. She developed epigastric pain.

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

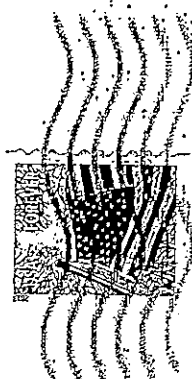
I checked her pulse 80 bpm  
Called 911 - They started IV and transferred patient

V.

Crist M. Wilk MD ME118797  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER  
10/28/2014 4:30 PM  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

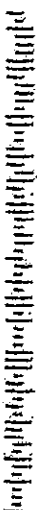
Lifestyle Lift  
157 Birchhall Lane Suite 175  
Maitland, FL 32751

ORIGINATING FL 3281  
30 OCT 2014 PM 3 L



Department of Health, Consumer Service Unit  
4052 Bald Cypress Way, BIN C75  
Tallahassee, FL 92299

92399701752



B) ICD-9-CM Codes

37227  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

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

998.12  
Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

Michael Nordling - ME 80304  
Amanda Reker - RN 379892  
Suzanne Helfert - RN 109130  
Breanna Weeks - CRT 759107  
Aldia Ramirez - CRT 101350

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

CSI Representative Jackson Reid  
Work Medical Representative Jeremy Stouck - CRT 41537

IV. ANALYSIS AND CORRECTIVE ACTION

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

Hematoma due to patient moving post-op

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

Close monitoring by Pt & Staff / Pt Family to bedside for emotional support.  
Ice strap placed over knee to keep legs still. Manual pressure applied x 3 hours.  
Pain med given IV & 5 - 6 percs.

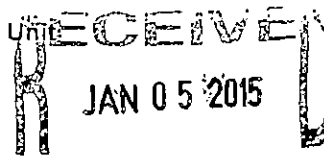
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STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

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



I. OFFICE INFORMATION

QUEST SURGERY CENTER  
Name of office

HIACAH 33012 DADE  
City Zip Code County

ORLANDO LORENTE MD  
Name of Physician or Licensee Reporting

\_\_\_\_\_  
Patient's address for Physician or Licensee Reporting

1738 WEST 49th STREET  
Street Address

305 262 6070  
Telephone

OSR - 857  
License Number & office registration number, if applicable  
1514

II. PATIENT INFORMATION

\_\_\_\_\_  
Patient's Address

53904  
Patient Identification Number  
UNACCEPTABLE COSMETIC APPEARANCE  
Diagnosis

\_\_\_\_\_  
Age 10/30/14 Gender FEMALE ☐ Medicaid ☐ Medicare  
Date of Office Visit Cosmetic Surgery  
Purpose of Office Visit Possible Still  
ICD-9 Code for description of incident \_\_\_\_\_  
Level of Surgery (II) or (III) (III)

III. INCIDENT INFORMATION

10/30/14 1205  
Incident Date and Time

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

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

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

THE PATIENT APPEARED TO HAVE EXPERIENCED AN EPISODE OF  
BRONCHOSPASM UPON INDUCTION OF ANESTHESIA, AND  
INTUBATION. THE SURGICAL PROCEDURE WAS NOT  
PERFORMED. THE PATIENT WAS KEPT INTUBATED AND  
TRANSFERRED TO PALM SPRINGS HOSPITAL AS  
A PRECAUTION.

(PLEASE SEE ATTACHED NOTES)

## Progress Notes

Name: [REDACTED]

Date: \_\_\_\_\_

10/30/14 procedure aborted

BIO

PATIENT'S OXYGEN SATURATION IN THE MID 80'S UPON INTUBATION, HICP (40'S) AIRWAY PRESSURE ON VENTILATOR AND DIMINISHED BREATHSOUND @ LUNG. OXYGEN SATURATION SPURST TO 99% ON 100% OXYGEN P ALBUTEROL, LABEAL, STEROIDS, AND LASIX BP 99/50 O2SAT 99% BELOW ARRIVAL OF EMS. PATIENT WAS STILL UNDER EFFECTS OF GENERAL ANESTHESIA. PATIENT TRANSPORTED TO PALMS SPRINGS HOSPITAL

*[Signature]*





STATE OF FLORIDA  
Rick Scott, Governor

RECEIVED

NOV 13 2014

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT BY:

SUBMIT FORM TO:

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

I. OFFICE INFORMATION

The Cardiac and Vascular Institute  
Name of office

Gainesville 32605 Alachua  
City Zip Code County

Dr. Arthur C. Lee  
Name of Physician or Licensee Reporting

?  
Patient's address for Physician or Licensee Reporting

1151 NW 1st Terrace  
Street Address

352/375-1212  
Telephone

ME 90119/OSR 805  
License Number or office registration number, if applicable

II. PATIENT INFORMATION

[Redacted Patient Information]

Rutherford Cl III claudication, leg & recurrent  
Diagnosis occlusion of (L) SFA stent

59 F ☒ Medicaid ☒ Medicare  
Age Gender

10/31/14  
Date of Office Visit

Planned atherectomy, angioplasty and stent  
Purpose of Office Visit

E-879.9  
ICD-9 Code for description of incident

II  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10/31/14 @ 1500  
Incident Date and Time

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

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

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

Pt. underwent successful recannulization of (L) SFA stents w/ atherectomy and drug eluting stents. The arteriotomy site (R groin) was closed with an Angio-Seal device. The procedure ended at 1453. Pt was received in post procedure holding at 1504, at which time she immediately began complaining of numbness and pain in (R) foot. Dr. Lee immediately came to bedside and ordered emergent return of pt to cath lab. Ultrasound confirmed suspected closure of (R) common femoral artery, secondary to placement of Angio-Seal. Dr. Lee attempted to recannulize the occlusion but was unable to cross the lesion. EMS was called. Vascular surgeon Alex Rim was contacted by Dr. Lee. Pt transferred to NFRMC via EMS @ 1630.

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

<u>440.21</u>	<u>E 899.9</u>	<u>444.22</u>
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)

Angio-Seal by St. Jude Medical

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

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.  Outcome of transfer – e.g., death, brain damage, observation only <u>successful surgical repair - 11/10/2014</u> Name of facility to which patient was transferred: <u>North Florida Regional Medical Center</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input checked="" type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**

Arthur Lee, MD (90119) - performing physician; Erik Hill, RN (9295036) - sedation provider and recovery monitor; Carlee Welch, RCIS (00079231) - scrub nurse; Marianne Thompson, RCIS/CVT (0000013817) - Monitor - circulating; Elizabeth Padgett, RCIS (00088926) - monitor and recording; Jamey Spencer, CVT - recovery monitor

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

N/A

**IV. ANALYSIS AND CORRECTIVE ACTION**

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

The case was Peer Reviewed and no deviations from the clinical or procedural standard of care were noted. Thrombosis is a known potential risk of Angio-Seal.

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

St. Jude publication "Angio-Seal Evolution Vascular Closure Device; Instructions for Use" reviewed.

**V.**

<u>ME90119</u>	<u>ME90119</u>
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
<u>November 10, 2014</u>	<u>0840</u>
DATE REPORT COMPLETED	TIME REPORT COMPLETED

<sup>ON 11/18</sup>  
Melinda Lacena, MD Medical Director  
Lic # ME 109505

Home 219 N. 18<sup>th</sup> St W

Bradenton, FL 34205

# (805) 607-8342

Office. 1274 N. Palm Ave SRQ, FL 34236

Jessie Markock, RN

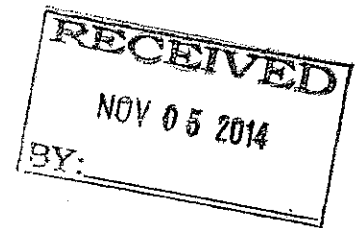
Lic # RN 3196252

1188 Tahiti Parkway

SRQ, FL

34236

(941) 586-1718



Stephanie Blas

Lic # ARNP 1580462

3408 Ponce Drive

Bogton Beach

33435

# 561 (254) 6303

INCIDENT REPORT  
CONFIDENTIAL - NOT A PART OF MEDICAL RECORD

Incident Date 10/23/14 Time 7:00 AM/PM  
Day of the Week Thursday Shift: ☒ Day ☐ Evening  
☒ Patient ☐ Visitor ☐ Other

PATIENT INFORMATION

Admitting

Diagnosis: Abdominal cavity, laparoscopic  
hypomastax breast plates

Treatment Program: abdominoplasty + fat  
graft to breast. Transverse abdominis in abdomen

BRIEF DESCRIPTION (attach additional page, if needed)

[REDACTED] 4x asthma, underwent abdominoplasty and breast lift;  
after surgery in recovery, [REDACTED] was hypoventilating and unable to  
hold SATs > 80% on litera of O<sub>2</sub>; Surgeon decided to admit [REDACTED]  
to Blake Hospital for observation. [REDACTED] was brought to hospital via  
Ambulance; chest x-ray showed (R) lower lobe atelectasis; patient stayed in  
hospital for 48 hours, much improved; on D/C O<sub>2</sub> SATs 98% on Room Air  
Wanda Lawrence

Patient / Family aware of incident? ☒ Yes ☐ No By Whom? Dr. Lacerna spoke with

[REDACTED] on phone.  
A. LOCATION OF INCIDENT: ☐ Pre-Op ☐ OR ☒ PACU ☐ Other

TYPE OF INCIDENT (Check only the one that most applies)

B. FALLS

☐ Slip / fall ☐ Found on Floor ☒ Other N/A

C. MEDICATION VARIANCE N/A

☐ Contraindication ☐ Omission of dose ☐ Wrong Patient  
☐ Extra Doses ☐ Wrong Dose ☐ Wrong Route  
☐ Confirmed Adverse Drug Reaction ☐ Wrong Drug / IV Solution ☐ Other

D. TREATMENT OR PROCEDURE VARIATION

☐ Consent not Documented ☐ Consent / Different from procedure Performed  
☐ Surgical Count Unresolved ☐ Surgical Count / Retained Foreign Body  
☐ Cancellation / after Induction ☐ Unscheduled return to OR/within 72 hours  
☐ Delayed while under Anesthesia ☐ Complication following Surgery  
☒ Unplanned Hospital Transfer ☐ Omitted Procedure  
☐ Inability to complete procedure/ without complications  
☐ Other

E. INFECTION

☐ Infection / confirmed N/A  
☐ Urinary Tract Infection

F. EQUIPMENT / PRODUCT RELATED INCIDENT N/A

☐ Defective ☐ Electrical Shock ☐ Improper Use ☐ Wrong Equipment ☐ Electrical Problem ☐ Malfunction  
☐ Equipment Unavailable ☐ Other

EQUIPMENT TYPE:

MODEL #:

MANUFACTURER:

SERIAL #:

G. MISCELLANEOUS N/A

☐ AMA / Elopement ☐ Fire / Thermal ☐ Struck by/against Object  
☐ Patient Abuse ☐ Contraband possession ☐ Loss / Theft / Damaged Property  
☐ Security Issues ☐ Patient Complaint ☐ Exposures / Biohazard or Chemical  
☐ Other

TRANSFERRED TO BLAKE Hospital

#### H. MEDICAL TREATMENT

- ☐ Not Applicable ☐ Offered ☐ Refused ☐ Obtained ☐ Referred for Further Treatment ☒ Emergency Room
- ☐ Physician Name: \_\_\_\_\_
- ☐ Notified Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Address: \_\_\_\_\_

#### I. NATURE OF INJURY SUSTAINED (Check only the one that most applies)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Abrasion, Bruise, Contusion          | <input type="checkbox"/> Electric Shock         | <input checked="" type="checkbox"/> Respiratory Impairment ATELECTASIS |
| <input type="checkbox"/> Aggravation / Pre-Existing Cond.     | <input type="checkbox"/> Embolism/DVT           | <input type="checkbox"/> Skin Irritation                               |
| <input type="checkbox"/> Amputation                           | <input type="checkbox"/> Fracture               | <input type="checkbox"/> Sprain / Strain                               |
| <input type="checkbox"/> Burn                                 | <input type="checkbox"/> Hematoma               | <input type="checkbox"/> Vascular Impairment                           |
| <input type="checkbox"/> Cardiopulmonary Arrest               | <input type="checkbox"/> IV Infiltration        | <input type="checkbox"/> Wound Disruption                              |
| <input type="checkbox"/> Concussion                           | <input type="checkbox"/> Laceration             |  |
| <input type="checkbox"/> Contagious Disease                   | <input type="checkbox"/> Neurologic Impairment  |  |
| <input type="checkbox"/> Death / at Facility                  | <input type="checkbox"/> Phlebitis              |  |
| <input type="checkbox"/> Death / Following Hospital Transfer  | <input type="checkbox"/> Pulmonary Embolism/DVT |  |
| <input type="checkbox"/> Death / Within 72 hours of discharge | <input type="checkbox"/> Puncture               |  |
- ☐ None / Not Applicable
- ☐ Other \_\_\_\_\_

#### J. RELATED FACTORS ( Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Bed Position HI/Low               | <input type="checkbox"/> Improper Footwear          | <input type="checkbox"/> Seeking Attention         |
| <input type="checkbox"/> Bowel / Bladder problems          | <input type="checkbox"/> Language Barrier           | <input type="checkbox"/> Side rails down           |
| <input type="checkbox"/> Call light not in reach           | <input type="checkbox"/> Medical/Surgical Condition | <input type="checkbox"/> Unable to Follow Orders   |
| <input type="checkbox"/> Employee did not follow Procedure | <input type="checkbox"/> Refused orders             | <input type="checkbox"/> Vision Impaired           |
| <input type="checkbox"/> Floor Wet / Obstructed            | <input type="checkbox"/> Restraint not in place     | <input type="checkbox"/> Visitor assisting Patient |
| <input type="checkbox"/> Horseplay / Rowdiness             | <input type="checkbox"/> Safety Device not used     | <input type="checkbox"/> Unexpected Movement       |
| <input type="checkbox"/> Other _____                       |   |  |

#### K. CONFIDENTIAL SEVERITY LEVEL

- ☐ LEVEL 1 EVENT IS NOT RELATED TO ILLNESS OR INJURY / NO APPARENT INJURY
- ☒ LEVEL 2 OCCURRENCE THAT CAUSES TEMPORARY ILLNESS OR INJURY, WHETHER OR NOT PHYSICIANS/NURSE/OTHER/PRACTITIONER INTERVENTIONS REQUIRED
- ☐ LEVEL 3 INJURY WITH POTENTIAL FOR COMPLICATION / FOLLOW UP REQUIRED
- ☐ LEVEL 4 MAJOR INJURY, OCCURRENCE IS POTENTIALLY LIFE THREATENING, IMMEDIATE PHYSICIAN/NURSE/INTERVENTIONS REQUIRED
- ☐ LEVEL 5 OCCURRENCE RESULTING IN DEATH WITHIN 72 HOURS

#### WITNESSES

Name MELINDA LACORNA, MD Address 1274 N. PALM AVE

Telephone Number 941-954-4500 City/State/Zip SARASOTA FL 34236

Name Stephanie Address 3402 Diane Drive

Telephone Number 941-254-6303 City/State/Zip 15862 Fort Beach 33435

#### EMPLOYEE PREPARING REPORT

Printed Name Terese Maibach Date / Time 10/27/14 10am

Title RN

#### RISK MANAGEMENT/ADMINISTRATOR/PHYSICIAN/QUALITY IMPROVEMENT

Signature Terese Maibach, RN Date / Time 10/27/14 am

was exposed. Was sent to ER & admitted. CXR, CT scan  
negative for mass process. MRA showed no acute process.

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

EGD with biopsies - 43239

Colonoscopy with biopsies & polypectomy - 45380

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

None  
Accident, event, circumstances, or  
specific agent that caused the injury  
or event. (ICD-9 E-Codes)

None  
Resulting injury  
(ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

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

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

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

O. Andrew Giles, M.D. performed EGD & colonoscopy - License # ME 46924

John O'Dell Genert, M.D. Anesthesiologist - License # ME 87839; Richard Ottati, CRNA # 71475; ARNP 3379882;

Pamela Baker, RN - License # RN 9202386 - Admitting Nurse; Susan Holt, LPN - License # N 476031 - Tech Position; <sup>helped bring pt to ER.</sup>

Cynthia Nottage, LPN - License # PN1340551 - Float Nurse; Christine Serafini, LPN License # PN5152042 - Recovery Room Nurse;

Marsha Moran, RN - License # RN3122362 - Recovery Room RN; Angela E. Corallo, RN - License # RN1678832 - Endoscopy Nurse Manager - <sup>helped bring pt to ER.</sup>

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

Same as above

**IV. ANALYSIS AND CORRECTIVE ACTION**

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

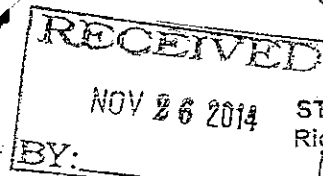
See attached notes

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

Patient was brought to South Seminole Hospital for further evaluation.

V.

*O. G. Jones*  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT  
10-15-14  
DATE REPORT COMPLETED  
11:30 a.m.  
TIME REPORT COMPLETED  
ME 46924  
LICENSE NUMBER



STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Vascular Access Center of Jacksonville  
Name of office

Jacksonville 32216 Duval  
City Zip Code County

Dr Sara Clark  
Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

6830 Southpoint Parkway Suite 1  
Street Address

904-296-4106  
Telephone

ME119747  
License Number & office registration number, if applicable



ME # 9798  
Patient Identification Number  
ES215  
Diagnosis

66 Female  
Age Gender

11/14/14  
Date of Office Visit  
Left Arm Fistulogram  
Purpose of Office Visit

ICD-9 Code for description of incident  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

11/14/14 1400  
Incident Date and Time

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

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

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

See Additional sheet for description of incident



**Description of incident (type here):** 1337: Pt to recovery area and noted to be drowsy and lethargic. Pt remained in recovery bay for observation. 1400: Maria, Medical Assistant, was dressing patient when the patient was noted to be difficult to arouse. MA attempted to speak loudly to pt and also rub the patient's arms. 1415: The patient started to improve by opening her eyes and making eye contact. Seemed was more alert but was having trouble speaking, slurring words. Drooling also noted. 1435: Narcan 0.4 mg was administered IM in her right deltoid per order from Dr Clark. 1440 became more alert and oriented, but continued to have difficulty speaking as words were still slurred. Pt was having trouble getting her words out. 1440: blood glucose was performed. blood glucose was 117. Pt had equal muscle strength bilaterally, no drift noted when her arms were held out in front of her, slight right facial droop noticed upon smiling, was able to firmly grip with both hands. Decision was made to have patient transported to St. Vincent Medical Center (SVMC) Southside for further evaluation. Jacksonville EMS arrived at 1445, report given to the lead paramedic. Patient transferred from the facility at 1500. 1523—FMC Lem Turner Dialysis Center RN informed of patient being sent to SVMC-Southside for further evaluation. BF

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

996.13, 585.6  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

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

Resulting injury  
(ICD-9 Codes 800-999.9)

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

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

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

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

Elizabeth Hamilton RT ARRT 394211/CRT6624

Byron Felder RD 49186629

Maria Nunez MA

Tracy Rimmer RD Center manager RD9323041

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

**IV. ANALYSIS AND CORRECTIVE ACTION**

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

PT seemed to just have difficulty waking after sedation. PT was sent to hospital as a precautionary measure to ensure she wasn't having a CVA

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

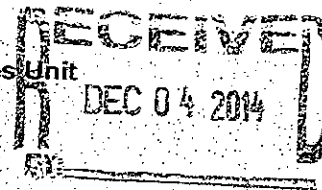
Note will be made in patient's chart as an alert to her low tolerance to the moderate sedation



STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

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



I. OFFICE INFORMATION

Name of office Sarasota Interventional Radiology

City Sarasota, FL Zip Code 34232

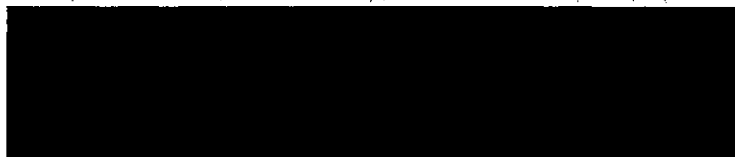
Name of Physician or Licensee Reporting D. Shawalter / Vicki Johnson

Street Address 600 N. Cattlemans Rd.

Telephone 941-378-3231

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting



Patient Identification Number 12689

Diagnosis

Age 80 Gender F ☐ Medicaid ☒ Medicare

Date of Office Visit 11-19-14  
Purpose of Office Visit Angiogram with runoff LE

ICD-9 Code for description of incident 11

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Incident Date and Time 11-19-14

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

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Transported to stretcher w end of procedure - pt suddenly unresponsive. Respirate - 4/min  
DRS called. Ambu, crash cart, monitors attached - pulse present / DRS  
Attempted intubation x1 unsuccessful -> Ambu 3 prob oral amyg in fluids +  
Narcantylone, Flumazenil 0.2g IV, Respirate spont increasing. Protasol  
was started 0855 - 15mg had been given over 10 min. B/P 126/66  
before disconnection for moving to stretch - pt had offered no  
complaints & responded quickly with verbal stimulation through  
anesthetic - HR 70 c pacu - B/P 149/90 in proced room - Ambu  
-> PACU - albuterol inhal Rx given - pt responding appropriately & O2 sat  
B/P stable - approx 10:15 - Nurses performed DRS & myself then  
Pt was increasing SOB start 94% on mask - 911 called & Dr Shawalter  
Requested transport to SHH - responsive to verbal questions and albuterol  
treatment given while waiting for EMS Vicky Johnson

B) ICD-9-CM Codes

440.23

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

V. Johnson CRNA ARNP 922572  
Dr. Showalter MD ME60158  
V. Knolter RN RN 9168677  
L. Waters RN RN 2882632

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

PRESUMED PROTAGAMINE REACTION - NO Hx of SUCH AN ALLERGY

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

NO PROTAGAMINE IN FUTURE

V.

SHOWALTER MD  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

60158  
LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

11/2/14

1030AM

DAVID SHOWALTER MD



STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

DOH Consumer Services

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

DEC 09 2014

I. OFFICE INFORMATION

Palm Beach Endovascular  
Name of office

West Palm Beach 33407 PB  
City Zip Code County

Dr. Manuel Mendon  
Name of Physician or Licensee Reporting

4020 N Dixie Hwy WPB FL 33407  
Patient's address for Physician or Licensee Reporting

1620 N Dixie Hwy  
Street Address

(561) 833 0770  
Telephone

ME79234  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

33000  
Patient Identification Number  
440.21 - Claudication  
Diagnosis

76 Male ☐ Medicaid ☒ Medicare  
Age Gender

11/21/14  
Date of Office Visit

Left lower ext. selective angiogram  
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4/21/14  
Incident Date and Time

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

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

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

Selective angiogram Left lower extremity  
with angioplasty performed for severe occlusive  
disease of Popliteal artery. Patient developed  
small non-expanding hematoma @ groin.  
After ~3 hr observation, upon ambulating  
to bathroom developed syncope episode.  
Self limited. Pt. transferred to hospital for  
further monitoring on stable conditions

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

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

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

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

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

Maria Mercado RN 9325993

Dr. Manuel Mendez ME 79234

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

Sue Rodriguez,

**IV. ANALYSIS AND CORRECTIVE ACTION**

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

Syncope episode are expected event after angiogram.  
Due to age and prior medical hx. Hospital observation  
Indicated

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

**V.**

[Signature]  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 79234  
LICENSE NUMBER

11/21/14  
DATE REPORT COMPLETED

4:00 PM  
TIME REPORT COMPLETED



STATE OF FLORIDA  
Charlie Crist, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

I. OFFICE INFORMATION

InterVasc @ Bay Radiology  
Name of office

Panama City 32401 Bay  
City Zip Code County

Scott Ramey, MD  
Name of Physician or Licensee Reporting

527 N. Palo Alto Ave.

Street Address

850-873-3990

Telephone

ME 41727 / DSR # 1664

License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Name

Patient's Address

162733

Patient Identification Number

440.1 Renal Artery Stenosis

Diagnosis

Age

Gender

☐ Medicaid ☒ Medicare

Date of Office Visit

Renal Angiogram

Purpose of Office Visit

440.1

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

12-09-14 @ 1055

Incident Date and Time

Location of Incident

☒ Operating Room

☐ Recovery Room

☐ Other

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

Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

please see attached typed narrative

## B) ICD-9-CM Codes

440.1  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

440.1  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

## D) Outcome of Incident (Please check)

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

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

Scott Ramey, MD - MD performing procedure - ME 41727  
Blake Holly, RT - Direct pt. care - CRT 55788  
Sianna Forehand, RN, CCRN - Direct pt. care - RN 9179305  
Stephen Almond, RT - Direct pt. care - CRT 73853

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

Victoria Santer, RN - RN 9225761

## IV. ANALYSIS AND CORRECTIVE ACTION

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

a known possible complication, all current techniques and policies are satisfactory, policy change is not applicable

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

N/A

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 41727  
LICENSE NUMBER

12/16/14  
DATE REPORT COMPLETED

1415  
TIME REPORT COMPLETED



December 9, 2014

Attachment to Physician Office Adverse Incident Form

Re: [REDACTED] DOB: [REDACTED]

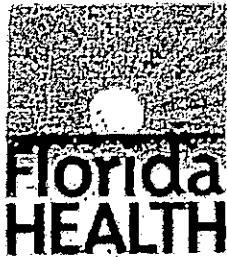
DX: Renal Artery Stenosis, 440.1

Procedure: Renal Angiogram

Narrative of circumstances of the incident:

Patient was undergoing a renal angiogram. Patient was brought to the procedure room at 0853. Initial BP 236/110, HR 63 Sinus rhythm, SPO2 100%. Procedure was started at 0915 by Dr. Ramey to pt.'s right groin. After sedation started over time pt.'s BP was averaging 150-180 systolic with diastolic 70-89. Stents were placed in the Right Renal Artery and Right external iliac artery. Patient started to develop pain and was medicated per MD orders at 1014. BP at 1015 was 247/100, HR 55 SB, SPO2 99%. Patient was still complaining of pain and was given medication at 1025, BP at 1025 was 240/107, HR 56 SB, SPO2 97%. Patient's BP/HR/ SPO2 as follows: 1030 BP 245/119, HR 55 SB, SPO2 97%. 1035 BP 226/107, HR 61 SR, SPO2 99%. 1040 BP 164/83, HR 59 SB, SPO2 94%. 1045 BP 144/84, HR 56 SB, SPO2 94%. 1050 BP 136/79, HR 51 SB, SPO2 97%. 1055 BP 91/59, HR 51 SB, SPO2 98%. MD aware of significant BP decrease, patient immediately started on NS fluid bolus at 999cc/hr. Patient evaluated and complained of some minor cramping. The physician was concerned that there could be bleeding but was unable to find evidence of contrast extravasation from the completed right kidney on the post stent angiogram. The left renal artery was difficult to stent and there was concern that there could be bleeding from the left renal artery, although angiogram was negative. The physician continued to try and place a covered stent in the left renal artery in case that was the site of occult bleeding but was unsuccessful. 1105 BP up to 160/84, NS rate decreased to 400cc/hr. 1118 patient re-evaluated, color change to pale/ashen, patient abdomen palpated, patient grimaced with pain, and abdomen remains soft. 1120 BP slowly decreasing again, now at 119/69, NS increased back to 999cc/hr. 1144 patient complaining of abdominal pain across lower abdomen, abdomen slightly tighter upon palpation, patient voided 400cc clear, yellow urine via urinal. BP ranging from 94-132 Systolic and 59-75 diastolic during time frame of 1130-1230. Finally, stopped procedure and patient was to be transferred to BMC for CT of the abdomen to evaluate for retroperitoneal bleed. 1210 procedure complete, Perclose deployed to pt.'s right groin access site. Hemostasis obtained at 1213. 1220 EMS called. 1225 Dr. Ramey speaking with ED physician via phone. 1236 patient transferred to BMC ER via EMS, at this time patient was A&O x 4, BP 103/60, HR 59 SB, SPO2 100%, patient complaining of abdominal pain with feelings of needing to have a bowel movement. Per Dr. Ramey and ER MD discussion patient was to go into CT scan on arrival to BMC ER. Total fluid bolus of 1406cc/NS administered.





201422443 16,  
STATE OF FLORIDA  
Rick Scott, Governor.

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

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

RECEIVED  
DEC 30 2014

I. OFFICE INFORMATION

Vascular & Interventional Painw.

Name of office

ST Pete 33713 Pinellas

City

Zip Code

County

Channa Nwobi MD

Name of Physician or Licensee Reporting

3300 38th Ave N. ST Pete FL 33713

Patient's address for Physician or Licensee Reporting

3300 38th Ave N.

Street Address

727-827-2993

Telephone

ME100633

OSR933

License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient's Address

Patient Identification Number

440.22 Atherosclerosis of native arteries  
of extremities with rest pain

Diagnosis

Date of Office Visit

12/09/2014

Purpose of Office Visit

458.0 Orthostatic

ICD-9 Code for description of incident

Level of Surgery: (II) or (III)

III. INCIDENT INFORMATION

Incident Date and Time

12/09/14 0800

Location of Incident:

☐ Operating Room

☐ Other

☒ Recovery Room

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

Was an autopsy performed? ☐ Yes ☐ No

N/A

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

see attached sheet. JB

B) ICD-9-CM Codes

88.48

996.70

129.92 / 285.9

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

N/A

D) Outcome of Incident (Please check)

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

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

Surgeon: Dr. Anna W. W. MD ME100633

Primary Nurse: Kelly Gree RN92100516

Secondary Nurses: Talyn Buros RN9294412

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

None

IV. ANALYSIS AND CORRECTIVE ACTION

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

Failure of closure device and inadequate left groin pressure femoral access.

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

See attached narrative. Proactive action moving forward is creation of new policy & procedure. See attached sheet.

V. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT ME100633  
 12/23/2014 1000  
 DATE REPORT COMPLETED TIME REPORT COMPLETED

Time 2020. Femstop applied to Left groin @ 90 mmHg of pressure in procedure room. Orders for Femstop to remain in place for 1 hour then to be released at 2120. Pt to remain flat in bed for total of 2 hours. Ambulation time 2220.

Time 2025. Pt transferred to Recovery room via stretcher on 3L NC, cardiac, BP, O2 Sat, RR monitoring. Pt tolerated transfer well.

Once in recovery room monitor set to take vitals every 5 minutes per protocol, left/right groin and left upper thigh site and Bilateral PT pulses checked every 5 minutes x3, then every 10 minutes x3, then every 15 minutes thereafter. Vitals and left groin hematoma remained stable. ~2100 Mild drainage noted in right groin site. Scant drainage noted on upper left thigh site. Dr. Nwobi notified. 2120 Femstop removed. Slow trickling bleed noted in Right groin and left upper thigh sites. Dr. Nwobi at bedside to hold manual pressure for 15 minutes. ~2130 SBP noted to be trending in the 80's with a MAP in the 50's. Monitor continues to check BP every 3-5 minutes while BP remains labile, continuous cardiac and O2 sat monitoring. Dr. Nwobi at bedside and remains at bedside. 500 ml Normal Saline bolus. Pt BP improved, SBP 90's to low 100's, MAP  $\geq$  60. 2143 pt states [REDACTED] feels sick and begins to dry heave. 4 mg Zofran IV given with good results. Left groin hematoma, right groin site and left upper thigh site remain stable; bilateral PT pulses remain intact. Pt remains responsive throughout ordeal.

2220 BP remains stable. Orders to sit pt up. Increased head of bed. Pt became pale and mildly clammy. Pt drowsy. SBP 77-low 80's. Orthohypotension noted. HOB flat to improve perfusion. Dr Nwobi notified and at pt bedside. Orders for 500 ml Normal Saline bolus, Narcan 0.4 mg and 1mg Neosynephrine IVP ordered and carried out. Pt BP improved slightly but remained labile, SBP 80's to 90's, MAP 50's to 60's. While flat. Continuous cardiac and O2 Sat monitoring. BP monitoring every 3 to 5 minutes. Left groin hematoma, right groin site and left upper thigh site remain stable, bilateral PT pulses remain intact. Pt remains responsive throughout ordeal.

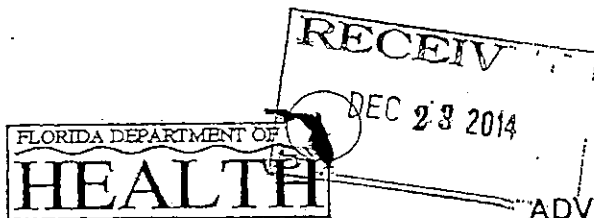
Orders for a direct admit to Largo Med (pt's hospital of choice). Attempted once again @ 2300 to rise HOB to prepare for pt transfer to Largo Med for direct admit. Noted severe Orthohypotension. SBP 70's to 80's. Pt repositioned back into stretcher and HOB flat. Another 250 ml bolus ordered per Dr. Nwobi. ~2315 Ambulance transport contacted at this time. ~2325 EMT arrival and report given to EMT. 2340 pt left via ambulance to Largo Med. Left groin hematoma, right groin site and left upper thigh site remain stable, bilateral PT pulses remain intact. Pt remains responsive throughout ordeal.

## VIP Policy: IntraOp: Arterial device closure failure.

Per Dr Nwobi (medical director): Any evidence of possible closure device failure gets automatic Fem-Stop for one hour. Closure device with successful deployment verified verbally with MD & RN at procedure end time. Then documented on PostOp procedure documentation.

Signs of closure device failure include but are not limited to bleeding, swelling, ecchymosis, and/or firmness upon palpation at the groin site.

201422133 179



STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Ice Institute of cardiovascular Excellence  
Name of office  
Ocala 34474 Marion  
City Zip Code County  
Dr. Qamar  
Name of Physician or Licensee Reporting

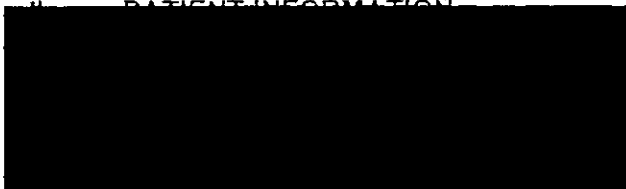
4730SW 49th rd.  
Street Address

(352) 854-0681  
Telephone

OSR. 820  
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION



DOE, Angina, Abnl Echo  
Diagnosis

64 Female ☐ Medicaid ☐ Medicare  
Age Gender

12/11/14  
Date of Office Visit  
Right & Left heart catheterization  
Purpose of Office Visit

78650  
ICD-9 Code for description of incident

11  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

12/11/14  
Incident Date and Time

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

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

A). Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Patient to Ice cath Lab for Left & Right heart catheterization. During catheterization pt. clo. heavyness in chest. Nitroglycerin Spray given while pt. in lab. Patient transferred to PACU with vital signs stable, lying flat @ O2 @ 2L via NC, 7F venous sheath intact to Right groin. Venous sheath pulled & manual pressure held for 15 minutes, Sterile dressing applied. Patient clo heavyness in the center of her chest, No radiating pain, SOB, or diaphoresis noted. Orders obtained from Dr. Ali for a 12 lead EKG & nitro paste to be applied. EKG.

DH-MQA1030-12/06  
Page 1 of 2

Showing sinus rhythm with no ST Elevation or depression noted. Orders obtained by Dr. Qamar for pt. to be sent to OCMC as a direct Admit. EMS on scene, pt care & report turned over & pt transported.

B) ICD-9-CM Codes

93460/93461  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

78650  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury  
(ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

Dr. Ali, Abbas, Dr. Qamar, ASAD, Laflam, Diane RN,  
McElroy, Mike RCTIS, Cannon, Earl RCTIS,  
Newsome, Stacey RN

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

Wells, Lisa RN, Newsome, Stacey RN RP360980

IV. ANALYSIS AND CORRECTIVE ACTION

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

Angina

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

Oxygen, Nitroglycerin administered and patient  
transported to the hospital

V. Stacey Newsome RN RP 9360980  
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

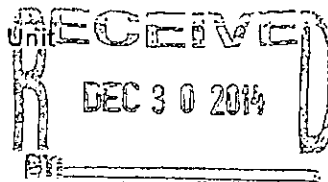
12/12/14 1700  
 DATE REPORT COMPLETED TIME REPORT COMPLETED



STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

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



I. OFFICE INFORMATION

Sono Bello - Orlando  
Name of office  
Orlando 32819 Orange  
City Zip Code County  
John Poser, M.D.  
Name of Physician or Licensee Reporting

6900 Turkey Lake Rd. Suite 1-4  
Street Address  
(407) 354-4600  
Telephone  
OSR 816  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted]  
Patient Name  
[Redacted]  
Patient's Address  
233951  
Patient Identification Number  
elective cosmetic procedure - fat removal  
Diagnosis

[Redacted] [Redacted] ☐ Medicaid ☐ Medicare  
Age Gender  
12-12-14  
Date of Office Visit  
Liposuction Procedure  
Purpose of Office Visit  
N/A  
ICD-9 Code for description of incident  
I  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

12-12-14 12:15pm  
Incident Date and Time

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

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

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

See page 3



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

(N/A - Elective Cosmetic Surgery - not covered by insurance)

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)

N/A

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

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

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

John Poser, MD - ME41976 - 352.219.0141 - Surgeon

Kristin Hallo, RN - RN9290864 - 407.354.4600 - Support

Chris Broadnax, JRN - PN5194600 - 407.354.4600 - Support

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

Danielle Cruz - Practice Manager - 407.354.4600

**IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

See page 3

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

See page 3

**V.**

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME41976

LICENSE NUMBER

12-22-14

11:00am

DATE REPORT COMPLETED

TIME REPORT COMPLETED

DH-MQA1030-12/06

Page 2 of 2

### III. INCIDENT INFORMATION

#### A) Narrative

Patient is a [REDACTED] with past medical history of hypertension on Lisinopril and Effexor. Patient underwent an awake outpatient liposuction procedure (no IV/IM medications or general anesthesia) on 12/12/14 performed by a board certified plastic surgeon in our ~~AAAHC-accredited facility~~. Patient was pre-medicated PO with the following: Xanax 2mg, Phenergan 25mg, Hydrocodone 5/325mg x 2 tabs. Patient also received Zithromax 500mg. Tumescant mixture containing lidocaine and epinephrine (concentration 40.66 mg/kg) was infused into abdomen and waist for a total of 5200ml. At the start of aspiration it was noted that the patient was not fully responding to verbal stimuli. Patient began a dry cough; blood pressure & heart rate started to elevate (182/128 and 103 respectively) and patient became tense/rigid. Patient's O2 saturation was 92% on room air. There was no overt seizure activity and patient remained awake with good responsiveness. At this time ACLS protocols were initiated by clinic staff, the surgical procedure was stopped and EMS was called. O2 was administered and the airway was protected without intubation. Patient was mildly combative upon arrival of EMS and was transferred to hospital in stable condition. Altered mental status of patient resolved at hospital ER without specific intervention and there were no other significant symptoms or issues noted. Patient was admitted for diagnostic testing. [REDACTED] was hospitalized for 3 days. During this time [REDACTED] had an ECHO, CAT Scan, EEG, CT Angiogram, MRI & MRA of brain/head/neck, and full labs. All labs were normal except for an elevated lidocaine level of 6.3 ug/ml, which is consistent with the tumescant solution given. MRI brain and MRA head came back abnormal with finding of a 2mm cerebral artery aneurysm which was not felt to be leaking. Pt was started on statins & aspirin and [REDACTED] Lisinopril dose was increased. Patient was stable at discharge on 12/15/14 and has returned to work without issue. [REDACTED] was instructed to follow up with [REDACTED] PCP and neurology. Our Sono Bello physician has been in contact with the patient since discharge to confirm [REDACTED] stable status. The above is what we have gleaned from the medical records provided to us by Orlando Health - Dr. P. Phillips Hospital.

### IV. ANALYSIS AND CORRECTIVE ACTION

#### A) Analysis

At this time we conclude that the patient had no predictive factors for this incident. Patient had a routine medical history and physical exam without any specific findings. [REDACTED] had unexpected altered mental status following initiation of [REDACTED] awake surgical procedure. Hospital evaluation concluded "altered mental status secondary to side effect of sedative medications". No causative surgical error was noted. All medications were given in therapeutic doses. Full recovery from the incident occurred. The patient suffered no known consequences and will now be followed for the aneurysm that was discovered as part of [REDACTED] diagnostic testing. The patient's excessive reaction to standard medications at therapeutic dosing is not predictable and does not warrant any system-wide corrective action. We feel our staff reacted appropriately to the situation and prompt definitive medical care was provided.

#### B) Corrective Action

Hospitalization records were carefully evaluated. An internal chart review and policy evaluation were completed without findings. We will continue to review for improvement opportunities. No further corrective action is recommended at this time.

DEC 9 2014  
BY:

201422107

35



STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Institute of Cardiovascular Excellence

Name of office

Orla

City

34474 Marion

Zip Code

County

Dr. Qamar

Name of Physician or Licensee Reporting

4730 Sw 49th Rd

Street Address

(352) 854-0681

Telephone

OSR820....

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION



55

Age

Male

Gender

☐

Medicaid

☒

Medicare

12/13/14

Date of Office Visit

Cardiac catheterization

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

12/13/14 1530

Incident Date and Time

Location of Incident:

☐ Operating Room

☐ Other

☒ Recovery Room

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

Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

55 W/m S/p LE Angiogram. Critical PAD and CTO of LLE  
to post procedure. Severe (L) foot pain and severely decreased  
(doppler) pulse. Pt. tx via EMS to OPMC per M.D. order  
for further evaluation & observation.

B) ICD-9-CM Codes

37227  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

E879.0  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

444.22, 997.2  
Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

USA Wills, MD, Kim Miller, MD, Dr. Gamar, Dr. Weinstein

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Hx of Chronic total Occlusion S/p LLE Angiogram R/O Thrombosis

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

pt monitored, VS taken, IV VS KVO, NC on 2L/min, (cardiac) monitor, medication given, Deparin drip, transported to hospital via EMS.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

12/13/14

1530

DATE REPORT COMPLETED

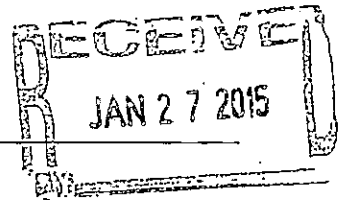
TIME REPORT COMPLETED



201503124-173  
STATE OF FLORIDA  
Rick Scott, Governor

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

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



I. OFFICE INFORMATION

Radiology Regional Center

Name of office

Fort Myers 33919 Lee

City Zip Code County

Joseph Ghitis, MD

Name of Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient's Address 100650501

Patient Identification Number 571.2

Diagnosis

III. INCIDENT INFORMATION

12/18/2014 3:00 pm

Incident Date and Time

6140 Winkler Road

Street Address

239-489-4426

Telephone

ME106580

License Number & office registration number, if applicable

Age  
12/18/2014

Gender

☐ Medicaid ☒ Medicare

Date of Office Visit

CT Guided liver biopsy

Purpose of Office Visit

77012LIV

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

Location of Incident:

☐ Operating Room  
☒ Other CT room

☐ Recovery Room

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Patient was here for a CT guided liver biopsy. Appropriate placement of the needle tip was confirmed by CT and then 3 passes with the core biopsy needle through the coaxial component were performed with 3 good core samples of the liver obtained. The needle was then removed and pressure was applied over the needle entry site firmly for approximately 10 minutes. CT of the abdomen at this point revealed moderate perihepatic blood, more than typical post liver biopsy. The patient described pain worse with breathing about the right upper quadrant and lower thoracic region, and radiating to the right shoulder. The patient was observed for about an hour, over which time oxygen saturation ranged from about 93 to 98 percent, and pulse remained normal. blood pressure did drop as prior to the procedure it was 115/80, subsequently systolic was down to 83 with diastolic in the 40s. Another CT about 1.5 hrs after the procedure revealed increase in the size of perihepatic bleed, which also protruded into a small umbilical hernia, and extended along the right paracolic gutter inferior to the field of view into the pelvis. As there was now concern that the patient's low platelets were insufficient to initiate the clotting cascade and that the bleeding was not abating, the decision was made to send the patient by ambulance to the Gulf Coast Medical Center ED. SEE ATTACHED:

Circumstances of incident(narrative) continued:



750 ml of IV fluid were administered to patient prior to ambulance arrival during the period of observation. Patients blood pressure improved slightly.

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

77012 LIV

E879.8

998.9

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)

GE lightspeed VCT 64 slice. See attached

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

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

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

Dawn Lambeth: CRT31877  
Irving Valentin: CRT84726  
Jillian Barrows: CRT82561  
Michael Knight: PMD524220

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

Same as above


**IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**

Technically successful CT-guided non-directed liver biopsy. Due to patient's low platelets there was significant perihepatic bleeding which by sequential- CT scans did not appear to abate.

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

None

**V.**

  
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME106580

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

DH-MQA1030-12/06

Page 2 of 2

201502538-173

STATE OF FLORIDA  
Rick Scott, Governor

DOH Consumer Services

PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

JAN 22 2015



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

I. OFFICE INFORMATION

Radiology Assoc of Venice & Englewood  
Name of office

Venice 34285 Sarasota  
City Zip Code County

Gary D. Wright, MD  
Name of Physician or Licensee Reporting

512-516 Nokomis Ave. S. Venice, FL 34285  
Patient's address for Physician or Licensee Reporting

512-516 Nokomis Ave S.  
Street Address

(941) 488-7781  
Telephone

ME50822  
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[REDACTED]  
Patient Name

[REDACTED]  
Patient's Address

410570  
Patient Identification Number

Metastatic melanoma  
Diagnosis

[REDACTED] Female ☐ ☐  
Age 12/22/2014 Gender Medicaid Medicare

Date of Office Visit

CT chest and pelvis w/contrast  
Purpose of Office Visit

995.29  
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

12-22-2014 @ 9:44 AM  
Incident Date and Time

Location of Incident:

☐ Operating Room

☐ Recovery Room

☐ Other CT area

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

Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

See attached documentation



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

<u>75635</u>	<u>995.29</u>	<u>786.05</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury, or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

**C) List any equipment used if directly involved in the incident**  
(Use additional sheets as necessary for complete response)**D) Outcome of Incident** (Please check)

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

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

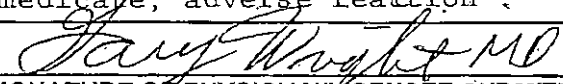
<u>Lindsay Neeley, RN</u>	<u>RN9242658</u>
<u>Michael McKinnon, RT (R) (N) CNMT (PET)</u>	<u>CRT30860</u>
<u>Gary Wright, MD</u>	<u>ME59822</u>

**F) List witnesses, including license numbers if licensed, and locating information if not listed above****IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Chest & throat tightness with wheezing and SOB post-injection of IV contrast.

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

Contrast lot # identified and pulled. Patient's chart noted pre-medicate, adverse reaction.

<b>V.</b>  <b>SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT</b> <u>01-15-2015</u> <b>DATE REPORT COMPLETED</b>	<u>ME59822</u> <b>LICENSE NUMBER</b> <u>11:50 AM</u> <b>TIME REPORT COMPLETED</b>
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# RADIOLOGY ASSOCIATES OF VENICE & ENGLEWOOD

## ADVERSE REACTION TO IV CONTRAST

NAME: [REDACTED]

DOB: [REDACTED]

DATE OF EXAM: 12/22/14

JACKET #: 410579

ORDERING PHYSICIAN: SATO

EXAM: CT <sup>chest</sup> pelvis - Isovue 300 lot # 4123160

injected 9:44 AM

### EVENTS OF REACTION:

PLEASE LIST: cto post-<sup>then</sup> inj. congestion - difficulty breathing  
pulled Dr Wright (post angiogram)

Dr Wright injected Epi - 10:00 AM (1 CC (.1 mg) by Dr. Wright)  
pt was on saline; 3L O<sub>2</sub> administered

itals 187/97 pulse 116 O<sub>2</sub> 95

EMS - 10:04 AM transported pt to ER via stretcher

TIME: 9:55 AM SYMPTOMS: post inj congestion; then

DRUGS ADMINISTERED: Epi

RADIOLOGIST INVOLVED: Dr Gary Wright

STAFF INVOLVED: Lisa Robertson, Mary Piotrowski, P. May

DISMISSAL PROCEDURE: Pt transported to ER via EMS



1. *Journal of Management Studies*, 1996, 33, 1, 1-14.

**SUBMIT FORM TO:**

RECEIVED  
Services Unit  
NOV 12 2014

Dr. Michael Storch

---

Name of office

Aventura 33180 Dade

---

City Zip Code County

Michael Storch

---

Name of Physician or Licensee Reporting

21110 Biscayne Blvd., Suite 103

---

Patient's address for Physician or Licensee Reporting

21110 Biscayne Blvd., #103  
Street Address  
(305) 932-3200  
Telephone  
ME 16540  
License Number & office registration number, if applicable

\_\_\_\_\_

Patient Identification Number
Diagnosis

\_\_\_\_\_

Purpose of Office Visit	See attached
ICD-9 Code for description of incident	
Level of Surgery (II) or (III)	

10/16/2014 8:00 p.m.  
Incident Date and Time

Location of Incident:

☐ Operating Room      ☒ Recovery Room

☐ Other

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

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

(use additional sheets as necessary for complete response)

Please see attached narrative summary.

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

611.1	86.83	unknown	Death
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)

Blood pressure, EKG, Pulse Oxymeter, AED, oxygen**D) Outcome of Incident (Please check)**

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

**E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.**Michael D. Storch, M.D. - surgeon (License No. ME 16540)Jean Arnold, R.N. (License No. RN2654512)Tammi Ellis, R.N. (License No. RN1104682)Theodore Vandling, CRNA (License No. 1729852) Marie Simms - Nursing Asst.**F) List witnesses, including license numbers if licensed, and locating information if not listed above**Theodore Vandling was not witness to event as surgery ended approximately two hours earlier and patient was awake and stable after the surgery in the recovery room.**IV. ANALYSIS AND CORRECTIVE ACTION****A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)**Cause of event is unknown.**B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)**CPR, attempted intubation, AED, transportation to acute care facility.

V.	<u>Michael D Storch MD</u>	<u>ME 16540</u>
	SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	<u>11/7/14</u>	<u>4:30 p.m.</u>
	DATE REPORT COMPLETED	TIME REPORT COMPLETED

The patient, [REDACTED], underwent a gynecomastia excision procedure and an abdominalplasty procedure on October 16, 2014 at the office of Dr. Michael Storch. The procedures were uneventful with minimal blood loss and the patient was transferred to the PACU area in good condition at approximately 5:45 p.m. In recovery, the patient received Ativan, Benadryl, Demerol and Phenergan for discomfort and agitation, and Labetol for increase in blood pressure. The patient showed no signs of acute distress until a few minutes after 8:00 p.m. when his oxygen saturation dropped suddenly. Dr. Storch, who was still in the office, was immediately notified and he responded to the patient's bedside immediately, ACLS protocol with chest compressions was initiated and 911 was called. EMS arrived on the scene before the AED could be applied (within four minutes of being called) and transported the patient to Aventura hospital. Dr. Storch and his nurse followed the patient to the hospital. The patient coded two more times in the Emergency Department at Aventura Hospital but was stabilized and transferred to the ICU. Unfortunately, the patient later expired at Aventura hospital on October 19, 2004.

2014 22446

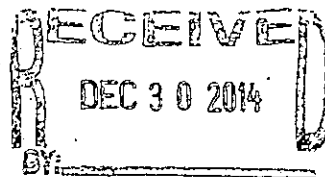
STATE OF FLORIDA  
Rick Scott, Governor

JEATHO



PHYSICIAN OFFICE  
ADVERSE INCIDENT REPORT

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



I. OFFICE INFORMATION

Name of office Open Access Lifeline LLC  
City N Miami Zip Code 33169 County MIAMI DADE  
Name of Physician or Licensee Reporting SANFORD D ALTMAN MD  
Patient's address for Physician or Licensee Reporting SAME

Street Address 16401 NW 2nd Ave Ste 101  
Telephone (305) 948 5333  
License Number & office registration number, if applicable ME58495 QSR744

Patient Identification Number 175-007001  
Diagnosis ESRD

Age 79 Gender M ☐ Medicaid ☐ Medicare  
Date of Office Visit 12-18-2014  
Purpose of Office Visit VASCULAR ACCESS EVALUATION  
ICD-9 Code for description of incident 996.73  
Level of Surgery (II) or (III) 11

III. INCIDENT INFORMATION

Incident Date and Time 12/18/2014 1246 hrs

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

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

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

See Attached Report

December 18, 2014

Age: 79 years  
Performing Physician:  
Sanford Altman  
Sanford Altman

was seen in our office today for severe extremity swelling and pain. The following is a summary of today's visit.

This 79 year old male.

Reason for Referral: Evaluation of Access-MIA

**Physical Exam:**

Exam	Findings	Details
Dialysis Access	*	Arm swelling or asymmetry were found. Swelling or erythema were found. Hyper pulsatility was found. Tenderness was found.
Access Exam	Comments	Pulsatile flow with severe arm swelling and 3+ pitting edema. Patient with severe arm pain and redness. Tender to touch. No definite signs of infection.
		Patient requesting that whatever can be done to resolve arm swelling and pain be done. States he has never had this before. States swelling has occurred over the last few weeks.
Dialysis Access	Normal	Normal augmentation was found. No thrill was found. No drainage. No ecchymosis seen. No hematomas found. No infiltration.
Constitutional	*	Level of distress - in pain.
Neck Exam	Normal	Range of motion - Normal.
Respiratory	Normal	Auscultation - Normal. Inspection - Normal.
Cardiovascular	*	Heart rate - Tachycardia.
Cardiovascular	Normal	Inspection - JVD: Absent. Rhythm - Regular. Heart sounds - Normal S1, Normal S2.
Vascular	Normal	Bruits - Carotids: Absent.
Abdomen	Normal	Palpation - Normal.
Extremity	Normal	No Edema.
Psychiatric	Normal	Oriented to time, place, person & situation Appropriate mood and affect Memory loss - No.

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 9:58 AM on 12/18/2014.

The patient was cleared for and consented to moderate sedation. Sanford Altman cleared patient for sedation at 9:58 AM on 12/18/2014.

The patient identity was verified. Sanford Altman verified the patient identification at 9:58 AM on 12/18/2014.

**Today's Procedures:****Access Flow Ultrasound****Access History:**

The patient has a left forearm AV fistula access. The last procedure performed was angioplasty in February 2014. Access flow at that time was 1134 ml/min.

**Evaluation:**

Ultrasound evaluation of the access reveals that it appears abnormal. Flow in the access is 254 cc/min.

**Findings and Recommendations:**

Doppler imaging with pulsatile flow, severe swelling, thrombus in distal and mid arm portions of fistula with flow going around thrombus.

**PTA, Thrombectomy**

The patient was brought into the procedure room, placed on the angiographic table and connected to continuous cardiac, blood pressure and O2 saturation monitoring. The left upper extremity 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 7 French sheath. Contrast was then injected and imaging performed of the access and central circulation.

A functional occlusion was seen in the fistula outflow in the axillary vein with retrograde flow via collateral vessels in this region. The thrombus seen sonographically was not clearly visualized angiographically.

The stenosis was crossed using a Kumpe catheter and Glide wire. Imaging of the central circulation revealed it to be patent. Patient was administered Versed and Fentanyl at this time.

The catheter was then exchanged over the 0.035 wire for introduction of a 10 mm PTA balloon. Angioplasty was then performed at the axillary vein successfully treating the stenosis. Following the angioplasty procedure the flow appeared to improve in the axillary vein angiographically. There was still pulsatile flow noted on palpation of the fistula. On further inspection what appeared to be a small diameter outflow vein in the mid arm was thrombus within a larger diameter vein.

Given the appearance it was felt that the best option for this patient would be to lase the clot with tPA allowing it to dwell. 2mg of tPA and 5000 Units of Heparin were then laced throughout the thrombus using a 7 French guiding catheter and Arrow PTD and allowed to dwell for 1 hour with patient remaining on the table with continuous BP and O2 saturation monitoring.

Following lyse and wait imaging was again performed. Some thrombus had been lysed however there was still significant thrombus present in the outflow vein in the arm. A second entrance was then performed for



introduction of a 9 French sheath. The 10mm balloon was introduced through this sheath and inflated in the axillary vein to protect the outflow and central circulation from thrombus migration. Clot maceration and aspiration was then performed through the 7French sheath with an Arrow PTD. Following multiple passes clot was successfully macerated and aspirated however there was still residual clot. An additional 2mg of tPA was then lysed throughout the clot with the 7French catheter and Arrow PTD.

Clot maceration was again performed using the PTD 7French guiding catheter. Following multiple passes there was no evidence of clot in the fistula or outflow vein. The balloon was then deflated and brisk flow was restored. The patient was stable and alert. Imaging was performed throughout the fistula and outflow revealing a patent system free of thrombus with brisk flow.

2-0 Prolene was then used to place purse string sutures around the sheaths. While the sheaths were being removed the patient became dyspnic and unresponsive. EMS was activated. The patient was administered oxygen via ambu with oxygenation saturation remaining in the 80's-90's. EMS arrived promptly and the patient was transported via EMS to JMH unresponsive with labored breathing with stable BP and pulse.

#### Stenosis:

Location	Time Pre	Stenosis	Time Post	Stenosis	Balloon Size	Balloon Type
axillary vein		90%		30%	10x4	Direct Access

#### Active Access Sites:

Date	Approx	Type	Side	Location
10/2006		AV fistula	Left	forearm

#### Medications Administered Today:

Time	Medication	Dose	Units	Route	Response	Given By
10:48 AM	Buffered Lidocaine	2	mL	subQ	area numb	Sanford Altman
10:51 AM	Midazolam Hydrochloride	3	mg	intra-fistula	sleepy	Sanford Altman
10:51 AM	Fentanyl	50	mcg	intra-fistula	with relief	Sanford Altman
10:03 AM	Omnipaque 300 mg/ml		mL	intra-fistula	no change	Sanford Altman
11:07 AM	Heparin Sodium per 1000u	5000	units	intra-fistula	anti-coagulation	Sanford Altman
11:12 AM	Alteplase Recom	25	mg	intra-fistula	thrombolytic	Sanford Altman
11:32 AM	Midazolam Hydrochloride	2	mg	intra-fistula	sleepy	Olga Pazos
11:51 AM	Midazolam Hydrochloride	2	mg	intra-fistula	sleepy	Olga Pazos
12:14 PM	Midazolam Hydrochloride	2	mg	intra-fistula	sleepy	Sanford Altman
12:14 PM	Fentanyl	50	mcg	intra-fistula	with relief	Sanford Altman
12:26 PM	Alteplase Recom	2	mg	intra-fistula	thrombolytic	Sanford Altman
12:42 PM	Midazolam Hydrochloride	1	mg	intra-fistula	sleepy	Sanford Altman
12:47 PM	Flumazenil	2.5	mL	intra-fistula	sedation reversal	Sanford Altman
12:50 PM	Flumazenil	2.5	mL	intra-fistula	sedation reversal	Sanford Altman
12:52 PM	Naloxone	1	mL	intra-fistula	sedation reversal	Sanford Altman
12:56 PM	Heparin Sodium per 1000u	3000	units	intra-fistula	anti-coagulation	Sanford Altman

#### Post-Procedure:

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

#### Orders:

#### Office Procedures/Services:

Assessment	Service	Comments
	Alteplase Recom 2 mg	
	Alteplase Recom 25 mg	

Buffered Lidocaine mL  
Fentanyl mcg  
Fentanyl 50 mcg  
Flumazenil 2.5 mL  
Flumazenil 2.5 mL  
Heparin Sodium per 1000u 3000 units  
Heparin Sodium per 1000u 5000 units  
Midazolam Hydrochloride mg  
Midazolam Hydrochloride 1 mg  
Midazolam Hydrochloride 2 mg  
Midazolam Hydrochloride 2 mg  
Midazolam Hydrochloride 2 mg  
Naloxone 1 mL  
Omnipaque 300 mg/mL mL

Verbal Order/Read Back

Verbal Order/Read Back

**Dialysis Center Instructions:**

**Decлот and Angioplasty as described above.**

**Respiratory failure post procedure.**

**EMS activated and patient transported to JMHN via EMS.**

**Patients physician and family notified.**

Referring Dialysis Center: FL Davita Golden Glades

**Pre-operative diagnosis:** stenosis, thrombosis

**Post-operative diagnosis:** stenosis, thrombosis

**Assessment**

#	Detail Type	Description
1.	Assessment	End Stage Renal Disease (585.6).
2.	Assessment	Other complications due to renal dialysis device, implant, and graft (996.73).

Pre-operative diagnosis same as indications documented above.

Post-operative diagnosis same as diagnosis documented above.

Provider: Sanford Altman 12/18/2014 05:41 PM

Document generated by: Sanford Altman 12/18/2014 5:41 PM EST

Referring Provider: Michael Lemont

CC Providers:

Michael Lemont

Electronically signed by Sanford Altman on 12/18/2014 05:51 PM EST



B) ICD-9-CM Codes

786.09  
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

786.09  
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

E379.3  
Resulting injury (ICD-9 Codes 800-999.9)

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

N/A

D) Outcome of Incident (Please check)

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

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

SANFORD ALTMAN MD (ME 58495) Ashley HORNE RN (RN 9347078)  
Kahlia Gonzalez, RT (CRT 70380) Olga PAZOS RN (RN 9305393) Jorge  
Rodriguez, Scrub Tech Terrell Gay, Scrub Tech Annie Archer LPHN  
(RN 5162939) Raphael Plummer RN (RN 2121202) Steven Irving  
Center Manager

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Potential MI vs. pulmonary embolism

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

EMT returned. Patient sent to Unit 104

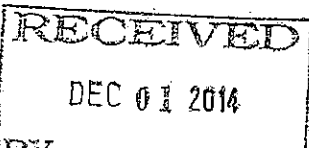
V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 58495  
LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED



STATE OF FLORIDA  
Rick Scott, Governor



Unit

I. OFFICE INFORMATION

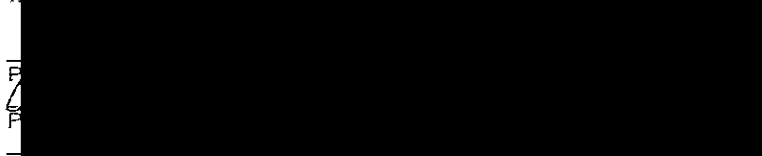
Tampa Bay Vascular  
Name of office  
Clearwater 33761 Pinellas  
City Zip Code County  
Dr. Wesley Gabbard  
Name of Physician or Licensee Reporting



death @ home

1. Ste. 4  
Phone  
# 694  
er, if applicable

II. PATIENT INFORMATION



Patient Identification Number  
ESRD, Dialysis access stenosis  
Diagnosis Structure compression of vein

10-10-14  
Date of Office Visit  
angioplasty of dialysis access  
Purpose of Office Visit  
996.73  
ICD-9 Code for description of incident  
Level II  
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

10/10/14 - 10/11/14  
Incident Date and Time  
Exact Date/Time unknown

Location of Incident:  
☐ Operating Room  
☒ Other Patient's residence  
☐ Recovery Room

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

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

See attachment

B) ICD-9-CM Codes

996.73

none occurred at center

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

none / n/a

D) Outcome of Incident (Please check)

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

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

Not witnessed. Patient deceased at personal residence within 24 hours post procedure

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

none n/a

IV. ANALYSIS AND CORRECTIVE ACTION

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

see attachment

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

see attachment

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 105493

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

## B) ICD-9-CM Codes

628.9

Vaso-vagal syncope

628.903 780.2

None

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

Recovery room monitoring equipment: B/P monitor, O<sub>2</sub> sat, pulse, IV fluids, O<sub>2</sub> 210020 mask, ultrasound machine / abd probe.

## D) Outcome of Incident (Please check)

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

Outcome of transfer — e.g., death, brain damage, observation only. NO ISSUES

Name of facility to which patient was transferred:

Baptist Medical Center via Resc

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

\*\* if it resulted in:

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

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

Nan Harris (Cecilia) Nan Duffy: 156 3772~~Dr. Kevin Winstanley: 004 7697~~Dr. Kevin Winstanley: 004 7697Cynthia (Cindy) Brubaker: 2842762

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

Carmen Hernandez → called 911 from front office.

## IV. ANALYSIS AND CORRECTIVE ACTION

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

Apparent Vaso-vagal syncope episode post-operatively.

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

Continued close observation of all patients in recovery room.

v.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED