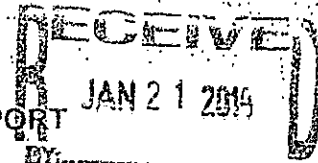




STATE OF FLORIDA
Rick Scott, Governor

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

21st Century Oncology of Jacksonville, Medical
Name of office Oncology Division
Jacksonville 32256 Duval
City Zip Code County
Joseph Mignone, MD
Name of Physician or Licensee Reporting
Same as above
Patient's address for Physician or Licensee Reporting

7751 Baymeadows Road East, 2nd Floor

Street Address

904-493-5190

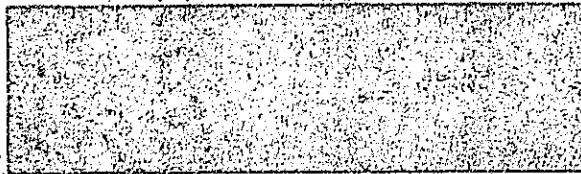
Telephone

ME79920

DEA# BM6685068

License Number & office registration number, if applicable

II. PATIENT INFORMATION



Diagnosis

Age 1/03/2014 Gender Medicaid Medicare

Date of Office Visit

Chemotherapy Administration

Purpose of Office Visit

ICD-9 Code for description of incident
Not applicable

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1/03/2014
Incident Date and Time

Location of Incident

☐ Operating Room

☐ Recovery Room

☒ Other Physician Office

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Please see attached narrative.

B) ICD-9-CM Codes

96450, J9370	E 858.1	963.1
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

Not applicable

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 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>Memorial Hospital Jacksonville, then transferred to</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.
--	---

Shands Gainesville Medical Center

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.

Vivian Powers Young, Medical Assistant

Gemalli Bellosillo Keeton, Registered Nurse, License # RN9355805

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

Maria Teresa Santa, Director of Nursing, License # RN 9217760

IV. ANALYSIS AND CORRECTIVE ACTION

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

Accidental medication administration

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

Internal investigation ongoing.

V.

[Signature]
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME79920
LICENSE NUMBER

1/27/14
DATE REPORT COMPLETED

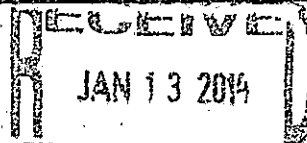
TIME REPORT COMPLETED

Patient was seen at the offices of 21st Century Oncology on January 3, 2014 for the 7th of 8 prescribed chemotherapy treatment sessions for a diagnosed Grade B large lymphoma (ICD-9 - 200.70). Patient was scheduled to undergo intravenous and intrathecal administration of chemotherapy drugs. Following confirmation that the patient's vital and blood levels were sufficient to receive treatment, patient received [redacted] pre-medications. At the completion of [redacted] pre-medications, Dr. Joseph Mignone and his designated Medical Assistant, Vivian Young, presented to administer patient's methotrexate treatment through the patient's Ommaya port. Instead of selecting the syringe containing the methotrexate medication, the syringe containing the vincristine medication was selected and ultimately administered to the patient by intrathecal means through the Ommaya port. The patient's designated RN, Gemalli Keeton, returned to the room following the procedure and realized that the wrong medication was inadvertently administered to the patient and advised Dr. Mignone. A high dose of dexamethasone was administered to the patient following advising the patient that the wrong medication was administered by intrathecal means and advising [redacted] of the anticipated immediate consequences. Dr. Mignone arranged for the patient's direct admittance to Memorial Hospital for observation and treatment for vincristine toxicity. Dr. Mignone followed the patient's progression and ultimately recommended that [redacted] be airlifted from Memorial to Shands Hospital in Gainesville, Florida for spinal fluid washing. Dr. Mignone later learned that the patient was declared deceased as of January 8, 2014.

J. Mignone 1/17/14



STATE OF FLORIDA
Rick Scott, Governor



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

Name of office Harold M. Reed MD

Bay Harbor Isl. 33154 Miami-Dade
City Zip Code County

Name of Physician or Licensee Reporting Harold M. Reed

Patient's address for Physician or Licensee Reporting _____

Street Address 1111 Kane Concourse

Telephone 905-865-2000

License Number & office registration number, if applicable ME-0013758 354

II. PATIENT INFORMATION

Patient Name [REDACTED]
Age [REDACTED]
Date of Office Visit 1/7/2014
Purpose of Office Visit Surgery

Diagnosis Tachy Cardiac 427.89
Vaginoplasty

ICD-9 Code for description of Incident 427.89
Level of Surgery (II) or (III) III

III. INCIDENT INFORMATION

Incident Date and Time 1/7/2014

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)

In recovery room pulse of 97 → 124 notes.
No evidence of bleeding B.P. nl. Did not
respond to beta blockers or bolus of Ringer's
Lactate.

B) ICD-9-CM Codes

572.92
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

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

no permanent injury
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>observation only</u> Name of facility to which patient was transferred: <u>MT Sinai Med. Center</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
---	---

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

Harold M. Reed MD ME 0013758

Juanita Roberts RN RN 2009832

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)

Tachycardia shown by lab work unrelated to blood loss or infection or hypovolemia

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

with observation pulse settled into high 80's
90's

V.

Harold M. Reed MD
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 0013758
LICENSE NUMBER

1/10/2014
DATE REPORT COMPLETED

5 PM
TIME REPORT COMPLETED

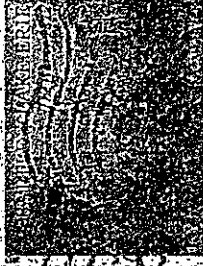
THE REED CENTRE

for Ambulatory Urological Surgery

1111 KANE CONCOURSE, BAY HARBOR ISLANDS, FL 33154

MIAMI FL 331

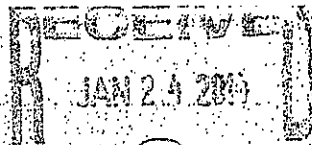
11 3009 21154 PM 154



DEPARTMENT OF HEALTH, CONSUMER SERVICES UNIT
4052 BAY CROSSWAY, BIN C75
TALLAHASSEE, FLORIDA 32399-3275

32399323599





26



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

NO Repeat

I. OFFICE INFORMATION

American Access Care of Orlando

Name of office

Orlando 32806 Orange
City Zip Code County

Manu Sengal

Name of Physician or Licensee Reporting

Same

Patient's address for Physician or Licensee Reporting

1405 S. Orange Ave. Orlando FL 32806

Street Address

407-425-5062

Telephone

ME100529 / OSR 749

License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted]

Patient Identification Number

ESRD

Diagnosis

[Redacted]

Age Gender Medicaid Medicare

01/08/2014

Date of Office Visit

Tunneled Dialysis Catheter Exchange

Purpose of Office Visit

36581/ 77001

ICD-9 Code for description of incident

III

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

01/08/2014 @ 4:50PM

Incident Date and Time

Location of Incident:

☐ Operating Room

☐ Recovery Room

☒ Other Procedure Room/Recovery 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)

Please see attached

B) ICD-9-CM Codes

36581/77001

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)

NA

D) Outcome of Incident (Please check)

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

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

Name of facility to which patient was transferred:

- ☐ 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.

Dianne Kyle RN 1655442

Jennifer Rodriguez RN - RN9263170

Manu Sehgal MD - ME100529

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

As above noted in (E) and Tara Proulx CRT 79050

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

The procedure was performed according to the standard of practice for a tunneled dialysis catheter exchange.

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

EMS was contacted as the PT had an elevated blood pressure, mild bleeding from the venotomy site and 6/10 chest pain unrelieved after several minutes.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME100529

LICENSE NUMBER

01/17/2014

4:50 PM

DATE REPORT COMPLETED

TIME REPORT COMPLETED

DH-MQA1030-12/06

Page 2 of 2



American Access Care

Vascular & Interventional Specialists

The Patient was in the facility for exchange of a tunneled right Internal Jugular dialysis catheter. Intake revealed an extensive medical history and a markedly elevated non-symptomatic blood pressure of 212/137, pulse 81 per minute, oxygen saturation 99% on room air, temp 98 Fahrenheit. At the conclusion of the procedure the Patient complained of 6/10 chest pain. Vital signs revealed a blood pressure of 180/126, Pulse 126 per minute, and an oxygen saturation 95% on 4 LPM nasal oxygen. Reassessment of the Patient in recovery revealed no improvement of the 6/10 chest pain or to the tachycardia. Vital signs remained unchanged blood pressure 172/118, pulse 126 per minute, oxygen saturation 95% on 4 LPM nasal oxygen. Emergency Medical Services were called. Emergency Medical Services arrived within 3 minutes of the initial call. The Patient was transported to Orlando Regional Medical Center emergency department with no change to the complaint of chest pain 6/10 and vital signs unchanged 172/121, pulse 126 per minute, oxygen saturation 95% on 4 LPM nasal oxygen. Follow up the next day revealed the PT was admitted to the hospital PCU for observation of elevated blood pressure, chest pain and bleeding from the venotomy site. The Patient subsequently signed out of the hospital the night of day one of admission. The Patient's significant other explained that the PT was not satisfied with the level of care they were receiving in the hospital and wanted to go to a hospital they felt comfortable with.

Follow up day four post procedure (weekend in between) with the dialysis center, revealed the Patient had a successful dialysis, the bleeding had stopped. The Patient's chest pain had subsided.

1405 South Orange Avenue, Suite 120, Orlando, Florida 32806

Phone: 407.425.5062 Fax: 407.425.2788

AACInterventionalFL.com

Accredited by
The Joint Commission.



62



STATE OF
Rick Scott,

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: Advanced Imaging / Interventional Radiology Street Address: 2330 W. Washington South Rd. Suite 100
City: Channahon Zip Code: 33461 County: Stark Telephone: (323) 791-7300
Name of Physician or Licensee Reporting: Dr. Scott H. Winkiewicz License Number & office registration number, if applicable: HE 701644 / 058521
Patient's address for Physician or Licensee Reporting: Stark, FL

II. PATIENT INFORMATION

Patient Identification Number: 83 Age: 83 Gender: Female Medicaid: ☐ Medicare: ☒
Date of Office Visit: 1/15/14
Physician or Licensee Reporting: Dr. Scott H. Winkiewicz
ICD-9 Code for description of incident: 83.2
Level of Surgery (I) or (II): I

III. INCIDENT INFORMATION

Incident Date and Time: 1/15/14 0955 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)

Patient arrived to post-care sleeping following a CT scan of Left Lung biopsy. The patient's fingers were cool and dusky similar to pre-procedure. SpO2 readings were intermittent from 83% - 94%. On oxygen therapy nasal cannula. The patient was more somnolent than expected and Dr. Scott H. Winkiewicz was called to the patient's bedside. A total of Narcan 0.1mg was given. The patient's snoring diminished and she responded to painful stimuli. The patient became incontinent of a large amount of liquid stool. The patient was taken for a CT scan. Dr. Scott H. Winkiewicz and Dr. C. Winkiewicz at bedside. CT scan revealed a small intracranial air embolus. The patient developed tremors of the right arm only. She opened her eyes and responded to some verbal commands. She grips with right hand but does not release to command. EMS was called immediately for transfer. EMS arrived, took over care of the patient. The patient was transferred to nearest community hospital.

B) ICD-9-CM Codes

ICD-9 Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 86-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event (ICD-9 E-Code)	Resulting injury (ICD-9 Codes 800-899.9)
---	--	---

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

Monitors, CT scanner, medications

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer - e.g., death, brain damage, observation only Name of facility to which patient was transferred: <u>Massachusetts General 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 and/or include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Loss 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. Joseph L. Latham - Anesthesiologist

Dr. Joseph L. Latham - Surgeon

Dr. Joseph L. Latham - Surgeon - ME 20145

Dr. Joseph L. Latham - Anesthesiologist - ME 20145

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)

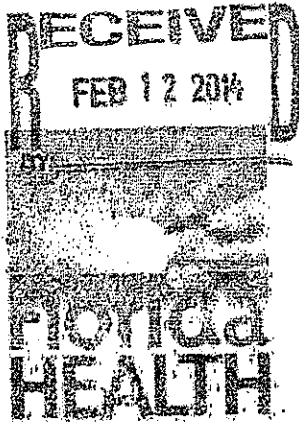
Pt. experienced a known very rare complication of Lung Biopsy -
Cerebral Air embolus

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

Stroke symptoms recognized immediately. Diagnostic CT performed immediately
and pt transferred for hyperbaric treatment. Pt handled appropriately. Close
post-operative monitoring performed & stressed.

V. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

1113-114 DATE REPORT COMPLETED 08/15 TIME REPORT COMPLETED



63

STATE OF FLORIDA
Rick Scott, Governor

NO

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

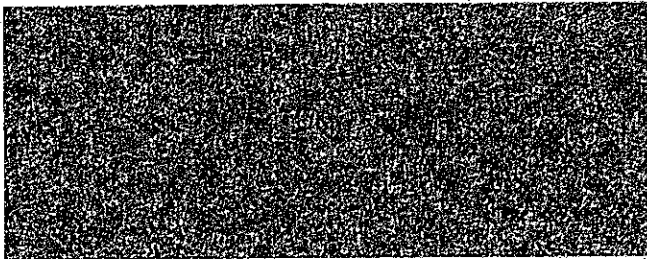
repeat.

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

I. OFFICE INFORMATION

Vascular Surgery Associates
Name of office
Tallahassee, FL 32308 Leon
City Zip Code County
Dr. Robert Brumberg
Name of Physician or Licensee Reporting
614 Paulette St Bainbridge GA 39817
Patient's address for Physician or Licensee Reporting

2631 Centennial Blvd
Street Address
850-877-8530
Telephone
OS9800 OSR925
License Number & office registration number, if applicable



67 male
Age Gender ☐ Medicaid ☒ Medicare
1-28-14
Date of Office Visit
Abdominal aortogram with femoral run off
Purpose of Office Visit
780.97
ICD-9 Code for description of incident
Level II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1-28-14 14:15
Incident Date and Time

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

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)

1410 Patient in recovery noted to have elevated heart rate. Other vitals stable, patient in no distress. 1410 Home BP meds administered, physician notified. 1431 HR continues to be elevated, irregular rhythm, Dr. Brumberg paged, orders received to administer Labetolol 40mg IV. 1434 HR remains elevated, irreg, patient remains stable, no distress. 1500 Order received from Dr. Brumberg to transfer patient to TMH for cardiac evaluation. Family notified of recommendation. EMS contacted. 1619 Patient transferred to TMH via Non emergent EMS in stable condition, HR no longer elevated, appears to be in SR. Belongings sent with patient's daughter.

B) ICD-9-CM Codes

N/A	N/A	N/A
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-992.9)

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 cardiac evaluation	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred:	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
Tallahassee Memorial Hospital	<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.

Ashley Matylaszek, RN staff nurse RN 9265206

Julle Angeller, RN staff nurse RN 9305209

Robert Brumberg DO OSA9800

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

Cameron Carroll RPA Lab Manager 11GA1428

Cassie Davis ARNP-C, 9178836 LHRM 5504917

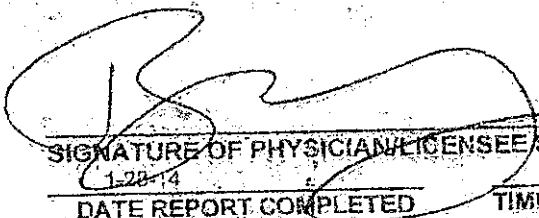
IV. ANALYSIS AND CORRECTIVE ACTION

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

N/A patient developed cardiac arrhythmia following procedure, cardiac evaluation needed.

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

N/A



SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

OS9800
LICENSE NUMBER

1-28-14

1800

DATE REPORT COMPLETED

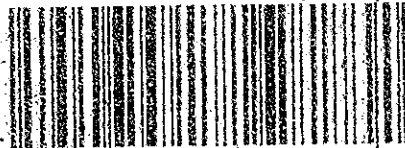
TIME REPORT COMPLETED

Vascular Surgery Associates



VASCULAR SURGERY ASSOCIATES
2631 Centennial Blvd., Suite 100
Tallahassee, Florida 32308

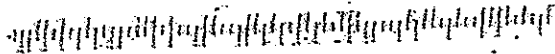
CERTIFIED MAIL



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MAILED FROM ZIP CODE 32308
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PITNEY BOWES
UNITED STATES POSTAGE

Department of Health
Consumer Services Unit
11052 Bald Cypress Way
BIN C75
Tallahassee, FL 32399-3275

323993275



64
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

NV repeat
I. OFFICE INFORMATION

BSS International Inc.
Name of office

Tamara 33321 Broward
City Zip Code County

Frank Rodriguez MD
Name of Physician or Licensee Reporting

2711 NE 12th
Tallahassee, FL 32304
Patient's address for Physician or Licensee Reporting

777 N. University Drive
Street Address

954-726-7773
Telephone

862
License Number & office registration number, if applicable

II. PATIENT INFORMATION

hemorrhage
Patient Identification Number
Diagnosis

1/28/14 1/28/14
Age Gender Date of Office Visit

therapeutic termination of pregnancy
Purpose of Office Visit

998.11
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

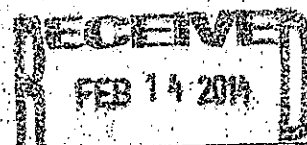
1/28/14 12 noon
Incident Date and Time

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

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

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

see attached



B) ICD-9-CM Codes

legally induced abortion

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

Outcome of transfer - e.g., death, brain damage, observation only Surgery performed - stable
Name of facility to which patient was transferred:
Coral Springs Medical Center

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

** If it resulted in:

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

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

Robin Hathaway RN 636561

Roxana Rangel RN

Kristina Bryant RN

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

See Attached See above

IV. ANALYSIS AND CORRECTIVE ACTION

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

See attached

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

See attached

V.

Shirley Rodriguez
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 55556
LICENSE NUMBER

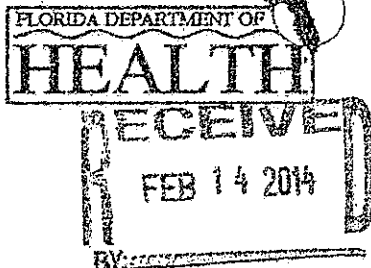
02/11/14
DATE REPORT COMPLETED

5pm
TIME REPORT COMPLETED

65

158

STATE OF FLORIDA
Rick Scott, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Advanced Imaging & Interventional Institute

Clearwater 33716 Pinellas

Dr. Gerald Niedzwiecki

3543 Sylvan Edge Dr, Palm Harbor, 34685

2730 N. McMullen Booth Rd

727-791-7300

HE-00491088521



Patient Identification Number
440.20

Diagnosis

77 F ☐ Medicaid ☒ Medicare
Age 2-3-2014 Gender
Date of Office Visit
Angiogram with Runoff
Purpose of Office Visit
440.20
ICD-9 Code for description of Incident
11
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

2-3-2014 2:00pm

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)

Patient here for an angiogram with runoff to her legs.
Procedure completed without incident at 10:51 AM. Patient arrived to post care in stable condition, at baseline for vitals and Oxygen sats. Over her two hour recovery, she remained stable and pain free. She ambulated to the bathroom without incident. Upon returning to her stretcher, she complained of being very weak. He O₂ sat after ambulation was 58%, other vital signs stable. O₂ was reappplied. Dr. Niedzwiecki spoke with patients primary MD who recommended we transfer patient electively to the ER for further evaluation. At left with EMS awake, alert, pain free and she denied SOB.

B) ICD-9-CM Codes

440.20

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)

Monitors and 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 Name of facility to which patient was transferred: <u>Heose D medical 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.

Dr. Gerald Niedzwiecki - Surgeon - ME 700649
 Dr. Colleen Niedzwiecki - Anesthesiologist - ME 088554
 Jessica Littleton, RN - RN 9243420
 Cynthia Taylor, RN - RN 2202132

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)

PE Was at her baseline Lung Function But most likely was near requiring home O2 with exertion. This was unmasked and detected when she ambulated after procedure and monitoring was reinitiated. Transfer to ER was for further workup and to allow O2 therapy to be initiated as appropriate.

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

Continue close monitoring of Vitals and continue to obtain Baseline Vitals on Admission for Procedures.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
2110714
 DATE REPORT COMPLETED

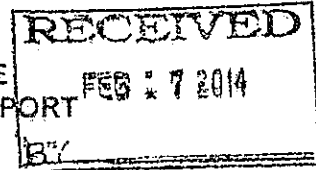
ME 700649
 LICENSE NUMBER

TIME REPORT COMPLETED



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT



SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4062 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Amnacion Access Ctr of Miami
Name of office
Miami FL 33156 Miami-Dade
City Zip Code County

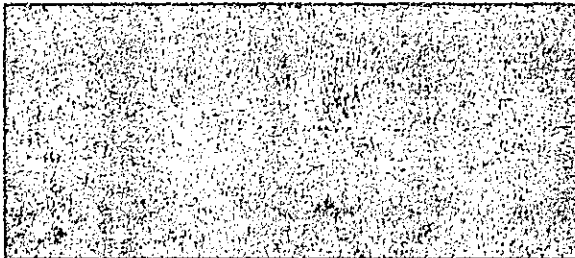
Walter Karkov
Name of Physician or Licensee Reporting

9700 S. Dadeland Blvd Miami FL 33156
Patient's address for Physician or Licensee Reporting

9700 S. Dadeland Blvd. Suite m
Street Address

305 670 1044
Telephone

ME 101445 / 052 670
License Number & office registration number, if applicable



71 m ☒ Medicaid ☐ Medicare
Age Gender

2/11/14
Date of Office Visit

Catheter change
Purpose of Office Visit

585.6
ICD-9 Code for description of incident

III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

2/11/14 8:11 AM
Incident Date and Time

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

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

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

Post catheter exchange patient while in Recovery area
Patient developed chest pain with tachycardia and HMO. Nitro paste
1" applied to chest EMS called and patient was transferred in stable
condition to Baptist Hospital for further evaluation. Follow up within
24" spoke with patient who reported "feeling better" he informed us
that he was being treated for HMO.

B) ICD-9-CM Codes

34581 / 77001

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"/> 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: Baptist Hospital Miami	<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.

Suzette Silva RN MA 64216 9700 S. Oakland Blvd
 Deborah Vindon LP ME 101445 9700 S. Oakland Blvd
 Jose Hernandez LP ME 86739 9700 S. Oakland Blvd
 Tiffany Pittman RN MA 97985 9700 S. Oakland Blvd

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)

Patient pre-existing factors. Hx of HTN & chest pain

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

Patient treatment was performed as indicated. No further action required.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 101445
 LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

00100

fedex.com 1.800.GoFedEx 1.800.463.3339

FedEx Package
Express US Airbill

8019 5700 7052

From: **21414**

To: **21414**

Company: **AMERICAN ACCESS CARE MIAMI**

Address: **9200 S DADELAND BLVD STE 101**

City: **MIAMI** State: **FL** ZIP: **33156-2703**

2 Your Internal Billing Reference

3 To: Recipient's Name: Phone:

Company: **DDH LINGUINE SERVICE UNIT**

Address: **4952 Field View Dr**

City: **BVN** State: **VA** ZIP: **22004-3375**

Dr. **Talman** Ship To: **FL 33204-3375**



8019 5700 7052

Recipients Copy

4 Express Package Service

5 Packaging

6 Special Handling and Delivery Signature Options

7 Payment

8 Insurance

9 Signature Required

10 Signature Required

11 Signature Required

12 Signature Required

13 Signature Required

14 Signature Required

15 Signature Required

16 Signature Required

17 Signature Required

18 Signature Required

19 Signature Required

20 Signature Required

fedex.com 1.800.GoFedEx 1.800.463.3339

67

Fax 1-850-414-0864



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BY: _____

STATE OF FLORIDA
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C76
Tallahassee, Florida 32308-3276

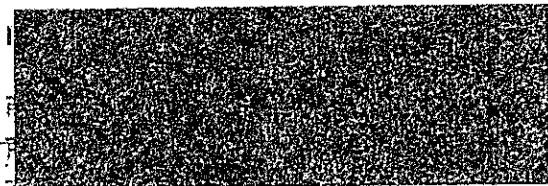
NO repeat

I. OFFICE INFORMATION

Name of office: Mark Lamed M.D. P.A.
City: Hollywood Zip Code: 33021 County: Broward
Name of Physician or Licenses Reporting: Mark Lamed M.D.

Street Address: 1150 N. 35 Avenue #445
Telephone: 954-961-7771
License Number & office registration number, if applicable: ME 0037518 DSR 193

Patient's address for Physician or Licenses Reporting



Patient Identification Number

Diagnosis

Age: 84 Gender: F ☐ Medicaid ☐ Medicare
Date of Office Visit: 02/10/14
Purpose of Office Visit: EGD
ICD-9 Code for description of Incident: 53.89
Level of Surgery (I) or (II): II

III. INCIDENT INFORMATION

Incident Date and Time: 02/10/14 10:20 AM

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)

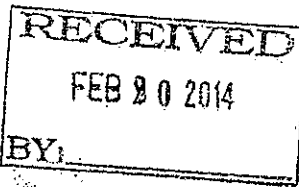
yo HF w/ hx of Anemia, wt loss + dysphagia
EGD w/ balloon dilatation performed on 2/10/14
After Balloon dilatation - there was no filling of esophageal
mucosa + a mucosal tear noted. Pt c/o Abd Pain
+ was sent to ER where CT of chest revealed
mucosal (intimal) perforation w/ air + contrast in wall
of esophagus w/o extravasation -
Pt admitted for conservative management + observation
+ was discharged Home on 2/18/14 to be followed

DH-MQA1030-12/06 as Outpt
Page 1 of 2



68

167

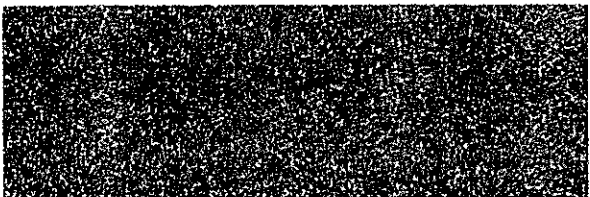
STATE OF FLORIDA
Rick Scott, GovernorPHYSICIAN OFFICE
ADVERSE INCIDENT REPORTSUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bln C75
Tallahassee, Florida 32399-3275

OFFICE INFORMATION

Gulf Coast Cardiothoracic Surgeons 8010 Summerlin Lakes Dr. Suite 100
 Name of office
Fort Myers 33907 Lee
 City Zip Code County
DR Comas
 Name of Physician or Licensee Reporting

239-939-1767
 Street Address Telephone
ME 116762
 License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting



CAD
 Patient Identification Number
 Diagnosis

12/25/26 Female ☐ ☒
 Age 2/13/14 Gender Medicaid Medicare
Follow up post operative
 Date of Office Visit Purpose of Office Visit
780.2 Syncope
 ICD-9 Code for description of incident
 Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

2/13/14 1230
 Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Office, Patient 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 became dizzy, lethargic.
Incontinent of stool & urine at time
Was unable to answer questions appropriately.
Pt kept repeating "I need to lay down, I'm going
to pass out".

27



STATE OF FLORIDA
Charlie Crist, Governor

MAR 03 2014

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

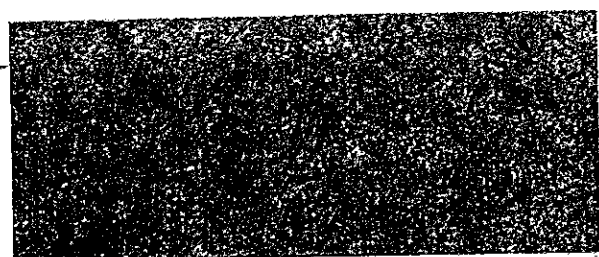
UB

Repeat

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

I. OFFICE INFORMATION
American Access Care of Orlando
Name of office
Orlando 32806 Orange
City Zip Code County
Manu Sehgal
Name of Physician or Licensee Reporting
Same
Patient's address for Physician or Licensee Reporting

1405 S. Orange Ave. Orlando FL 32806
Street Address
407-425-5062
Telephone
ME100529 / OSR 749
License Number & office registration number, if applicable



69 Female
Age Gender
01/14/2013
Date of Office Visit
Repair of Clotted Dialysis Access
Purpose of Office Visit
361478 / 36148
ICD-9 Code for description of incident
III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

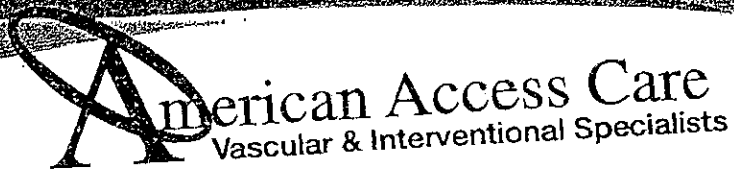
02/18/2014@2:15PM
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Pre-Procedure Room

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

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

Please see attached



The patient was in facility for Thrombectomy of right forearm Fistula. Upon initial evaluation, the patient was restless and complained of shortness of breath. Vital signs were BP 92/32, Pulse 50 per minute, Respiration 25 breaths per minute, with an oxygen saturation of 100% on 3 liters per minute nasal oxygen. Assessment by the physician yielded a request for 911 to be called and that the Patient was to be transported to the nearest emergency room. 911 arrived and the PT was transported to Orlando Regional Medical Center Emergency Room.

On follow up the next day; the Patients' son called to say his mother was doing much better. She had a hemodialysis catheter placed in her leg and had received dialysis last night. Spoke with the floor nurse who stated the PT's blood Potassium was elevated at 8.6 mEq/l. The Patient's cardiac enzymes were also elevated but already trending downward. There would be no cardiac intervention based on the downward trending enzymes. The Patient is scheduled for another round of dialysis today. The Patient is scheduled for a Thrombectomy in the hospital tomorrow.



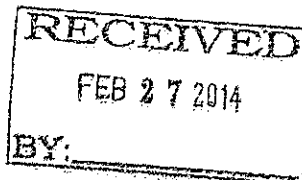
70

169



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

OFFICE INFORMATION

NO
Name of office Pembroke Pines MRI, Inc. dba DPT & Pembroke Pines
City Pembroke Pines Zip Code 33026 County Broward
Name of Physician or Licensee Reporting Dr Chermak

Street Address

Telephone

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

Patient Identification Number

Diagnosis

Age

Gender

Medical

Medicare

Date of Office Visit

Purpose of Office Visit

ICD-9 Code for description of Incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

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)

Pt came in for CT Abd / Pelvis with contrast
after scan Doc Dr. Determined Pt
had possible Appendicitis. Dr. Chermak
spoke to Pt's Dr. and they wanted Pt to
go to hospital via ambulance.

Referring doctor: Dana Mitchell - (904) 680-9200

B) ICD-9-CM Codes

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

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

Resulting Injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

Joseph Restuccia PI # 51063
ART # 299634

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

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

Patient transferred via ambulance to hospital.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

123

69



STATE OF FLORIDA
Charlie Crist, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

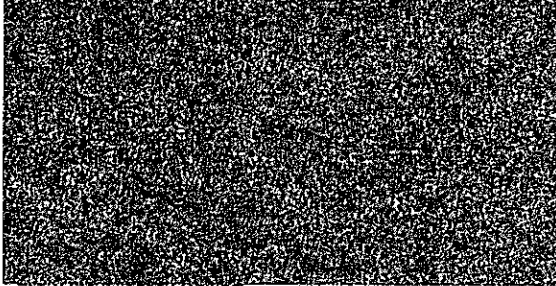
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32389-3275

I. OFFICE INFORMATION

Intervasc @ Bay Radiology
Name of office

Panama City 32401 Bay
City Zip Code County

Martin Sheline, MD
Name of Physician or Licensee Reporting



Mesenteric Stenosis
Diagnosis

587 N. Palo Alto Ave.
Street Address

850-873-3990
Telephone

ME 109093 / OSR # 664
License Number & office registration number, if applicable

78 F
Age Gender ☐ Medicaid ☒ Medicare

2-21-14
Date of Office Visit
Mesenteric Aortogram
Purpose of Office Visit

557.1
ICD-9 Code for description of incident

III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

2-21-14
Incident Date and Time

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

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 typed narrative *

B) ICD-9-CM Codes

557.1, 783.21, 579.0

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

998.12

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

Pseudoaneurysm of brachial artery

998.12

Resulting injury (ICD-9 Codes 800-899.9)

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

(Use additional sheets as necessary for complete response)

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>higher level of care, surgery</u> Name of facility to which patient was transferred: <u>Bay Medical Center</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
--	---

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

Martin Shelton, MD - MD performing procedure - ME 109093Blake Jolly, RTR - Direct patient care - CRT 55788Shanna Jones, RN, CVRN - Direct patient care - RN 9179305Candice Rhodes, RVT - Direct patient care - RDMS # 133723

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)

N/A

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 109093
LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

February 21, 2014

Attachment to Physician Office Adverse Incident Form

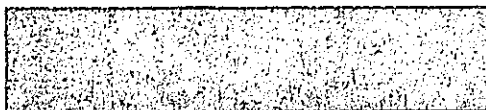
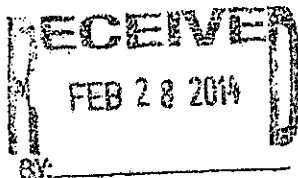
DX: Mesenteric Stenosis

Procedure: Mesenteric Aortogram

Narrative of circumstance of the incident:

Dr. Sheline started Mesenteric aortogram to patient's left brachial artery at 0854. Multiple attempts were made, however, due to marked tortuosity of the aortic arch, the catheter could not be advanced. At 0920 the approach was abandoned and the sheath was removed per Dr. Sheline's order after obtaining an ACT of 185. Manual pressure was held by Blake Jolly, RT. Dr. Sheline updated patient's family. A hematoma formed and subsequently enlarged. Ultrasound was performed by Candice Rhodes, RVT which suggested a wide mouth pseudo aneurysm. The patient remained hemodynamically stable, pain meds were administered IV per Dr. Sheline's order to help with the pain from continuous manual pressure. Hematoma appeared stable as long as pressure was being applied. Dr. Sheline called Dr. Reed Finney who agreed to see patient urgently in the operating room. Dr. Finney requested patient to be transferred to OR holding area. Dr. Sheline updated the patient's family regarding hematoma and condition. At 1025 EMS was notified for transport and report was called to Veronica in pre-op holding at BMC. 1038 an additional heparin lock was started, 20g to Right AC and flushed with 0.9% Normal Saline. 1052 Lifeguard services arrived and received report with instructions to maintain manual pressure to patient's left upper extremity and transport patient to OR holding at BMC. Patient remained hemodynamically stable and left with Lifeguard services at 1055.

Patient underwent successful exploration of left brachial artery with repair of injury by Dr. Reed Finney.



157

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 Gulfcoast cardiopulmonary and vascular surgeons

City Ft. Myers Zip Code 33907 County Lee

Name of Physician or Licensee Reporting Dr. Brian Hummel

License Number N/A
Patient's address for Physician or Licensee Reporting

Street Address 8010 Summerlin Lakes Dr. Suite 100

Telephone 239-939-1767

License Number & office registration number, if applicable ME46159

II. PATIENT INFORMATION



Patient Identification Number

Diagnosis

Age 74 Gender M ☐ Medicaid ☒ Medicare

Date of Office Visit 2/25/14

Purpose of Office Visit office check up, hypotension

ICD-9 Code for description of incident 458.9, 427.89

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Incident Date and Time 2/25/14 @ 1515

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

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

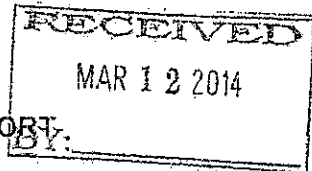
A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

slp TAYR on 2/18/14.

patient presented to the office for follow up visit and monitoring for hypotension and bradycardia. When in waiting room, patient complained of chest pain and appeared to be pale and cyanotic around mouth. Iayed patient on exam table and obtained vital signs and EKG. surgeon evaluated patient and spoke with cardiologist, who both agreed to send patient to the ER via EMS for further evaluation of bradycardia.



STATE OF FLORIDA
Rick Scott, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

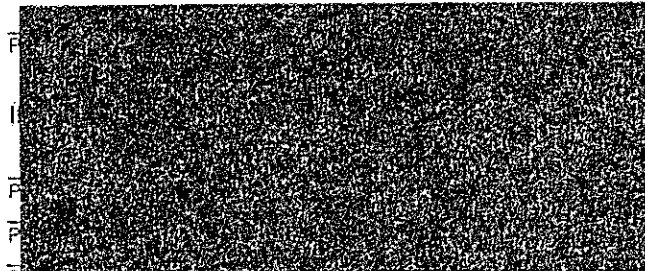
SUBMIT FORM TO:

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

I. OFFICE INFORMATION

Strong Health Network, PLLC
Name of office
Miami 33126 Miami-Dade
City Zip Code County
Manuel A. Gonzalez, M.D.
Name of Physician or Licensee Reporting

715 NW 57 Ave. Suite 130
Street Address
305-206-2286
Telephone
ME110782 OSR # 928
License Number & office registration number, if applicable



Patient Identification Number
Pain with ulcer (440.23), ulcer of limb (707.10);
Diagnosis pain in limb (724.5); diabetes (250.72)

87 Male
Age Gender
2-25-14
Date of Office Visit abdominal aortogram, lower
extremities angiogram and revascularization
Purpose of Office Visit
E92.9
ICD-9 Code for description of incident
II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

2-25-14 4:15 PM
Incident Date and Time

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

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

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

See attached.

B) ICD-9-CM Codes

39.50	E429	852.03
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting Injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

None.

D) Outcome of Incident (Please check)

<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>Further evaluation by stroke team</u> Name of facility to which patient was transferred; <u>Jackson Memorial 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.

Manuel A. Gonzalez, M.D. License # ME110782 - physician performing procedure	All can be reached at 305-266-2286
Jose C. Biedro License # RN 9245916 - anesthesia and recovery	
Victor Ruano - medical assistant	
Gibert Gonzalez - medical assistant	

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)

The apparent cause is prior head trauma (we learned of this after the procedure) resulting from a fall ~~at the nursing home~~ at the nursing home.

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

As a proactive action we called the nursing home to learn about the nature of the injury. we transferred the patient to the stroke center to be evaluated for possible intracranial bleed.

V. Manuel A. Gonzalez ME110782
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

DATE REPORT COMPLETED 3-7-14

TIME REPORT COMPLETED 3:30 PM

- [REDACTED]
- [REDACTED] is an 87 year old male with history of CAD, stroke with intracranial bleeding, PAD with ulcer of left foot, diabetes type 2, dementia, and depression. The patient has critical limb ischemia with foot ulcer and was sent for limb salvage revascularization procedure. Due to the prior intracranial bleeding, we had requested prior neurology clearance. The patient was seen by Dr. John R. Cintron on 2/18/14 and was cleared for an angiogram and vascular intervention on 2/18/14.
 - On 2/25/14 the patient arrived to our facility. Dr. Gonzalez personally examined the patient at approximately 7:30 AM. He was in his usual state of health, which is demented and confused at baseline. He underwent aortogram, selective angiogram and vascular intervention of the left peroneal artery under mild conscious sedation. The procedure was uneventful and the patient was sent to the recovery room at 11:57 AM where the results of the procedure were reviewed with the family.
 - Approximately 30 minutes later, the patient drank apple juice. An hour later he ate applesauce without any difficulties. At 2:01 PM, Dr. Gonzalez was called to the room to re-evaluate the patient because he remained lethargic and was not fully recovered from sedation. On neurological exam, he remained at his baseline (confused, demented). He was lethargic but followed commands and responded to painful stimuli. There was no evidence of focal motor deficit. The pupils were pinpoint. He received a total of 75 mcg of fentanyl. The last dose was at 11:08 AM. Due to the remote possibility that this could be a late effect of sedation, Dr. Gonzalez ordered Narcan 2 mg IV at 4:12 PM. A few minutes later, there were no changes in neurological status observed in the patient. At this point we learned from the family that the patient had a prior fall and head injury 3 days prior in the nursing home. With this new information Dr. Gonzalez decided to call 911 to transfer the patient to a stroke center for further evaluation.

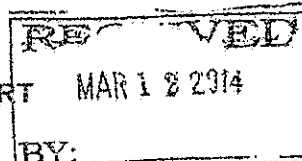
Corrective or Proactive Actions:

- I called the emergency department and discussed the case with the emergency physician, and asked them to activate the stroke team. The patient was transferred in stable condition to the emergency room.



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

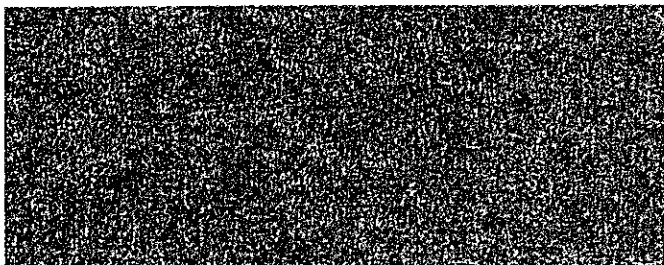


SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Strong Health Network, PLLC
Name of office
Miami 33136 Miami Dade
City Zip Code County
Manuel A. Gonzalez, M.D.
Name of Physician or Licensee Reporting

815 NW 57 Ave. Suite 130
Street Address
305-266-2286
Telephone
ME110782 OSR # 928
License Number & office registration number, if applicable



Patient Identification Number
PAD with ulcer (440.23); ulcer of limb (707.10);
Diagnosis pain in the limb (729.5) & diabetes (250.72)

80 Female ☐ ☒
Age Gender Medicaid Medicare
2-26-14
Date of Office Visit abdominal aortogram, lower extremity
angiogram, and revascularizations
Purpose of Office Visit
E873.8
ICD-9 Code for description of incident
II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

2-26-14 5:24 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 N/A
Was an autopsy performed? ☐ Yes ☐ No

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

See attached.

B) ICD-9-CM Codes

<u>39.50</u>	<u>E878.8</u>	<u>998.12</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)

None.

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>evaluation by vascular surgeon</u> Name of facility to which patient was transferred: <u>Jackson Memorial Hospital</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Manuel A. Gonzalez, M.D. License # ME110782 - physician performing procedure
José C. Pineda, RN License # RN9245916 - anesthesia and recovery
Victor Ruano - medical assistant
Gilbert Gonzalez - medical assistant

all can be reached at 805-266-2286

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)

The apparent causes are (1) severe atherosclerosis disease and calcified vessels of the lower extremities, (2) mnx device failure, and (3) diathesis or unspecified hemorrhagic conditions.

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

As a proactive action, we called our referring vascular surgeon to discuss the case, we notified the ED of a potential transfer, and shortly thereafter called an ambulance.

V. Dr. Manuel A. Gonzalez ME110782
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
3-9-14 5:35 PM
 DATE REPORT COMPLETED TIME REPORT COMPLETED

-
- The patient is an 80 year-old female with history of severe PAD with critical limb ischemia on the right leg with ulcer and severe resting pain. The patient also has CRF on hemodialysis, HTN, and HLD. She was referred for revascularization of lower extremities. The Doppler US of lower extremities revealed severe stenosis in both lower extremities' arterial systems.
 - During the procedure I obtained left common femoral access and performed angiogram and revascularization of the right SFA artery that was 100% chronic total occlusion with the use of laser atherectomy, balloon angioplasty and stenting with excellent angiographic results. At the end of the procedure I attempted to close the arteriotomy with the use of Mynx closure device, but the device balloon ruptured failing to achieve hemostasis. I personally held manual compression for 3 hours on the patient and there was still oozing blood, bruising, and hematoma formation in the left groin.
 - Furthermore the patient had episodes of low blood pressure and nausea, likely vasovagal reaction. Given the late hour of the day and all the above I discussed the case with the family and we agreed that she should be sent to the ED to be evaluated. I called the ED and notified the ED doctor and the vascular surgeon on call of the transfer. Then I called the ambulance and personally accompanied the patient to the hospital.
 - The Patient was admitted to the hospital under my service (Dr. Gonzalez). CT was done in the ED confirming subcutaneous hematoma, small extravasation, vs, pseudoaneurysm. Patient remained hemodynamically stable with no further expansion of the moderate groin hematoma. Vascular consultation was requested and they concluded that there was no active bleeding and observation was recommended. The patient was admitted and observed for 24 hrs. After Dialysis was performed the following day the patient was discharged home.

Circumstances of the incident:

- The apparent causes of the event are (1) - Severe atherosclerosis disease and calcified vessels of the lower extremities (ICD-9-CM 440.22). (2) - Failure of the Mynx closure device; and (3) - Bleeding diathesis or unspecified hemorrhagic conditions (ICD-9-CM 287.9). I personally performed the hemostasis for 3 hours. This was complicated by the vasovagal reaction and continued oozing of blood.
- The vasovagal reaction, easy bruising and oozing of blood despite prolonged manual hemostasis was beyond the control of the physician.

Correctives or Proactive Actions:

- I called the ED and spoke with the ED doctor and the vascular surgeon on call. Thereafter, I called the ambulance and personally accompanied the patient in the ambulance to the emergency room. She remained in stable condition.



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

MAR 03 2014

SUBMIT FORM TO:

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

I. OFFICE INFORMATION

The Back Center, Brevard Orthopedic
Name of office

Melbourne 32901 Brevard
City Zip Code County

Dr. L. Voepel
Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

2222 S. Harbor City Blvd
Street Address

321-728-7716
Telephone

ME 85032
License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Identification Number

211023
Diagnosis

46 F ☐ Medicaid ☐ Medicare
Age Gender

02/26/14
Date of Office Visit

Intercostal Nerve Block, left
Purpose of Office Visit

853.9
ICD-9 Code for description of Incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

02/26/14 0755
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)

Patient received in recovery at 0741. Vital sign stable, skin warm and dry. At 0755, patient @ (L) upper epigastric pain. Patient @ of S.O.B, O₂ sat 84% O₂ administered at 4L, O₂ sat up to 99%. EMS notified. Husband advised of situation. IV restarted in (L) hand, 250 NS infusing. BP 124/82, HR 88. Patient transported via EMS to Holmes Regional Medical Center at 0809.

02/26/14 - Patient discharged same day. She was evaluated at HRMC, no pneumothorax, no cardiac issues. Pt to follow up with P.C.P.

B) ICD-9-CM Codes

353.9
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)

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:	<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.

L. Voepel ME 85032
J Macdonald CRNA 1853972
H Cromwell RN 9347655
R Macdonald PMD 509507

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)

Sudden onset of upper epigastric pain. No hx of chest pain or cardiac issues.

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

Protocol followed and patient transferred to HRMC by EMS
Continue to screen patients

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 85032
LICENSE NUMBER

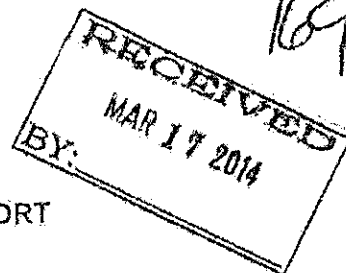
02/26/14
DATE REPORT COMPLETED

1411
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

Institute of Cardiovascular Excellence
Name of office

Ocala 34474 Marion
City Zip Code County

Dr. Asad Gamar
Name of Physician or Licensee Reporting

4730 SW 49th Rd - Ocala FL
Patient's address for Physician or Licensee Reporting

4730 SW 49th Rd
Street Address

(352) 854-0681
Telephone

OSR 820
License Number & office registration number, if applicable

II. PATIENT INFORMATION



XXXXXXXXXX
Patient Identification Number
Critical PAD
Diagnosis

53 Male ☐ Medicaid ☒ Medicare
Age Gender
3/4/14
Date of Office Visit
LWC
Purpose of Office Visit
444.22
ICD-9 Code for description of Incident
Level 2
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3/4/14 1545
Incident Date and Time

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

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

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

Pt complained of leg pain, Groin was checked, dry intact, no signs of
bleeding or hematoma, Distal pulse was checked, found to be pulseless to
touch and dopler. Dr. Solanki and Dr. Gamar notified. Pt moved to cath
lab immediately. Pt. returned to room B. VS were stable, no complaints of
pain. Nursing Supervisor was called for OPMC. Bed/Room was given.
gill was called for transfer. Report was given. Ambulance arrived, report
given to paramedics.

B) ICD-9-CM Codes

93458
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
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.	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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Outcome of transfer - e.g., death, brain damage, observation only OKMC - Ocala, FL
 Name of facility to which patient was transferred: Ocala Regional Med Ctr.

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.

B. Kretlenbrink RN9366371, Lisa Willis RN3290842, Natalizka McDuaig RN2961082
Dr. Solanki, Dr. Amar, Tonya Lowe
Steven Rhoads, Earl Cannon, Rene Hostetter
Jarrells, Patricia

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)

Thrombosis after ~~stent placement~~ manual compression
of arterial puncture site

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

Heparin Drip, TPA, Angiostat + Observation

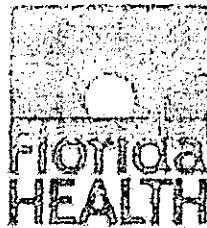
V.

[Signature]
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

RN9366371
LICENSE NUMBER

8.11.14
DATE REPORT COMPLETED

TIME REPORT COMPLETED



76
NO

STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION
Vascular Specialists of Central Florida

Name of office
Orlando 32806 Orange
City Zip Code County
Jon M. Wesley, M.D., F.A.C.S.
Name of Physician or Licensee Reporting
80 West Michigan St. Orlando, FL. 32806
Patient's address for Physician or Licensee Reporting

80 West Michigan St. Orlando, FL. 32806

Street Address
407-648-4323
Telephone
ME0086911 OSR844
License Number & office registration number, if applicable

II. PATIENT INFORMATION



Patient Identification Number
Peripheral Artery Disease
Diagnosis

75 Female ☐ Medicaid ☐ Medicare
Age Gender
April 3, 2014
Date of Office Visit
Aortogram w/Runoffs w/Endovascular Intervention
Purpose of Office Visit
II
ICD-9 Code for description of incident
II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

April 3, 2014
Incident Date and Time

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

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.

B) ICD-9-CM Codes

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input 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: _____	<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.

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

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

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED



Vascular Specialists

of Central Florida, Inc.

Vascular Surgery Endovascular Surgery

Charles S. Thompson, M.D., F.A.C.S.

Jon M. Wesley, M.D., F.A.C.S.

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The Vascular Laboratory



80 W. Michigan Street
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1920 Don Wickham Drive
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Clermont, Florida 34711
Telephone 352-241-7585
Fax 352-241-7595

This is a narrative of the preprocedural, intraoperative, and postprocedural course of patient [REDACTED] on April 3, 2014. This 75-year-old woman presented to us 4 days prior to her procedure with gangrenous changes involving the left foot associated with severe pain. The patient had noninvasive arterial studies which showed multilevel peripheral arterial disease. The patient was scheduled for an arteriogram with possible endovascular intervention for April 3, 2014.

Preprocedurally, the patient had a blood pressure of 95/55 and a heart rate of 97. This was close to the patient's baseline. Her only complaints at that time were of severe left foot pain. Intraoperatively, the patient was given 0.5 mg of Versed and 25 µg of fentanyl for initial sedation. Throughout the procedure we gave her aliquots of 25 µg of fentanyl titrated to control her pain. We gave a total of 175 µg of fentanyl for the entire case. Additionally, we gave an additional 0.5 mg of Versed for a total of 1 mg of Versed. The patient was arousable throughout the entire case and in fact was able to follow instructions. We performed an atherectomy procedure for severe peripheral arterial disease. During this procedure we administered 200 µg aliquots of verapamil intra-arterially to combat the peripheral vasal spasm that is typical for this case. Additionally, we gave 200 µg aliquots of nitroglycerin for a total of 1200 µg. The results were satisfactory and the patient was transferred to the recovery area in stable condition. It is noteworthy that the patient had a arteriotomy closure procedure to minimize post sheath removal bleeding. The patient was hemodynamically stable throughout the postprocedural period with only a transient drop in systolic blood pressure to 85 mmHg (10 points below her baseline blood pressure). She was completely asymptomatic at this time and her blood pressure normalized soon thereafter. The patient was awake, alert and breathing spontaneously throughout the entire post procedural period. The patient entered the recovery area at 12:15 PM and was discharged at 2:30 PM according to protocol. The last analgesic given was 2 mg of intravenous morphine sulfate at 1:15 PM. The patient was not ambulatory preprocedurally and was transferred to her vehicle via wheelchair fully awake and engaging.

According to protocol as we do with all patients, we called the next day to inquire about the patient's condition. We were told at that time by the husband that she had expired the day before. He explained that on the way home she appeared to be sleeping and he didn't want to awaken her. By the time they arrived home he tried to arouse her but she would not awaken. He called 911 and she was taken to Central Florida Regional Hospital where it appears that after brief resuscitative efforts she was pronounced dead.

It is unfortunate and unclear to us what transpired between discharge and the patient's ultimate death. It is unlikely that the patient was over narcotized or oversedated because of the the relatively small doses that we gave and the relatively short half lives of these medications. Furthermore, a peak onset of these medications should have rendered her more lethargic in the postoperative period. There was no point in which this was the case. Although bleeding complications can occur with any percutaneous arterial procedure with groin access, I saw no mention of any evidence of a large hematoma when she presented to the outside hospital. Furthermore, any bleeding that would be significant enough to cause her to die in such a short period of time should at least have been marginally apparent in the postoperative period. Again, there



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

159
RECEIVED
MAY 27 2014

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

OFFICE INFORMATION

Institute of Cardiovascular Excellence

Name of office

Ocala

34474

Marion

City

Zip Code

County

Dr. Asad Qamar

Name of Physician or Licensee Reporting

4730 SW 99th Rd.

Street Address

(852) 236-5873

Telephone

OSR 820

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

PATIENT INFORMATION

Patient Identification Number

PAO: Claudication

Diagnosis

Age 5/14/14

Gender

Medicaid Medicare

Date of Office Visit

Scheduled left leg intervention

Purpose of Office Visit

440.21

ICD-9 Code for description of incident

11

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5/14/14 16:11:32

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)

while performing left common iliac angiogram, it showed thrombus in the left common iliac, the left common femoral, and left external iliac arteries. 4mg Alteplase (TPA) was given through 90cm Fraiblater in the left common iliac, left external iliac, and left common femoral arteries. The 6fr Flexor Sheath was sutured in place and hooked to a pressure bag of heparinized saline at KVO rate. An IV drip was hung at 100 units per hr from a 250ml/25000 heparin unit bag. Patient was then taken to recovery area Carl Cusumano

DH-MQA 1030-12/06

5/14/14 PT returned to the recovery area, Emergency transportation called at this time. ———— Stacey Musone RN

B) ICD-9-CM Codes

39.50
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)

997.2 444.22
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)

6Fr 45cm Flexor Sheath, 90cm trailblazer Catheter

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:	<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.

Harris Earl Cannon - monitor, John Palmer - Scrib, Patricia Jerrils - circulator, Dr. Asad Qamar - interventional cardiologist, Deane LaFlam - Anesthesia Nurse, Stacey Newsham - Recovery Nurse.

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)

Thrombus in left common iliac, left external iliac, and left common femoral arteries

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

4mg Alteplase + Heparin drip.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

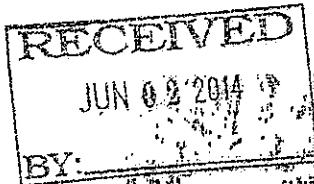
ME 73803
LICENSE NUMBER

S-15-14

13:53

DATE REPORT COMPLETED

TIME REPORT COMPLETED



78

NO

STATE OF FLORIDA
Rick Scott, GovernorPHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

I. OFFICE INFORMATION

Florida Joint Spine Institute

Name of office

Sebring 33870 Highlands

City

Zip Code

County

Ashok Sonni M.D. / Ginger Love Smith LPN

Name of Physician or Licensee Reporting

6325 US Hwy 27 N STE 201

Street Address

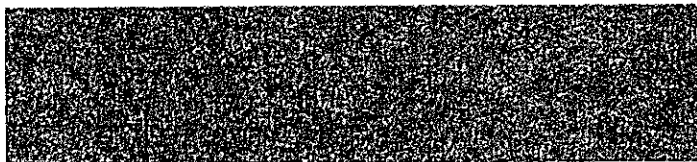
863-385-2222

Telephone

OSR 524

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

Patient Identification Number
Spinal Stenosis lumbar

Diagnosis

Age 5-19-14 Gender Male Medicaid Medicare
Date of Office Visit
Purpose of Office Visit Epidural Injection
724.00
ICD-9 Code for description of incident
NA
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5-19-14 Approx 9:45 a.m.

Incident Date and Time

Location of Incident:
☐ Operating Room ☒ Recovery Room
☐ OtherNote: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No
Was an autopsy performed? ☐ Yes ☐ NoA) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Patient had a lumbar epidural injection procedure without incident. Ten minutes into the recovery period while patient was sitting in a wheelchair, he complained of dizziness. As we were preparing to transfer patient to a stretcher, he became unresponsive while in the wheelchair. Respirations were regular and unlabored; pulse was weak to palpate; skin was warm and dry with normal color. Patient remained unresponsive for approximately 30 seconds to one minute. Patient immediately transferred to stretcher and placed in supine position. Dr. Sonni and two nurses were with the patient during this incident.

Continued on attached page.

Continued from section A) Describe circumstances of the incident (narrative)

Patient became awake and alert immediately after he was transferred to the stretcher. Patient stated that he had not eaten that morning and he was nauseated. Patient vomited twice and stated that he felt better. Oxygen placed on patient and heparin lock started in right hand. Blood sugar reading obtained and it was 130 and O₂ saturation was 97%. Patient placed on oxygen and given two glucose tablets. Patient again stated that he was feeling better, but he did complain of continued dizziness and nausea. Blood pressure remained stable during entire incident and recovery period.

EMS was called per Dr. Sonni's orders to transfer patient to Florida Hospital Heartland due to persistent symptoms of dizziness and nausea. Patient transferred via EMS to the Emergency Room. Patient was evaluated in the ER and discharged home the same day.



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

50
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RECEIVED
JUN 13 2014
Name of office: Sarasota Interventional Radiology
City: Sarasota FL 34232 Zip Code County: Sarasota
Name of Physician or Licensee Reporting: Nair

600 N. Cattlemen Rd.
Street Address
941-378-3231
Telephone

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION



5-28-14 Date of Office Visit
Angiotensin with lungs bilateral Purpose of Office Visit
IIIAC stroke

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5-28-14 1045
Incident Date and Time

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

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

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

PT TO PACU had 2 Uebral episodes with
drop in blood pressure. Unable to stabilize
blood pressure PT sent to Doctors
Hospital for observation.

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-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)

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>Doctors 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.

Barrie Leathers RN, Kimberly, Out RN, Dr. Nair,
Donna Ellis CRNA, Valerie Rowland RN,
Chris Howell Tech.

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

Daughter - Dan

IV. ANALYSIS AND CORRECTIVE ACTION

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

CT scan & Rescan done, Patient admitted
overnight to hospital, walked home the next morning.

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

Fluids given, Dr. Nair informed, A&E informed,
Rehydration given, Trendelenburg positioning.

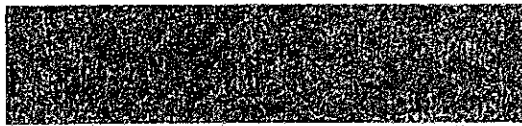
V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 99082
 LICENSE NUMBER

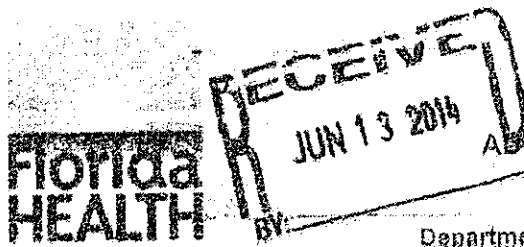
DATE REPORT COMPLETED

TIME REPORT COMPLETED



79 repeat

173



STATE OF FLORIDA
Rick Scott, Governor

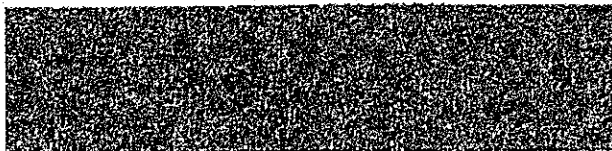
PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Surgery Center of Broward
Name of office
Lauderhill 33351 Broward
City Zip Code County
Daniel M. Zeichner, MD
Name of Physician or Licensee Reporting
4300 N University Dr, E200
Patient's address for Physician or Licensee Reporting

4300 N University Dr E200
Street Address
954-749-3040
Telephone
ME99070 OSR 626
License Number & office registration number, if applicable



2199547
Patient Identification Number

Diagnosis

32 Female ☐ Medicaid ☐ Medicare
Age Gender
May 29, 2014
Date of Office Visit
Liposuction Fat Transfer
Purpose of Office Visit
General (Level III)
ICD-9 Code for description of incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

May 29, 2014 14:41
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)

32 year old female was undergoing liposuction of the trunk and fat transfer to the buttocks. During the fat transfer to the @ buttocks, her monitored respiratory indices dropped to an unacceptable level and the procedure was terminated. Fire rescue was called. Vital signs were maintained and the indices improved while in the operating room. Fire rescue appeared and transported the patient to Florida Medical Center for observation.

continued on page 3...

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STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

NO

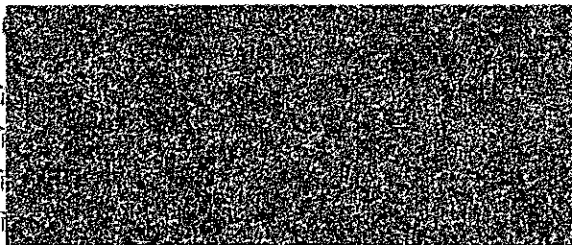
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SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Name of office Walnut Creek Medical Center
City Pembroke Pines Zip Code 33024 County Broward
Name of Physician or Licensee Reporting Dr. Daniel Cohen
Patient's address for Physician or Licensee Reporting Same as above

Street Address 1779 N. University Drive
Telephone 954-964-6281
License Number & office registration number, if applicable ME 106752 DSA*598



Age 65 Gender F ☐ Medicaid ☒ Medicare gold
Date of Office Visit 6/23/14
Purpose of Office Visit Colonoscopy
ICD-9 Code for description of Incident 369.83
Level of Surgery (II) or (III) III

III. INCIDENT INFORMATION

Incident Date and Time 6/23/14

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

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

Patient discharged from hospital on 6/26/14. Patient followed up with PCP on 6/30/14 and is doing well.

B) ICD-9-CM Codes

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

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

Right hemicolectomy 45.7
Primary Anastomosis 45.9
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)

Colon Endoscopy Scope

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>Broward General</u>	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** If it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
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E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Dr Daniel Cohn ME 106752 - Physician
Dr Daisy Izaguirre ME 83-112 - Anesthesiologist
Enaida Rivera RN 9173155 - Pre and Post-Op Ned James - Tech
Paul Price RN 3190402 - Intra-Op RN

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

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

see attached

V.

[Signature]
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
7/8/2014
DATE REPORT COMPLETED

ME 106752
LICENSE NUMBER

10:30 A.M.
TIME REPORT COMPLETED



WALNUT CREEK MEDICAL CLINIC

Drs. Steiner, Yotseff, Dooreck & Cohen
www.browardgl.com

1779 North University Dr, Suite 101
Pembroke Pines, FL 33024
Phone: (954) 963-0888
Fax: (954) 985-9818

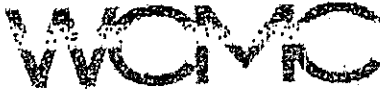
MR #: 0000061169

Chart Note

Informed of a likely perforation yesterday

I was called by Dr Joseph Cafino, surgeon at Broward General, last night. Apparently pt had abd pain after leaving WNC. Went to hospital and imaging showed free air c/w a perforation. I discussed the case with Dr Cafino in detail prior to pt going to the OR. I called pt's PCP Dr Neil this morning to inform her. She was already aware of what is going on. Will follow closely.

Created On: 08/24/2014 12:54 PM By Daniel Cohen



BROWARD GENERAL MEDICAL CENTER

Drs. Steiner, Yotseff, Dooreck & Cohen
www.browardgl.com

2779 North University Dr, Suite 101
Pembroke Pines, FL 33024
Phone: (954) 955-0888
Fax: (954) 955-9818

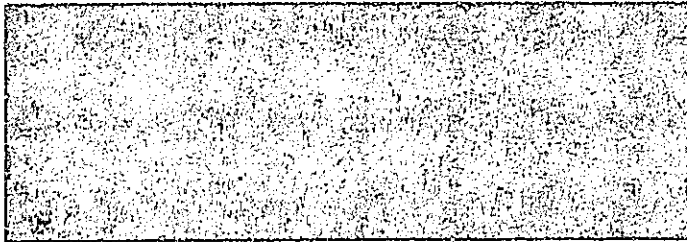


Chart Note

Summary

[REDACTED] underwent a colonoscopy on 6/23/14. This was done due to a history of a colon polyp. She reported that she was told that she had a large polyp on a prior colonoscopy and that she needed surgery, but she refused to have it. During the colonoscopy, I saw a large polyp in the ascending colon with a tattoo next to it. I tried to remove the whole polyp, especially since she had refused surgery in the past. The polypectomy was performed. (Pathology eventually revealed a tubulovillous adenoma.) There was a divot there, but no perforation. She had some mild pain in the recovery room afterwards, but improved and was discharged home. Apparently the pain worsened and she went to the ER at Broward General. Imaging showed free air consistent with a perforation. Dr Joseph Catino (surgeon) called me and I discussed the case with him prior to him taking [REDACTED] to the OR. A right hemicolectomy with primary anastomosis was performed. The pathology specimen revealed the perforation at the polypectomy site, but no residual polyp. She did well afterwards and was discharged on 6/26/14. She has followed up with her PCP Dr Gianni Neil on 6/30/14 and continues to do well.

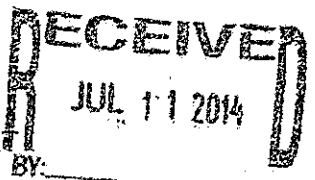
Created On: 07/03/2014 02:07 PM By Daniel Cohen





OFFICE 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 Watson Clinic
City Lakeland Zip Code 33805 County Polk
Name of Physician or Licensee Reporting F. Scoville MD Ralph C Bell RA

Street Address 11000 Lakeland Hills Blvd
Telephone 888-680-7000

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

P. [Redacted]
P. [Redacted]
P. [Redacted]
Diagnosis 285.9 Anemia

Age 37 Gender Female ☐ Medicaid ☐ Medicare
Date of Office Visit 6/30/14
Purpose of Office Visit P. cc line placement CPT 36569
ICD-9 Code for description of Incident 421.4 780.5
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Incident Date and Time 6/30/14 10:45 AM

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

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

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

While putting in pice line, pt stated she felt
A chest flutter. At that point the guide wire
was removed. The wire was slowly retracted and
Pice line was cut to length. The pt stated she still
felt nauseated. Pice line was placed and blue team
was called.

V. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT 7/18/14 LICENSE NUMBER 1000
DATE REPORT COMPLETED TIME REPORT COMPLETED

██████████ arrived for her scheduled appointment for a right upper arm AV Fistulagram on 7/1/2014. The patient's initial vital signs were recorded at 11:05 am as: BP 168/104, Pulse 77 bpm, Respiration Rate of 16, O2 sat of 98%, Temp of 99.0, no recorded pain. The patient was alert and oriented, with clear respiratory breath sounds and normal respiratory pattern. During her initial intake, ██████████ had significant abdominal swelling. Negative pregnancy was verbally confirmed with the patient, and the patient's dialysis center was contacted to confirm negative pregnancy.

After her initial intake and signed consent, ██████████ was brought into the procedure room. During the sterile patient prep, ██████████ stated that she had been to her Doctor's office the day prior and planned to visit the emergency room after her procedure here, due to her abdominal swelling.

██████████ underwent her scheduled procedure at 11:26 am, which required PTA intra-procedure. Her vital signs were stable throughout the procedure. Procedure end time was 12:46 pm, and the patient was sent to recovery at 12:49 pm.

The patient's last recorded vital signs were recorded at 12:58 pm as: BP 155/106, HR 74 bpm, RR 16, O2 99%, Temp 99.0, with no reported pain. The patient was alert and oriented, with clear respiratory breath sounds and normal respiratory pattern. The patient was discharged at that time.

After the patient was discharged, an ambulance was called in order to transport the patient to the emergency room to address her abdominal swelling. The patient left the facility via ambulance and was transported to Baptist Hospital.

7/1/2014. 