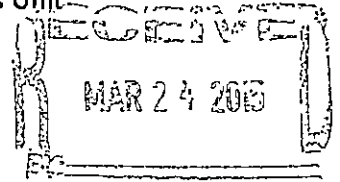




PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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



I. OFFICE INFORMATION

St. Luke's Cataract and Laser Institute
Name of office

St. Petersburg 33702 Pinellas
City Zip Code County

Moira Burke, MD
Name of Physician or Licensee Reporting

[Redacted]
Patient's address for Physician or Licensee Reporting

9400 9th St. North
Street Address

(727) 938-2020
Telephone

NA 22470
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted]
Patient Name

[Redacted]
Patient's Address

999327
Patient Identification Number
pseudophakia, both eyes
Diagnosis

[Redacted] Medicaid Medicare
Age Gender

March 11, 2015
Date of Office Visit
cataract surgery postoperative evaluation

NA
Purpose of Office Visit

Level 1
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

March 11, 2015 Exact time unknown; appointment was at 2:15pm
Incident Date and Time

Location of Incident:
 Operating Room Recovery Room
 Other YAG laser room

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

See attached sheet.

B) ICD-9-CM Codes

<u>pseudophakia</u>	<u>NA</u>	<u>NA</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)

YAG laser

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input checked="" 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.

Moira Burke, MD

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

Michelle Colvin, COA

IV. ANALYSIS AND CORRECTIVE ACTION

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

Physician did not appropriately confirm patient identity or perform a timeout prior to surgical procedure.

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

Internal protocols for verification of patient identity, surgical site and procedure were reviewed and found to be appropriate. Physicians and staff will be re-educated on protocols for correct performance of confirming patient identity and surgical time out.

V. Moira Burke MD ME22470
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
3/18/15 ZPH
 DATE REPORT COMPLETED TIME REPORT COMPLETED

201510507-159



STATE OF FLORIDA
Rick Scott, Governor DOH Consumer Services

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

APR 21 2015

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

I. OFFICE INFORMATION

Radiology Regional Center
Name of office
Lehigh Acres 33936 Lee
City Zip Code County
Cyrus Anderson, M.D.
Name of Physician or Licensee Reporting

1110 Lee Blvd.
Street Address
239-936-2316
Telephone
ME101126
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted]
Patient Name
Patient's Address 100373323
Patient Identification Number 789.00
Diagnosis

[Redacted] Age
[Redacted] Gender Medicaid Medicare
03/24/2015
Date of Office Visit CT abdomen & pelvis
Purpose of Office Visit 74178
ICD-9 Code for description of incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

03/24/2015 10:30 am
Incident Date and Time

Location of Incident:
 Operating Room Recovery Room
 Other Hospitally Room

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

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

After completing CT examination the patient experienced anaphylactic reaction to the CT intravenous contrast with coughing, wheezing and respiratory symptoms. The patient received a 1 mg epinephrine and 50 mg Benadryl IM, albuterol three puffs and Solu-medrol 125 mg intravenously. The patient was improving when EMS arrived and transported [Redacted] to the emergency room for further evaluation and stabilization.

B) ICD-9-CM Codes

74178

E947.8

995.00

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)

Siemens Somatom Sensation 16 CT: See attached

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death	<input type="checkbox"/> Surgical procedure performed on the wrong site **
<input type="checkbox"/> Brain Damage	<input type="checkbox"/> Wrong surgical procedure performed **
<input type="checkbox"/> Spinal Damage	<input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure.
<input type="checkbox"/> Surgical procedure performed on the wrong patient.	
<input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure.	** if it resulted in:
<input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital.	<input type="checkbox"/> Death
Outcome of transfer – e.g., death, brain damage, observation only <u>Patient released</u>	<input type="checkbox"/> Brain Damage
Name of facility to which patient was transferred: <u>Lehigh Regional Medical Center</u>	<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.

Deidre Perez: Technologist: ARRT 426068 State license: CRT74222
Jose Madrigal: Medical Assistant
Cyrus Anderson, M.D.: ME 101126

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)

Patient had anaphylactic reaction to CT contrast isovue

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

None

V.


SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME101126

LICENSE NUMBER

4/13/15
DATE REPORT COMPLETED

TIME REPORT COMPLETED

Siemens Somatom Sensation 16.

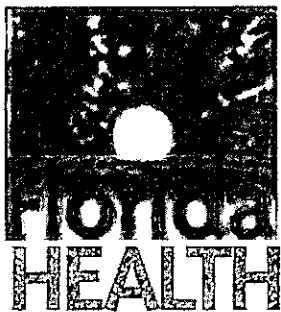
20g Angiocath was used in the rt AC.

100 CCs of Isovue 300 was administered for exam.

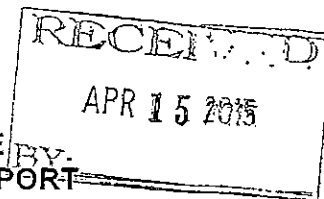
During the reaction 1mg of Epi 1:1000, 1ml of 50mg Diphenhydramine (Benadryl), Albuterol-3 puffs, O2-4 liters, 2ml of 125mg Solumedrol was administered.

Supplies used (1) 20g angiocath #381533, (1) 22g angiocath #381523, (3) 5ml syringes #BF309646A, tegaderm #M1624WA, coban #45110000, nasal cannula # 4707F-10, 4 pairs of gloves.

201510163-187



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

Surgery Center of Broward
Name of office

4300 N University Dr. E200
Street Address

Lauderhill 33351 Broward
City Zip Code County

954.749.3040
Telephone

Jeffrey C. Hamm, MD
Name of Physician or Licensee Reporting

ME 46016 OSR 626
License Number & office registration number, if applicable

4300 N University Dr. E200
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted] [Redacted]
Patient Name

[Redacted] Female
Age Gender Medical Medicare

[Redacted]
Patient's Address

April 1, 2015
Date of Office Visit

3092129
Patient Identification Number

Surgical Procedure
Purpose of Office Visit

Diagnosis

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

III. INCIDENT INFORMATION

April 1, 2015
Incident Date and Time

Location of incident:
 Operating Room Recovery Room
 Other

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

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

Please see attached

B) ICD-9-GM Codes

Blepharoplasty

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.
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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. Jeffrey C. Hamm, Surgeon ME 46016
Dr. Kenneth Dacey, Anesthesiologist ME 53311
Lisa Arana, Surgical Tech
Coral Kaya, Surgical Tech

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

see attached

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

see attached

Transfer of patient to hospital

Patient: [REDACTED]

Reporting Facility: Surgery Center of Broward
4300 North University Drive
Suite E-200
Lauderhill, FL 33315

Date of Transfer: 1, April 2015

Reason for Transfer: Low Blood Pressure

History:

[REDACTED] was prepared for surgery after history and physical exam, blood work and EKG, as well as medical clearance from her OB-GYN physician.

Past medical history remarkable for slightly increased creatinine and a history of a donation of one kidney.

Planned Surgery: Breast Re-Augmentation / Mastopexy, 4 Lid Blepharoplasty, Neck Lift

Date of Surgery: 1, April 2015

Surgeon: Jeffrey C. Hamm, MD

Anesthesiologist: Kenneth Dacey, MD

Narrative History:

[REDACTED] reported to Surgery Center of Broward NPO after midnight. She was taken to the OR where general endotracheal anesthesia was induced without incident, a Foley catheter placed, and prepped and draped for breast surgery as detailed above. Pre-Op BP 120/80. Anesthesia induced approximately 0745 hours. Breast surgery completed approx 1030 hours.

Local anesthesia for hemostasis and post operative pain relief administered to eyelids and neck subcutaneously using 30g needle for eyelids and 22g spinal needle on neck without resistance. ~~140cc of 160cc mixture (or 87.5% of this solution consisting of 100cc 1% lidocaine with 1:100,000 epi plus 60cc 0.25% bupivavaine plain).~~

After allowing tissues to blanch, upper blepharoplasty began. Excessive bleeding was observed by Dr. Hamm. At that point the anesthesiologist told Dr. Hamm the patient's BP was 228/124. The anesthesiologist gave the patient Only then did Dr. Dacey look at the monitors and said words to the

effect, "No wonder, look at that!", pointing to the BP monitor which read 228/124. Dr. Dacey then gave lobetalol 10mg IV push and fentanyl 100mcg IV push, shortly after which we noted absence of oximeter pulse.

Dr. Hamm palpated carotid arteries and finding absent pulse, removed all drapes and immediately began chest compressions, called Code Blue 1107 hours, instructed nurse to call 911. Atropine 0.4mg given.

1108 epi ½ amp administered

1111 BP 101/26

1112 epi 1 mg given BP 112/81

1113 EMT arrived, asked why they called since patient was stable. Report given.

Patient transported via ambulance to Florida Medical Center ER in stable condition.

Analysis:

It appears that the patient was not being carefully monitored by anesthesia during this event. The blood pressure was not noted to be elevated until after Dr. Hamm told the anesthesiologist about excessive bleeding. It then appears that the medication given to counteract the high blood pressure was excessive, as it caused the patient to have no pulse. The response to the emergency by Dr. Hamm was immediate and appropriate.

Corrective Action:

Terminated Dr. Dacey and revoked his privileges to provide anesthesia at Surgery Center of Broward.

As of this writing, patient is stable. Note that the

right antecubital peripheral line placed by EMT in ambulance apparently infiltrated, necessitating opening in right arm muscle compartments to prevent compartment syndrome. Patient otherwise stable at Florida Medical Center.

As of this writing, note that the patient is stable.

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)

Sonosite ultrasound and Biopince biopsy gun

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 <u>Pain management</u>	<input type="checkbox"/> Spinal Damage
Name of facility to which patient was transferred: <u>UF Health Shands</u>	<input type="checkbox"/> Permanent disfigurement not to include the incision scar
	<input type="checkbox"/> Fracture or dislocation of bones or joints
	<input type="checkbox"/> Limitation of neurological, physical, or sensory function.
	<input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.

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

Virginia Clark, MD,

Tracie Kurtz, RN, CCRP (RN #3174372); Charlie Church, RN (RN # 1143212)

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)

Unable to determine why subject didn't have any pain relief with the amount of analgesics given.

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

No corrective action needed. This is the first subject out of 65 needle liver biopsies whose pain we could not control with the medications used in the research protocol.

V.

V. Clark
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 99438
LICENSE NUMBER

04/09/2015
DATE REPORT COMPLETED

1330
TIME REPORT COMPLETED