20151092O - 186

STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

RECEIVED
APR 27 2015
BY:

I. OFFICE INFORMATION

Vascular Surgery Associates
Name of office

2631 Centennial Blvd
Street Address

Tallahassee, FL | 32308 | Leon
City | Zip Code | County

850-877-8530
Telephone

Dr. Robert Hoyne
Name of Physician or Licensee Reporting

ME0042148 OSR925
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]
Patient Name

[redacted]
Patient's Address

73219
Patient Identification Number

557.1
Diagnosis

[redacted] | female | ☐ Medicaid ☒ Medicare
Age | Gender

4-6-15
Date of Office Visit

Mesenteric angiography
Purpose of Office Visit

789.00 E878.8 458.29
ICD-9 Code for description of incident

Level II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4-6-15
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)

1525 Patient to recovery area following mesenteric angiogram c/o of nausea and abdominal pain. Patient diaphoretic and hypotensive. Dr. Hoyne notified, orders received. After interventions (trendelenberg, IV fluid bolus) patient remained symptomatic (diaphoretic, nauseated with abdominal pain) however hypotension improved. 1605 Order recieved to transfer patient to TMH for further evaluation (CTA) and observation. Family notified. EMS contacted. 1638 patient transported to TMH via EMS. Belongings sent with family.

20151141461 - 190

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

The Vascular Group of Naples
Name of office

2450 Goodlette Rd N. ste 102
Street Address

Naples 34103 Collier
City Zip Code County

(239) 643-8794 Naples, FL
Telephone

Dr. S. Chahwan
Name of Physician or Licensee Reporting

ME 98609
License Number & office registration number if applicable

Same as above
Patient's address for Physician or Licensee Reporting

RECEIVED
MAY 01 2015

II. PATIENT INFORMATION

[redacted]
Patient Name

[redacted] F
Age 4-15-15 Gender

☐ Medicaid ☒ Medicare

[redacted]
Patient's Address

Date of Office Visit

308433
Patient Identification Number

LLE Angiogram
Purpose of Office Visit

Peripheral Artery Disease Ulcer
Diagnosis

458.9, 786.50
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4-15-15
Incident Date and Time

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

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Pt underwent LLE AO c complications. While in recovery, pt c/o nausea p sitting up to 90°. Pt medicated c Zofran per MD order. Pt reported "feeling a little better" p Zofran administration. Pt sitting on side of stretcher c legs dangled. Pt requested to lie down p 5 min of sitting up; pt c/o nausea c shivering. Pt medicated c Benadryl et Solucortef per MD order. Shivering subsided; pt c/o dizziness when sitting upright. BP 90/50. Rt groin dsg D/I c bleeding or S/S of hematoma. IVF increased per MD order. Repeated attempts to set upright c pt c/o dizziness c decreased BP. Pt then c/o pain in chest and abd, "up to my jaw". Pt abd soft, nondistended Rt groin dsg D/I c bleeding or S/S of hematoma. Per Dr Chahwan, 911 Contacted for transport to ER.

B) ICD-9-CM Codes 44022

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)
~~458.9 786.50~~	N/A	458.9, 786.50

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 _____
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.
L Swingley RN (Lucinda Swingley RN RN3161002), Heidi Marlow RN FL RN 9311525, Gordan Martin RT CRT 74379, Dr S Chabuan ME 98609

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)
Unknown, possible medication reaction.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Pt transferred to NCH ER for further eval. All symptoms resolved while at ER; no admission required.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
	ME98609

DATE REPORT COMPLETED	TIME REPORT COMPLETED
4/28/15	11:15 AM

20151089 - 186

STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

RECEIVED
APR 28 2015
BY:

I. OFFICE INFORMATION

Vascular Access Center of Jacksonville 6820 Southpoint Pkwy Suite 1
Name of office — Street Address

Jacksonville — 32216 — Duval
City — Zip Code — County

(904) 296-4106
Telephone

Dr Sara Clark
Name of Physician or Licensee Reporting

119747
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient's Address

[redacted] — Age 4/15/15 — Gender — ☐ Medicaid ☐ Medicare

4742-4
Patient Identification Number

Date of Office Visit

ESRD
Diagnosis

Right Arm Fistulagram/thrombectomy
Purpose of Office Visit

ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4/15/15 1630
Incident Date and Time

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

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

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

See Attached Sheet

After informed consent was obtained and the patient was prepped in a sterile manner, access was obtained to the Left upper arm fistula with a micropuncture sheath. This was upsized to a 6Fr sheath and an angled glide cath was advanced into the central circulation over a stiff angled glidewire. Fistulogram was performed with pull back to the area of thrombus, located in the venous outflow. An alternate 6 Fr sheath was placed in the arterial direction. Fogarty thrombectomy of the arterial plug was performed. Balloon angioplasty with an 8mm balloon was used in the venous outflow tract across the entire cephalic vein into the central circulation at the subclavian, by definition macerating any remaining thrombus. A good thrill was noted clinically and follow-up fistulagram and venogram demonstrated wide patency at the angioplasty sites and into the central venous circulation. There was noted to be migration of a previously placed stent to the SVC/R atrium. Attempts were made to snare the stent which were unsuccessful and the patient was having ectopy prompting discontinuation of the procedure. The sheaths were removed after placement of 3-0 nylon sutures. EMS called at 1438. EMS arrived at 1455. Pt alert and oriented. Vital signs stable, denies pain or discomfort. Pt transported to Baptist Downtown at 1500.

2015 178 - 110

STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Services

MAY 07 2015

FLORIDA DEPARTMENT OF HEALTH

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

Sarasota Interventional Radiology
Name of office

600 N. Cattleman Rd Suite 100
Street Address

Sarasota FL
City Zip Code County

941-378-3231
Telephone

Dr J. Gualtieri
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient's Name

[redacted] F ☐ Medicaid ☑ Medicare
Age 4-23-15 Gender

17049
Patient Identification Number

Date of Office Visit

Multiple Myeloma
Diagnosis

Bone Marrow Biopsy
Purpose of Office Visit

Rapid Heart Rate / 150-160
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4-23-15 @ 1530
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 NA
Was an autopsy performed? ☐ Yes ☐ No

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

pt c 4 episodes of ≈ 10 second SVT 1TH TO 145-155. Pt awake/stable throughout BPs 120's/70's. Given total 10mg Esmolol which provided temporary relief of Sx. I felt uncomfortable discharging pt to home & felt she needed to be evaluated at hospital. NO previous cardiac history. Procedure was completed w/o difficulty/complication

pct w/
Michael DiTomasso MD

DH-MQA 1030-12/06
Page 1 of 2

B) ICD-9-CM Codes

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

Mike Ditaranto MD. ME71022
Marlene Abrams CT CRT 41746
Rachel Johns RN

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: ME 63973

4-24-15 — DATE REPORT COMPLETED

1500 — TIME REPORT COMPLETED

2015118801 159

STATE OF FLORIDA
Rick Scott, Governor

Florida HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

RECEIVED
MAY 0 0 2015

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
Name of office

6766 West Sunrise Blvd. Suite 100
Street Address

Plantation 33313 Broward
City Zip Code County

954-583-8476
Telephone

DR Naveen Goel
Name of Physician or Licensee Reporting

N/A
License Number & office registration number, if applicable

6766 W. Sunrise Blvd. suite 100 Plantation, FL 33313
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Name

[redacted] M ☐ Medicaid ☐ Medicare Care plus
Age Gender

[redacted]
Patient's Address

April 29, 2015
Date of Office Visit

#36015774
Patient Identification Number

Thrombectomy
Purpose of Office Visit

Clotted Access
Diagnosis

36870
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

April 29, 2015 0930
Incident Date and Time

Location of Incident:
☒ Operating Room 2 ☐ Recovery Room
☐ Other

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

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

See attached

B) ICD-9-CM Codes

Thrombectomy	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 800-999.9)**

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)

- ☐ 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 Patent admitted Surgical
Name of facility to which patient was transferred:
Revision of Access / Thrombectomy

- ☐ 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.**

Goel, Naveen - ME 97536
Brouner, Sheryl RN 1807112
Jandaire, Sabine CRT. 777541

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

— See above —

IV. ANALYSIS AND CORRECTIVE ACTION

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

LIP – DR Goel continues to ensure we follow standard of care protocols and Always keeps the safety of our patients in Mind.

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

No corrective action is required. APC and Staff will continue to be proactive in ensuring the safety of our patients is always in the forfront.

V.

[signature]	ME 97536
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
5-1-15	1660
DATE REPORT COMPLETED	TIME REPORT COMPLETED

STATE OF FLORIDA

FLORIDA DEPARTMENT OF HEALTH

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

Clearwater Pain Management — 430 Morton Plant Street, Suite 210
Name of office — Street — Address

Clearwater — 33756 — Pinellas — 727-446-4506
City — Zip Code — County — Telephone

Demetrius Kaidas, MD — ME81425
Name of Physician or Licensee Reporting — License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — [redacted] — F — ☐ — ☑
Patient — Age — Gender — Medicaid — Medicare

Patient Identification Number — Purpose

Diagnosis ICD-9 724.4 — April 20, 2015 — Interventional pain blocks
Level — Date of Office Visit — Purpose of Office Visit

Code for description of incident of Surgery (II) or (III) — II

III. INCIDENT INFORMATION

April 20, 2015
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Office ☑ Recovery Room
☐ Other 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)

[redacted] yo for facet injection (Lumbar) procedure went uneventfully under sedation (IV). In recovery room patient was noted to have bradycardia and second degree heart block on monitor. She was asymptomatic. Due to heart rate between 35-40/min, transfer via EMS to Morton Plant Hospital. She was evaluated by Cardiology and discharged from the hospital without complication or interventions within 36 hours.

CPT: Lumbar facet blocks ICDX: Lumbar Spondylosis

B) ICD-9-CM Codes
64493 64494 721.3

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: observation only
Name of facility to which patient was transferred: Morton Plant Hospital

- ☐ 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.
Jay Epstein, MD
Demetrios Kaiafas, MD

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)
Convulsion system disease in an elderly patient

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Continue current practice of intraop and post-procedure monitoring of patients.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
April 24, 2015	8:15 am
DATE REPORT COMPLETED	TIME REPORT COMPLETED

ME81425

2015 16858

110

STATE OF FLORIDA
Rick Scott, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

RECEIVED
MAY 15 2015

I. OFFICE INFORMATION

Florida Pain
Name of office

5545 N. Wickham Road Suite 104
Street Address

Melbourne | 32940 | Brevard
City | Zip Code | County

321-784-8211
Telephone

Dr. Stanley Golovac
Name of Physician or Licensee Reporting

ME48748 OSR# 923
License Number & office registration number, if applicable

5545 N. Wickham Road Suite 104
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Name

[redacted]
Patient Identification Number

M
Age | Gender

☐ Medicaid ☐ Medicare

4/29/15
Date of Office Visit

thoracic fx
Diagnosis

Purpose of Office Visit

995.27
ICD-9 Code for description of incident

11
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

April 29, 2015
Incident Date and Time

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

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 in pre op for thoracic vertebroplasty, prior to procedure received Ancef 1gm IV & immediately c/o "facial burning & trouble swallowing". Physician notified & at bedside. Pt placed on monitor w/ EKG. O2 @ 6L NC applied (88%). Fluids wide open w/ pt still c/o difficulty breathing. Code cart & ACLS staff bedside. EMS called. Orders implemented per MD for anaphylactic reaction (O2, fluids, benadryl, solumedrol, albuterol). Pt stable on transfer to EK, report given to EMS by MD, Rick family at bedside. 144/63 82 20 92% 2L NSR Pt verbalizing "feeling better" on transfer.

B) ICD-9-CM Codes

	E 930.0	995.27
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 _____

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.

Dr. S. Golovac, ME48748
S. Koguevert, RN 9239370
A. Shtogrina, RN 9254102
G. Powers, RN 9280028

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)

Ancef 1gm - anaphylactic reaction
Primary physician notified. EMR updated w/ new allergy. education for cephalosporin given to family

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

Oxygen applied. Benadryl 25mg IV, Solumedrol 125mg. albuterol 0.083% nebulized via mask, EMS called. LR 500mL bolus

V.

ME48748
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

4/29/15 — 1600
DATE REPORT COMPLETED — TIME REPORT COMPLETED

AA 20152093S

STATE OF FLORIDA

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

DOH Consumer Services

JUL 16 2015

minimal invasive surgery center, LLC

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

I. OFFICE INFORMATION

Bassam Sayegh, MD, PA — Name of office
224 Chimney Corner Lane — Street / Address
Jupiter — City
33458 — Zip Code
Palm Beach — County
561-743-7766 — Telephone
Bassam Sayegh — Name of Physician or Licensee Reporting
OSR # 834 — License Number & office registration number, if applicable
ME 76049 — Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient's Address
[redacted] — Age
F — Gender
☐ Medicaid ☒ Medicare
INVS 1899 — Patient Identification Number
Date of Office Visit: 4/30/15
Purpose of Office Visit: arthrectomy
PVD — Diagnosis
ICD-9: 440.22
Code for description of incident: Hospital transfer
II — Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4/30/15 1600 — 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 was ready for discharge. Upon standing the patient c/o dizziness + began vomiting. Pt was slightly hypotensive 90/60. Patient then c/o chest pain. Patient was transferred to PBG hospital via EMS.

B) ICD-9-CM Codes

44e.22

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)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ 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.	☒ Any condition that required the transfer of the patient to a hospital.
Outcome of transfer – e.g., death, brain damage, observation only Observation Name of facility to which patient was transferred: Palm Beach Garden Hosp	

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. Bassam Sayegh ME 76049
Dr. John Sawiris ME 104906
Jean Caine, RN 9209440
Nicole Sousa, APRN 9297140

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)

Effects of anesthesia

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

Patient was given Zofran for nausea. Patient was given oxygen + EKG performed for chest pain.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
2/12/15	12:00 pm
DATE REPORT COMPLETED	TIME REPORT COMPLETED

ME 76049

2015122457167

STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

RECEIVED
MAY 13 2015

I. OFFICE INFORMATION

Vascular Access Center of Jacksonville
Name of office

6820 Southpoint Pkwy Suite 1
Street Address

Jacksonville 32216 Duval
City Zip Code County

904-296-4106
Telephone

Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

[redacted]
Age 4/30/15 Gender ☐ Medicaid ☐ Medicare

Patient's Address
5064

Date of Office Visit
PICC-Placement

Patient Identification Number

Need for Access for long term Abx
Diagnosis

Purpose of Office Visit

ICD-9 Code for description of incident

IV
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4/30/15 1330
Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other After leaving center

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 Sheet

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

053.9, 682.9

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)

PICC

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

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

Outcome of transfer – e.g., death, brain damage, observation only _____
Name of facility to which patient was transferred: Baptist Health

- ☐ 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.**

Dr Sara Clark ME119747
Duane Grice RT 257321/CRT 20176
Lima Hernandez RN 9258205

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

Tracy Rimmer RN 9323041

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.

Grace Bunn — 9323041

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

5/5/15 — 9a

DATE REPORT COMPLETED — TIME REPORT COMPLETED

PATIENT HAD PICC LINE PLACED; WAS FINE THROUGHOUT PROCEDURE, DISCHARGED HOME.
Patient's mother calls and reports that she is taking [redacted] to the ED to get it removed due to palpitations.

1700 Trimmer RN spoke with patients mother who stated [redacted] was doing fine, but that the Xray showed the PICC was too high. She said they pulled it out and the patient is doing fine. 1710 Rec'd call From ED physician Dr Dimick asking the length of the PICC. I advised her it was 45cm. I asked if it was too Long and she stated "no, it was properly in place on the xray" she stated that she tried to talk the patient into keeping the line, but [redacted] refused. She stated the patient was complaining of palpitations, but there was nothing showing on the monitor and [redacted] was in sinus rhythm. She said she even offered to just pull the line back a little and see if that helped the symptoms and the patient refused. She stated when she pulled the PICC it was the 45cm in length. Patient stated that her symptoms subsided once the catheter was pulled.

STATE OF FLORIDA 20151216? 159
Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

RECEIVED MAY 13 2015

I. OFFICE INFORMATION

Vascular Specialists of Central FL
Name of office

80 W Michigan St
Street Address

Orlando 32806 Orange
City Zip Code County

407 648 4323
Telephone

DR. CHARLES THOMPSON
Name of Physician or Licensee Reporting

ME0076725
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]
Patient's Address

[redacted] Female ☐ ☒
Age Gender Medicaid Medicare

5-4-2015
Date of Office Visit

555
Patient Identification Number

Angiography
Purpose of Office Visit

443.9, 401.9, 729.5
Diagnosis

434.91
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5-4-2015 around
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 →

Physician Office Adverse Incident Report

Incident Date: May 4th 2015
Patient Name: [redacted]
DOB: [redacted]
Identifier: 553

On May 4th 2015 patient, [redacted], had a BLE run-off angiography with intervention performed at Vascular Specialists of Central Florida. Pt remained stable throughout pre-op, intra-op, and post-op. Around 1705 discharge orthostatic vitals signs were being taken, this is when a change in patient assessment was noticed. The patient went to sit up and as she did she started to lean toward the left. Fran Giammanco, RN noticed this and began performing the Cincinnati pre-hospital stroke scale. The patient's neurological assessment exhibited: left sided weakness and a positive arm drift. Patient appeared to space out during conversation, although she could talk and communicate. Patient's husband stated "this is the exact way she acted with her last stroke." Dr. Thompson was then notified and orders were given to have patient transferred to Orlando Regional Medical Center for evaluation and treatment. Emergency 911 was called and patient was transferred to hospital via ambulance at approximately 1720.

Patient was followed up at hospital and it was verified that she did experience an ischemic CVA.

Erika D Johannsen, RN-BSN
Clinic Operations Manager
Vascular Specialist of Central Florida
80 W. Michigan Street
Orlando, FL 32806
407.648.4323, ext 131
ejohannsen@arteryandvein.com

VascularSpecialists
of Central Florida, Inc.

STATE OF FLORIDA
Rick Scott, Governor

FLORIDA DEPARTMENT OF HEALTH

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

South Florida Center for Cosmetic Surgery — Name of office
915 Middle River Drive — Street Address
Ft. Lauderdale — City
33304 — Zip Code
Broward — County
954-565-1515 — Telephone
Dr John Pinella — Name of Physician or Licensee Reporting
ME 35285 — License Number & office registration number, if applicable
OSR #491
same as above — Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient Name
[redacted] — Patient's Address
[redacted] — Patient Identification Number
076309
Diagnosis
Extra laxity of abdomen

[redacted] — Age
F — Gender
☐ Medicaid ☐ Medicare
5/5/15 — Date of Office Visit
Elective Cosmetic Surgery — Purpose of Office Visit
ICD-9 Code for description of incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5/5/15 — Incident Date and Time

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

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

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

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)
Pt was in recovery @ time of incident	Unknown	434.91

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

Ø

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in: ☐ 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.
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	
☐ Any condition that required the transfer of the patient to a hospital.	☒ 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: Orlando Regional 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.

FRAN GIAMMANCO, RN = RN92599974
LUIS DIAZ, CRT = CRT86345
DR. CHARLES THOMPSON, ME0076725

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

Patient's husband was present, [redacted]

IV. ANALYSIS AND CORRECTIVE ACTION

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

Unknown. Pt was AAOx3 throughout recovery, until time of discharge & her change in behavior & (L) sided weakness was noted.

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

VSCF will continue to monitor our patients appropriately and report findings to physician.

V.

X _____ ME0076725
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

5-5-15 — 1600
DATE REPORT COMPLETED — TIME REPORT COMPLETED

B) ICD-9-CM Codes

Lipo-Abdominoplasty	Dizziness	Dizziness
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)
Liposuction Set, Tummy Tuck Set

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ 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.
☐ 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: _____	

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 John Pinella - Surgeon ME35285 Michael Angel - Recovery Room RN ME35285
Dr Jason White - Anesthesiologist ME85866
Gabriel Diaz - Surgical Asst # 11-142
Melissa

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)

V.

J Pinella ME35285
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

05/05/15 1600
DATE REPORT COMPLETED TIME REPORT COMPLETED

STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Medical Associates of Brevard
Name of office

655 S Apollo Blvd
Street Address

Melbourne 32901 Brevard
City Zip Code County

(321) 951-2707
Telephone

Peter S. Dougan, MD
Name of Physician or Licensee Reporting

OSR #1027 ME 71594
License Number & office registration number, if applicable

/
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Name

[redacted]
Patient's Address

[redacted] Male ☐ Medicaid ☑ Medicare
Age Gender

May 6th, 2015
Date of Office Visit

Right leg angiography with endovascular intera
Purpose of Office Visit

10288
Patient Identification Number

PAD
Diagnosis

186.03
ICD-9 Code for description of incident

II E878.8
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5/6/15 10:36
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 was undergoing uneventful, succesful re vascularization of right leg. He had recieved 3 mg Versed and 200 mcg Fentanyl over 90 minutes and had not recieved any medication in over 80 minutes. Patient was alert and speaking with us complaining of pain immediately prior to event. After reassuring patient that the pain he was feeling was expected, patient calmed down and relaxed on the table. He had a run of about 16 PVCs in one

minute. Following this he returned to regular rate and rhythm with an occasional PVC. Patient appeared at this time to be apneic. He was unarousable to gentle prodding and with sternal rub. Oxygenation saturation began to drop to the upper 80's. Ambu bag was utilized and manual bagging was started. Patient maintained a strong radial pulse throughout the incident. NPA was placed in the left nare without incident and O_2 sat quickly returned to the high 90's (96-98). After approximately three minutes of bagging, patient awoke and returned to spontaneous respirations, A*O x3. EMS arrived. Patient's vitals were stable. He was awake and oriented. Given his dialysis status and brief apnea it was decided to transfer him to the local ED with sheath in place for further evaluation and monitoring overnight.

B) ICD-9-CM Codes

37225 37229 3797	E878.8	997.39
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)

Bag - Mask, NPA, non-rebreather mask, O2 tank with regulator

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

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ 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.
☒ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only observation only Name of facility to which patient was transferred: Holmes Regional 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.**

Peter S. Deegan : ME 79594 (321) 751-2707 Surgeon.
Moria Kris Soper : CRT 16939 (321) 751-2707 Surgery Assistant
Stacey Mercer : PA910 6270 (321) 751-2707 Anesthesia Provider
Orlando Cardenas : (321) 751-2707 M.A

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

Stacy Fifer : RN930 9754 (321) 751-2707 Recovery

IV. ANALYSIS AND CORRECTIVE ACTION

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

Causality is not definitive. Patient had not recieved sedation in over 80 minutes. Did have a run of PVC's, AICD may have fired although not witnessed on ECG monitoring or heard.

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

Patient was taken to local ED for further evaluation and monitoring due to unexplained apnea. The case was escalated for review and refresher training was conducted specifically for incident procedures.

[redacted]

STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

DOH Consumer Services
JUN 0 1 2015

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

I. OFFICE INFORMATION

Dialysis Vascular Access Center
Name of Office

1330 Citrus Blvd. Suite 201
Street Address

Leesburg 34748 Lake
City Zip Code County

(352) 435-4677
Telephone

Tina S. Hill Timothy Rogers
Name of Physician or Licensee Reporting

OSR #723 ME 61963 ~~ME 85781~~ (KH)
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient's Address

Patient Identification Number

Diagnosis

[redacted] ☐ Medicaid ☑ Medicare
Date of Office Visit 05/14/2015

Angiogram with possible Angioplasty
Purpose of Office Visit

ICD-9 Code for description of incident

III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

05/14/2015 / 15:20
Incident Date and Time

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

(N/A) 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 laying Supine during angiogram, patient Complained of being uncomfortable. This nurse was @ this patients side providing reassurance. Patient breathing began (KH) changed to Tachpnea, and O2 saturation decrease. Patient NC O2 increased from 2 liters to 5 liters. Patient SAT's remained 87% - 89%. This nurse applied 100% Non-rebreather this pts SAT's increased to 100% on the monitor. Procedure completed. Patient assisted to recliner chair with monitor, and Non-rebreather until EMS Arrival, with this nurse observing @ [redacted] side.

B) ICD-9-CM Codes 996.73 585.6

Angiogram	Patient laying in Supine Position	Patient transferred to Hospital via EMS.
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)

Nasal Cannula, changed to Non-rebreather

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ 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.	☑ 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: Leesburg Regional 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.

Jessica Murphy — Dr. Harold Locey
Kathy Sears-Hill
Tina Hill
Brandon Mullings

F) List witnesses, including license numbers if licensed, and locating information if not listed above ME 61963

Tina Hill-RN9227511 — Brandon Mullings — Harold Locey
Kathy Sears-Hill- — Jessica Murphy — CRT 84528

IV. ANALYSIS AND CORRECTIVE ACTION

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

Patient position being Supine, and abdomen being filled w/ fluid of diaphragm fluid increased decreased lung Expansion making it difficult for patient to oxygenated properly.

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

Patient had Non-rebreather applied @ 100% FIO2, and patient assisted to recliner chair to create optimum lung expansion for increased O2 SATS on the monitor.

V. _____ RN9227511
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

5/14/2015 — 1630
DATE REPORT COMPLETED — TIME REPORT COMPLETED

ME 85781

1325 S. Congress Ave, Suite 101
Boynton Beach 33426

Dr. Gerald Zloczover, MD PA

Advanced Pain management of Palm Beach

CONFIDENTIAL INCIDENT OCCURRANCE REPORT

Under the "Patient Safety & Quality Improvement Act of 2005" this document is considered "Patient Safety Work Product" & part of the organization's Patient Safety, Risk & Quality program's & prepared solely as a mechanism for meeting self-reporting & critical analysis to promote efforts to improve the care & safety of Patients, Visitors & Staff. Therefore, the information contained within is Privileged & Confidential and not part of the Medical Record.

Block # 1 Admission Date 4-23-15 Date of Incident: 4-23-15 Incident Report Date 4-24-15 Time of Incident: 0900
Location of Incident: PRE-OP [ ] (OR) [ ] PACU [[HOME [ ] OTHER (Describe) _____

Complete this report & notify your supervisor and/or RM designee for any event in which there was an injury or potential injury or other adverse incident involving a patient, visitor or employee & any circumstance which is not consistent with the routine operations of the center or any condition which might be hazardous to safety. In incidents that involve a patient such as: *a death, brain or spinal damage, fracture or dislocation of bones or joints or result in limitation of neurological, physical or sensory function, performance of surgical procedures on wrong patients, the performance of a wrong site surgical procedure, the performance of a wrong surgical procedure, an unplanned procedure to remove foreign objects remaining from a planned surgical procedure, a surgical procedure otherwise unrelated to the patient's diagnosis or medical condition and any condition that requires the transfer of the patient to a facility providing a more acute level of care due to the incident, rather than the patients condition prior to the incident & rape & sexual misconduct & Fires.* In all these cases *the Office Manager and Medical Director will be notified Designee and the* LICENSED RISK MANAGER WILL BE NOTIFIED IMMEDIATELY. All other occurrences not meeting the above definition must be reported to the risk manager and/or his designee within three (3) business days of the incident.

Block # 2 Individual(s) Involved

Name of Person Involved [redacted] AGE: [redacted] [redacted] M [redacted]
Patient [✓] Employee [ ] Visitor [ ]

Last Name [redacted] First [redacted] Middle Initial [redacted]

City [redacted] State [redacted] Zip Code [redacted]

Admission Diagnoses(s): LOW BACK PAIN / SPONDYLOSIS
Procedure(s): LUMBAR FACET INJ (NOT DONE)
Discharge Diagnosis: Same Other _____

Physician/Provider Notified: Yes [✓] No [ ] (If yes, Provider Name: G. ERROL ZLOCZOVER Date 4-23-15 Time 0845 PRESENT IN O.R.
Orders Given: GIVE BOLUS IV FLUIDS, REVERSE SEDATION FLUMAZENIL 0.2 mgs X2 + NARCAN 0.2 mgs IV, ELIMINATE NAUSEA ZOFRAN 4 mgs IV
Patient Medicated and/or Anesthesia Prior to Incident: Yes [✓] No [ ] If yes, Medication(s) Dose & Time Given:
VERSED 1 mg IV 8:55 IV STARTED 845 DECADRON 4 mg IV 856 FENTANYL 25 mgs 903

Block # 3 Incident Occurrence Type

Death of Patient	__	Anesthesia Anomaly	__	Wrong Patient/Procedure/Site	__
Hazard Exposure	__	Return to Surgery	__	Cardiac Arrest	__
Needle or Other Sharps	__	Patient Fall	__	Transfer Next Level of Care	✓
Infection	__	IV Anomaly	__	Medication Anomaly	__
Other Incidents not Consistent with routine care: PATIENT BECAME HYPOTENSIVE, TACHICARDIC, DIAPHORETIC		Cancellation	__	Employee	__

Block # 4 Incident Description Kind, What, Where & Why if known: (If injury, state part of body) (If Equipment Involved in Incident, State Type/Model # etc.) Use additional Sheets if Needed

[redacted] WITH H/O CHRONIC AND INTERMITTENT LOW BACK PAIN. [redacted] PAIN ORIGINATES IN [redacted] LUMBAR FACET JOINTS [redacted] HAD FACET-STEROID INJECTIONS UNDER FLUOROSCOPY AND IVSEDATION 4 TIMES PRIOR TO THIS ONE WITHOUT INCIDENTS. PATIENT DOES NOT TOLERATE NEEDLE PAIN AND REQUIRES IV SEDATION
PATIENT ARRIVED TO THE FACILITY (LEVEL 2) ON 4/23/15 - IDENTIFIED - SIGNED CONSENT. MONITORS APPLIED (EKG, PULSE OXYMETER,) AND NASAL CANNULA PLACED 2 OZ. 2L/MIN. IV STARTED IN THE L FED HAND. PATIENT VERY ANXIOUS - GIVEN VERSED 1 mg IV AT 9AM + DECADRON 4 mgs IV - AT 905 GIVEN FENTANYL 25 mgs IV Additional Sheets: Yes ✓ No __

Additional Sheet.

INITIAL VS BP 121/76 HR 95 RR 18 O2 SAT 100% (O2-2L) 96% RA.

WHILE LOW BACK WAS CLEANED WITH ALCOHOL AND HIBICLENS (ALLERGY TO IODINE) PATIENT BECAME HYPOTENSIVE 2-3 MINUTES AFTER RECEIVING FENTANYL IV 25 mgs

908 → AM BP DROPPED TO 82/64, PATIENT COMPLAINED OF NAUSEA AND BECAME DIAPHORETIC. [redacted] STATED "I DONT FEEL WELL" FENTANYL AND VERSED REVERSED WITH FLUMAZENIL 0.2mgs TIMES 2 AND NARCAN 0.2 mgs IV, IV FLUID BOLUS STARTED WITH 0.9% NS AND EPHEDRINE 10 mgs IV GIVEN. PATIENT GIVEN ZOFRAN 4 mgs IV FOR NAUSEA. BLOOD PRESSURE INCREASED TO 103/81 AFTER 3 MINUTES. BUT [redacted] CONTINUE TO BE VERY DIAPHORETIC AND NOW TACHICARDIC WITH A HEART RATE OF 120/MIN. A STRETCHER BROUGHT TO THE PROCEDURE ROOM AND PATIENT TRANSFERRED FROM THE PROCEDURE TABLE ~~WHEN~~ TO THE STRETCHER —

EMS CALLED AT 909. ARRIVED 6 MINUTES LATER (915 AM) PATIENT WAS RESPONSIVE AT ALL TIMES BUT CONTINUED TO BE VERY DIAPHORETIC, CLAMMY AND TACHICARDIC (120/MIN) PATIENT HAS SIGNIFICANT RENAL INSUFICIENCY AND IS ON DIALYSIS. IN VIEW OF HER CONDITION, DECIDED TO TRANSFER PATIENT TO EMERGENCY ROOM AT LOCAL HOSPITAL BY EMS/AMBULANCE. FOR OBSERVATION, TESTS AND ADDITIONAL CARE IF NEEDED. PATIENT BECAME STABLE 30 MINUTES AFTER ARRIVING TO THE HOSPITAL. (BETHESDA MEMORIAL HOSPITAL).

PATIENT DISCHARGED 4 HOURS LATER HOME. WHEN LAB WORK INCLUDING CARDIAC ENZYMES WERE NORMAL/ACCEPTABLE.

MOST LIKELY CAUSE OF DROP IN BLOOD PRESSURE WAS HYPOVOLEMIA AND REACTION TO SEDATIVES, FENTANYL & VERSED.

Block # 5 Staff Directly Involved: Surgeon, Nurse etc. (Include Title & Contact Info or Department)

Name	Contact Information
TRACY BANKS RN	561 737 5301 OFFICE
GERARDO ZLOTZOVER MD	561 737 5301
MARYLOU PERALTA MA	561 737 5301

Block # 6 Other Witness Information (Include Visitors) (Include Name, Address & Phone Number as appropriate) N/A ___

Name	Contract Information
N/A	N/A.

Block # 7 Immediate Action Taken (Include Initial Care and/or Treatment) *(Use additional sheets if needed)*

STAFF RESPONDED TO PATIENT SYMPTOMS, PATIENT STABILIZED AND TRANSFERRED TO LOCAL ER FOR FURTHER EVALUATION AND TREATMENT.

Additional Sheets: Yes__ No__

Block # 8 DESIGNEE SUMMARY: (Include Findings, Actions Taken) *(Use Additional Sheets as Necessary)*

[redacted] PATIENT WITH CHRONIC LOW BACK PAIN. [redacted] DOES NOT TOLERATE INJECTIONS DUE TO POOR TOLERANCE TO NEEDLE PAIN. PATIENT HAS RENAL INSUFFICIENCY AND IS ON DIALYSIS 3 TIMES/WEEK. DURING THE BEGINNING OF THE PROCEDURE, WHILE CLEANING [redacted] BACK, BECAME HYPOTENSIVE AND DIAPHORETIC AFTER RECEIVING IV SEDATION. SEDATION REVERSED, GIVEN VASOPRESSOR (EPHEDRINE) + FLUID BOLUS (450cc) BP RECOVERED BUT CONTINUED TO BE DIAPHORETIC, TACHICARDIC AND CLAMMY - TRANSFERRED TO ER BY EMS.

Additional Sheets: Yes No

Designee/Administrator: Name GERARDO ZLOTZOVER MD. Signature [signature] Date/Time 4-30-2015

DO NOT WRITE BELOW THIS LINE LICENSED RISK MANAGEMENT USE ONLY

Block # 9 RISK MANAGER INVESTIGATION/ANALYSIS *(Use Additional Sheets as Necessary)*

(For use by, Licensed Heath Care Risk Manager and/or Risk Management Designee)

Additional Sheets (Circle) Yes__ No__

Block # 10 RECOMMENDATION(s)/ACTION(S): *(Use Additional Blank Sheets as Necessary)*

Additional sheets (Circle) Yes__ No__

Block # 11 ROUTING: N/A__ QA__ Med Director__ Governance___ Other: _____

Block # 12 RM NOTIFIED (Within 3 Business Days: Yes__ PERSON MAKING NOTIFICATION:
Name: _____ Title _____ Date: _____ Time: ____

Block # 13 LICENSED RISK MANAGERS REVIEW

If Serious Injury or Illness resulted, patient informed of incidence in accordance with F.S.: N/A__ Yes: __
Person conducting disclosure: Surgeon: ___ Other Name: _____ Date: _____ Time: _____
Adverse Incident: Yes__ No__ Disclose Annual Report: No ___ Yes ___ Attachments: N/A__ Yes: ___ (if yes list)

Reviewing Licensed Risk Manager: _____ Lic #: _____
Signature: _____ Date: _____ Time _____

2015-17998-16

STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

RECEIVED
JUN 04 2015

I. OFFICE INFORMATION

ARY KRAU, M.D.
Name of office

1143 Kane Concourse, Miami
Street Address

Miami | 33154 | Miami-Dade
City | Zip Code | County

305-861-6881
Telephone

ARY KRAU MD
Name of Physician or Licensee Reporting

ME 62760 OSR 133
License Number & office registration number, if applicable

1143 Kane Concourse, Miami FL 33154
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Name

[redacted] | F | ☐ N/A ☐
Age | Gender | Medicaid Medicare

[redacted]
Patient's Address

1-7-15
Date of Office Visit

101558
Patient Identification Number

"Breast lift w/ implants probably mini or full tummy tuck"
Purpose of Office Visit

Lipodystrophy of abdomen, waist, back rolls
Diagnosis

518.51 + 998.9 Postoperative respiratory insufficiency & Tachycardia
ICD-9 Code for description of incident

flatten buttocks, Breast ptosis, abdominal pannus and rectus diastasis.

III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5-19-2015
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 N/A
Was an autopsy performed? ☐ Yes ☐ No

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

Please see attached Operative Report from Dr. Krau, Senglam CRNA, and the continous progress reports from hospital visit by Dr. Ary Krau.

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)**
272.6 Lipodystrophy	518.51 + 998.9	Pulmonary 415.19 Fat embolism +578.82 ARDS

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	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in: ☐ 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.
☐ 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: Aventura 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.
Seng Lam ARNP9174422 Dr. Aey Kraw ME 62760; Sonia H. Edrosa RN9334738

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)
As per Dr Aey Kraw the apparent cause of this incident is the presumtive Diagnosis of fat emboli.

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
The surgical team @ Dr Aey Kraw office, acted appropriately to the incident and called 911. The patient was transferred to a higher level of care to continue optimal treatment for the patient. There are no corrective actions addressed since the surgical team provided best treatment in an office surgery setting.

20151844-180

STATE OF FLORIDA

FLORIDA DEPARTMENT OF HEALTH

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 & Interventional Pavilion — Name of office
1881 West Kennedy Blvd. — Street Address
Tampa — City
33606 — Zip Code
Hillsborough — County
813-513-3030 — Telephone
Sandy Norton RN — Name of Physician or Licensee Reporting
ORS#979 — License Number & office registration number, if applicable
1881 W. Kennedy Blvd Suite B. — Patient's address for Physician or Licensee Reporting

RECEIVED
JUN 08 2015
BY:

II. PATIENT INFORMATION

[redacted] — Patient's Name
[redacted] — Age
Gender
☐ Medicaid ☒ Medicare
Patient's Address
Date
5/21/15 — Date of Office Visit
12517 — Patient Identification Number
Fistulagram - possible declot — Purpose of Office Visit
ESRD — Diagnosis
998.12 — ICD-9 Code for description of incident
3 — Level
II — of Surgery (II) or (III)

III. INCIDENT INFORMATION

5/21/15 1700 — 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)

New graft (24 hrs old) was clotted. Dr. performed fistulagram and declot. Large amount of bleeding. Stent placed x2 Bleeding continued. Transferred to hospital for surgical Repair of graft.

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)
Fistulagram	none	none

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)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient	
☐ A procedure to remove unplanned foreign objects remaining from 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.
☑ 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: Memorial Hospital of Tampa	

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.

PATIENT in procedure (fistulagram) - fistula ruptured and began to bleed following graft after treatment
Dr Obinna Nwobi ME 106633
Brent Zobac RT 82506 - (scrub); Rolando Pay CRT 81287 (C-Arm);
Josh Barnes CRNA - ARNP 9189812

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

Sandy Norton CN RN 9379678

IV. ANALYSIS AND CORRECTIVE ACTION

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

AV graft was recently placed and did not maintain integrity of the anastamosis

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

Held manual pressure then wrapped c pressure dressing, transferred via Ambulance to Memorial Hosp. Tampa for surgical revision

V. Sandra Norton, RN — RN9379678

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

05/21/2010 — DATE REPORT COMPLETED

1816 — TIME REPORT COMPLETED

FLORIDA DEPARTMENT OF HEALTH

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

Palm Access
Name of office

400 41st Street Suite 305
Street Address

Miami 33140 Miami-Dade
City Zip Code County

305-763-8736
Telephone

Dr Michael Rogoff
Name of Physician or Licensee Reporting

ME76154 DSR728
License Number & office registration number, if applicable

Same as above
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]

[redacted] Age F Gender ☐ Medicaid ☐ Medicare ☐ Prefered Care

107958
Patient Identification Number

5/22/15
Date of Office Visit

PVD
Diagnosis

Angiogramm w/bilateral runoff and possible RLE or LLE intervention.
Purpose of Office Visit

ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5/22/15
Incident Date and Time

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

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

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

See 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)
Angiogram w/bilateral runoff	Low hemoglobin & hypotension	Acute blood loss and hypotension

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

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: Mount Sinai 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.
Michael Roqoff, MD- ME76154, Francisco Dieguez, MD- ME84898, Jason Ong RN- RN9303762, Elvira Mendez, CCP- BC1500538829, Janelle Quinones, LPN- PN5211081, Karla Barreto, RN- RN9339311, Nitza Burgos, RN- RN9328159

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)
Please see attached

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

V.

ME76154
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

10/5/15 at 3:30pm
DATE REPORT COMPLETED — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA

FLORIDA DEPARTMENT OF HEALTH

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, PA
Name of office

501 South Fort Harrison Ave
Street Address

Clearwater, FL 33756 Pinellas
City Zip Code County

727-270-8899
Telephone

Nicolas Villanustre, MD / Scott Mantell, MD
Name of Physician or Licensee Reporting

ME111419/ME65013
License Number & office registration number, if applicable

501 South Fort Harrison Ave, Clearwater, FL 33756
Patient's address for Physician or Licensee Reporting

RECEIVED
JUN 08 2015

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Age [redacted] Gender r Medicaid Medicare

5/22/2015
Date of Office Visit

Purpose
Elective Abdominoplasty
of Office Visit

Lower Abdominal Lipodystrophy
Diagnosis ICD-9

274.50 Cardiac Arrest
Code for description of incident

Level
Level III
of Surgery (II) or (III)

III. INCIDENT INFORMATION

5/22/2015 8:45am
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 NA
Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

The patient was scheduled for an elective abdominoplasty. The patient underwent general endotracheal anesthesia by the anesthesiologist and during induction, prior to initiation of surgery, developed ventilatory complications with bradycardia and absent femoral pulse. A code was called and CPR and manual ventilation performed. The surgeon was called in to assist. The anesthesiologist administered epinephrine IV push. The patient gained regular rhythm, femoral pulse and good blood pressure. EMS was called and the patient was transported to Morton Plant Hospital.

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)
Abdominoplsty 15830	E876	999.9

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

Anesthesia Machine, Model Aespire / 7100. SN AMXH00820; Amubu Bag

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: observation only. D/C w no sequelae

Name of facility to which patient was transferred: Morton Plant Hospital

- ☐ 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:

Nicolas Villanustre, MD	ME111419	Surgeon	501 South Fort Harrison, Clearwater
Scott Mantell, MD	ME65013	Anesthesiologist	300 Pinellas St. Clearwater
Tammy Heyns, RN	RN9338094	Circulating Nurse	501 South Fort Harrison, Clearwat
Susan Johnson		Scrub Nurse	501 South Fort Harrison, Clearwater

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

NA

IV. ANALYSIS AND CORRECTIVE ACTION

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

Anesthesia machine was tested and found operational. The ventilator was not prepared properly for the procedure and caused inadequate ventilation of the patient.

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

See attached

V.

Scott Mantell — SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME65013 — LICENSE NUMBER

6/3/15 — DATE REPORT COMPLETED

1500 — TIME REPORT COMPLETED

B) Described corrective or proactive actions(s) taken

Anesthesiologist has met with anesthesia machine vendor representative and discussed appropriate connection for this machine. No one will be allowed to handle the anesthesia machine, or connect any tubing, except for the anesthesiologist. All anesthesiologists will check all ventilator settings to ensure the safe administration of anesthesia.

20151867 167

STATE OF FLORIDA
Rick Scott, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

DOH Consumer Services
JUN 12 2015

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

I. OFFICE INFORMATION

First Coast Cardiovascular Institute
Name of office

3900 University Blvd South
Street Address

Jacksonville | FL | Duval
City | Zip Code | County

904-493-3333
Telephone

Vaqar Ali, MD ME93151
Name of Physician or Licensee Reporting

N/A
License Number & office registration number, if applicable

FCCI CATH LAB
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Name

[redacted]
Patient's Address

[redacted]
Patient Identification Number

[redacted] | male | ☐ Medicaid ☐ Medicare
Age | Gender

05/26/2015
Date of Office Visit

Peripheral Artery Disease
Diagnosis

Left Leg Angio
Purpose of Office Visit

75716
ICD-9 Code for description of incident

(II)
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

05/25/2015
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)

After procedure pt had swelling to right groin. Dr. Ali was notified immediately Patient was found to have pseudoaneurysm that was injected with thrombin per Dr. Ali. After injection pt had abdominal pain. Blood pressure dropped. Dr. Ali aware and had patient transferred to Memorial Hospital Jacksonville Emergency Room for Cat scan of abdomen and pelvis to rule out retoperitoneal bleed. Cat scan was negative for retroperitoneal bleed. H/H remained low but stable overnight. Pt was up ambulating in room without soreness. Right groin was red and and bruised but no hematoma. Pt was discharged the next day in stable condition with activity as tolerated and re check of cbc and bmp within 3 to 5 days and follow up with primary care physican within one week. Follow up with Cardiology Dr. Ali within one week.

B) ICD-9-CM Codes

75716	442.3	
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 OBSERVATION ONLY

Name of facility to which patient was transferred: Memorial Hospital of Jacksonville

- ☐ 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.

Courtney Fluharty (RN9217469) Jason Cook (RT9160) Dr.Ali(ME93151) Courtney Wall (RN9303605)

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)

angioplasty

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

Patient transfers are closely monitored and tracked by staff, doctors, and administration

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	ME 85393 LICENSE NUMBER
06/05/2015 DATE REPORT COMPLETED	1100 TIME REPORT COMPLETED

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)
Abdominoplasty/Lipo of flanks		Weakness and numbness in both legs from knees down

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

Abdominoplasty Set and Liposuction Instruments: Bovie, Lipo cannula, Suction machine, DVT machine, Surgical Instruments, Sutures

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** If it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ 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.
☑ 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: Holy Cross 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. John Pinnella M.D - ME39619 surgeon
Dr. Jason White M.D. - ME85866 - Anesthesiologist
Vanessa Rios, RN - RN9335435
Gabriel Diaz, Surgical Assist 11-142, Melissa Rivera, Medical Asst.

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 OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER: ME39619

DATE REPORT COMPLETED: 06/09/15 — TIME REPORT COMPLETED: 1600

South Florida
CENTER FOR
COSMETIC SURGERY

Galleria Professional Bldg.
915 Middle River Drive, Second Floor
Ft. Lauderdale, Florida 33304
Tel. (954) 565-7575

Department of Health
Board Of Medicine
4052 Bald Cypress Way
Tallahassee FL 32399

Re : Adverse Incident on 5/27/15

To whom it may concern,

Patient [redacted]L came into our office on 4/20/15 and inquired about an abdominoplasty and liposuction procedure. After an H& P the patient was found to be a [redacted] healthy [redacted] and scheduled her procedure for 5/26/15.

The patient arrived on 5/26/15 for [redacted] scheduled procedure and the surgery was performed in a routine fashion. Patient was seen one day post-operatively in my office and expressed that [redacted] feet were tingly/weak and slightly numb. Patient was instructed to go to the hospital, they did and [redacted] was admitted to Holy Cross Hospital on 5/27/15.

- Patient had extensive neurological work-up and the results were normal
- Patient continued symptoms in [redacted] lower extremities
- The final diagnosis was acute idopathietic transverse myelitis
- Patient was seen on 6/8/15 – patient is receiving re-habilitation at Holy Cross hospital and will be transferred to a facility in Tampa, Fl where [redacted] lives.
- JP drain was removed from the abdominoplasty , and to return PRN
- My office will keep in touch with [redacted] as needed.

Please call my office for further information.

Regards,

John Pinnella, MD

DOH 18713-187

STATE OF FLORIDA
Rick Scott, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

DOH Consumer Services
JUN 15 2015

I. OFFICE INFORMATION

First Coast Cardiovascular Institute
Name of office

3900 University Blvd South
Street Address

Jacksonville | FL | Duval
City | Zip Code | County

904-493-3333
Telephone

Vaqar Ali, MD ME93151
Name of Physician or Licensee Reporting

N/A
License Number & office registration number, if applicable

FCCL CATH LAB
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Name

[redacted]
Patient's Address

[redacted] | male | ☐ Medicaid | ☐ Medicare
Age | Gender

28158
Patient Identification Number

05/29/2015
Date of Office Visit

Coronary Artery Disease
Diagnosis

LHC
Purpose of Office Visit

995.27
ICD-9 Code for description of incident

(II)
Level of Surgery (I) or (III)

III. INCIDENT INFORMATION

05/29/20150 1930
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 was post LHC being monitored in recovery/holding area. Patient blood pressure started getting high and complaining of ha and nausea. Dr. Ali notified immediately and given hydralazine 10 mg twice and zofran times one iv. Fifteen minutes post giving medicine patient started complaining of itching of hands and feet. No rash noted and lungs clear to asculation . Dr. Ali notified solumedrol and benadyl given . Then pt stated he could not see me. Stroke exam done no deficits noted and md informed and pt transferred to MHJ via rescue for evaluation Patient was discharged from MHJ at 2317 in stable condition on oral benadryl and instructed to follow up with his primary care md in two days.

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

Patient transfers are closely monitored and tracked by staff, doctors, and administration

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT | ME 85393 LICENSE NUMBER

05/29/2015 DATE REPORT COMPLETED | 1945 TIME REPORT COMPLETED

20151098 1-189

STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

RECEIVED
APR 28 2015
BY:

I. OFFICE INFORMATION

Vascular Access Center of Jacksonville
Name of office

6820 Southpoint Pkwy Suite 1
Street Address

Jacksonville 32216 Duval
City Zip Code County

904-296-4106
Telephone

Dr Sara Clark
Name of Physician or Licensee Reporting

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Name

[redacted]
Age 4/17/15 Gender ☐ Medicaid ☐ Medicare

[redacted]
Patient's Address

Date of Office Visit

50374
Patient Identification Number

Left Arm Fistulagram/thrombectomy
Purpose of Office Visit

ESRD
Diagnosis

ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4/17/15 1355
Incident Date and Time

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

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

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

See Attached

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

Continue to send patients to higher level of care when needed

[redacted]

STATE OF FLORIDA
Rick Scott, Governor

Florida HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

RECEIVED
JUL 0 6 2015
BY:

I. OFFICE INFORMATION

South Florida Advanced Access Care
Name of office

8770 SW 144th Street
Street Address

Miami, | 33176 | DADE
City | Zip Code | County

305-252-9408
Telephone

Dr. Athanassios Tsoukas
Name of Physician or Licensee Reporting

ME77299
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

[redacted] | Gender | ☐ Medicaid ☑ Medicare
Age

ESRD
Diagnosis

6/17/2015
Date of Office Visit

Evaluation of patient's dialysis access
Purpose of Office Visit

585.6
ICD-9 Code for description of incident

Level II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6/17/2015 at: 12:36pm
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)

After the procedure was finished, the patient desaturated and became short of breath. Patient was then placed on 100% of O2 via NR Mask and was transferred to Baptist Hospital via Fire Rescue.

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

585.6

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

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

NONE

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

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar
☐ Any condition that required the transfer of the patient to a hospital.	☐ 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.
Outcome of transfer – e.g., death, brain damage, observation only Pt. did fine & Pt. went back to hospital	
Name of facility to which patient was transferred: for a temp. catheter Baptist 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. Tsoukas: #ME77299

Suzette Silva, RN #9196426

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)

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

we will continue to follow the companies established policies and procedures.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT		LICENSE NUMBER
	6/24/15	#ME77299
6/24/2015	09:10am	
DATE REPORT COMPLETED	TIME REPORT COMPLETED	

2015200500167

STATE OF FLORIDA
Rick Scott, Governor

RECEIVED
JUL 07 2015
BY:

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

American Access Care of Miami
Name of office

9200 S. Dadeland blvd suite 109
Street Address

Miami 33156 miami Dade
City Zip Code County

305 670-1044
Telephone

Jose Ramirez
Name of Physician or Licensee Reporting

ME 86739 / OSR6076
License Number & office registration number, if applicable

same as above
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient's Address

[redacted] F ☐ ☑
Age Gender Medicaid Medicare

40000668
Patient Identification Number

6-25-2015
Date of Office Visit

ESRD
Diagnosis

evaluation of AV fistula access
Purpose of Office Visit

585.6
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6/25/2015 13:55 Pm
Incident Date and Time

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

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

During procedure to evaluate AV fistula a 12x4 gladiator was used to angioplasty intra-stent. It was then noted that the balloon ruptured in the stent. The balloon was deflated, however upon removal of the balloon, it became seperated from the delivery system with the balloon remaining inside the fistula. After several attemps to remove the balloon from the fistula, it was decided to ligate the fistula obstructing flow thus preventing the balloon from traveling. The patient was sent to mercy Hospital for removal of foreign body. Upon follow up, surgury was performed and the balloon was successfully removed and the ligation of the fistula was reversed. The fistula was successfully used for dialysis prior to the patient being discharged from the hospital.

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)
459.2, 585.6		

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

Boston Scientific gladiator 12X4

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 admission

Name of facility to which patient was transferred: Mercy Hospital

- ☐ 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.

Jose Ramirez ME86739
Holly Sansbury

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)

after analysis of case possible cases may be defective balloon

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

medical director reviewed case and discussed with vendor research possibility of defective item.

V. [signature] ME86739 / D9248517

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

7/1/2015 12:45pm

DATE REPORT COMPLETED TIME REPORT COMPLETED

transport pt. to adjoining hospital ED via [illegible] evaluation and treatment, transported 5 incident, report given to ED staff.

6/26/15 The patient was treated and discharged to home from the ED [illegible] pending per hospital records.

B) ICD-9-CM Codes

58563	N/A	No injury
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)

- ☐ 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 Observation and Treatment
Name of facility to which patient was transferred:
N. Florida Regional 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.

Steven F. Woodring, DO – Anesthesiologist Lic # OS 10008
Rebekah Holcomb, RN – Surgical assist Lic # RN9370242
Ling Fei Lin, MA – circulator
Stacy Nettles, RN – recovery nurse – Lic # RN9233272
Kelly Chamberlain, MD – surgeon Lic # ME101410

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]	OS 10008
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	LICENSE NUMBER
6-25-15	1725
DATE REPORT COMPLETED	TIME REPORT COMPLETED

2015 20562

STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Services
JUL 10 2015

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Radiology Associates of Venice and Englewood
Name of office

512 Nokomis Avenue South
Street Address

Venice | 34285 | Sarasota
City | Zip Code | County

(941) 486-3491
Telephone

Craig T. Reiheld, MD
Name of Physician or Licensee Reporting

OSR649
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Name

[redacted]
Patient's Address

301775
Patient Identification Number

443.9
Diagnosis

[redacted] | Male
Age | Gender

☐ Medicaid ☒ Medicare

6/19/2015
Date of Office Visit

Lower Extremity Revascularization
Purpose of Office Visit

568.81, 998.12, 458.29
ICD-9 Code for description of incident

2
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6/19/2015 1400
Incident Date and Time

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

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

The patient underwent a right common femoral artery access for angiography and percutaneous intervention for bilateral lower extremity claudication, after which, his groin access site was closed with a mynx closure device and local pressure. He experienced right abdominal pain and a drop in blood pressure while at bed rest in the post-operative area after the procedure. He was given a fluid bolus and taken to CT for assessment. He was found to have a right retroperitoneal hematoma for which he was admitted to the hospital for observation.

2015 20770 187

STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Services

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

JUL 15 2015

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

80 W Michigan St
Street Address

Orlando 32806 Orange
City Zip Code County

407 648 4923
Telephone

Dr. Jon Wesley
Name of Physician or Licensee Reporting

602228
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]

[redacted]
Patient's Address

17993
Patient Identification Number

58506
Diagnosis

[redacted] Female ☐ ☐
Age Gender Medicaid Medicare

June 25 2015
Date of Office Visit

Fistulagram & Thrombectomy
Purpose of Office Visit

ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6-25-15 around 1245
Incident Date and Time

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

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

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

SEE ATTACHED

B) ICD-9-CM Codes

585.6, 996.74	786.50	—
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)

Ø

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. HBP, CP

Outcome of transfer -- e.g., death, brain damage, observation only _____
Name of facility to which patient was transferred: Orlando Regional 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.

Dr. Jon Wesley: ME0086911
Jamie Rodriguez: RN 2122252
Kristen Murray: CRT 68445
Luis DIAZ: CRT 86345

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)

Staff Responded Appropriately

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

Ø

V. _____ ME0086911
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

6-26-2015 1200
DATE REPORT COMPLETED TIME REPORT COMPLETED

20152211222 187

STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Services

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

JUL 20 2015

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

2631 Centennial Blvd
Street Address

Tallahassee, FL | 32308 | Leon
City | Zip Code | County

850-877-8530
Telephone

Dr. Robert Brumberg
Name of Physician or Licensee Reporting

OS9800 | OSR925
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]
Patient Name

[redacted] | Male | ☐ | ☒
Age | Gender | Medicaid | Medicare

[redacted]
Patient's Address

2-3-15
Date of Office Visit

73381
Patient Identification Number

left arm fistulogram
Purpose of Office Visit

585.6
Diagnosis

E878.2 996.73
ICD-9 Code for description of incident

Level II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6-30-15 1330
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)

1215 Patient to recovery following left arm fistulogram. VSS, NAD. 1330 Bleeding noted from left upper arm incision. 1130 Pressure held, Dr. Brumberg notified. 1340 Bleeding controlled with manual pressure, compression wrap applied. 1340 Order recieved by Dr. Brumberg to transfer patient to TMH for surgical management. 1345 Family notified regarding need for transfer. 1400 EMS arrived. Patient transferred to TMH via EMS in stable condition. Belongings sent with family.

B) ICD-9-CM Codes

N/A	N/A	996.73
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)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ 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.
☒ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only surgical intervention Name of facility to which patient was transferred: Tallahassee Memorial 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 Matyjaszek, RN staff nurse RN 9265206

Cameron Carroll RPA Lab Manager 11GA1428

Robert Brumberg DO OSA9800

Julie Angelier, RN staff nurse RN 9305209

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

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

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

N/A

20152714 187

STATE OF FLORIDA
Rick Scott, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

DOH Consumer

JUL 27 2015

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

I. OFFICE INFORMATION

First Coast Cardiovascular Institure
Name of office

3900 University Boulevard South
Street Address

Jacksonville | 32216 | Duval
City | Zip Code | County

904-493-3333 ext 1054 1055
Telephone

Yazan Khatib, MD ME85393
Name of Physician or Licensee Reporting

n/a
License Number & office registration number, if applicable

FCCI Cath Lab
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient's Address

[redacted] | Male | ☐ Medicaid | ☑ Medicare
Age | Gender

532940
Patient Identification Number

07/13/2015
Date of Office Visit

Peripheral Artery Disease
Diagnosis

Right Lower Extremity Run Off Angioplasty/Sten
Purpose of Office Visit

440.23
ICD-9 Code for description of incident

II
Level of Surgery (I) or (II)

III. INCIDENT INFORMATION

07/13/2015 @ 12:35
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)

Noted decrease in patient's blood pressure, rechecked blood pressure for verification. Patient complained of abdominal pain, swelling noted in left lower abdomen. Dr. Khatib notified immediately. Dr. Khatib inserted venous line at bedside. Patient alert and oriented. Patient sent to Memorial Hospital for CT scan to rule out RP bleed. Patient discharged in stable condition on July 16, 2015.

B) ICD-9-CM Codes

75716	440.23	
Surgical, diagnostic, or treatment procedure being performed at time of incident **(ICD-9 Codes 01-99.9)**	Accident, event, circumstances, or specific agent that caused the injury or event. **(ICD-9 E-Codes)**	Resulting injury **(ICD-9 Codes 800-999.9)**

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

(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

- ☐ 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 ADMITTED

Name of facility to which patient was transferred: Memorial Hospital of Jacksonville

- ☐ 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.

Courtney Fluharty (RN9217469) Jason Cook (RT9160) Dr.Khatib (ME85393) Cecelia Breeden (RN934335[illegible])

Marjorie Matheny (RN9395929)

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)

angioplasty

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

Patient transfers are closely monitored and tracked by staff, doctors, and administration

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT	ME85393 LICENSE NUMBER
July 22 DATE REPORT COMPLETED	201[illegible] 11:00 TIME REPORT COMPLETED

20152014 190

STATE OF FLORIDA
Rick Scott, Governor

FLORIDA DEPARTMENT OF HEALTH

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

Mark Lamet M.D. P.A.
Name of office

1150 N. 35 Avenue #445
Street Address

Hollywood 33021 Broward
City Zip Code County

954-961-7771
Telephone

Mark Lamet M.D.
Name of Physician or Licensee Reporting

ME 0037518 OSR 193
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Identification Number

Diagnosis

[redacted]
Age 7/27/15 Gender ☐ Medicaid ☐ Medicare
Date of Office Visit

Colonoscopy
Purpose of Office Visit

863.40
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

07/27/15
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 underwent Screening Colonoscopy on 7/27/15
noted to have evidence of Barotrauma in Cecum.
as well as diverticulosis
Subsequent to procedure pt c/o RLQ pain.
Transferred to ER where CT Scan c/w pneumoperitoneum.
Surgery performed + ® Colon removed — ⊕ evidence of
Barotrauma as cause of perforation.
Pt convalescing and improving.

B) ICD-9-CM Codes

45384	N/A	863.4D
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	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage ☐ 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.
☒ 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: Memorial Regional 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.

Mark Lamet M.D. ME0037518
Diana Rodriguez C.R.N.A ARNP 9186672
Samantha Hill-Rivera R.N. RN 9320149
Maria C. Pino, L.P.N. PN 5212914

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)

None

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

N/A

V. [signature] 037519

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

7/29/11 — 11:30 AM

DATE REPORT COMPLETED — TIME REPORT COMPLETED

[redacted]

STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

DOH Consumer Services

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

AUG 10 2015

I. OFFICE INFORMATION

FORT LAUDERDALE PAIN Medicine
Name of office

1930 NE 47TH ST #300
Street Address

FORT LAUDERDALE 33308 BROWARD
City Zip Code County

954-493-5048
Telephone

Gabriel Marrero
Name of Physician or Licensee Reporting

ME 102643 OSR 509
License Number & office registration number, if applicable

1930 NE 47th St. Fort Lauderdale FL 33308
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient's Address

[redacted]
Patient Identification Number

Cervical Spondylosis, Cervicalgia
Diagnosis

[redacted] [redacted] ☐ Medicaid ☐ Medicare
Age Gender

JULY 28, 2015
Date of Office Visit

Interventional Procedure
Purpose of Office Visit

720.2
ICD-9 Code for description of incident

Level II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7/28/15 4:22
Incident Date and Time

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

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

The patient completed the procedure without any complication but after [redacted] was cleaned and ready to be seated [redacted] became unresponsive for about 3-5 minutes. At that time, we started CPR and called 911. The patient had a very weak pulse. We quickly connected [redacted] back to the monitor. [redacted] blood pressure was low & bradycardic. [redacted] slowly started becoming responsive and after 5 minutes [redacted] was responsive and oriented x3. The paramedic arrived and took the patient to Holy Cross hospital for further evaluation. [redacted] was then discharge home from the ER later that night.

[redacted]

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)
721.0/723.1/64633	Vasovagal	None

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	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in: ☐ 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.
☐ 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: Holy Cross 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. Gabriel Marrero ME102643
Kathy Ferrabone
Bright Deoliveira
Barbara Szeinfeld (RN)

F) List witnesses, including license numbers if licensed, and locating information if not listed above
Barbara Szeinfeld RN633722

IV. ANALYSIS AND CORRECTIVE ACTION

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

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
Patient was sent to the ER for further evaluation

20152372

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Services

AUG 14 2015

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

815 NW 57 Ave. Suite 130
Street Address

Miami | 33126 | Miami-Dade
City | Zip Code | County

305-266-2286
Telephone

Manuel A. Gonzalez, M.D.
Name of Physician or Licensee Reporting

ME110782 OSR# 928
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]
Patient Name

[redacted] Female ☒ ☒
Age | Gender | Medicaid | Medicare

Patient's Address

7-28-15
Date of Office Visit

1097-1
Patient Identification Number

peripheral endovascular intervention
Purpose of Office Visit

leg pain, PAD with claudication, leg edema, CAD
Diagnosis

E878.8
ICD-9 Code for description of Incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7-28-15 12:02 PM
Incident Date and Time

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

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

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

See attached narrative.

B) ICD-9-CM Codes

39.50	E878.8	998.11
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)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in: ☐ 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.
☐ 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 further surgery Name of facility to which patient was transferred: Jackson Memorial 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.	ME110782	Physician performing procedure
Lisyainet Talavera	RN 9390848	RN
Jose Piñero	RN 9245916	RN
Gibert Gonzalez		Surgical 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)

Occult perforation/ rupture of an artery causing bleeding and intenal hemorhage not visualized with standard angiography and requiring transfer for CT angiogram and blood transfusion.

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

We called the emergency department at the hospital and advised them of transfer. All copies of medical records were sent with patient in ambulance and complete report was given to paramedics.

V.

Manuel A. Gonzalez — ME110782

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT — LICENSE NUMBER

8-3-15 — 3:00 pm

DATE REPORT COMPLETED — TIME REPORT COMPLETED

[redacted], DOB: [redacted], ID: 1097-1, DOS: 07-28-15

Circumstances of the incident:

In the recovery room, Ms. [redacted] became hypotensive with BP as low at 86/40 and HR 64x'. With 500ml of IV fluids her BP improved to 110/50 and HR remained around 60x'. Given her baseline bradycardia the HR was unreliable. Furthermore she looked pale and very suspicious for internal bleeding. I decided to bring her emergently to the catheterization laboratory and perform an emergent angiogram. I obtained access in the left brachial artery and measured the intrarterial BP of 114/58. Then, I inserted a 7Fr 90cm sheath from the left brachial over an Amplatz 0.035" wire down to the distal abdominal aorta and aortogram in 2 views was performed with 20ml of contrast each. I did not see any evidence of active bleeding, but these images were suboptimal for conclusive interpretation due to respiratory and motion artifacts, severe calcification, and stenosis of the distal abdominal aorta. Furthermore, I selectively wired and advanced a catheter to each common iliac artery and performed selective iliac angiogram on multiple views. Again I did not see any evidence of active bleeding except for the left groin femoral arteries prior access where manual compression was being applied. In the meantime her BP and HR remained stable with IV fluids given. At this point I decided to call 911 and to transfer the patient to the hospital for further assessment and treatment. I also called the family and spoke to her son and explained the situation and he agreed with the plan. I called the emergency department of Jackson Memorial Hospital notify them of the transfer. Copies of the relevant medical records were made to accompany the patient and I personally gave report to the paramedics and accompanied the patient to the ambulance. I could not accompany the patient to the hospital because I had another patient in surgery at the time of the transfer. I sent in the ambulance with the paramedics my lead surgical tech and director of the cath lab who gave further report to the ER staff.

20152305 3

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STATE OF FLORIDA
Rick Scott, Governor

FLORIDA DEPARTMENT OF HEALTH

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

DOH Consumer Services

AUG 13 2015

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

I. OFFICE INFORMATION

Sarasota Interventional Radiology — Name of office
600 N. Cattlemen Rd Ste 100 — Street Address
Sarasota — City
34232 — Zip Code
Sarasota — County
941-378-3231 — Telephone
Dr. Michael Lepore — Name of Physician or Licensee Reporting
License Number & office registration number, if applicable
600 N. Cattlemen Rd Ste 220 Sarasota, FL 34232 — Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] — Patient Name
[redacted] — Age
F — Gender
☐ Medicaid ☐ Medicare
Patient's Address
17388 — Patient Identification Number
7-29-15 — Date of Office Visit
Arteriogram — Purpose of Office Visit
PAD — Diagnosis
ICD-9 Code for description of incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7/29/15 8:00 p.m. — Incident Date and Time

Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Angio RM.

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 presented to our facility for a ateriogram procedure. Pt was prepared as normal. Procedure was initiated. She began to cough then desat'ed to 77%. Ambu bagged initiated. Pt was un responsive not moving air — bronchospastic. Given Flumanzil, solumedrol, benadryl, pepcid. BP ↓ 68/50 but recovered quickly. Pt saturation improved to 94%. She became more responsive. Taken to PACU. Albuterol Neb given SPO2 now 98%. Lungs clears. As time pt became more responsive. Pupils reactive & equal. Able to respond to command no focal deficits. pt transferred to SMH. 911 was called and ambulance came to take to SMH. Suspected IV dye contrast

MD

B) ICD-9-CM Codes

PAD

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 _____
Name of facility to which patient was transferred:
SARASOTA Memorial Hospital

- ☐ 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.

DRT Patel anesthesia Elaine Soulard RN
Rikki RT
Diane RT
Val Knowlton RN

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] ME81013
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

8-12-15 1100 AM
DATE REPORT COMPLETED TIME REPORT COMPLETED

2015 23378 MO

STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Services

AUG 18 2015

FLORIDA DEPARTMENT OF HEALTH

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

Sarasota Interventional Radiology — Name of office
600 N. Cattleman Rd — Street Address
Sarasota — City; Zip Code; County
941-378-3231 — Telephone
Dr Barzell — Name of Physician or Licensee Reporting
ME 31418 — License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted] M — Age; Gender
☐ Medicaid ☑ Medicare
7-31-15 — Date of Office Visit
[redacted] PT # 17809 — Patient Identification Number
elevated prostate PSA — Diagnosis
Prostate BX — Purpose of Office Visit
ICD-9 Code for description of Incident
IL — Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

7-31-15 1800 — 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 NA
Was an autopsy performed? ☐ Yes ☐ No

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

Patient Recuvd on Recovery Room status post Prostate Biopsy.
[redacted] here For Prostate BX c
Dr. Barzell at the SIR. PT Noted
to be Stable & A & O X3. Dg: anemia of
Corpus Bleeding Noted Rectally — Dr. Barzell
Made Aware & doing Rectal Exam. EMS
Called for transport to SMH for Uncontrolled
Rectal Bldng. Family at Bedside. c EMS
and Dr. Barzell at DC in Stable Condition.

B) ICD-9-CM Codes

elevated PSA → rectal bleeding

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 SMH 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.

Dr Bazzell MD
Rachel [illegible] R
Valerie [illegible] RN

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. Catherine [illegible] MD — **SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT**

ME 105535 — **LICENSE NUMBER**

8-3-15 — **DATE REPORT COMPLETED**

1030 8-3-15 — **TIME REPORT COMPLETED**

2015233 10 • 189

STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

RECEIVED
AUG 17 2015
BY:

I. OFFICE INFORMATION

MEDICAL INSTITUTE
Name of office

4730 SW 49TH ROAD
Street Address

OCALA | 34474 | MARION
City | Zip Code | County

352 854 0681
Telephone

DANIEL VAVRA RCIS
Name of Physician or Licensee Reporting

OSR10852
License Number & office registration number, if applicable

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

II. PATIENT INFORMATION

[redacted]
Patient Name

[redacted]
Patient's Address

[redacted] | MALE | ☐ | ☑
Age | Gender | Medicaid | Medicare

RUSTWOOD
Patient Identification Number

AUG 5. 2015
Date of Office Visit

PAD
Diagnosis

ANGIOGRAM WITH PTA
Purpose of Office Visit

37224
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8-5-2015
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)

SEE ATTACHMENT 1

B) ICD-9-CM Codes

440.21	E879.0 ~~998.4~~	998.2
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)

SEE ATTACHMENT 2

D) Outcome of Incident (Please check)

☐ Death	☐ Surgical procedure performed on the wrong site **
☐ Brain Damage	☐ Wrong surgical procedure performed **
☐ Spinal Damage	☐ Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	** if it resulted in: ☐ 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.
☑ Any condition that required the transfer of the patient to a hospital.	
Outcome of transfer – e.g., death, brain damage, observation only OBSERVATION ONLY Name of facility to which patient was transferred: OCALA REGIONAL 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.

NORMAN WEINSTEIN MD DAN VAVRA RCIS JOHN PALMER RCIS DIANE LAFLAM RN
EARL CANNON RCIS DANA HOSTETLER RCIS TAMMY BRANKMAN RCIS PATTY JERRELS CVT
STEVE RHODES RTR, RCIS ADAM BRYJARSKI, LUKE BIETILA RCIS
SEE ATTACHMENT 3

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

AS ABOVE IN SECTION E

IV. ANALYSIS AND CORRECTIVE ACTION

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

WIRE BECAME SNAGGED ON STENT UNABLE TO VISUALIZE STENT

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

EXERCISE DUE DILIGENCE

ATTACHMENT 1

RE: [redacted]

Access was achieved via the left common femoral artery, and an amplatz wire was advanced into the vessel. While advancing the wire, resistance was met and further attempts at advancement stopped. Upon fluoroscopy the wire was visualized at the junction of the left internal and external iliac. The amplatz wire was removed and a standard j wire inserted and advanced to the left common iliac. The access needle was removed and a 4f introducer inserted over the wire. The j wire was exchanged for the amplatz wire which was advanced under fluoroscopy into the left common iliac where resistance was encountered. The wire was being removed, resistance was met at the left common femoral at which point the wire was visualized under fluoroscopy and the wire appeared straight and without obstruction. While removing the wire, the proximal end of the wire unraveled and snapped off. The introducer was removed and manual pressure was applied and hemostasis was obtained.

The left common femoral artery was visualized under fluoroscopy and a foreign body was seen in the vessel. The physician determined the foreign body was both intra and extra vascular.

The physician re accessed distal to the foreign body and sheath was inserted. Angiography through the sheath showed impaired flow distal to the foreign body.

The physician performed a cut down procedure at the left groin and retrieved the foreign body, in doing so a bleed occurred in the left common femoral artery. Manual pressure was applied and the bleeding was controlled.

The physician exchanged the sheath for an 8F sheath and placed a 0.35 j wire passed the site of the arterial bleed. A Gore covered stent was advanced into the vessel and placement was confirmed by angiography. The covered stent was deployed by the physician, angiography confirmed proper placement with no further bleeding from the left common femoral artery.

The physician sutured the cut down site, and used an 8F angiogseal to close the sheath insertion site. Hemostasis was achieved at both sites.

The patients vital signs remained stable and the patient was transferred to Ocala Regional Medical Center for follow-up oberservation.

AU1024085 185

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

PENSACOLA NEPHROLOGY P.A.
Name of office

1619 CREIGHTON ROAD
Street Address

PENSACOLA | 32504 | ESCAMBIA
City | Zip Code | County

(850) 466-3843
Telephone

LAYNE YONEHIRO
Name of Physician or Licensee Reporting

OSR1029 ME 35697
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[redacted]
Patient Name

[redacted]
Patient's Address

201483
Patient Identification Number

PERIPHERAL VASCULAR DISEASE
Diagnosis

[redacted] | FEMALE | ☑ Medicaid ☑ Medicare
Age | Gender

AUGUST 12, 2015
Date of Office Visit

AORTOGRAM
Purpose of Office Visit

443.9
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

AUGUST 12, 2015 1750
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 ARRIVED FOR SCHEDULED ANGIOGRAM. PATIENT VITAL SIGNS WERE 116/72, 65, 20, 98.3, 99%RA. PROCEDURE STARTED AT 1023 AND ENDED AT 1125. PATIENT ARRIVED TO RECOVERY ROOM AT 1150 AND VITAL SIGNS 98/60, 51,18, 98.1, 90% RA. BLOOD PRESSURE ARE LOW 88-116 SYSTOLIC. AT 1305 MD ASSESSED PATIENT AND ORDERS GIVEN. PATIENT BOLUS WITH 1000ML OF NORMAL SALINE AND BLOOD PRESSURE WAS 85/56 LYING DOWN. 1405 PATIENT BLOOD SUGAR WAS 120. PATIENT SAT UP AT 1435. PATIENT WAS FLUSHED, DIAPHORECTIC AND PALE AND BLOOD PRESSURE WAS 89/57. PATIENT COULDN'T TOLERATE SITTING POSITION. MD NOTIFIED AND ORDERS RECEIVED. PATIENT BOLUS WITH 1000ML NORMAL SALINE. AT 1535 PATIENT SAT ON SIDE OF BED. PATIENT WAS DIZZY AND UNABLE TO STAND. MD NOTIFIED. NORMAL SALINE STILL INFUSING WITHOUT DIFFICULTY. 1605 PATIENT SITTING UP

B) ICD-9-CM Codes

443.9, 440.21, 440.4

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 PT HYPOTENSION RESOLVED PT D/C HOME

Name of facility to which patient was transferred: BAPTIST HOSPITAL

- ☐ 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.

LAYNE YONEHIRO	ME35697	MD	KATHY HOWARD RN9219045 NURSE
TIFFANY ROBINSON	RN9327376	RN	NURSE ANESTHESIOLOGIST
MICHAEL BOSLET	CRT84488	RT	RAD TECH
OLIVIA SWANN	CRT37200	RT/ST	SCRUB TECH

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

PRISCILLA SMITH	RN3250092	RN	NURSE
CYNTHIA GALLARDO	CST160253	ST	SCRUB TECH

IV. ANALYSIS AND CORRECTIVE ACTION

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

PT HAD INTERNAL HEMATOMA. ARTERY WAS NICKED WHEN SHEATH WAS BEING DEPLOYED. USE OF GLIDEWIRE WHEN DEPLOYING SHEATH.

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

REVIEW POLICY AND PROCEDURES. INCIDENT WILL BE REVIWED BY COMPANY PEER REVIEW BOARD. INCIDENT WILL BE REVIEWED IN QUARTERLY QA MEETING.

V.

[signature] ME35697

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT **LICENSE NUMBER**

AUGUST 17, 2015 1400

DATE REPORT COMPLETED **TIME REPORT COMPLETED**

AND BLOOD PRESSURE IS 80/57. PATIENT IS EATING SUB SITTING UP WITHOUT DIFFICULTY. AT 1705 PATIENT'S BLOOD PRESSURE IS 92/59. PATIENT AMBULATES TO BATHROOM AND VOIDS. AT 1730 PATIENT STATES SHE'S FINE AND HAS TO VOID. PATIENTS BLOOD PRESSURE IS 88/57. PATIENTS OFFERED BEDPAN BUT DECLINES. PATIENT WENT TO BATHROOM VIA WHEELCHAIR. PATIENT VOIDS AND HAS BOWEL MOVEMENT. PATIENT RETURNS TO RECOVERY AREA VIA WHEELCHAIR. PATIENT IS CLAMMY, LETHAGRIC AND WEAK PATIENT BLOOD PRESSURE IS 65/57. PATIENT IS TRANSFERRED TO BED AND MD NOTIFIED AND ORDERS RECEIVED. PATIENT BOLUS WITH 500ML NORMAL SALINE. EMS CALLED AT 1747. PATIENT LAYING BLOOD PRESSURE IS 98/58 AT 1750. PATIENT TRANSFERRED TO SACRED HEART HOSPITAL VIA EMS AT 1755.