90460	796.2			401.9	
procedure being performed at time of s	ccident, event, ci pecific agent that r event. (ICD-9 E-	caused	I the injury	Resulting injury (ICD-9 Codes 800-999.9)	
C) List any equipment used if dire (Use additional sheets as necessary for comp		in the	incident '		
D) Outcome of Incident (Please che	eck)				
□ Death	C	ם Su	gical procedu	ure performed on the wrong site **	
Brain Damage		o Wr	ong surgical p	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. 			it resulted in		
			Death Brain Dama		
Any condition that required the transfe patient to a hospital.	r of the		incision sca	disfigurement not to include the	
Outcome of transfer – e.g., death, brain da	image,			neurological, physical, or sensory	
Name of facility to which patient was train	nsferred:	<u>م</u>		n that required the transfer of the :	

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

4851 505 2 O

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) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) B) was DH-MOA1030-T2/06 2 of 3

V. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT DATE REPORT COMPLETED TIME REPORT COMPLETED TIME REPORT COMPLETED

DH-MQA1030-12/06 Page 3 of 3

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2 N 33	All - 13 - F.F.			
		STATE OF FLORIDA Rick Scott, Governor	• • •	•
•	HEALTH	HYSICIAN OFFICE RSE INCIDENT REF		
		SUBMIT FORM TO:	. Astrony	
	4052 E	f Health, Consumer So Bald Cypress Way, Bin Jassee, Florida-32399-3	1 C75	P 1-6,2015.
1	I. OFFICE INFORMATION			(a)
·	OPEN ACCESS LIPELINE LLC	16401 NW Strept Address		101
	N. MiAMI 33169 MIAMI DADE	(305)94B Telephone	- 5333	
Ĩ	M. ST <u>elsen FARBEL MD</u> Name of Physician or Licensee Reporting SAME	ME 365529 License Number & office reg	OSR 744 istration number, if applicable	
. i	Palient's address for Physician or Licensee Reporting			
	I. PATIENT INFORMATION			
		Age Gender	D D	• .
	Patient's Address 175008681	$\frac{O_{1}-O_{1}-O_{2}}{Date of Office Visit O$	2015 2015 INTERVEN	
Ī	Patient Identification Number ESRD	Purpose of Office Visit	996,73	
	Diagnosis	ICD-9 Code for description o	of incident	· ·
			۰.	•
• -	09-01-2015 0920 AM	Location of Incident:	C Recovery Room	
	ncident Date and Time	Operating Room	-	
:	Note: If the incident involved a death, was the medical examiner Was an autopsy performed? 디 Yes 디 No	notified? □ Yes □ No		
	A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)			•
	- See Attached Report		· · · · · · · · · · · · · · · · · · ·	
-			~	
· .	· · · · · · · · · · · · · · · · · · ·	•	· · · ·	
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· ·			:	• •
	<u></u>			• • •
	DH-MQA1030-12/06 Page 1 of 2	•		
	1			
· ·		, ·		

Patient experienced pulmonary embdism from thrombus in psuedaaneurysm during dedot Estila procedure. Pahient was therapeutically bepaenized before withicking procedure (50004 heparix). The outflow stented segment (thrombosed) was addressed with bollon macention and aspiration and thrombus cleared (documented by contract study). There was dot in the cannulation gone aneucysin which was preventing flow. This was aspirated with sheath and then mechanical thrombectory device. This reestablished flow. Soon thereafter petient egilield, difficult or change in breathing. Ventmask placed. Sals had dropped to 80 but responded to Ventimeste to SaO2100%. EMS activated. (PE was suspected from residual clot in psuedoaneuryesm.). Bitient's BP dropped to BO's and given finial bolies(cs). Amested. CPR INITiated. I dose epigiven as EMS team orrived. Responded to 5' CPR, epix1 with Normalization of BP. AND she was now with rhythm (a.fib). Combitube placed during the 5' of CPR. She was a wate, moving all extremities, responding to noxicus stimuli but no verbal commands. She had spontaneous respirations

With VS stable, she was transferred to ER. There she was extributed. I spoke with her ER physician (Dr. Colomby) who noted she was alert and oriented, responding normally and vs stable. A subsequent of scon showed several peripheral pulmonary emboli. In summary, patient likely had residual thrombus in psuedoaneight that embolized and led to the event. Management included sopportive axygen initially and fluid management. When Immediate EMS acturation. CPR on arrest. (5'min), Introbation during Arrest. These measures allowed for successful resusitation. m. Steven

B) ICD-9-CM Codes 780,97 Accident, event, circumstances, or Resulting injury Surgical, diagnostic, or treatment specific agent that caused the injury (ICD-9 Codes 800-999.9) procedure being performed at time of incident (ICD-9 Codes 01-99.9) or event. (ICD-9 E-Codes) 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) Surgical procedure performed on the wrong site ** Death Wrong surgical procedure performed ** Brain Damage ۵ Surgical repair of injuries or damage from a planned D Spinal Damage surgical procedure. Surgical procedure performed on the wrong patient. ** if it resulted in: A procedure to remove unplanned foreign objects Death È Brain Damage remaining from surgical procedure. Spinal Damage n Any condition that required the transfer of the Permanent disfigurement not to include the patient to a hospital. incision scar Fracture or dislocation of bones or joints Outcome of transfer - e.g., death, brain damage, Limitation of neurological, physical, or sensory observation only ADMILLO (FOR OBSERVATTON function. Name of facility to which patient was transferred: Any condition that required the transfer of the ACKSON 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 Gare providers. MANNAC FARBER MD (ME365528) SANFORD ALTMON MD (ME 58495) OLGA PAZOS (RN 9305 KARLA ROSEN CPN 51629 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) Pulmonary embolization ampolization of thrombus at end of hstula declot B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) MMediate ownen support with initial drop in Solo Ventimests to SaO2 100/0 Precontionary Intotation 2) FILLE D. SUDDONT 3) IMMEDIATE ERR Rost resosilation V. and transfe sort. nol. 38707 Mε SIGNATURE PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER \sim 7.DI C :0501 DATE REPORT COMPLETED TIME REPORT COMPLETED DH-MQA1030-12/06 Page 2 of 2

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment

incident (ICD-9 Codes 01-99.9)

procedure being performed at time of

E870.0

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

1.5

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)

Q	Death	0	Surgical procedure performed on the wrong site **
۵	Brain Damage	D	Wrong surgical procedure performed **
D	Spinal Damage	imes	Surgical repair of injuries or damage from a planned surgical procedure.
Q	Surgical procedure performed on the wrong patient.		** if it resulted in:
	A procedure to remove unplanned foreign objects		Death
	remaining from surgical procedure.		 Brain Damage Spinal Damage
X	Any condition that required the transfer of the patient to a hospital.		 Permanent disfigurement not to include the inclusion scar
	P		Fracture or dislocation of bones or joints
Out	come of transfer – e.g., death, brain damage,	}	 Limitation of neurological, physical, or sensory function.
Na	me of facility to which patient was transferred:	ļ	X Any condition that required the transfer of the
C	oval Springs Medical Center	i '	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.

RobinHatt arce $\mathcal{A}O$

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)					
multiple	prior	abortions	may have	been	pre-disposing

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) We are reviewing the issue with NAF advisors - alree or second conform National policy an trin £. Droced m abortions MEI4904 V. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER 09-18-2019 Ma.m. TIME REPORT COMPLETED DATE REPORT COMPLETED DH-MQA1030-12/06 Page 2 of 2

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STATE OF FLORIDA Rick Scott, Governor DOH Consumer Services SEP 14 2015 SEP 14 2015 PHYSICIAN OFFICE ADVERSE INCIDENT REPORT SEP 14 2015 SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275 Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275 I. OFFICE INFORMATION Attract of affice Plan tartion State Address Plan tartion 33313 200 County Browerd County De. Tadd Schwart Z Patient Mame Age 954 - 583 8472 Patient Mame Madress Madress Patient Mame Age Madress Diagnosis Madress Madress Hit INCIDENT INFORMATION Madress Generating Room Madress Macrowey Room Madred Time Location of I		200000000
American Access (are Name of office 33313 Broword Age $954 - 5838472$ Telephone Idents address for Physician or Licensee Recording II. PATIENT INFORMATION Patient's address $954 - 5838472$ Telephone Idents address for Physician or Licensee Recording II. PATIENT INFORMATION Patient's address 900132 Patient dentification Number $Medicald Medicare Patient identification Number Medicald Medicare Diagnosis Medicald Medicare III. INCIDENT INFORMATION Medicald Medicare Medicald Medicare Me$	HEALTH Departm 40	Rick Scott, Governor SEP 1 & 2015 PHYSICIAN OFFICE OVERSE INCIDENT REPORT SUBMIT FORM TO: ent of Health, Consumer Services Unit 052 Bald Cypress Way, Bin C75
II. PATIENT INFORMATION Patient Name Age Age Patient S Address	American Access Care Name of office Plantation 33313 Broward City Zip Code County	Telephone
Patient's Address Patient's Address Patient identification Number PATD Diagnosis Diagnosis Diagnosis Diagnosis Diagnosis Diagnosis Diagnosis Diagnosis Diagnosis Date of Office Visit Patrice, function Left Iower Sthremity Purpose of Office Visit Poss, b ic endouascultur (USP3 Code for description of incident Level of Surgery (II) or (III) III. INCIDENT INFORMATION <u>9-9-2015</u> [:55:00 PM Location of Incident: Operating Room Other Note: If the incident involved a death, was the medical examiner notified? [Yes] No Was an autopsy performed? [Yes] No A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	II. PATIENT INFORMATION	
9-9.2015 1:50:00 PM Incident Date and Time	Patient Identification Number	Date of Office Visit Arteriogram Left lower Sktremely & Purpose of Office Visit poss, bie endouasculiar 458.9 ICD-9 Code for description of incident
Was an autopsy performed? □Yes □ No A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	9-9.2015 1:50:00 PM	Operating Room Other
See: Attached Sheet	Was an autopsy performed? □Yes □ No A) Describe circumstances of the incident (narrat	
		Attached Sheet

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DH-MQA1030-12/0 Page 1 of 2

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DOB 005⁻9/9/2015 MR# 7400132

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- 1

Pt referred here today for LLE arteriogram with possible endovascular intervention. Arteriogram was performed. No interventions done. Pt developed post procedure hematoma (after mynx closure device failed). Dr aware and direct pressure applied. Hematoma stable and pt taken to post op area. Vitals and site monitored as per protocol. Pt continuously instructed to keep rt leg straight. Approx 1:10pm, pt noted to be lying on side with rt leg bent. Upon assessment of site, dressing found to be saturated with blood. Direct pressure held for approx 10 minutes. Drsg carefully removed and gel foam placed at site which was oozing slightly. Hematoma assessed and was noted to be enlarging distally. Pressure held again. 8P taken and noted to be 97/44. HR 74. Sats 94% on r/a. o2 immediately applied and sats to 100%. During this time that pressure was being applied to groin, pt's bp dropped to 70's, pt c/o nausea, IVF's opened wide. LIP made aware of status and advised to apply direct pressure and if BP continues to drop, send to Westside ER. Continuously 1:1 monitoring was maintained. Pressure would sustain to acceptable parameters. EMS activated. LIP informed. Pt taken to Westside Regional Medical Center's ER. Wife with pt. All belongings taken by EMS. Pt stable with BP 116/65, HR 74 and O2 sats at 96%.

442 G	-	·	Hypotension (458.	
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, specific agent th or event. (ICD-9	circumstances, or at caused the injury E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)	
C) List any equipment used if d (Use additional sheets as necessary for c	directly involve	d in the incident		
· ·		NIA	۱.	
D) Outcome of Incident (Please	check)			
Death	·	Surgical proced	ure performed on the wrong site **	
 Brain Damage			procedure performed **	
Spinal Damage			of injuries or damage from a planned	
Surgical procedure performed on th	he wrong nationt	surgical procedu		
A procedure to remove unplanned	- ·	** if it resulted in □ Death		
remaining from surgical procedure.		Brain Dama		
Any condition that required the trar patient to a hospital.	nsfer of the	Permanent incision sca	ent disfigurement not to include the	
Outcome of transfer - e.g., death, brain observation only Advicted cu	n damage,	Limitation of neurological, physical, or sensory		
Name of facility to which patient was West-Side Regiral Medu	transferred:		on that required the transfer of the	
Patient Stable in Hospi		\$D		
they were involved in this incident care providers. <u>Viewnan</u> , <u>Sliza</u> <u>Scindare</u> <u>Scib</u> <u>Felu</u> , <u>Leyta</u> <u>Browner</u> , <u>Sher</u>	t, this would incl beth Rn Dine R RN	ude anesthesiologis	ormation and the capacity in which st, support staff and other health 472 77754 1242012 507712	
	se numbers if lic $P - LP$	ensed, and locating ・いらの5-+6	information if not listed above	
F) List witnesses, including licens DR_T_Schwertz			· · · · · · · · · · · · · · · · · · ·	
DR T- Schwertz IV. ANALYSIS AND CORR A) Analysis (apparent cause) of this Patrent was not Specifically bender	ECTIVE ACTIC s incident (Use add <u>Complien</u> of his r	DN itional sheets as necessary 14 with m 2 cglut leg s	for complete response) ouncy his Right leg. W [P. Artwal. Sticke]	
IV. ANALYSIS AND CORR A) Analysis (apparent cause) of this Patrent was not Specifically bender B) Describe corrective or proactive <u>Continue to Ensure</u> Stuff to monitor pa	ECTIVE ACTIC s incident (Use add <u>Complien</u> ey his r e action(s) taken (<u>Protocol</u> hents ar	DN itional sheets as necessary 1 with m 2 GUT leg S (Use additional sheets as ne S Followed w nd Follow RI	for complete response) <u>ouner his Right Leer</u> M <u>[P. Anturul. Sticke]</u> cessary for complete response) <u>with veggerds to ACLS</u> tree <u>orders for Frequency of</u>	
DR T- Schwertz IV. ANALYSIS AND CORR A) Analysis (apparent cause) of this Patrent was not Specifically benden B) Describe corrective or proactive <u>Continue</u> to Ensure	ECTIVE ACTIC s incident (Use add <u>Complien</u> of his f action(s) taken (<u>Protocol (</u> <u>hents ar</u> <u>hents ar</u> <u>hents ar</u> <u>hents ar</u> <u>hents ar</u>	DN itional sheets as necessary <u>Light legs</u> (Use additional sheets as ne <u>S</u> Followed und <u>rd</u> follow Ry <u>Light</u> S. te, Thick	for complete response) <u>ounce</u> his <u>Right leer</u> M <u>p. Antwrwl</u> . <u>Sticke</u> <u>cessary for complete response</u>) <u>with vegeerds to ACLS tree</u> <u>orders for Frequency of the</u> <u>ensoring Action is talken in a</u> <u>655762</u> <u>DRT LICENSE NUMBER</u>	

XUIN AV100 DOH Consumer Services



STATE OF FLORIDA **Rick Scott, Governor** ÖCT 0 6 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

Street Address

Telephone

1151 NW 64 Terrace

ME 88697

License Number & office registration number, if applicable

352-375-1212

OSR#805

I. OFFICE INFORMATION						
The Cardract Vascular Institute						
Name of office	5 <u>·</u>	- 1				
Name of office Gainesuille 3242 City	FL	326 Alachua				
		County				
Matheen Khuddus M.D . Name of Physician or Licensee Reporting						
Name of Physician or License	ee Reporting	•				

Same Patient's address for Physician or Licensee Reporting

TIENT INCODMATION

II. FATIENT INFORMATION	
Patient Name	Age 9/22/15 Gender Medicaid Medicare
Patient's Address 184217	Date of Office Visit Scheduled Right + lef cardiac cath
Patient Identification Number Aortie Valle Disorder and Diagnosis Abnormal cardiovascular study	Purpose of Office Visit 997.79
Type II Drabetes; III. INCIDENT INFORMATION	Level of Surgery (II) or (III)
$\frac{111}{9 22 15} \bigoplus \frac{500}{2}$	Location of Incident:
Incident Date and Time	© Operating Room

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)

dragnostic right and left heart catheterization. She did well Pt. underwent SUCCESS with adequate hemostasis, but then she began to have recurrent initially post proceeding deeding from the puncture site which required monual compression to D(c) st experienced significant pain and a Uponambu prior for evaluation and . EMSwas called and was sent to NFRMC lse aneurism by vascular surgeon. repair of (R fernoral Post op course was uneventful and stwas DIC to home on 9/23/15

DH-MQA1030-12/06 Page 1 of 3

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B)	B) ICD-9-CM Codes						
4	4.01 and 424.1 997.	79			997.79		
Surgical, diagnostic, or treatment Accident, eve		hat ca	, circumstances, or nat caused the injury		Resulting injury (ICD-9 Codes 800-999.9)		
	C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)						
h	ermo Dilution Swan; JLA; ARMOD; Aptai	[_]	allc	atheteusu	sed in procedure		
D)	Outcome of Incident (Please check)						
	Death		Sur	gical procedu	re performed on the wrong site **		
	Brain Damage		Wro	ong surgical p	procedure performed **		
	Spinal Damage			gical repair of gical procedu	f injuries or damage from a planned re.		
D	Surgical procedure performed on the wrong patient.			it resulted in:			
	A procedure to remove unplanned foreign objects remaining from surgical procedure.	d foreign objects 🛛 🗅 Death			ge		
T	Any condition that required the transfer of the patient to a hospital.			Permanent of incision scar	Jisfigurement not to include the		
obs Na	tcome of transfer – e.g., death, brain damage, servation only me of facility to which patient was transferred: on florica Regional Medical Center			Limitation of function.	neurological, physical, or sensory n that required the transfer of the		
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E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.

Maiheen Khuddus, MD: ME 88697- Dev Forming pardiologist
Carlee Welch, RCIS; # 79231-monitor
Jamey Spencer, CVT: scrub /
Amber Stevens, RN; sedation; 9345032 / Marianne Thompson, RCIS;#13817; holding
F) List witnesses, including license numbers if licensed, and locating information if not listed above Alex MacKashi, PA 9106892 Sallie Arnold, RCS/RV5
hynne Mercadante, RN. 0980402
IV. ANALYSIS AND CORRECTIVE ACTION
A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) Bleeding from after of the due to inability to achieve homes fas 13, secondary to anomalous
varilature.
B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) (on filer use of ultra sound guidance to identify anomalous vascular structure.
DH-MQA1030-12/06
Page 2 of 3

09/2	25/201	.5	12:28		9547729680
	1 *1	•	-	•	

ALL WOMENS CLINIC

PAGE 01/03

CORRECTED REPORT SENT BY September 26, 2015 AX TO 18504880796 AND BY CERTIFIED MAIL Department of Professional Regulation Department of Health Consumer Services Unit 4052 Bald Cypress Ways Bin #C75 DOH Consumer Services Tallahassee, Florida 32399-3275 Re: Physician Office Adverse Report , SEP 2 8 2015 To Whom It May Concern: The undersigned, Theodor Lehrer, M.D., medical license ME 19365, is hereby reporting an adverse incident that took place at the All Women's Clinic, a licensed abortion clinic located at 2100 East Commercial Boulevard, Eort Lauderdale, Florida 33308. All Women's Clinic license number is 865. came to the All Women's Clinic for the first time on September 16, Patieņt 2015 and requested a termination of pregnancy. Patient was provided detailed information and individual counseling by a trained counselor. In addition, Doctor Lehrer personally obtained Informed Consent to Abortion, in accordance to Florida Statute 390.0111 (2012); and performed an ultrasound exam, that dated her pregnancy at 12 weeks LMP. Noted that patient had two prior normal vaginal deliveries, no prior cesarean sections, and one prior first trimester abortion. The doctor and clinic staff verified that the patient's decision to obtain the abortion was voluntary and fully informed. a a reason of a characteristic straight t On September 16, 2015 at 15:05PM, Doctor Lehrer administered intravenous Fentanyl 100 mcg and intravenour Versed 2 mg; performed a paracervical anesthesia with 1% lidocaine, dilated the cervix with Pratt dilators to a size 31 and proceeded to aspirate the products of conception using a size 10 curved suction cannula: Procedure was immediately discontinued after no products of conception could be aspirated. Immediate admission to hospital by ambulance was indicated. Rectal misoprostol 800mcg and IM Rocephin 1gm given. Gross examination of the specimen showed placenta but no fetus, Patient was transported by ambulance to Broward General Medical Center where Doctor Lehrer has admitting privileges. Doctor Lehrer personally took care of the patient at the hospital until patient was uneventfully discharged on 09/25/15. At surgery, Doctor Leffre assisted by Doctor Cuelo, the hospital on-call gynecologist. There was no hemoperitoneum but a distorted right fallopian tube due to a 12 cm sized hematoma of the right broad ligament and right mesosalpinx. A right salpingectomy was performed, the hematoma of the broad ligament was evacuated, and repair was done of a one-centimeter perforation that was located at the right lateral aspect of the lower uterine segment. Double ligature of the right uterine artery with good

hemostasis obtained. Uterine repair was satisfactorily performed using absorbable 0 chromic suture material. There were no surgical complications, Two units of whole blood were administered during jurgery.

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Persistent bleeding was question due to a declining H/H and the hematoma of the right broad ligament. Two units of whole blood and hypogastric artery embolization was uneventfully performed by Interventional Radiology:

Post-operatory Contrast CT scans demonstrated no damage to the ureters for any other abdominalorgans.

future fertility was preserved. Patient will have no permanent loss of function.

Was discharged on 09/25/2015 in good condition.

I will mail copy of the clinic records as soon as completed.

Sincerely yours, word Theodor Lehrer, M.D.

1. OFFICE INFORMATION

Address: 2100 East Commercial Boulevard Name of office: All Women's Clinic Telephone: 9547720933 Fort Lauderdale, Florida, Broward County License Number ME19365 Name of Physician: Theodor Lehrer, M.D. Patient's address for Physician Reporting: please see below

. . . ; . .

II. PATIENT INFORMATION

Medicaid: No. Medicare: No Patient Name: Patient Address

Patient Identification Number: Driver License Djagnosis: 12 weeks pregnancy

Date of Office Visits: 09/16/2015

Purpose of Office Visit: Abortion

III, INCIDENT INFORMATION

Incident Date and Time: 09-16-2015 Location of Incident: Abortion Clinic

A) Describe circumstances of the incident: please see above narrative

::-B) ICD-9-CM Codes

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

D) Outcome of Incident: Perforation of Uterus that required patient transfer to Broward General Hospital for exploratory laparotomy, repair of a uterine perforation, right salpingectomy and

evacuations of an hematoma of right broad ligament

E) The following persons were involved in this incident:

Julie Villarreal, phlebotomist license #07025907

Blanca Tolari, RMA #273809

F) List witnesses: NA

IV. ANALYSIS AND CORRECTIVE ACTION: uterine perforation is a know complication of the procedure uterine perforation is a know complication of the procedure uterine perforation is a know complication of the procedure uterine performance of the performance of the procedure uterine performance of the procedure uterine performance of the performance of the performance of the procedure uterine performance of the p

V. SIGNED BY

Unicense NUMBER: ME 19365

Theodor Lehrer, M.D.

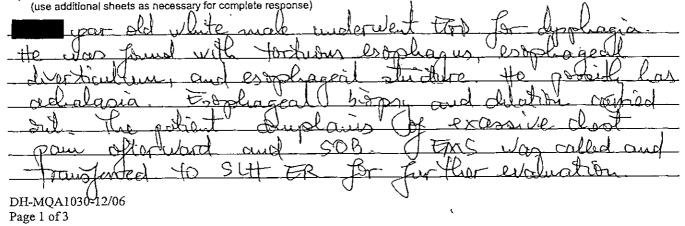
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DATE REPORT COMPLETED: 09-26-2015 FORMAT USED: FORM DH-MQA1030-12/05

20528248 1 STATE OF FLORIDA **Rick Scott, Governor** PHYSICIAN OFFICE ADVERSE INCIDENT REPORT OCT 2,8 2015 SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275 OFFICE INFORMATION ADVANCED GASTRO CITRUSTOWER BLVD Name of office SUITEZORA, CLERM UERMON 34+1 City de. Telephoné Zip Code County 059920 59 - 3210246 License Number & office registration number, if applicable #U71# TRI Name of Physician or Licensee Reporting Patient's address for Physician or Licensee Reporting PATIENT INFORMATION MALE М Patient Name Gender Medicaid Medicare Age 10/15 2012 Date of Office Visit DYSPH-AG-IA Purpose of Office Visit <u>786570</u> ICD-9 Code for description of incident Patient's Address Patient Identification Number (HEST PAIN Diagnosis Level of Surgery (II) or (III) INCIDENT INFORMATION 111. A15 10157 Location of Incident: Incident Date and Time Operating Room Recovery Room Other Note: If the incident involved a death, was the medical examiner notified?
Yes WNo Was an autopsy performed?
Ves Va No A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)

Ι.

H.



B) ICD-9-CM Codes						
	24-8 <u>530-4</u> circumstances, or Resulting injury at caused the injury (ICD-9 Codes 800-999.9) E-Codes)					
C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)						
SAVORY DILATION.						
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 					
Any condition that required the transfer of the patient to a hospital.	 Permanent disfigurement not to include the incision scar Fracture or dislocation of bones or joints 					
Outcome of transfer e.g., death, brain damage, observation only Name of facility to which patient was transferred:	 Limitation of neurological, physical, or sensory function. Any condition that required the transfer of the 					
<u>, utt</u>	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.

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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) NO A20 001 رەم

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

STATE OF FLORIDA PLORIDA DEPARTMENT OF PHYSICIAN OFFICE ADVERSE INCIDENT REPORT SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275 Wills BIVD suity Blvd. ViP Name of office ſ'n ЧD 7-8346 Telephone Zip:Code City County ME 112 6350 suis e0 License Number & office registration number, if applicable icensee Reporting Name o Ð horn Patient's address for Physician or Licensee Reporting PATIENT INFORMATION 11. W Medicare \square Medicaid Age la Date procedure 15044 Patient Identification Number of Office Purpose 458.9 Code for description of incident Diagnosis 223 of Surgery (II) or (III) Level INCIDENT INFORMATION Ш. Am Location of Incident: Coperating Room C Recovery Room Incident Date and Time Note: If the incident involved a death, was the nedical examiner notified? D Yes & No A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) ral ar. tent WT. u ñve 05 Ć ~vld. into na Na Discha Nd Ô W 7d ۵

DH-MQA1030-12/06 Page 1 of 2

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B) ICD-9-CM Crodes 37221

6879.9

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 800-999.3)

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

D) Outcome of Incident (Please check)

۵	Death		Sur	gical procedure performed on the wrong site **
۵	Brain Damage	 0	Wro	ong surgical procedure performed **
Ċ.	Spinal Damage	٥		gical repair of injuries or damage from a planned gical procedure.
۵	Surgical procedure performed on the wrong patient.			it resulted in:
ם	A procedure to remove unplanned foreign objects remaining from surgical procedure.			Death Brain Damage
	Any condition that required the transfer of the			Spinal Damage Permanent disfigurement not to include the
	patient to a hospital.		۵	incision scar Fracture or dislocation of bones or joints
Ou obs	tcome of transfer – e.g., death, brain damage, servation onlyMSMM		Ċ	Limitation of neurological, physical, or sensory function.
Na	me of facility to which patient was transferred:		D	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.

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

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IV.	ANALYSIS AND CORRECTIVE ACTION
A) Ar	alveic (apparant cauca) of this incident (leandditional shoet

WI OMA mat h1 B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) MEASKITS NIN has hem NESZIA in ther astes ail [V. SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER 12 18 1: Sonm 1) DATE REPORT COMPLETED TIME REPORT COMPLETED DH-MQA1030-12/06

as necessary for complete response)

201531714 Ile DOH Consumer Servic STATE OF FLORIDA **Rick Scott, Governor** DEC 2 9 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 OFFICE INFORMATION I. BIN tteridae enner Name of office City cunty Telephone 107114 License Number & office registration number, if applicable Name of Physician or Licensee Reporting 3208 Indra Rd, Venice 4213 Patient's address for Physician or Licensee Reporting Ħ, PATIENTINFORMATION Patient Name Gender Age Medicaid Medicare Patient's Address Date of Office # 8653 30005 Cervital Patient Identification Number Purpose of Office Visit ICD-9 Code for description of incident Diagnosis Level of Surgery (II) or (III) III, INCIDENT INFORMATION 1421Z 912 61S Location of incident: Incident Date and Time CI Operating Room C Recovery Room Bother procedure room Note: If the incident involved a death, was the medical examiner notified?
Yes No Was an autopsy performed?
Ves
No A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response) no Ø In lan DH-MQA1030-12/06 Page 1 of 3

B) ICD-9-CM Codes 721.0 NM	R	
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) Accident, event, specific agent th or event. (ICD-9 C) List any equipment used if directly involve	circumstan at caused ti E-Codes)	he injury (ICD-9 Codes 800-999.9)
(Use additional sheets as necessar) for complete response)	u ni die n	
D) Outcome of Incident (Please check)		
Death	D Surgi	cal procedure performed on the wrong site
Brain Damage		g surgical procedure performed **
Spinal Damage	🗆 Surgi	cal repair of injuries or damage from a plar
Surgical procedure performed on the wrong patient.		cal procedure.
A procedure to remove unplanned foreign objects remaining from surgical procedure.		resulted in: Death Brain Damage
Any condition that required the transfer of the patient to a hospital.		Spinal Damage Permanent disfigurement not to include the noision scar
Dutcome of transfer—e.g., death, brain damage, observation only <u>for McMUMC</u>) o L	racture or dislocation of bones or joints .imitation of neurological, physical, or sens unction.
lame of facility to which patient was transferred:		any condition that required the transfer of the

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.

CNT 70305 Grinkie om Sterre FINGTEN . F) List witnesses, including license numbers if licensed, and locating information if not listed above ANALYSIS AND CORRECTIVE ACTION IV. A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) media developer bernarhe at W CPARING MGGO 121)C ho. <u> 9 NU</u> B) Describe corrective or proactive action(s) taken (use additional speets as necessary for complete response) Sedutul Ser This Cliffe Wan

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Doctor's Wagpill - Savasota

Page 2 of 3

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114 ENSEE SUBMITTING REPORT LICENSE NUMBER ٧. SIGNATURE OF PHYSICIAN/LIC 12/19/2015 DATE REPORT COMPLETED) DH-MQA1030-12/06 Page 3 of 3

Kennedy-White Orthopaedic Center 6050 Cattleridge Blvd, Suite 301 Sarasota, Florida 34232 Phone: (941) 365-0655 + Fax: (941) 366-8043

December 9, 2015 #178653



Page 1

had the bilateral cervical medial branch nerve blocks performed today. Please see separate note for description of those cervical medial branch nerve blocks.

The patient had done well throughout the entire procedure. When we stood the patient up from being in the prone position, felt a little dizzy and lightheaded, which is not unusual for being in that prone position for such a long period of time. However, then developed the onset of a severe bifrontal and bitemporal headache. This is not normally seen after this type of procedure and was something completely new. The patient also reported that the usually does not get headaches and this is probably one of the "worst headaches of the life". The patient was then placed in the supine position. The monitors were reapplied and the blood pressure was noted to be 214/92 and the preop blood pressure was 147/84. The patient's heart rate was 88 beats per minute in normal sinus rhythm. Oxygen saturation was 99 and remained in the high 90s, and the new onset of the headache. The vital signs remained stable throughout the post procedure period.

The patient continued to complain of the severe bifrontal headache. It was determined at that point that needed to have a scan of head due to the onset of the worst headache of life. This could have represented underlying aneurysm or other bleed. It was not felt that this headache was due to the procedure as again, the procedure was performed posteriorly and outside of the spinal column. The Emergency Medical System was activated by calling 911.

The emergency medical team did respond after about 15 minutes. They placed the patient on their monitors and the patient was still in normal sinus rhythm with a pulse rate in the 80s, respiratory rate in the teens, pulse oximetry in the high 90s. The blood pressure had returned down to the 160/85 range. The patient was starting to note that the headache was improved. We did stand the patient to get onto the gurney for Emergency Medical System and the medicate did return. We was secured by the Emergency Medical System and was then transferred to Doctors Hospital.

The patient did have an IV placed in the left antecubital fossa and the was given about 100 cc of normal saline. We was awake and alert the entire time. We had no weakness in the upper extremities or hands. We had no paralysis. There was no sensory deficits other than numbness in the back of the head from the injection. The patient was taken to Doctors Hospital for further evaluation.

ADDENDUM: I did call the hospital and gave them a report and spoke with the emergency room physician. The patient did have a CT scan of the head, which was completely normal and did not show any bleeding. The patient was given Dilaudid in the emergency room. If headache then subsided and the was able to be discharged home. I called the patient at home that night at about 9:30 p.m. and the stated that is was doing well. If headache has completely resolved. If had no neurological deficits, but if did have some soreness in the back of the head from the injections.

Kennedy-White Orthopaedic Center

6050 Cattleridge Blvd, Suite 301 Sarasota, Florida 34232 Phone: (941) 365-0655 * Fax: (941) 366-8043

December 9, 2015 #178653

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DOB:

AGE:

Page 2

The patient will follow up with me at the next visit.

DONALD L. EKB, D.O. DLE/mp

Kennedy-White Orthopaedic Center 6050 Cattleridge Blvd, Suite 301 Sarasota, Florida 34232 Phone: (941) 365-0655 • Fax: (941) 366-8043				
December 09, 2015 #178653	DOB:	AGE: years	Page 1	
	Cervical Spine Med	ial Branch Block		
Diagnostic Impressio	on: Cervical Spondylosis		:	
2. Fluoroscopic guidar	ial Branch Block Bilateral C3 nce and localization of needlo with 0 mg of midazolam uno	e		
The patient's physical conservative measure modification. The inject	he patient has cervical neck exam is consistent with face s such as elapsed time, physi tions are to help diagnose the then be a candidate for radio	t joint pain. The pain was n sical therapy, medications, a ne medical branch nerves a	ot improved with and activity	
NEEDLE PLACEMEN hematoma, epidural al LOCAL ANESTHETIC hypotension, cardiac a allergic reaction). STEROID EFFECT: (I suppression of body's	vere discussed with the patie T: (Pain at the injection site, bscess, meningitis, osteomy EFFECT and CONSCIOUS arrhythmia, death, respiratory Fluid retention, elevated bloc own steroid production, ster g, allergic reaction, and leg c	nerve root injury, spinal cor elitis, and postdural punctur SEDATION: (Weakness fr y arrest, sedation, sleepines od pressure, elevated blood roid muscle weakness, gene	re headache). om motor block, ss, seizure, and glucose,	
I participated in the "tin	me out" prior to the start of th	ne procedure.		
informed consent, the position. The procedu accuracy of needle pla decrease significant a	After discussing risks, benef patient was taken to the pro re was performed under fluo acement. When conscious so nxieties, fear, pain, and to he my direct supervision.	cedure room and placed int roscopic guidance in order edation is administered it is	to the prone to increase the given to help	
The skin was cleansed was observed during t	d with povidone-iodine 3 time the entire procedure to help	es and sterilely draped. Stri reduce the risk of infection.	ct sterile technique	
27-gauge, 1.25 inch n the articular processes contrast was instilled t vascular uptake or spi	neous tissues were anesthet eedle. Next, 8, 27-gauge 3.5 s to block the medial branch to reveal adequate placement read into the subarachnoid so prednisolone was prepared a	5-inch spinal needles were p nerves. Approximately, 0.2 nt and spread of contrast ma pace. A mixture of 8 cc of E	placed adjacent to 5 mL of nonionic aterial without Bupivicaine 0.5%	

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Kennedy-White Orthopaedic Center 6050 Cattleridge Blvd, Suite 301 Sarasota, Florida 34232 Phone: (941) 365-0655 • Fax: (941) 366-8043

December 09, 2015 #178653

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DOB:

AGE: years

Page 2

was instilled through each of the above needles. The needles were removed. No complications were observed during the procedure. Immediately upon standing the patient the onset of the "worst headache of time". See the dictated note for today.

IMPRESSION: Cervical Spondylosis

PLAN: The patient had the injection performed today. Follow up will be in several weeks! Pt was sent to the emergency room for onset of severe headache - Please see dictated not.

1 40mg vial methylprednisolone and 50cc OMnipaque 240

Donald L. Erb, D.O. KWOC Pain Care Center

Name: Chart: Date:	178653 12/9/2015		* 1 7 8 6 5 3 - 1 0 *
	KEN	INEDY-WHITE ORTHOPAEDIC CEN	ITER
	CC	ONSENT FOR INVASIVE PROCEDU	RE
	DIAGNOSTIC	/ THERAPEUTIC NERVE BLOCK I	NJECTION(S)
Patient Nam		Patient #: 178653 DOB	Date: 12/9/2015
ME Orthor Unfore additio	Paul Satia and whomever he baedic Center's employees a seen condition arises in the o	t's legal representative, consent and may designate as his assistants, inc nd its agents to perform the procedur course of the procedure calling in his ontemplated, I further request and au	authorize D. Donald Erb luding Kennedy-White e described below. If any judgment for procedures in
Thora Lum Lum Cauce Cauce Cocci Trigg Grea Boto	ical Epidural Steroid Injection acic Epidural Steroid Injection bar Epidural Steroid Injection dal Epidural Steroid Injection pital Nerve Block per Point injection ter Trochanteric Bursa Inject ter Trochanteric Bursa Inject x for Cervical Dystonia x for Non Aura Migraines x for Limb Spasticity	ight Left Level	njection Cervica ($Bilctere($ $C3-C7$ Ablation I tion I thra-articular) I rve Block I mulator Trial I Patch I
2. My phy	vsician has explained the risk	s benefits, alternatives and technica	aspects of the procedure.
3. I furthe	er consent to the administrati	on of local anesthesia to be administe	ered by the physician.
4. I under but are Abdom Allergic Angina Arachn Arterial Arterial Aspirat Bleedin Blood v Bowel / Brain d Cardiac Cerebr Contras Convul Death Difficul	rstand that there are risks inv e not limited to: inal cramping reaction oiditis / vascular injury / vascular thrombosis / injury ion pneumonitis ig ressel injury / bladder dysfunction	volved in any nerve block/anesthesia Drug reaction Fever Granuloma formation Headaches Hematoma Hot flashes Hypertension Inadvertent dural puncture with subsequent headaches Inadvertent vascular injection	procedures that may include Low blood pressure Meningitis Muscle spasms Nausea / vomiting Nerve injury Paralysis Perforation Pneumothorax Sensory disturbances Sore neck / back Spinal cord injury

Possible steroid effects include water retention, weight gain, flushing, GI irritation, elevated blood sugar, impaired immune system, avascular necrosis, skin pigment changes, and post-steroid psychosis. I understand that the physician will do anything possible to prevent these complications but that no guarantee can be made.

Name Chart Date:		,	:]	: * 1 7 8 6 5 3 - 1 0 *
Patient N	ame:	Patient #: _178653	DOB:	Date: 12/9/2015
		e that the physician has fully expon, surgery, TENS, or to do not		e of the alternatives to this
		e that the physician has fully exp atment, the probable risks invol		

- In the event of blood-borne pathogen exposure, I hereby consent to voluntary testing for Human Immunodeficiency Virus (AIDS Virus) and Hepatitis B+/or C. This consent authorizes the drawing of blood or oral swab for HIV and Hepatitis B+/or C testing.
- 8. I authorize the facility's physicians to determine when the presence of an observer is necessary for the purpose of rendering technical advisory assistance to the physician, educational purposes, and/or to support;the patient.
- I authorize the physicians to determine when the transfer or admission to another facility is medically necessary.
- 10. I CERTIFY that I have read and fully understand the above consent for treatment, that the explanations therein referred to were made, and that all blanks for statements requiring insertions of completion were filled in and that any inapplicable paragraphs or statements, if any, were stricken before I signed this consent. I acknowledge that the physician or the facility has not made any guarantee or assurance as to the results that may be obtained. I have had the opportunity to discuss the procedure with the physician concerned and I have received answers to all questions I asked.
- 11. I CERTIFY that I have discontinued my prescribed anti-coagulation medication for a period of _____ days prior to my injection.
- 12. This facility is regulated pursuant to the rules of the Board of Medicine of the State of Florida as set forth in Rule Chapters 64B15, F.A.C. and 64B8, F.A.C.

12-9-15 Date/Time Signed

Deborah K Lane Patient's Printed Name

Patient Signature

Physician Signature

Date/Time Signed

Form Date 9/17/15

NONE

PATIENT: UNIT #: D000459775 ACCOUNT#: D16113292 AGE: SEX: F SERVICE DT: 12/09/15 MD REP SRV DT: 12/09/15 * ALL edits or amendments must be made on the electronic/computer document *

HPI-Headache

HPL

Date/Time Seen by Provider 12/09/15 1526 Complaint: headache Timing - onset: sudden Associated Symptoms: Denies nausea Context - history: pt had just had b/l cervical facet block of c3-c6 with bupivicaine and solumedrol . no iv meds. after procedure when stood up is had a severe stabbing headache across is forehead with dizziness. headache worsens with turning head to right

<u>Risk Strat-Headache</u>

IC Mass Lesion Risk: none SAH risk: risk factors reviewed

Review of Systems

All systems reviewed & negative except as marked.

<u>History-Medical/Family/Social</u>

)(Reviewed nursing notes: Yes Additional Medical History: neck pain Home medications: Reported Medications GABAPENTIN (NEURONTIN) 600 MG PO DAILY METAXALONE (SKELAXIN) 400 MG PO TID PRN PRN PAIN

Allergies: Coded Allergies: No Known Allergies (12/09/15)

Past Family History:

PRINTEPageYi dpq7879 DATE 12/21/2015 Patient:

D16113292

Doctors Hospital

08:52:54 a.m. 12-21-2015

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151 151 151

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Acct#:

MOTHER, Deceased. Family history: Cancer

Unit#:D000459775 Date:12/09/15

FATHER Family history: Diabetes

Smoking status 13 years/older: Never Smoker

Phys Exam-Headache

Vital Signs First Documented:

	Result	Date Time
Pulse Ox	100	12/09 1523
B/P		12/09 1523
Temp	98.6	12/09 1523
Pulse	64	12/09 1523
Resp	16	12/09 1523

Last Documented:

	Result	Date Time
Pulse Ox	100	12/09 1607
B/P		12/09 1607
Pulse		12/09 1607
Resp	16	12/09 1607
Temp	98.6	12/09 1523

Initial VS reviewed: yes

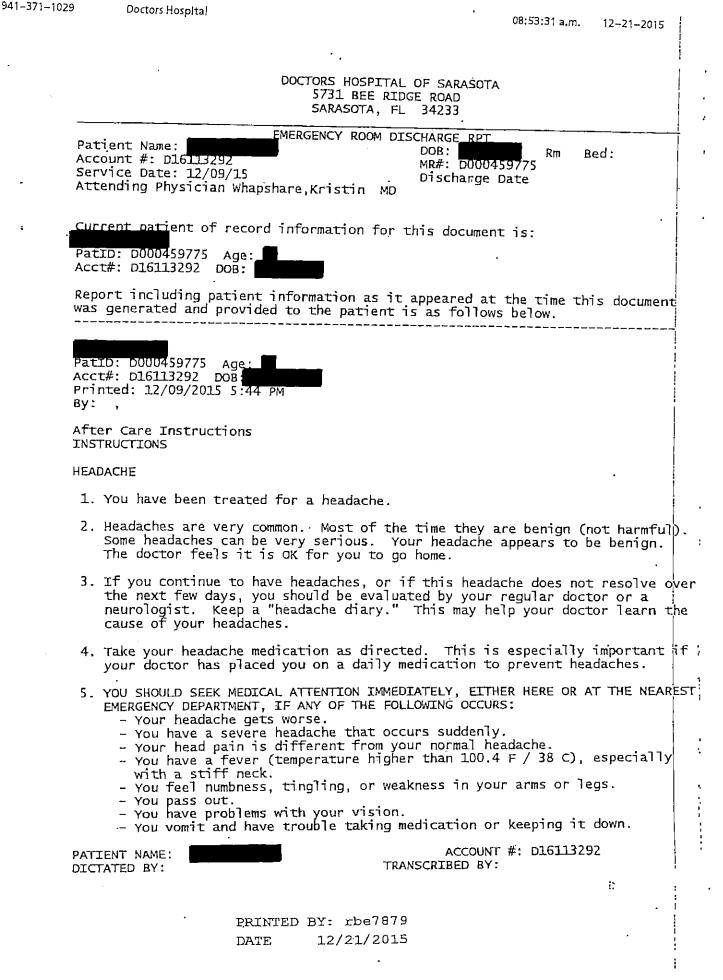
General: alert, distress (moderate) Head/Eyes: normocephalic, EOMI ENT: atraumatic, moist mucous membranes, normal pharynx Neck: supple/no meningismus, non-tender, full range of motion Respiratory/Chest: atraumatic, no distress, no tenderness, normal breath sounds Cardiovascular: regular rate and rhythm, normal heart sounds Abdomen: atraumatic, soft, non-tender Extremities:

Assessment: normal inspection, non-tender, no swelling Skin: normal color, no rash, warm Neurologic: alert, oriented X 3, CN II-XII intact, normal speech, no motor deficits, no sensory deficits, NL cerebellar function Psychiatric: normal mood

Page 2 of 4

PRINTED BY: rbe7879 DATE 12/21/2015

PRINTED BY: rbe7879 DATE 12/21/2015



D000459775

D16113292

:

FOLLOW UP

Follow up with Donald Erb, , at 5880 Rand Blvd #215, SARASOTA, Phone: 941-917-6610 In 1-2 days. Call as soon as possible to arrange.

STATEMENT

I certify that I have received a copy of the above after-care instructions; that these instructions have been explained to me; and that all of my questions pertaining to these instructions have been answered in a satisfactory manner.

Patient/Representative Signature: ______ Staff Signature: ______ Date: 12/09/2015

DCI: 15120917321289

PATIENT NAME: DICTATED BY:

ACCOUNT #: D16113292 TRANSCRIBED BY:

PRINTED BY: rbe7879 DATE 12/21/2015

D000459775

D16113292

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

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 **
D 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 patien 	
A procedure to remove unplanned foreign objects remaining from surgical procedure.	□ Death □ Brain Damage □ Spinal Damage
Any condition that required the transfer of the patient to a hospital.	 Permanent disfigurement not to include the incision scar Fracture or dislocation of bones or joints
Outcome of transfer – e.g., death, brain damage, observation only Name of facility to which patient was transferred:	 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. MED nain M ĩ۸ diraud M ngan MI) ams 2 cin 79 7) JIN KN SUNCHER K_îv COU V nume 17 nice a F) List witnesses, including license numbers if licensed, and locating information if not listed above ANALYSIS AND CORRECTIVE ACTION IV. nalisis (apparent cause) of this incident (Use additional sheets as necessary for complete response) A) Convar Matural. īЛ Э ly 10 n a (ſ B) Describe corrective or proactive action(s) taken use additional speets as i HCTCIN ICMC NGILEME AV an allyic necessary for complete ac-schilded HETCH KENCL 8 f LEVICU δ na hents dicaplin Stalt E68392 М V; HYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER SIGNATURE ĥ QF? TIME REPORT COMPLETED DATE REPORT COMPLETED DH-MQA1030-12/06 Page 2 of 2

	STATE OF FLORIDA F Rick Scott, Governor
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	PHYSICIAN OFFICE
	RSE INCIDÈNT REPORT
	SUBMIT FORM TO:
Department	of Health, Consumer Services Unit
4052	Bald Cypress Way, Bin C75
	hassee, Florida 32399-3275
1. OFFICE INFORMATION Headache and Pain Management Center of S.W. Florida	6150 Diamond Contre Ct., Fort Myers, FL Street Address
Name of office	
Fort Myers 33912 Lee City Zip Code County	239-278-1000
	Telephone!
Red A: Liebowitz, M.D.	ME 60344; PC 291 License Number & office registration number, if applicable
Name of Finyalcian of Lections (reporting	
Patient's address for Physician or Licensee Reporting	·
	, ,
II. PATIENT INFORMATION	<u> </u>
والمحمد والأربي والمحمد والمحمد	Age Gender Medicaid Medicare
Patient's Address	Date of Office Visit 2-16-15
Patient Identification Number, Cervical Post-Laminectomy Syndrome	Purpose of Office Visit Cervical Epideral Steroid Injection under fluoroscopy
Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
_	
2-16-15; approx. 1845 Incident Date and Time	Location of Incident:
	A Other procedure room
Note: If the incident involved a death, was the medical examin Was an autopsy performed? □ Yes □ No 1	ernotified? I Yes I No? Patient was in ICU at hospital
Was all autopsy penolined? Ulles Lino	for three days before
 A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response) 	
Patient underwent performance of a cervical epidu	ral steroid, injection that seemed uneventful
until approx. 5 minutes following the injection,	when the patient became unresponsive
Patient was turned from the prone position to the s	
readings dropped below 90%. Oxygen was administer	red via face mask (amba-baa), but it was
difficult to ventilate the lungs: Prior to arriva	I of EMS personnel, I tried to intubate
the distriction of the Manistroph blade and a #15	and enditoring tube Attend at intubation was
the patient using a # 3 Macintosh blade and a #6.5	do and the account of your this in the vallegela
unsuccessful due to inability to visualize the vocal con	is why the premie of vullings in the unreaders
EMS personnel arrived shortly thereafter and	Instituted ACLS protocol. Ut hote, The ENS
<u>initial attempt at intubation was also unsuccessful</u> , <u>DH-MQA1030-12/06</u> Potient was stabilized and transport Page 1 of 2 (of note, EMS staff arrived appro;	So poticiat was ventilated using a laryngal airway,
DH-MQA1030-12/06 rate EMS staff evrived	14 TO THE EN OF QUIT CAST MODIAI CONTER.
Page 1 of 2 (noi-) State with the approx	
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	STATE OF FLORIDA
	Rick Scott, Governor
FLORIDA DEPARTMENT OF	
HEALTH -	PHYSICIAN OFFICE ADVERSE INCIDENT REPORT
	ADVERSE INCIDENT REPORT
	SUBMIT FORM TO:
Ĩ	Department of Health, Consumer Services Unit
3	Tallahassee, Florida 32399-3275
1. OFFICE INFORMATION Datas VASCOLOR Dress Con	40 M
Name of office	Street Address
usburg 34748 Lake	352 435-4577
City Zip Code County	DSR 723
Name of Physician or Licensee Reporting	License Number & office registration number, if applicat
1330 (itizens Blvd. Suited	901
Patient's address for Physician or Licensee Reporting	
	Facala
Patient Name	Age a Loo Lo Gender Medicald Med
Patient's Address	Date of Office Visit
Patient Identification Number	AVF (LUP) Incombectomu Purpose of Office Visit
Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (IR of (HD))
III. INCIDENT INFORMATION	
	·
+ 04 12010 / 1011 Incident Date and Time	Location of Incident:
	D Other
Note: If the incident involved a death, was the me Was an autopsy performed? ☐ Yes ☐ No	dical examiner notified? Yes No
A) Describe circumstances of the incident (use additional sheets as necessary for complete response	t (narrative)
- S. additional sites as increasing for wingers repaired	nestation
	an da ang na shing ng na sang ng n
· · · · · · · · · · · · · · · · · · ·	

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B) ICD-9-CM Codes

36810

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

786.05 786.09

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

99.2

Resulting injury (ICD-9 Codes 800-999.9)

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

100% Non-Rebredther	c. Ambu Baa	JARUNONSCOOP	Ontank.	uankar	Suction set
100% Non-rebredther up, Hemodynamic M	ionitacing -	,		י נ	

D)	Outcome	óf	Incid	lent	(Please	check)
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	Death	a	Surgical procedure performed on the wrong site **
	Brain Damage		Wrong surgical procedure performed **
۵	Spinal Damage	a	Surgical repair of injuries or damage from a planned surgical procedure.
Ē	Surgical procedure performed on the wrong patient.		** if it resulted in:
	A procedure to remove unplanned foreign objects remaining from surgical procedure. Any condition that required the transfer of the patient to a hospital.		 Death Death Brain Damage Spinal Damage Permanent disfigurement not to include the incision scar Fracture or dislocation of bones or joints
Ou	tcome of transfer – e.g., death, brain damage,		 Limitation of neurological; physical, or sensory function.
Name of facility to which patient was transferred: Leestry Runned Medical Center			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. Tim RocersHD	Brandon Hullins (graduate) RT	
Alma Ashucod RN	Kelly Creasen RT	
TIPO Hill BH	JESSIZA Hurphy RT	
modice Dwensky	Shathu Hill St	

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

	High probability at thromboembolic event during
	AV avette throwbestory
B)	Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)
-,	Adjust t-PA + heparin dosing for patrent's failt
	A to be at increased vist
v.	ME 85781
V.	SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
	7/10/15515 PM
	DATE REPORT COMPLETED TIME REPORT COMPLETED
DH	I-MQA1030-12/06
	ge 2 of 2



STATE OF FLORIDA **Rick Scott, Governor**

SEP 0 2 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

OFFICE INFORMATION ۱.

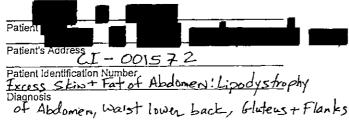
Center Juventus Cosme tic Name of office

Migmi-DADF. Miam City Zip Code County MD 00

Name of Physician or Licensee Reporting

321 NW 14 ST, Suite 303 Migm1, FL 33125 Patient's address for Physician or Licensee Reporting

PATIENT INFORMATION II.



INCIDENT INFORMATION Ш.

8--2015 17 13:060 appr ox Incident Date and Time

920 SW 82 Ave, Miami, #2
Street Address
305-262- 3999
Telephone
ME 59386 OSR 561
License Number & office registration number, if applicable

Medicald Medicare Age Date of Office Visit Surger Purpose of Office Visit ICD-9 Code for description of incident

Level of Surgery (II) or (III)

Location of Incident: C Recovery Room Operating Room Other_

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

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

hysician and Medicia Narrative

DH-MQA1030-12/06 Page 1 of 2

	Codes

incident (ICD-9 Codes 01-99.9)

17999 - 45831, 272.6,15835 Un known! Surgical, diagnostic, or treatment Accident, event, circumstances, or procedure being performed at time of. specific agent that caused the injury

Resulting injury (ICD-9 Codes 800-999.9) Cordio Respiratory Arrest

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

involved in the incident. No equipment US ED

or event. (ICD-9 E-Codes)

D) Outcome of Incident (Please check)

	Death	a	Surgical procedure performed on the wrong site **	i
	Brain Damage	a	Wrong surgical procedure performed **	
D	Spinal Damage	a	Surgical repair of injuries or damage from a planned surgical procedure.	
	Surgical procedure performed on the wrong patient.		** if it resulted in:	
D	A procedure to remove unplanned foreign objects remaining from surgical procedure.	•	□ Death □ Brain Damage □ Spinal Damage	
¥	Any condition that required the transfer of the second patient to a hospital.		 Dermanent disfigurement not to include the incision scar Fracture or dislocation of bones or joints 	
obs	come of transfer e.g., death, brain damage,. proj		Limitation of neurological, physical, or sensory function.	
Nar	ne of facility to which, patient was transferred:		 Any condition that required the transfer of the	

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.

ME 59386; Jorge Melgen ME 87484; Reinaldo Baño Surgical Ratael Reyes cira Assistant

F) List witnesses, including license numbers if licensed, and locating information if not listed above No they witnesses present during incident.

IV. ANALYSIS AND CORRECTIVE ACTION

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) <u>Apparent cause</u> is still an knowny. PENDING- Results from Miami Examinans office.

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

Proboals which lead to the decision of tran Stering. the patient to a higher V. ferelot Car Лa ME 59386. МŇ SIGNATURE OF PHYSICIAN/LICE EE SUBMITTING REPORT LICENSE NUMBER 12:22 pm DATE REPORT COMPLETED TIME REPORT COMPLETED

DH-MQA1030-12/06 Page 2 of 2

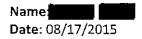
1.7



920 SW 82 AVE Miami, FI, 33144

PH: (305)-262-3999

FAX: (305)-262-3995



Patient's name is **Exercise**. After Abdominoplasty and fat transfer to the gluteus, patient was moved to recovery room in stable condition. After almost 40 to 45 minutes, I was called because patient was having difficulty to breathing. **Was** was re-intubated by Dr. Jorge Melgen the anesthesiologist. Patient was in stable condition once again. We wait a good amount of time and then **Was** extubated and again **Was** loss saturation. **Was** intubated again and 911 were called. Patient was transfer to To Kendall Regional Hospital.

1- an

Rafael Antun, MD

PROGRESS NOTES INC. BONT. RoyanI DATE 8/17-/15 PALIEWI The wattout a 15 . A wiTh NO · SIGNIFICATI PMH Excepti For chamic para AND EMORET warpon word Abpaning hurry with hyposetion HAR GLUTERL FAI TRANSFOL, SURGONY WAS UNEDONTED PATIONT was stable Throwshout procoound Extubrico AND TAMASF. To accis vony poon : A FIM For the months in nocovery polical REMAINOR Lothencic AND STOL. Was. In They rid-bu 925. AT which point perison To pet how ow a now performanthon Drycon mack; Afron Aproximately 45 years the puby poor The sourcello two with shallow poppingelion, Assister youtilion wenowiod The Spor To 100% but Re-inTubation was intercary . The Fartiant was toyl intubator with stables. Vital signs with WH'S HWAKE AND THE ETT WAS ACADVED AT request; We demained it busies it all Times, was should my oniverted with workal communication, AKOUND 11/4 was uncompanyable do PAIN AND ASKON TO be TUNNED TO WIErd ... Hosi Tion, we hed you or her sood became Disputic The UNADADDESIVE. AUD offenost in a foi offerly Requisty was Tourop To survive Position. And AT This Popul ale was" Aputic AND ACININGATION WAS POND IN MODINISTY, No polio was palpable and CPN was started Find Result was cirlled AND ANNIVED 5-7 MINUTER METER, They Took over my continuer CPM Hulseless Electrical Activity KnoTo col was Followers AND PATIONT was Trainsponted To Kenpall Necimal HospiTali. LAST NAME FIRST NAME

UP1 4/5436000

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	STATE OF FLORIDA Rick Scott, Governor
	PHYSICIAN OFFICE ADVERSE INCIDENT REPORT
HEALTH	SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275
I. OFFICE INFORMATION Brian D. Kurland MD., PA Name of office	13782 Plantation Rol # 105 Street Address
<u>Fort MyErs 33912 DEE</u> city JECS Zip Code County Brian D. Kurland MD., PA	239 136 8575 Telephone 1071 MEHJ590 1071 License Number & office registration number, if applicable
Patient's address for Physician or Licensee Réporting	SEP 1 6 2015
	Age claul Gender Medicaid Medicare
Patient's Address UHEKAORD Patient Identification Number 440.23 Ather oscierosis E	Date of Office Visit
Diagnosis UICEIMON.	ICD-9 Code for description of incident
III. INCIDENT INFORMATION	Location of Incident:
Incident Date and Time	□ Operating Room □ Recovery Room □ Other □ □ Recovery Room

See attached Narrative

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DH-MQA1030-12/06 Page 1 of 2

s.,

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)

ONP

D) Outcome of Incident (Please check)

1	Death		Surgical procedure performed on the wrong site **
	Brain Damage		Wrong surgical procedure performed **
۵	Spinal Damage	a	Surgical repair of injuries or damage from a planned surgical procedure.
	Surgical procedure performed on the wrong patient.		** if it resulted in:
D	A procedure to remove unplanned foreign objects remaining from surgical procedure.		 Death Brain Damage Spinal Damage
	Any condition that required the transfer of the patient to a hospital.	-	 Permanent disfigurement not to include the incision scar
1			Fracture or dislocation of bones or joints
	tcome of transfer e.g., death, brain damage, servation only		Limitation of neurological, physical, or sensory function.
Na	me of facility to which patient was transferred:		 Any condition that required the transfer of the patient to a hospital.
		1	1

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.

Frocedurs room & Brigh D. Kurland MD., PA (ME66590) Surgeon	
KELLY HISE KN (KN 9388364)	
Cristian VarGAS, RN/RN 9410987)	
MEUSA KETEI but, ST (Surg Pcal: TECH)	

F) List witnesses, including license numbers if licensed, and locating information if not listed above Stephany Gaviria (\$1,9411755

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IV. ANALYSIS AND CORRECTIVE ACTION

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

rortian B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) OUSL V on ۷. 26 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER 9/02/2015 830 am DATE REPORT COMPLETED TIME REPORT COMPLETED DH-MQA1030-12/06



VASCULAR & GENERAL SURGICAL SPECIALISTS OF SOUTHWEST FLORIDA BRIAN D. KURLAND M.D., FACS Board Certified Vascular & General Surgery

August 28, 2015

AAAASF PO Box 9500 Gurnee, Illinois 60031-2986

RE: DOB:

To Whom It May Concern:

Mrs. **Sector** had right lower extremity endovascular intervention performed via a left femoral stick. The patient had successful stenting of the right external iliac artery but we were not able to cross her right SFA occlusive disease and therefore no intervention was performed on her superficial femoral artery.

The patient had her procedure done under conscious sedation with Versed and fentanyl. The procedure took approximately 1 hour and 45 minutes. She received 2 mg of Versed, 100 mcg of fentanyl. She was hemodynamically and pulmonary stable throughout the procedure. The patient had a Mynx closure device and was hemodynamically and neurologically stable throughout her recovery. She was discharged home that afternoon with a responsible adult being her son. Early the next morning while going to the restroom she had a syncopal episode and vomited and was brought to Gulf Coast Medical Center where she was admitted the next day on August 25. On admission her hemoglobin was adequate; however she had some ecchymosis and hematoma in her left groin. An ultrasound here revealed a small partially thrombosed pseudoaneurysm. The patient had a CT of her abdomen which showed no retroperitoneal bleed. She subsequently became unresponsive consistent with stroke and acidotic requiring intubation as well as hypotensive requiring blood pressure support. She had an uneventful thrombin injection of a partially thrombosed small pseudoaneurysm. She subsequently had a CT scan of her head which showed a cerebral aneurysm.

Unfortunately despite maximal intensive care management she passed away of uncertain etiologies.

Sincerely yours. n Made

Brian D. Kurland, M.D., F.A.C.S. BDK/pmd DDT: 08/28/2015 DT: 09/01/2015

HEALTH Departm	MAGA STATE OF FLORIDA Rick Scott, Governor DOH Consumer Services PHYSICIAN OFFICE DVERSE INCIDENT REPORT SEP 2 8 2015 SUBMIT FORM TO: nent of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275
I. OFFICE INFORMATION Advanced Imaging and Interventional Institue Name of office <u>Clearwater</u> <u>337161</u> <u>Punellas</u> City <u>Zip Code</u> <u>County</u> <u>Dr berad Niedzwiecki</u> Name of Physician or Licensee Reporting <u>See helou</u> . Patient's address for Physician or Licensee Reporting	te <u>2730 MGMullen Booth Road</u> Street Address <u>727-791-7300</u> Telephone <u>ME 706490 SR 521</u> License Number & office registration number, if applicable
II. PATIENT INFORMATION Patient Name. Patient's Address Patient's Address Patient Identification Number QUO, 70 Diagnosis	Age Gender Medicaid Medicare Date of Office Visit Purpose of Office Visit $\underline{186r30}$ ICD-9 Code for description of incident Level of Surgery (II) or (III)
III. INCIDENT INFORMATION 09-10-2015 10105Am Incident Date and Time Note: If the incident involved a death, was the medical example.	Location of Incident: Departing Room Other ominer notified? D Yes D No
approximately 10 minutes intermittantly cause able to clear his airway with assistance 75%-81% with suctioning and Os therap	Juidance. Pt was stable in PACY for

transfer to the ER. CPR was initiated when pl. developed PEA. EMS arrived at 10.26, Pt resurned palpable pulse after treatment with epinephrine. Pt transferred to ER with EMS at 10.45 with stable heart rate and BP. Respirations

assisted with Ambu beg.

DH-MQA1030-12/06 Page 1 of 2

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B) ICD-9-CM Codes

18/0, 200,70 (84,30 Surgical, diagnostic, or treatment

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)

D Death	Surgical procedure performed on the wrong site **
Brain Damage	Wrong surgical procedure performed **
D Spinal Damage	Surgical repair of injuries or damage from a planned
Surgical procedure performed on the wrong patient.	surgical procedure.
 A procedure to remove unplanned foreign objects remaining from surgical procedure. 	** if it resulted in: Death Brain Damage Spinal Damage
 Any condition that required the transfer of the patient to a hospital. 	 Permanent disfigurement not to include the incision scar
Outcome of transfer – e.g., death, brain damage, observation only <u>Death</u> Name of facility to which patient was transferred: <u>DAPA SE COUNTRY SIDE HOSPITAL</u>	 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 Colleen Niedzwieck mn ME68554
· · · · · · · · · · · · · · · · · · ·

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pt had Known CAD & episodes OF CHF. Although Og Sars only Decreased TO 75-81 % This in The Setting of CAD MOST likely Lead TO Myscardial ischemia and precipatived CHF, which in TURA

Worsened his Coronary STRTUS, Ultimately Leading TO PEA requiring resuscitation. B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) Contrinued Close monitoring of PTS. post procedure with assressive suction.

need possible. 05 Therapi 00 SupporFive Muintuin. 70 V. ME 7064905252 **YSICIAN/LICENSEE SUBMITTING REPORT** LICENSE NUMBER 13:00 ME 706 49 DATE REPORT COMPLETED TIME REPORT COMPLETED

DH-MQA1030-12/06 Page 2 of 2

201527613



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

First Coast Cardiovascular Institute

Jacksonville	FL	Duvai	
City	Zip Code	County	
Manage All MO MEO	0454		

Vaqar Ali, MD ME93151 Name of Physician or Licensee Reporting

FCCI CATH LAB

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Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

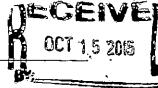
Patient's Addr 44446	ress	
	fication Number renal_disease	

III. INCIDENT INFORMATION

10/02/2015

Incident Date and Time

2900		iversity	DIVU	South
Street	Add	ress		



Telephone

904-493-3333

N/A

License Number & office registration number, if applicable

			2
Age 10/02/2015	Gender	Medicaid	Medicare
10/02/2015			
Date of Office Visit			

Purpose of Office Visit ICD 10: N18.6

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

Location of Incident: Operating Room Z 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 became unresponsive, heart rate decreased to the 20's. Dr. Ali notified, immediately at bedside.

Atropine given by Dr. Ali via fistula heart rate increased to the 70's. Patient heart rate decreased to the 30's ____

again and Atropine 1mg given. Patient placed on O2 and code called. Patient went into pulseless electrical

activity (PEA) and CPR was started per Dr. Norton. 2 amps of Epinephrine given every 3 minutes. 4 french

venous sheath placed per MD and IV fluids were started. Rescue arrived, CPR continued, patient transferred

to Memorial Hospital Jacksonville via ambulance. Per records from MHJ patient arrived with vital signs:

NIBP 152/72, HR 80, RR 18, Pulse Ox 100%. Patient subsequently arrested in ED and CPR was resumed.

Patient expired on 10-02-15 at 1939. ED differential diagnosis Dysrhythmia, Electrolyte disorder, Heartblock,

Myocardial Infarction.

DH-MQA1030-12/06 Page 1 of 2

B) ICD-9-CM Codes

Surgical, diagnostic, or treatment

incident (ICD-9 Codes 01-99.9)

procedure being performed at time of

Ŧ

ICD 10: N18.6

ICD 10: 146.9

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

ICD 10: N18.6

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)

	D-+45	
	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 performed on the wrong patient.	surgical procedure.
	A procedure to remove unplanned foreign objects remaining from surgical procedure.	** if it resulted in: Death Brain Damage Spinal Damage
\checkmark	Any condition that required the transfer of the patient to a hospital.	Permanent disfigurement not to include the incision scar
obs Na	tcome of transfer e.g., death, brain damage, servation only <u>death</u> me of facility to which patient was transferred; emorial Hospital of Jacksonville	 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. Ali(ME93151) Beverly Maida(3449 A RRT) Chris Vaugh (RN9274410) Jason Cook (RT9160) Janie Jenkins (RN9242170) Amy Jackson (CRT71419)

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) AVF Declot

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	ME 93151
SIGNATURE OF PHYSIG ANALICENSEE SUE	BMITTING REPORT LICENSE NUMBER
10/07/2015 18	00
DATE REPORT COMPLETED TIME R	EPORT COMPLETED
DH-MQA1030-12/06	
Page 2 of 2	

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		- MtC	STAT Rick S	E OF FLORIDA cott, Governor	<u>n</u> eçe	
		G.C.M		ICIAN OFFICE	DEC 0	7 2015
***	HEALT	H .	SUB	MIT FORM TO: Ith, Consumer Servic	· -	
			4052 Bald C	ypress Way, Bin C75 e, Florida 32399-3275	es offic	. •
È.	OFFICE INFORM AMETICAN ACCESS ame of office	IATION Caleor Tackoon	mle	800 lomax .	A Suite IN	; }
	Jacksonville 3	2204 Duval		Address 904-353-360	*	ş
Ci 	ty Zip <u>X. Chong</u> ame of Physician or Licensee Br	Code County		ME 105841		
8	100 Lomax St., St.	uite 100		e Number & office registratio	n number, if applicable	
· . ·	PATIENT INFOR	MATION	· · · ·			
Pa	atient Name		Age Age	Gender	– Medicaid Medicare	
Pa	ments Address		Date o	192015 f Office Visit	or throm bectomy)
Pa Di	atient Identification Number			e of Office Visit NJS, 6, 782 Code for description of incide	2.858, 782.868	
Di	itient Identification Number CIGHEC AVF agnosis	RMATION	Locatio □ Q Locatio	on of Incident: rating Room	2.858,782.865	
Di N N Tro	atient Identification Number <u>CIGHEC</u> AUF agnosis I. INCIDENT INFOR II 19 15 / 1315 Cident Date and Time ote: If the incident involve	ed a death, was the medi	Locatio	on of Incident: rating Room	2.858, 782.868	
Di Ni Inc	atient Identification Number CIGHEC AIVE agnosis INCIDENT INFOR IIIQIS 1315 Cident Date and Time ote: If the incident involve Was an autopsy performance) Describe circumsta	ed a death, was the medi ormed? ⊡Yes ⊠No nces of the incident (Location Location CD-9 Location Cope Contect Contec	on of Incident: rating Room	2.858,782.865	
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Di III Inc	agnosis agnosis INCIDENT INFOR INCIDENT INFOR ILLA 1315 Cident Date and Time ote: If the incident involve Was an autopsy performance Describe circumstan (use additional sheets as nec	ed a death, was the medi ormed? □Yes ⊠No nces of the incident (ressary for complete response)	Location Location CD-9 Location Cope ⊡Otho Cal examiner notifie narrative)	on of Incident: rating Room	2.858,782.865	
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	B) ICD-9-CM Codes	· · ·		••••••••
•	N 18.6, T82.868 UNKOU	<u>Un</u>	nstances, or Resulting injury	
	Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9) Accident, event, or specific agent that or event. (ICD-9 I	it cau	used the 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)			
	Mindray Patascope Passport, Medbro	ΛīC	Lifepak Defibiliatvi	
	D) Outcome of Incident (Please check)	• • •		
I	ے۔۔۔۔۔		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 performed on the wrong patient.		surgical procedure.	
			** if it resulted in:	•
	A procedure to remove unplanned foreign objects remaining from surgical procedure.		Brain Damage	
	Any condition that required the transfer of the		 Spinal Damage Permanent disfigurement not to include the 	
	patient to a hospital.		incision scar Fracture or dislocation of bones or joints	
	Outcome of transfer - e.g., death, brain damage,		Limitation of neurological, physical, or sensory	
	observation only <u><i>QEUTT</i></u> Name of facility to which patient was transferred:		function.	
	i hame or facility to which patient was handled			
•	St. Vincents Neclical Center	cens	patient to a hospital.	•
	E) List all persons, including license numbers if li they were involved in this incident, this would incl care providers. Dr. Kok Chang ME 105 er 105841 Rynn Tomko CRT 98329 Jose Poins CRT 83201 Carissa concepcion RN 9258448	cens	ed, locating information and the capacity in which	
	 St. VIACENTS Mechical Cellifer E) List all persons, including license numbers if lithey were involved in this incident, this would include a providers. Dr. Kok Chong ME 105 er 105841 Rum Tomko CRT 98329 Jose Rojas CR-T 83201 Cansso Concepcion RN 9258448 F) List witnesses, including license numbers if license n	ude	ed, locating information and the capacity in which anesthesiologist, support staff and other health	
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11/19/2015 Patient arrived to center Alert and oriented. Patient stated that preferred for staff to wait for son to arrive to complete work up. Son did arrive about 30 minutes after patient and work up completed. All paperwork came with patient, including DNR status. Question asked about advanced directives during work up. Patient's son made aware that American Access Center of Jacksonville does not honor advanced directives, and patient's son verbalized understanding of same.

Pre-procedure vital signs: BP 116/53; Pulse 78; Respiration 16; O2 100% on 3 L Nasal Cannula; Temp 97.4. No distress noted. Dr. Chong spoke with patient's son with patient present and consent obtained.

Jeannell Mclaurin, RN

11/19/2015; 1143: patient to procedure room via stretcher. O2 via 3L Nasal Cannula in place and no SOB noted, alert and oriented X4. LOC 2. Positioned and prepped, procedure initiated at 1152AM. Versed 0.5mg and Fentanyl 25mcg ordered and given by Dr. Chong at 1215. At 1235 patient with BP 105/48; Heart Rate- SR 71; Respirations 25; O2 sat 94% and patient switched to 5 Laerosol mask. LOC remains 2. At 1245 patient switched to non-rebreather mask because O2 sat 88-89%, Dr. Chong was made aware. B/P 92/38, Heart Rate- SR 70; Respirations 30 and O2 sat 92% on non-rebreather. Thrombectomy continued until procedure ended at 1250PM. Vital signs at this time: BP 83/42; Heart rate SR 76; Respirations 20; O2 Sat 93%. Dr. Chong did speak with the patient while was on the table and then left the room. Patient transferred to stretcher at 1300.

Patient tolerated procedure well and upon transfer to stretcher at 1300 patient started desating to 88%. Berman airway was placed and patient's O2 sat went back to 92% with nonrebreather mask. Patient seemed somnolent but responding to verbal commands

Patient's Blood Pressure was: 57/28 AT 1304 and patient was placed on Trendelenburg position. Heart and Lungs auscultated and patient had diminished breath sounds and regular heartbeat. Patient has positive pulse and positive chest rise.

1310: BP 97/63; RR 14; HR 82; but unable to get O2 sat. Patient still somnolent and has positive pulse and chest rub performed and patient is now responsive to pain. Dr. Chong back to room approximately 1310.

1314: BP 43/15; HR 78: RR 14. Still unable to obtain 02 SAT. Patient is not responsive even with chest rub. Patient has no pulse.

1315: Code Blue started with PEA. Chest compressions started and roles assigned.

1317: 911 CALLED

1320: IV started and patient in PEA. 1 MG OF EPINEPHRINE IV given, followed by 0.4 MG OF NARCAN. Patient on nonrebreather mask.

1323: AMIODARONE 300 MG IV given. EKG RHYTHM is PEA and still non-shockable. Patient is now on bag valve mask.

1324: EMS ARRIVED

1325: SECOND IV STARTED

1326: 2ND DOSE OF EPINEPHRINE 1 MG IV GIVEN and patient is in VTACH and Rhythm was shocked. CPR resumed.

1333: Patient sent to St. Vincent's Medical Center with EMS.

Carissa Concepcion, RN

800 Lomax Street, Suite 100 - Jacksonville, Florida 32204 Phone: 904.353.3664 - Fax: 904.353.3858 - AACinterventionalFL.com

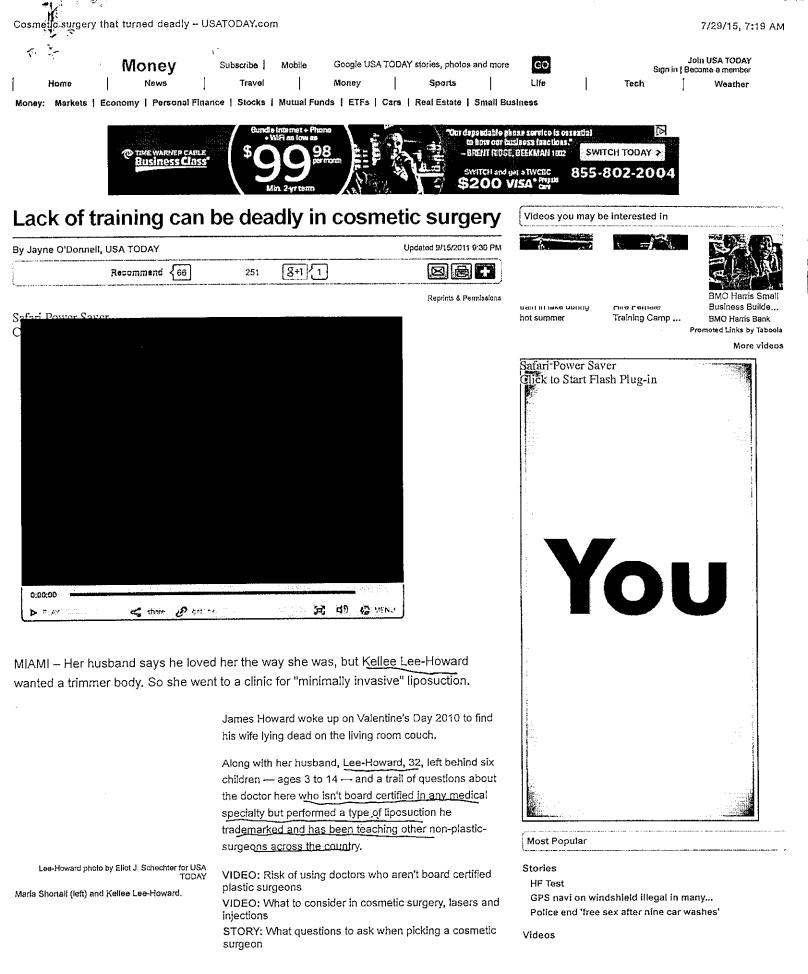
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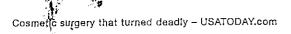


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	PHYSICIAN OFFICE ERSE INCIDENT REPORT
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Buffett's Warning for YOU 4 In 5 Americans aren't taking his shocking advice. Click here now. www.fool.com Alberto Sant Antonio, whose office wasn't registered as a surgery center, had done the liposuction a day earlier. According to the autopsy report, Lee-Howard died of an overdose of the painkiller lidocaine from complications after "elective cosmetic surgery."

PART 2 OF OUR SERIES: Cosmetic surgery gets cheaper, faster, scarier

Lee-Howard told her husband she had learned of the Alyne Medical Rejuvenation Institute through an ad and that she'd found a "safe" way to lose weight by surgery.

After the procedure, she didn't feel well and went to sleep on the couch. The next morning, when their then-10-year-

old son tried to ask her if he could play a video game, Howard noticed she wasn't breathing and "started screaming her name," trying to wake her.



By Eliot J. Schechter for USA TODAY

James Howard and his six kids in Miami. His wife Kellee Lee-Howard died last year. There was so much lidocaine in Lee-Howard's body that it showed "a basic misunderstanding of the principles of phamacology and patient safety," says Alberto Gallerani, a plastic surgeon here who is an expert witness in the Howard family's lawsuit against Sant Antonio. "It was just outraceous,"

Reached at his office, Sant Antonio said he was "not at liberty to talk about the case." His attorneys did not return phone calls, but in July they filed a motion seeking to dismiss the case or require the Howard family's attorney to specify how Sant Antonio was negligent.

LAWSUIT: Read the Howard family lawsuit RESPONSE: Read the response from Alyne Medical Rejuvenation Institute and Alberto Sant Antonio, M.D.

COMPLAINT: Read Florida's complaint about what Dr. Sant Antonio did wrong

Sant Antonio is one of a soaring number of doctors who trained in other medical specialties, such as vision or obstetrics, but have branched into the more lucrative field of cosmetic surgery. Because state laws governing office-based surgeries often are lax, levels of training vary so widely that some doctors are performing cosmetic procedures after only a weekend observing other doctors. Sant Antonio himself has offered three-day liposuction training at his office for the last few years, according to interviews with doctors who have trained under him.

Some dentists trained in oral surgery now do breast implants; OB/GYNs perform tummy tucks, and radiologists are doing liposuction. The results can be disastrous, according to interviews with scores of victims, plaintiffs' lawyers and plastic surgeons, and a review of lawsuits.

Even so, there's no shortage of patients: An aging — and often overweight — population is willing to spend money on cosmetic procedures, and people often are seeking lower-cost options to board-certified, sometimes higher-priced plastic surgeons.

Lee-Howard was not the only one to die after surgery at Sant Antonio's clinic.

A housekeeper and mother of two, Maria Shortall, 38, died of cardiac arrest after a liposuction and a fat-transfer procedure performed by Sant Antonio in June, according to Ed Baig reviews Kindle Paperwhite 'Pregnant man' struggles through nasty divorce Tennis Channel Court Report 9-30-2012

Photos

Starbucks: A photo timeline Fawlty Towers nude resort McDonald's renovated

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ph<u>armacology and patient safety," says</u> a plastic <u>surgeon here who is an expert</u> Howard family's lawsuit against Sant An outrageous." Reached at his office, Sant Antonio said the Florida Department of Health.

Sant Antonio studied pediatrics briefly before completing a medical residency in general surgery. Although he was never board-certified in any area of medicine, he was able to work as a general surgeon at a Baltimore hospital before moving to the Miami area after settling a medical malpractice claim in 2004, according to Franklin Square Hospital and Florida Board of Medicine records. Franklin Square now requires its doctors to be board-certified.

Sant Antonio "fills a niche in the market offering discounted surgery," says Gallerani, who says he sees up to five patients a week whose surgeries were botched by non-plastic-surgeons,

Rohie Kah-Orukotan, in nearby Weston, also died after liposuction by a doctor who wasn't a plastic surgeon. Florida health officials alleged that Omar Brito — whose training was in occupational health — was doing cosmetic surgery without enough training or the proper equipment, according to state medical board records, which show he surrendered his license.



Rohie Kah-Orukotan died after having liposuction.

Weston MedSpa, where Kah-Orukotan got manicures and the liposuction procedure that led to her death, wasn't approved for office surgery, according to Florida Health Department records. Kah-Orukotan, 37, was rushed to the hospital and taken off life support about a week later, says lawyer Michael Freedland, who represents Kah-Orukatan's and Shortall's families. Freedland filed a lawsuit against Brito and Weston MedSpa last September; neither have responded to the suit.

LAWSUIT: Read the Orukotan lawsuit against Weston Tan & Spa and Omar Brito M.D.

MORE: Cases showing risks of using non-board-certified plastic surgeons

The cause of Kah-Orukatan's death, according to the Florida medical examiner, was "lidocaine toxicity," an overdose.

"It's out of control," says Florida state Sen. Eleanor Sobel, a Democrat who is vice chair of the Senate health regulations committee. "It's all about people doing a job they're not qualified to do."

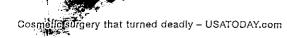
Sobel, who represents nearby Broward County, plans to reintroduce a bill she introduced last year to regulate so-called med-spas as medical clinics, which would subject them to inspection. The bill didn't get traction during the Legislature's last session because it wasn't a priority of the leadership, Sobel says, adding that "with the increase in the number of deaths, it should be a priority this year." Sobel also plans to add a requirement that someone trained in anesthesia be present for procedures including liposuction.

"I don't think these general practitioners are skilled in anesthesia, which could be deadly," says Sobel. "The issue is not going away and needs to be resolved."

Painful and disfiguring

Even when patients survive, botched surgeries can be painful, disfiguring and costly.

Absent regulation, however, any doctor with a license to practice medicine can perform any procedure a patient wants done. Many non-plastic-surgeons have decided to go into



areas in which there's limited oversight, more money and little, if any, interference from insurers because elective cosmetic surgery typically isn't covered.

Plastic surgeons had a higher median income — \$270,000 — than 12 of the 22 medical specialties, including emergency and family medicine, in the 2010 Medscape survey by WebMD.

MORE: 2011 Physician Compensation Report

The medical field makes a distinction between residency-trained "plastic" surgeons and cosmetic surgeons, but many consumers aren't aware there's a difference, says Phil Haeck, a Seattle plastic surgeon who heads the American Society of Plastic Surgeons, the oldest of the industry's medical groups. Many of the new cosmetic surgeons are board-certified, just not in plastic surgery, he says.

In medicine, board certification occurs when a doctor has met all of the qualifications required by one of the American Board of Medical Specialties' 24 member boards, which represent the main areas of medicine, including plastic surgery. ABMS sets the standards for the education, lifelong training and testing of doctors.

Residencies — the years-long stints working in hospitals under the guidance of more senior physicians — are required for board certification and are the principal distinction separating plastic and cosmetic surgeons, who typically instead do year-long fellowships or private training.

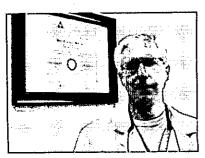
Insurers and the accrediting bodies for most hospitals, outpatient surgery clinics and doctors' operating rooms look for certification by ABMS member boards and typically require doctors to perform only the procedures for which they are board-certified. It's one of the things that keeps eye doctors from delivering babies and radiologists from treating broken legs.

ABMS' member boards include the American Board of Plastic Surgery but none of the other cosmetic surgery boards, including the similar-sounding American Board of Cosmetic Surgery, that many surgeons say they are certified by.

"Boards are assembled so you can say you are board-certified," says Randy Miller, a plastic surgeon who heads the Florida Society of Plastic Surgeons, "No one is pretending to be a heart surgeon, no one is pretending to be a pediatrician, but everyone's pretending to be a plastic surgeon."

MORE: Find out if a doctor is board certified in plastic surgery MORE: Find out if your doctor is licensed and has any in-state disciplinary actions

Michael Will, an oral and cosmetic surgeon who is president of the American Board of Cosmetic Surgery, says residencies in plastic surgery are not necessary for doctors — or oral surgeons — who can document their education, experience and training.



If they can, "A favorable outcome is certainly possible and likely for the majority of patients," says Will, who trained in general surgery before doing a cosmetic surgery fellowship.

Membership in the American Academy of Cosmetic Surgery increased by 25% during the past five years to 2,600, says AACS President Angelo Cuzalina, an oral surgeon who now does cosmetic surgery full time.

Michael Will is president of the American Board of

Cuzalina says less than 8% of the group's members are

Cosmetic Surgery.

board-certified plastic surgeons. He estimates that 50,000 to 100,000 doctors who aren't board-certified plastic surgeons are doing cosmetic surgery.

Pitches by cosmetic surgeons who aren't board-certified in the field sometimes tout low prices and say the procedures are safe and easy to bounce back from, a review of advertising and websites shows. Some even offer half-price deals on sites including Groupon.

Costs are reduced, in part, when patients are put under local anesthesia rather than intravenous (IV) sedation or general anesthesia. Expenses are much lower when there is no anesthesiologist, hospital or accredited surgical facility.

It may be presented as a way to save money, but sometimes it's the doctors' only option because their lack of training makes them ineligible to practice in accredited facilities.

"Back 100 years ago, we faced similar circumstances but with different products: people selling snake oil and unqualified physicians injecting parafin into women's breasts," says Kaveh Alizadeh, a plastic surgeon with the Long Island Plastic Surgical Group. "What's amazing is that 100 years later, there is little oversight over who is qualified to perform complicated new procedures."

But Carey Nease, a Chattanooga, Tenn., cosmetic surgeon who is board-certified in facial plastic surgery as well as head and neck surgery, says doctors can be trusted to limit their practices to the procedures they are qualified to do. They can do a fellowship or find training "on their own," he says.

"It's not a big stretch" for OB/GYNs to go from delivering babies to giving patients tummy tucks, says Nease, who conducts training for the American Academy of Cosmetic Surgery. "It's up to them to make the right ethical decision to what they feel they're qualified to do."

Too graphic to publish

USA TODAY reviewed dozens of photos — most too graphic to publish — and cases involving fatalities and patients with horrific scars and infections after cosmetic treatments by doctors who were not board-certified to practice plastic surgery. These include thirddegree burns across the backs and stomachs of laser liposuction victims; implants protruding out of massively infected breasts; and lumps and wounds in liposuction patients that look like the result of stabbings.

It's difficult to analyze or compare the problems caused by non-certified doctors who perform cosmetic surgeries, or even those caused by board-certified plastic surgeons, because doctors are not required to report complications to medical authorities. In addition, states don't break down deaths by type of doctor involved, and physicians aren't required to report that they are doing surgeries outside their specialties.

In some cases, cosmetic surgeons were trained by other physicians who aren't boardcertified in plastic surgery and who critics say are ill-suited for teaching.

Family practitioner Anil Gandhi of Cerritos, Calif., taught himself how to do breastaugmentation surgery after failing eyesight made it impossible for him to do anything other than "superficial" surgery, he said last summer in a deposition reviewed by USA TODAY.

DEPOSITION: Read Part 1 of Dr. Gandhi's deposition DEPOSITION: Read Part 2 of Dr. Gandhi's deposition

Gandhi, who trains other doctors who aren't plastic surgeons to do cosmetic surgery while patients are awake, said in the deposition that he also does eye lifts, liposuction and

tummy tucks. He previously worked as a general surgeon doing procedures including amputations, appendectomies and the treatment of gunshot wounds.

The deposition was taken by Pittsburgh attorney Noah Fardo for a case involving a breastimplant patient of OB/GYN Lei Chen, whom Gandhi trained. The woman, Rhonda Stankavich, has "permanent disfigurement" with scars that were three times the typical size and in the wrong locations, according to the lawsuit filed on her behalf. The suit also claimed she felt "significant pain" and was administered three times the recommended safe amount of lidocaine.

"I could feel it, and it was almost like he was cutting through gristle on a steak," Stankavich said in an interview.

LAWSUIT: Read Rhonda Stankavich's lawsuit

RESPONSE: Read the response from Lei Chen and St. Marys Women Healthcare

She says she had the procedure done because she trusted Chen, who was her OB/GYN for more than three years and because his staff said he had done the procedure many times. Instead, she claims in the suit, he was simply "trying plastic surgery." The case was settled out of court for an undisclosed amount.

In a legal response to the lawsuit, an attorney for Chen denied the doctor was negligent. Chen no longer practices medicine in the United States.

The Nevada State Board of Medical Examiners filed a formal complaint against another former Gandhi student, family practitioner Sean Su, in September 2009, alleging "substandard care" of several women and "medical malpractice" with one. That patient suffered "considerable anxiety and pain" along with infection after a breast implant was reinserted, the complaint said.

Steps to take if considering cosmetic surgery

Find out if your doctor is board certified in plastic surgery

Find out if your doctor is licensed and has any in-state disciplinary actions

Order full physician profile and disciplinary history report

Search for AAAASF accredited surgery facilities

Search for AAAHC accredited organizations

Las Vegas plastic surgeon Warren Tracy Hankins says he helped treat the patient at the emergency room. The woman's breast implant was protruding from her chest even after she had undergone a second procedure to try to sew it back in, he says. A plastic surgeon would have simply removed the implants, he says.

The Nevada medical examiners board's complaint says both procedures took more than eight hours under local anesthesia, which "waned in effectiveness," leading to "significant ongoing pain and anxiety throughout the procedure."

"I would consider that torture," Hankins says.

Under a March 2010 settlement of the complaint, the medical examiners board temporarily revoked Su's medical license but reinstated it as long as he doesn't

practice cosmetic surgery and meets other conditions.

In an e-mailed statement, Su said the medical board's allegations "were not the facts of the case" but that he had to settle "to keep my license to support my family and two young children."

Su declined to comment about specific cases but noted that "cosmetic physicians like myself will be criticized for innovative treatments. It is inevitable that we will become the mainstream physicians in aesthetic medicine."

Few legislators and regulators appear willing to put up roadblocks to stop doctors trained in other specialties from performing cosmetic surgery.

Physicians typically are sanctioned only if they botch the procedures — and get caught. Even then, consumer advocates say, the chances are good that overworked and understaffed state boards of medicine won't find out if they are breaking the law until it's too late.

State oversight of negligent doctors is so uneven that doctors "doing things without adequate training ... will be home scot-free" in many states, says Sidney Wolfe, an internal medicine doctor and director of the Health Research Group at advocacy organization Public Citizen. "But in a state that does a good job, they're going to get caught even before they've injured and killed someone."

California tightened its laws after rapper Kanye West's mother, Donda West, died following surgery in 2007 by a plastic surgeon who was not board-certified. The state now requires patients to get a physical exam and written clearance from a doctor before cosmetic surgery.

Yolanda Anderson, Donda West's niece, has been trying to persuade other state legislatures to adopt a version of the Donda West Law. Illinois state Sen. Jacqueline Collins, a Democrat, says she is working with her state's Department of Financial and Professional Regulation to see how to adapt the law for Illinois and whether it should be expanded, possibly to cover cosmetic procedures in offices and spas, which is where nonplastic-surgeons typically operate.

"We should be looking at how we regulate the industry and get a handle on this before it gets out there too far," says Collins. "There should be a happy medium to protect the integrity of the medical profession and the certification process for those providing the service and protection for the safety and well-being of patients."

More states, however, have made it easier for those who aren't plastic surgeons to perform plastic surgery. Sixteen states now allow dentists trained in oral surgery to perform cosmetic surgery on the face, and the New York state legislature is considering a similar bill. New York legislators have been tweaking the laws governing dentists and cosmetic surgery since 2001, according to the National Conference of State Legislatures.

California and Florida are among the few states that require doctors to specify what they are board-certified in, prohibiting them from simply saying they are "board-certified."

The doctors who fight efforts to restrict plastic surgery to those board-certified in the area have told state legislators that the plastic surgeons are only trying to quash competition, says plastic surgeon Miller. Those who do cosmetic surgery but haven't completed residencies in plastic surgery say they are just as qualified as plastic surgeons and possibly even more so because their training has focused solely on cosmetic work, not reconstruction after injuries or illness.

The New York State Dental Association contributed more than \$2.5 million to New York legislators from 2004 through 2010. California passed a similar bill in 2006; its state dental group contributed more than \$5.7 million to legislators from 2003 through 2010. Liz Snow, chief operating officer of the California Dental Association, said in a statement that its "contributions are given without regard to any future or pending legislation."

Mark Feldman, an endodontist who is executive director of the New York State Dental Association, says the cosmetic surgery bill is only "a very small part of our advocacy agenda," which he says mostly involves "things that improve oral health," such as

encouraging the use of fluoride. Letting oral surgeons do eye lifts and nose jobs, he says, would increase competition for consumers. The bill would require oral surgeons to have hospital privileges to do the surgeries at hospitals, though he believes the oral surgeons could be trusted to self-regulate.

"I don't think anyone would do a procedure they wouldn't feel competent doing," says Feldman, a former president of the American Dental Association.

The debate certainly has the elements of a turf battle. But the plastic surgeons' position that doctors should practice only in the area they are certified has the backing of ABMS.

Public Citizen's Wolfe says residency programs required by ABMS in the areas of medicine practiced are important to ensure doctors "don't wind up practicing on their patients."

An 'emergency restriction'

The Florida Department of Health did take action against Sant Antonio.

In an administrative complaint filed in July, the department charged that Sant Antonio attempted to take out far too much fat from Shortall, didn't have the staff or equipment required by law and didn't take the steps needed to save her life. It issued an "emergency restriction" on his license that bars him from doing surgery in his office — and he doesn't have hospital privileges, Florida medical records show.

PureLipo which Sant Antonio trademarked, is a form of "tumescent" liposuction, which means the painkiller is injected along with saline solution and a drug that slows bleeding into small incisions in the skin. PureLipo has been marketed as less invasive than liposuction done by other doctors.

However, Miami plastic surgeon Adam Rubinstein says virtually all cosmetic surgeons are doing tumescent liposuction; the main difference is the type of anesthesia used. Doctors who aren't allowed to offer general anesthesia sometimes have to use a higher level of local anesthesia, he says, which can lead to lidocaine overdoses.

Lidocaine is a local anesthetic that decreases pain in the area where it is placed. Too much lidocaine can interfere with brain waves, cause seizures and affect the way the heart pumps, leading to potentially life-threatening problems, says Rubinstein.

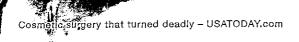
Liposuction is now the most popular cosmetic surgery procedure in the USA, Cuzalina says.

"There's someone doing liposuction on every corner almost," Cuzalina says, "People want to get trained in liposuction because it's easier to go get trained in that than in a high-risk procedure."

As early as 1999, however, anesthesiologist Rama Rao wrote in the *New England Journal of Medicine* that tumescent liposuction should be re-evaluated because of deaths, especially from lidocaine.

Carol Norton, an OB/GYN in Richardson, Texas, says she branched out into cosmetic procedures "to have a backup plan," because it's a "little precarious where insurance is going with reimbursements" for medical care. She started doing Sant Antonio's PureLipo after taking a three-day course he taught here. A trainer from Sant Antonio's company then went to her office to observe her first 30 liposuctions. At least 20 other doctors are touting their PureLipo training online.

Freedland, the plaintiff lawyer who represents Kah-Orukatan's and Shortall's families, says



there's a lesson in the liposuction deaths: Consumers need to make sure cosmetic procedures are "done in a facility with the equipment to handle an emergency" by people who are "properly trained to handle that emergency."

James Howard says his wife was always upbeat yet firm with the kids, making it "difficult to try to grab the reins on her role." And then there's the challenge of helping his children understand why she died. At 5-foot-5 and 205 pounds, Kellee Lee-Howard was overweight, but "When you love a person, that transcends over anything physical," Howard says.

Attorney Philip Freidin, who represents the Howard family, says Howard and his children "have asked us to find out what happened to her."

"I have to be strong, because I have children that need me," Howard says. "They look in my eyes for answers."

Coming Thursday: Part 2

Joyce Wooten of Tampa, in a complaint to Florida's attorney general, said a procedure she had done in a clinic "ruined my life."

Contributing: Brandon Smith, Victoria Rodriguez and Jeff Williamson

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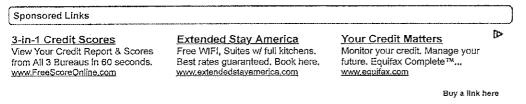
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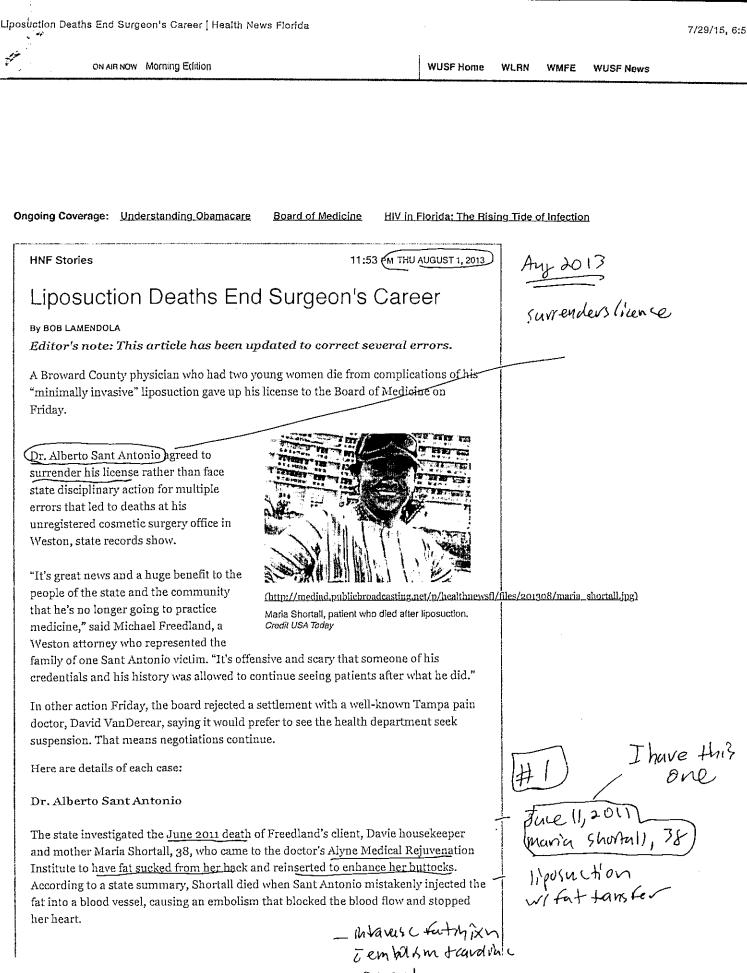


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Another patient died after getting liposuction at the Alyne clinic in February 2010. Miami mother Kellee Lee-Howard, 32, was found dead at home the day after surgery from "poly-drug toxicity," including excessive levels of the anesthetic lidocaine in her blood, an autopsy showed. The family sued Sant Antonio, claiming he did not measure the sedative and gave too much. The doctor and clinic paid a confidential settlement to end the case, said the family's attorney, Philip Freidin.

Shortall's family also filed suit against Sant Antonio and Alyne; it is still pending.

Sant Antonio, 60, advertised the cosmetic procedure as "minimally invasive" and minor, but the state Department of Health found that it was too complex to be done safely in his office, which was not registered or inspected. The office did not have emergency equipment, lifesaving drugs, properly trained staff and surgical assistance that the state requires for office surgery locations, the state complaint says.

In addition, Sant Antonio failed to monitor S<u>hortall's heart rate and vital signs</u>, and neglected to quickly call paramedics when her heart stopped, the complaint says. Freedland said Sant Antonio testified during a deposition that he did not call 911 for seven to 10 minutes after her heart stopped. Shortall left behind a husband, daughter and son, who were 15 and 12 at the time.

After her death, the state halted Sant Antonio from performing surgery. But he continued seeing patients at the clinic, which is still open and offering cosmetic surgery under the name Elite Aesthetic Center. A manager who declined to give his name Wednesday said Sant Antonio had retired and was unavailable for comment; he said the clinic is now run by his business partner, physician's assistant Lynne Ulevich. Sant Antonio's attorney, Ariel Sofro, could not be reached for comment.

"The state does not do a good job regulating doctors," Freedland said. "We leave it to physicians to police themselves, and they do a bad job of it."

Dr. David VanDercar

The Department of Health accused Dr. David H. VanDercar with over-prescribing narcotic pills each month for about two years to a patient who was an addict and who fed his habit by robbing drugstores. The complaint said the doctor failed to establish that the man's pain was real, try other pain-relief methods or properly test him for drug abuse.

The patient's mother, Laurie Eubanks, told the board that she blamed the physician for hooking her son Jeremy, 25, while treating him at Tampa Pain Clinic, which VanDercar ran. Her son, a UPS driver with back pain, is now serving a 32-year sentence for robbing pharmacies.

"He indiscriminately prescribed drugs to our son with no regard for the outcome," Eubanks said. "I cannot fathom almost 400 pills being given at one time. He became an addict."

VanDercar has been outspoken on pain management issues in recent years when Florida was besieged by out-of-state drug dealers and addicts flooding pain clinics to obtain large quantities of narcotic pills, especially oxycodone. The doctor promoted his clinic as an example of one that properly screens patients and regulates their intake of drugs.

kellee-Lee-Howard Febdoro

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He told the board 20 percent of his patients take more drugs than Eubanks received, with no problems. Eubanks' treatment was appropriate, he said.

"I did not see any signs of addiction from him," VanDercar said.

He said he has sold his pain clinic and withdrawn from practicing medicine in order to undergo cancer surgery. He said he does not intend to resume practicing medicine.

State health officials and VanDercar had negotiated a deal to settle the case, with a \$15,000 fine, a reprimand and a ban for life on prescribing controlled substances. Eubanks called the settlement "a slap on the wrist."

"Dr. VanDercar will probably retire and feel no penalty. He's being ordered to pay a fine that is minimal compared to the money he has made (at the pain clinic)," Eubanks said.

Board member Nabil El Sanadi, a Fort Lauderdale physician, persuaded the board to reject the settlement and seek a suspension for VanDercar until he undergoes a state review process. VanDercar declined to comment.

"It's our job to protect the public," El Sanadi. "We need to suspend these doctors and send the message that what they are doing is not OK."

VanDercar was one in a series of pain doctors who came up for disciplinary cases. The board rejected three other settlement deals as too lenient, making counter-offers of suspensions and higher fines. In such circumstances, doctors seldom accept the counter-offer, preferring instead to seek formal administrative hearings. The physicians were:

--Steven Lemberg of Boca Raton physician, who worked at Coastal Pain Management clinic.

--West Palm Beach gastroenterologist Lawrence Rothenberg, who worked part-time at a North Fort Myers pain clinic.

--Boca Raton neurologist Robert Schiftan.

TAGS: <u>liposuction (/tags/liposuction)</u> <u>minimally invasive (/tags/minimally-invasive)</u> office surgery (/tags/office-surgery) Florida Board of Medicine (/term/florida-board-medicine)

		STATE OF FLORIDA	01208/8	7.
Florida		HYSICIAN OFFICE SE INCIDENT REI),
HEALTH.	Department o 4052 B	SUBMIT FORM TO: f Health, Consumer S ald Cypress Way, Bin assee, Florida 32399-3		
I. OFFICE INFORMATION RALPH GARRAMONG MD			FUELAND AVE	<u> 1947 - 1947 - 19</u>
Name of office <i>Er. Myters</i> 33907 <i>CityZip CodeCounty</i>		Street Address 239 - 482 - 1	900	
City Zip Code County <u>RALPH GARRAHONE MO</u> Name of Physician or Licensee Reporting	·	Telephone KE-7SI31 License Number & office reg	OSR 917 istration number, if applicable	
Patient's address for Physician or Licensee Reporting	<u> </u>			
II. PATIENT INFORMATION		Age 3 12 2015 Gender	- D D Medicaid Medicare	•
Patient's Address Patient Identification Number BREAST HYPO PLASIA		Date of Office Visit BREAST AUG HO Purpose of Office Visit	SI2.1	
Diagnosis		ICD-9 Code for description c	fincident	
III. INCIDENT INFORMATION				
Incident Date and Time	•	Location of Incident: Operating Room Other	Recovery Room	
Note: If the incident involved a death, was the n Was an autopsy performed? □ Yes □ No		notified? Yes No		
A) Describe circumstances of the incide (use additional sheets as necessary for complete respondence)		•	-	
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B) ICD-9-CM Co	des
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ه.	19325		
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)

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512.(

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)

3

	Death		Surgical procedure performed on the wrong site **
	Brain Damage	D	Wrong surgical procedure performed **
	Spinal Damage		Surgical repair of injuries or damage from a planned surgical procedure.
	Surgical procedure performed on the wrong patient.		** if it resulted in:
	A procedure to remove unplanned foreign objects - remaining from surgical procedure.	•	 Death Brain Damage Spinal Damage
æ	Any condition that required the transfer of the patient to a hospital.		 Permanent disfigurement not to include the incision scar Fracture or dislocation of bones or joints
obs	tcome of transfer – e.g., death, brain damage, servation only <u>observation</u>		 Limitation of neurological, physical, or sensory function.
Na	me of facility to which patient was transferred: FACTHPARK MEDICAL CENTER		 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.

LINDA ASCHOM CRNA	ARNP 2602722	
JULIE SHITH RN	RN 927 4992	
STACY ZEISLOFT RN	RN 9313944	

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)

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/.	Commore MD	HE75131
	SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPOR 3/19/2015 2:50 PH	T LICENSE NUMBER
	DATE REPORT COMPLETED TIME REPORT COMPLETE	D
H-M	QA1030-12/06	
age 2		

Dr. Ralph Garramone

Circumstances of the Incident

GC is a -year-old is lb. female who presented on March 12, 2015 to my office surgical facility for a breast augmentation under general anesthesia. Her history was significant for migraines and mild depression for which she was taking Imitrex, Wellbutrin, vitamins and supplements. She was a nonsmoker and had had surgery in the past without anesthesia complications. Her internist evaluated her prior to surgery and felt she was an acceptable candidate. Her preoperative EKG showed normal sinus rhythm, lab work was within normal range, and baseline vital signs were BP 120/70, HR 66, respirations 18.

Surgery was uneventful on the first side. I then proceeded to perform the augmentation on the second side. After several attempts to control a bleeder in the intercostal space with electrocautery, a suture ligature was placed, which effectively stopped the bleeding. I noted at this time that several bubbles appeared when the patient took a breath. I closed the second side and vital signs remained stable. Vital signs in the OR ranged from 90 to 120 systolic BP over 60 to 70 diastolic BP, pulse in the 70's, and oxygen saturation 100% on supplemental oxygen. Upon admission to recovery room, she was noted to have an oxygen saturation of 96-97% on room air. She was 99 - 100% on 3.LPM of oxygen via nasal cannula, breathing well on her own, without shortness of breath or dyspnea. She remained stable throughout her stay in PACU, during which time a medical transport vehicle was arranged. At the time of transfer, she had an O2 saturation of 100% on room air.

The patient was transferred to Lee Memorial Hospital System, HealthPark Medical Center, where she was evaluated in the ER. Chest X-ray demonstrated a 10% pneumothorax and she was admitted for observation overnight. A repeat X-ray the next day showed improvement and she was discharged to home. She is doing well and will follow-up with me this week for postop care.

Analysis and Corrective/Proactive Action

Due to the location of the bleeding vessel and the very thin nature of the patient, the anatomy in this particular area placed the parietal pleura at risk of injury from either continued use of the electrocautery, or in this case, injury from the suture needle for the suture ligature.

After the patient was transferred, I met with the anesthetist to discuss the occurrence and this will be further reviewed with another plastic surgeon through the AAAASF accreditation mandatory peer review process. The facility healthcare risk manager was notified to ensure compliance with state reporting requirements.

1

I have never had a similar adverse patient occurrence in the 17 years that I have been in practice as a Board Certified plastic surgeon. In the future, I will practice greater diligence in avoiding the intercostal area particularly when dividing the inferior border of the pectoralis muscle in order to avoid bleeding in this particular area. Also, I will continue to practice prospective hemostasis in an effort to cauterize vessels before they bleed.

) Descencer щ

201511132-151

DOH Consumer Services

STATE OF FLORIDA MAY 8 & 2015 Rick Scott, Governor

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

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

OFFICE INFORMATION Coral Gables Cosmetic Center ime of office	1800 SW 27 Ave # 302 Street Address
<u>Miami</u> <u>33145</u> <u>Miami DADE</u> <u>J</u> <u>Zip Code</u> <u>County</u>	305-446-7277-
ARY KRAU, MD	Telephone ME62760 \$ OSR 444
	License Number & office registration number, if applicable
tient's address for Physician or Licensee Reporting	
PATIENT INFORMATION	
,	I
	Age Gender Medicaid Medicare
tient's Address	4.22.2015
i 18519 Vent Identification Number Micro MASTIA	Date of Office Visit Surgery Subpectoral Augmentation Mammor Purpose of Office Visit
anosis	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
	Level of Surgery (ii) or (iii)
' 4-22-2015 Bent Date and Time	Location of Incident:
	Operating Room Decovery Room Other
te: If the incident involved a death, was the medical exa Was an autopsy performed? Yes No	aminer notified?
Describe circumstances of the incident (narra	tive)
SCE Attal all Oc Alli	NI La AD / I
SEC # nached Uperative	Note AND additional progress ME 62760
NOTES OF DR. ARY REAL	ME 62+60
Find the find	
Lopies of Medical Clearance thom Di	2. GORDON GREAM have been included.
MQA1030-12/06	

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	DOH Consumer Services	STATE OF FLORIDA Rick Scott, Governor	
. 4	SEP D R 2015	PHYSICIAN OFFICE RSE INCIDENT REPORT	
	4052	SUBMIT FORM TO: of Health, Consumer Services Unit Bald Cypress Way, Bin C75 hassee, Florida 32399-3275	
ſ	1. OFFICE INFORMATION: Orlando aesthetic Institute Name of office 04100 OVIDADO 32804 OVIDADO 32804 City Zip Code County Zip Code County D Name of Physician or Licensee Reporting Logo Patient's address for Physician or Licensee Reporting	120 E. Par Street; Suite 1000 Street Address 407-770-2002 Telephone ME 65670 / OSR 570 License Number & office registration number, if applicable	
	II. PATIENT INFORMATION	Age Aug 28, 2015 Medicaid Medicare Date of Office Visit Purpose of Office Visit	
	Diagnosis Upper lid Dermatochalasis	ICD-9 Code for description of incident	
	III. INCIDENT INFORMATION		
	AUG 28,2015 IN OR 1:30pm Incident Date and Time	Location of Incident: Coperating Room A Recovery Room	
•	Note: If the incident involved a death, was the medical examin Was an autopsy performed? □ Yes XNo	er notified? □ Yes XNo 	
	A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response)		
	under general anerthesian. She did not disclose a over the counter dietary suppliment that is presented to have tell to intra operative hypertension and cardear phythin irrequearily. The patient continued with bigening in recovery and further work up and Monitoring was falt to be inducated so transfer was initialab.		

DH-MQA1030-12/06 Page 1 of 2 ·

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	procedure being performed at time of spe	tly involved in the response)	aused the injury (ICD-9 Codes 800-999.9) codes)
I	Death		Surgical procedure performed on the wrong site **
	🗅 Brain Damage		Wrong surgical procedure performed **
	Spinal Damage	D	Surgical repair of injuries or damage from a planned surgical procedure.
	Surgical procedure performed on the wro	ong patient.	** if it resulted in:
	 A procedure to remove unplanned foreig remaining from surgical procedure. 	in objects	 Death Brain Damage
	Any condition that required the transfer of patient to a hospital.	of the	 Spinal Damage Permanent disfigurement not to include the incision scar
ĺ	Outcome of transfer – e.g., death, brain dam	age,	 Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory

Limitation of neurological, physical, or sensory function.

 Any condition that required the transfer of the patient to a hospital.

ME6567U

LICENSE NUMBER

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

Clifford P. Clark II MD , SWGROM ; ME65670		
KVISTY BAKEY, MD; Anethesiologist; ME71999	•	
Leatt Cooper, RN Recovery RN: RN9264995	_	

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

IV. ANALYSIS AND CORRECTIVE ACTION

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Name of facility to which patient was transferred:

HOSPITAL-DULANDO

A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) See. Section A: Dage 1

B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) See Section 4: Page 1

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SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

DATE REPORT COMPLETED DH-MQA1030-12/06 Page 2 of 2

		•
.	FLORIDA DEPARTMENT OF	STATE OF FLORIDA Rick Scott, Governor
	HEALTH	PHYSICIAN OFFICE DOH Consumer Services
		SEP 1 4 2015
	Der	SUBMIT FORM TO: partment of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75
		Tallahassee, Florida 32399-3275
	L OFFICE INFORMATION	Street Address
R	Name of office	i-Orde 305 865-2000
Day	City Zip Code County	Telephone
ţ	Hanold M. Reed Name of Physician or Licensee Reporting	$\frac{ME 0 0 137 5 8 4 354}{\text{License Number & office registration number, if applicable}}$
_	Patient's address for Physician or Licensee Reporting	
	II. PATIENT INFORMATION	
		Age $g(4)$ Gender Medicaid Medicare
	Patient Identification Number 213.57	Date of Office Visit Surgeny Vagihoplasty Purpose of Office Visit
	Diagnosis Gender dys phorie.	ICD-9 Code for description of incident
		Level of Surgery (II) or (III)
	III. INCIDENT INFORMATION	
	9/4/2015 2PM	Location of Incident:
	Incident Date and Time	Goverating Room □ Recovery Room Other
	Note: If the incident involved a death, was the medic Was an autopsy performed? Q Yes Q No	
	 A) Describe circumstances of the incident (r (use additional sheets as necessary for complete response) 	narrative)
	Hypotensive episode	a hile patient undergoing
	feminising Vaginopla	sty. No brisk bleeding but
1	EBL Souce Su	ngery concluded rapidly
`.	atter stabilization	and transferred by Fire
	Resure to Mt Sinai	Medical Center I'-followed
	patient to the and physician and intens	
	to medical intensive	Care unit. Received
	Dantrium in ER	
	DH-MQA1030-12/06 . Page 1 of 2	

B)³ ICD-9-CM Codes

02.85

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 **
a	Brain Damage		Wrong surgical procedure performed ** ,
	Spinal Damage	۵.	Surgical repair of injuries or damage from alplanned surgical procedure.
۵	Surgical procedure performed on the wrong patient.		** if it resulted in:
a	A procedure to remove unplanned foreign objects remaining from surgical procedure.	-	 Death Brain Damage Spinal Damage
9	Any condition that required the transfer of the patient to a hospital.		 Permanent disfigurement not to include the incision scar
		1	Fracture or dislocation of bones or joints
ob	ntcome of transfer – e.g., death, brain damage, servation only <u>Ceve brainedema</u>		Limitation of neurological, physical, or sensory function.
Na	ame of facility to which patient was transferred: MT: Singi Medical (PNTPr		Any condition that required the transfer of the patient to a hospital.
1		1	

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.

Keed 8 MD harn ld ropm NOG MF ρ N

F) List witnesses, including license numbers if licensed, and locating information if not listed above Anne L. Carrassauillo Surgical assistant

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)

1 V Was an Q neos ine ١E ۷. 00 POL SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER R \circ 12015 PM DATE REPORT COMPLETED TIME REPORT COMPLETED DH-MQA1030-12/06 Page 2 of 2

201525245



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT 1 2015

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

. Orlando destruction Institute
Name of office
Orlando 32804 Ovanlal.
Clifford P. CLAVE IT MD
Name of Physician or Licensee Reporting
701 W. Morse Bird, Winter Hark 32789
Patient's address for Physician or Licensee Reporting

Par Street, Suite 1000. Street Address 407-770-2002 Telephone ME65670 OSR 570

License Number & office registration number, if applicable

Patient's Address
Patient's Aduless 2-11-1967
Patient Identification Number
Diagnosis

PATIENT INFORMATION

III. INCIDENT INFORMATION

9-5nt 5:00 Am 1.015

Incident Date and Time

H.

Q α Medicaid Medicare Age ender Date of Office noolast With liposuction of Purpose of Office Visit Central abdomen (vaor ICD-9 Code for description of incident

Level of Surgery (II) or (III)

Location of Incident: □_Operating Room C Recovery Room Sother_Overnight Stav suite

- Note: If the incident involved a death, was the medical examiner notified?
 Yes X No Was an autopsy performed?
 Yes X No
- A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

See attacher notes Please .

B) ICD-9-CM Codes

9=128.84

HOOMINODUSTY JUD-91-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) NA 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 set of the	site **
🗆 Brain Damage	Wrong surgical procedure performed **	
Spinal Damage	 Surgical repair of injuries or damage from a p surgical procedure. 	blanned
 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	
Any condition that required the transfer of the patient to a hospital.	 Permanent disfigurement not to include t incision scar 	1
Outcome of transfer e.g., death, brain damage, observation only Name of facility to which patient was transferred: 	 Fracture or dislocation of bones or joints Limitation of neurological, physical, or se function. Any condition that required the transfer or patient to a hospital. 	ensory

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

DY Clifford P. Clo	WK, IF; SUVAL	M; ME6	5670		
Amy Verity, FN;	overnight/recover	y RU;	RN25208	362	
<u> </u>	<u> </u>	t <u>/</u>			

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

lease See attached note MADI B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) ٩ ¥. Plank. ЩMD V. tsva URE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER 1-9-2015 9 14:45pm DATE REPORT COMPLETED TIME REPORT COMPLETED DH-MQA1030-12/06 Page 2 of 2 ,

CLIFFORD P. CLARK III, M.D. 701 West Morse Boulevard Winter Park, Florida 32789

CHART NOTE

NAME:	
DATE:	09.05.2015, 0500
DOB:	

EVALUATION OF PATIENT FOR ROUTINE FOLLOWUP: The patient is still complaining of significant pain, which is not surprising status post abdominoplasty. The patient's left drain is slightly increased over the last 3 hours at 75 cc with no clot. The patient's left hemiabdomen demonstrates slightly fuller visually.

Blood pressure is 114/70, pulse is 62 at 0730. The patient is more awake and alert. The patient is tolerating liquids. The patient was sat on the side of the bed and her blood pressure dropped to 78/48. The patient became less responsive. The patient was placed back in bed and given apple juice. The patient became greatly more responsive. The patient's blood pressure rallied into 100 to 90 over 70. The patient demonstrated no tachycardia.

The patient was presumed to be an acceptable candidate for discharge at this point. The patient was dressed, sent to the bathroom, and was awake, alert, and ambulating. The patient while sitting in a wheelchair became lethargic once again and her blood pressure was again demonstrating to be in the 70s.

The patient was again not tachycardic. The patient demonstrated no change in her J-P drainage. There was no dramatic change in abdominal contour.

The patient was not in sufficient condition for discharge at 0900. It was felt that the patient needed to be transferred to the hospital to rule out bleeding. Rural Metro medical transport was contacted and transfer was initiated.

ADDENDUM TO ABOVE: At 1030 the patient was admitted to Florida Hospital South emergency department. The patient was awake and alert with a blood pressure at 100/70. IV access was again obtained and 2 liters of fluid was given. The patient was observed over the ensuing 2 hours. The patient remained awake and alert with stable blood pressure. The patient was not tachycardic. The quality of her J-P drainage did not change. Subsequent laboratory evaluation demonstrated hematocrit of 29.8. Her

2 of 2

electrolytes were within normal limits; however, her BUN was slightly elevated and her calculated GFR was decreased.

The patient began ambulating and tolerating p.o. easily and remained stable. It was felt that the patient could be discharged safely. The assessment at the time of transfer was vasovagal response versus modest dehydration.

Clifford P. Clark, III, M.D.

CPC/TC/ 3190558-000 D: 09/08/2015 T: 09/08/2015

112212



STATE OF FLORIDA **Rick Scott, Governor**

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT EL; SUBMIT FORM TO: Department of Health, Consumer Services Unit UCT 5

4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

Telep

Age Date

Purpose

OFFICE INFORMATION I. Name of office City Name of P Licensee îan or

Patient's address for Physician or Licensee Reporting

- [].	PATIENT IN	FORMA	TION	
Patient Mc			2 1	
Dotton To-	Videopo has	- 80-		
Patient Ide	entification Numb	er	<u>, , , , , , , , , , , , , , , , , , , </u>	,, ,
Diagnosis	······	····-·····		

INCIDENT INFORMATION 111.

15 nd Incident Date and Time

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

Gender

Visit

License Number & office registration number, if applicable

Location of Incident: Other

of Office

Recovery Room

n

Medicaid Medicare

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

A) Describe circumstances of the incident (narrative)

additional sheets as ary for complete response) neces DH-MQA1030-12/06 Page 1 of 2

B) ICD-9-CM Codes

· · · ·	
Surgical, diagnostic, or treatment	Accident, event, circumstances, or
procedure being performed at time of	specific agent that caused the injury
Incident (ICD-9 Codes 01-99.9)	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 Death	Surgical procedure performed on the wrong site **
D Brain Damage	Wrong surgical procedure performed **
Spinal Damage	 Surgical repair of injuries or damage from a planned surgical procedure.
Surgical procedure performed on the wrong patient.	** if it resulted in:
A procedure to remove unplanned foreign objects remaining from surgical procedure.	 Death Brain Damage Spinal Damage
Any condition that required the transfer of the patient to a hospital.	 Permanent disfigurement not to include the inclusion scar Fracture or dislocation of bones or joints
Outcome of transfer – e.g., death, brain damage, observation only <u>Fall Recovery</u> Name of facility to which patient was transferred: <u>Florids</u> <u>Hospital</u> of Porth Haveles	 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.

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)
Patrents Riged Pressure begame unstable, The Suisery was immediated staffed.
EMIT trake Partnent to Floride Hospital For Cullistion and management
V. RATINE MUD ME562 44
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
10-8-15 2:00-11
DATE REPORT COMPLETED TIME REPORT COMPLETED
DH-MQA1030-12/06
Page 2 of 2

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STATE OF FLORIDA Rick Scott, Governor

DOH Consumer Service:

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

DEC 2 9 2015

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

Telephone

Į. FFICE INFORMATIO Nai Name of Physician or icensee

North

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

	•	
	Age Gena	er Medicaid Medicare
Patient's Address	Date of Office Visit	
Patient Identification Number.	· Purpose of Office Visit ···	
Diagnosis	- ICD-9 Code for description	ı of incident
· ·· · · · · · · · · · · · · ·	Level of Surgery (II) or (III)	
III. INCIDENT INFORMATION	•	
12/8:11 J all postment 10:00 M	Location of Incident: In Operating Room	🗅 Recovery Room 💈

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

A) Describe circumstances of the incident (narrative)

ary for complete response) ephal Ì lenes 8 MAQ ρc 102 Stratome per Sev. DH-MQA1030-12/06 estotogist. Page 1 of 2 ¥\$ Ø Nh

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)

ś

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
Ð	Brain Damage		Wrong surgical procedure performed **
	Spinal Damage	B	Surgical repair of injuries or damage from a planned surgical procedure.
9	Surgical procedure performed on the wrong patient.		** if it resulted in:
	A procedure to remove unplanned foreign objects		🖬 Death
	remaining from surgical procedure.		 Brain Damage Spinal Damage
œ⁄`	Any condition that required the transfer of the patient to a hospital.		 Permanent disfigurement not to include the incision scar
			Fracture or dislocation of bones or joints
	tcome of transfer - e.g., death, brain damage,	1,	Limitation of neurological, physical, or sensory
obs	servation only Dicherged KOME WITTIN CAY SO	the	function.
Na k	me of facility to which patient was transferred/ DAPTH Flot for Haspital Tarpin Spises		 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.

 $\varphi_{0,i}$

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 GN 45 for complete response B) Describe corrective proactive action(s) taken (Use additional sheets we 1 C Р ¥€n V. SIGNATURE OF PHYSICIAN/LICENSEE SUBMI REPORT TING LICENSE NUMBER DATE REPORT COMPLETED TIME REPORT COMPLETED DH-MQA1030-12/06 Page 2 of 2

16021 201006021	STATE OF FLORIDA Rick Scott, Governor JOH Consumer Service. PHYSICIAN OFFICE ADVERSE INCIDENT REPORT 1 2015
	SUBMIT FORM TO: partment of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275
1. OFFICE INFORMATION <u>Cristina F. Keusch M.D., P.A., F.A.C.S</u> Name of office <u>Bocg Ration</u> <u>33431</u> <u>Palm Beach</u> City <u>Zip Code</u> <u>County</u> <u>Cristina F. Keusch M.D.</u> Name of Physician or Licensee Reporting <u>See below</u>	950 Glades Road Suite 3A Street Address (561) 368 9455 Felephone ME 54136 AAAASF # 1189 OSR License Number & office registration number, if applicable #
Patient's address for Physician or Licensee Reporting	Age Gender D N/A D N/A Age /2/24/2015 Date of Office Visit Consultation for facial rejuenation by okermal Fill Purpose of Office Visit R.55 ICD-9 Code for description of incident ICD-9 Code for description of incident
III: INCIDENT INFORMATION 12/24/2015 at approximate 10:00 Incident Date and Time	Level of Surgery (II) or (III) Location of Incident:
Note: If the incident involved a death, was the medica Was an autopsy performed? □ Yes □ No N/A	I examiner notified? □ Yes □ No <i>N</i> A
A) Describe circumstances of the incident (na (use additional sheets as necessary for complete response) SEE Altached sheet dated 1-4-1	,
DH-MQA1030-12/06	

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B) ICD-9-CM Codes

1PT.	11	951	and	CPT	:	69	Ha	15

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

E941

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

NA

ICD-10 : K.55

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.	-	
	A procedure to remove unplanned foreign objects remaining from surgical procedure.		 ** if it resulted in: Death Brain Damage Spinal Damage
1 24.	Any condition that required the transfer of the patient to a hospital.		 Permanent disfigurement not to include the incision scar Fracture or dislocation of bones or joints
obs Na	tcome of transfer – e.g., death, brain damage, servation only <u>observation and tests only</u> me of facility to which patient was transferred: wa Katon Regional Hospital	ex	 Limitation of neurological, physical, or sensory function. Any condition that required the transfer of the

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.

Keusch 136 (dermal m

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

IV. ANALYSIS AND CORRECTIVE ACTION

SIGNATURE OF PHYSICIAN/LICENSEE

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

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

SUBMITTING REPORT

14:30 TIME REPORT COMPLETED

V.

LICENSE NUMBER

<u>Of -- 06 - 16</u> DATE REPORT COMPLETED DH-MQA1030-12/06 Page 2 of 2

1-4-16

III. A - Incident Information - Circumstances

This incident concerns a who presented to the office for consultation for facial rejuvenation and dermal filler treatment on 12-24-15. The patient had a prior history of vasovagal episodes with nausea, vomiting and diarrhea. Additional medical history included anxiety and dry eyes. was taking Prozac 10-20mg PO QD and denied any medication allergies. was a non-smoker and admitted to minimal alcohol intake. Botox, Voluma, and Juvederm treatments were provided. Near the completion of the treatment which lasted approximately 20 minutes, the patient developed a syncopal/vasovagal episode with hypotension, bradycardia and loss of consciousness. regained consciousness and responded positively to supine positioning with legs elevated and ammonia inhalants. then experienced nausea, vomiting and diarrhea. An IV was started and the patient received one liter of ringer's lactate over 60 minutes. Vital signs were stable at blood pressure 97/52, heart rate 70, and oxygen saturation of 100%. Zofran 8mg ODT was administered. had been called and was in attendance. Even though vital signs were stable and in the baseline rates that was accustomed to, I felt it prudent to transfer the patient to the hospital via EMS for further evaluation. The patient was in the ER for 4 hours and was released to home as work up was negative. The patient has had no further related incidents.

IV. Analysis and Corrective Action

As soon as possible after the event, I reviewed the event with my staff. The facility healthcare risk manager was notified to ensure compliance with state reporting requirements.

As this facility is AAAASF accredited, this incident will be further analyzed through the mandatory peer review process.

No definitive etiology was established for this event, however this patient will no longer be a candidate for procedures in this office. Any patient with a history of vasovagal reaction will be evaluated prior to the performance of any elective procedures in the future.

1 celite

Dr. Cristina Keusch

Date

STATE OF FLORIDA Rick Scott, Governor

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

- wi	autossee, 1 torida 32339-3275
1. OFFICE INFORMATION <u>Wolnut</u> Creek Medical Center Name of office <u>HollyWood</u> <u>33024</u> Broward City <u>33024</u> Broward <u>City</u> <u>33024</u> County <u>Ar Daniel Cahen</u> Name of Physician or Licensee Reporting <u>Same as aboye</u> Patient's address for Physician or Licensee Reporting	<u>1779 N. Univers, ty Drive</u> Street Address <u>954 - 964 - 6281</u> Telephone <u>ME106752</u> <u>OSR #5</u> 98 License Number & office registration number, if applicable
II. PATIENT INFORMATION Patient's Address Patient's Address Patient Identification Number Patient Identification Number Platent Identification Identification Number Platent Identification Identif	12.128/15 Medicaid Medicare Date of office Visit Medicaid Medicare Endoscopy and Colonoscopy Purpose of Office Visit ICD-9 Code for description of incident IL Level of Surgery (II) or (III) III)
 INCIDENT INFORMATION 12/28/15 @ 9:40am Incident Date and Time Note: If the incident involved a death, was the medical exami Was an autopsy performed? □ Yes □ No N/A A) Describe circumstances of the incident (narrative) 	חויי
(use additional sheets as necessary for complete response)	cumentation
DH-MQA1030-12/06 Page 1 of 2	

Surgical, diagnostic, or treatment procedure being performed at time of specific agen	Dept and Dept and Dept circumstances, or at that caused the injury D-9 E-Codes) Dept circumstances, or (ICD-9 Codes, 800-999.9) If any If any If any
C) List any equipment used if directly invol (Use additional sheets as necessary for complete response Endoscope and Colonoscop D) Outcome of Incident (Please check)	2)
🖸 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 patie	nt. ** if it resulted in:
 A procedure to remove unplanned foreign objects remaining from surgical procedure. 	Death Brain Damage D Spinal Damage
Any condition that required the transfer of the patient to a hospital.	Permanent disfigurement not to include the incision scar
Outcome of transfer – e.g., death, brain damage,	 Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory

Outcome of transfer – e.g., death, brain damage, observation only Name of facility to which patient was transferred: Memorial hegional hose-fal

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.

Pre-Post Maria Doniel hesihim Asst in code fracedure. INY AC RAU MONA *A*.II.5 Documenter Ned ames _

function.

patient to a hospital.

Any condition that required the transfer of the

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. PHYSICIAN/LICENSEE SUBMITTING REPORT SIGNATURE/OF LICENSE UMBER 1300 H_0 DATE REPORT COMPLETED TIME REPORT COMPLETED DH-MQA1030-12/06 Page 2 of 2



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

Drs. Steiner, Yotseff, Dooreck & Cohen www.browardgi.com | Tax ID 65-0963459

Patient Name:

MR #: 0000067461 DOB		
Gender:	 	
Address		
Phone: 7862162112.		

DR COHENS CHART NOTZ

Chart Note

pt had a code

At the end of pt's procedures, was noted to be destaturating. LMA was placed. O2 sats came up, but was then was note to have no pulse. CPR started and 911 called. EMS came and cardiac rhythm appeared to be asystole. Was given epinephrine and pulse came back. Was taken by EMS to Memorial Regional. I called the ER attending Dr Didonato and informed was of the situation. I also called pt's PCP (Dr Manzano was covering for Dr Trejos) and informed was of the situation We tried to call pt's daughter, but the listed phone number was incorrect. Eventually we got the correct number and I spoke wi daughter

Created On: 12/28/2015 01:58 PM By Daniel Cohen

12/29/15 The JAmes observed A code on 12/29/15 @ uphich Time I did upter And called moria for Hella.

I was assed in to the procedure sam bit NED. PT was on his brack, DR IZAGUME uns TERING TO DET ON DIE way, ned was giving mest compressions and eaul was helping ebility to pad wan a paul I. Insugast va and Expositioned the bp cutt. I was noted were pulled anof the crosh are but none Was given to the PT. PER DR CONEN'S REGREST I called 911.

MDE: D EN

15:58.15



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

Drs. Steiner, Yotseff, Dooreck & Cohen www.browardgl.com | Tax ID 65-0963459

EGD-Colonoscopy Report

Patient Name:			
Date of Birth (Age):		Procedure Date:	12/28/2015 08:30 AM
Gender:		Account Number:	0000067461
Endoscopist:	Daniel L. Cohen, MD		
	<u></u>		

Referring Physician:

CARLOS A. TREJOS CHEN NEIGHBORHOOD MEDICAL CENTERS | MIAMI LAKES CENTER | 5961 NW 173RD DRIVE HIALEAH, FL 33016 (305) 556-7500 (phone) (305) 698-6522 (fax)

EGD Indications:

Abdominal distension: 787.3 - R14.0 Flatulence, Bloating, and/or Gas Pain: 787.3 - R14.0 Diverticulosis of small intestine: 562.00 - K57.10

Colonoscopy Indications:

History of Colon Polyp(s): V12.72 - Z86.010

General Procedure:

Risks, including perforation and a missed lesion, benefits, alternatives discussed for both procedures; question answered. Time out performed. Total Intravenous Anesthesia (TIVA) Level 3 Cardiopulmonary monitoring with oxygen delivery. Patient in left lateral decubitus position.

EGD

EGD Procedure:

Olympus upper endoscope introduced. Retroflexion in stomach. Patent pylorus. Endoscope extended to descending duodenum. Findings as below. Procedure tolerated without complication and no immediate adverse events noted.

EGD Findings:						
<u>Esophagus</u>	Mucosa	Patchy white plaques of the mucosa was noted in the lower third of the esophagus. Multiple cold forceps biopsies were performed in the lower third of the esophagus. Specimens taken to rule out candida.				
<u>Stomach</u>	Additional esophagus findings Normal stomach.	Esophagus otherwise normal				
<u>Duodenum</u>	Mucosa	Normal mucosa was noted in the duodenum. Multiple cold force; biopsies were performed in the duodenum.				

Printed on 12/29/2015

Follow up pathology results

Additional Notes:

At the end of the procedures, patient desaturated and became pulseless. An LMA was placed; CPR was begun and EMS called. Patient was given epinepherine and pulse came back. Patient was taken by EMS to Memorial Regional.

Daniel L. Cohen, MD Electronically signed on 12/28/2015 9:53:22 AM by Daniel L. Cohen, MD



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

NIA

I. OFFICE INFORMATION <u>LIV Plastic Surgery</u> Name of office <u>Boca Raton</u> <u>33433</u> <u>Palm Beach</u> City County Dr. Durdrey R. D. D. D.	6877 SW 18th Street #H201 Street Address <u>561 - 347 - 1611</u> Telephone ME 73232
Dr. Andrew Ress Name of Physician or Licensee Reporting Same as above Patient's address for Physician or Licensee Reporting II. PATIENT INFORMATION	License Number & office registration number, if applicable
Patient's Address	Age 8/14 Gender Medicaid Medicare Date of Office Visit Elective Surgery
Patient Identification Number SSIM IQXITY of face and neck Diagnosis	Purpose of Office Visit
III. INCIDENT INFORMATION <u>8/14/15 APProx 3pm</u> Incident Date and Time	Location of Incident:
 Note: If the incident involved a death, was the medical exar Was an autopsy performed? □ Yes □ No N/A A) Describe circumstances of the incident (narrati (use additional sheets as necessary for complete response) 	
_See attached	
Patient has been dischara	
healing well without any	complications

DH-MQA1030-12/06 Page 1 of 2

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Page:1/1

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B} ICD-9-CM Codes					
V 50-1 Facel, AL 410. Surgical, diagnostic, or treatment Accident, event,	Ling None circumstances, or Resulting injury				
procedure being performed at time of specific agent th Incident (ICD-9 Codes 01-99.9) or event, (ICD-9	at caused the injury (ICD-9 Codes 800-999.9)				
(Use additional choose as nocessary for complete response)	d in the Incident <u>Coleman canula to harvest fat</u>				
Face Tray-standard-skin hooks, metz. forcer	As, ormy navy retractors, face scissors, straight isi				
Equipment - busic machine and fen, bair hugi D) Outcome of incident (Please check)	zer, full body blanket				
🗅 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. 	ロ Death ロ Brain Damage				
Any condition that regulared the transfer of the patient to a hospital.	 Spinal Damage Permanent disfigurement not to include the inclusion scar 				
Outcome of transfer-e.g., death, brain damage, observation only	 Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function. 				
Name of facility to which patient was transferred: Broa haten healenal Hospital	Any condition that required the transfer of the patient to a hospital.				
they were involved in this incident, this would inclu care providers. Or Andrew Ress MET3232 - Sur	580462 Anethesia Provider B and PACU 177 Certified Surgical Tech				
IV_ ANALYSIS AND CORRECTIVE ACTIO A) Analysis (apparent cause) of this incident (Use addit CORDARY Artery Olisease o CORDARY Stent	anal sheats as nacessary tax complete response)				
B) Describe corrective or proactive action(s) taken (u) <u>BEVIEN</u> MEDICA CLEARANCE	se additional shoets as necessary for complete responsed <u>Ce</u>				
V. <u>ME 13232</u> SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER					
DATE REPORT COMPLETED TIME DH-MQA1030-12/06 Page 2 of 2	REPORT COMPLETED				

	101527858 159 STATE OF FLORIDA DOH Consumer Services
	Rick Scott, Governor PHYSICIAN OFFICE ADVERSE INCIDENT REPORT
Florida HEALTH	SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275
i. OFFICE INFORMATION <u>Pierini Esthetru Surgpy</u> Name of office <u>33 104a</u> Dor & <u>33 104a</u> <u>Dor & Zip Code</u> County <u>Olukerni Fajolu</u> Name of Physician or Licensee Reporting	$\frac{8353}{305} \frac{100}{305} \frac{36^{th}}{305} \frac{51}{303} \frac{51}{305} \frac{100}{305} \frac$
Patient's address for Physician or Licensee Reporting II. PATIENT INFORMATION Patient Name Patient's Address Patient's Address Patient Identification Number Cervical of the curve of the c	Age 9 30 2015 Date of Office Visit Spiral in (2015) Purpose of Office Visit
III. INCIDENT INFORMATION 9 905 Incident Date and Time Note: If the incident involved a death, was the me Was an autopsy performed? □ Yes □ No	Location of Incident: Operating Room Other edical examiner notified? I Yes I No
	nted to Pierini Esthetic Surgery Center

and placed prone onto the the operating room table. JORTUNC WP. In performed after Amend was cinducted and patient and warking verified ections /)A. nout incident. He remained ho mod WPIE completed with ללתוד UTAMICA

DH-MQA1030-12/06 Page 1 of 3

1, ter the case, the - patter It was being (minart The UNI TOP. ΥÖL MUMP 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)

None

D) Outcome of Incident (Please check)

	Death	Surgical procedure performed on the wrong site **
	Brain Damage	Wrong surgical procedure performed **
Q	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. Any condition that required the transfer of the patient to a hospital.	 ** if it resulted in: Death Brain Damage Spinal Damage Permanent.disfigurement not to include the incision scar Fracture or dislocation of bones or joints
Out obs Nat	icome of transfer – e.g., death, brain damage, ervation only <u>Observation and Futine Manage</u> rreat me of facility to which patient was transferred. 201011 [201010] Natilal Centry	 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.

Olukemi Fair	(I. ND (ME 121700) (RNA (9265255)	Veronika	Adriasola RN (130	12510)
Jason Veror	<u>CRINA 19265255)</u>			
Victor Berrios			· · · · · · · · · · · · · · · · · · ·	
Victor Berrios Allexandier	Moreira, RN/93	2(0222)		

F) List witnesses, including license numbers if licensed, and locating information if not listed above SimMS (141142)

IV. ANALYSIS AND CORRECTIVE ACTION

1911

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)

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