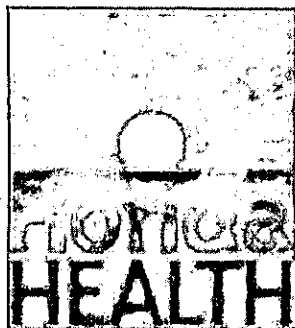


STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Services

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

FEB 08 2017



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

I. OFFICE INFORMATION

Vascular Surgery Associates
Name of office

Tallahassee, FL 32308 Leon
City Zip Code County

Dr. Robert Hoyne
Name of Physician or Licensee Reporting

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

2631 Centennial Blvd
Street Address

850-877-8530
Telephone

ME0042148 OSR925
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[REDACTED]
Patient Name

[REDACTED]
Patient's Address
50980

Patient Identification Number
170.221

Diagnosis

[REDACTED] Male ☐ Gender ☐ Medicaid ☒ Medicare

1-19-17
Date of Office Visit

Abdominal aortogram with femoral run off

Purpose of Office Visit
170.221

ICD-9 Code for description of incident
Level II

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1-19-17
Incident Date and Time

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

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

1345 Following LE angiography, patient reported RLE pain, decreased sensation and was noted to have decreased pulses on exam. Dr. Hoyne notified.

1355 Dr. Hoyne at bedside, recommends surgical revascularization. 1400 Orders received to transfer patient to TMH for emergent revascularization. 1405 Family notified of need for transfer. 1415 EMS contacted. 1440 Patient transferred to TMH via EMS belongings.

Sent with patient.

B) ICD-9-CM Codes

N/A	N/A	170.221
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

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

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

Julie Angelier RN, staff nurse 9305209

Bryce Carroll RN staff nurse RN 93433358

Robert Hoyne MD ME0042148

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

Cameron Carroll RPA Lab Manager 11GA1428

IV. ANALYSIS AND CORRECTIVE ACTION

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

N/A

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

N/A



DOH Consumer Services

FL 01 2017

STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

JLAH6

SUBMIT FORM TO:

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

I. OFFICE INFORMATION

American Access Care
Name of office
Plantation 33 Broward
City Zip Code County

Naveen Goel
Name of Physician or Licensee Reporting
6766 W. Sunrise Blvd. Suite 100
Patient's address for Physician or Licensee Reporting
Plantation FL

6766 W. Sunrise Blvd. Suite 100
Street Address

954-583-8472
Telephone

License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted Patient Name]

[Redacted Patient Address]
Patient's Address
MR # 3602200

Patient Identification Number
ESRD N18.6
Diagnosis

[Redacted Patient Age] F
Age Gender
1-20-17

Date of Office Visit

Evaluate and treat Access
Purpose of Office Visit

Vessel rupture + Hematoma M79.8
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1-20-17 10:28 Am
Incident Date and Time

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

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

N/A

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

See attached

DOB: [REDACTED]

DOS: 1/20/17

MR: 3602200

MR# 3602200

Her dialysis team noted that she was having poor clearances. Physical exam reveals pulsatility, and decreased bruit/thrill. She has a history of having this access for about two years and denies ever having any intervention. The patient was assessed in pre-op by nursing as well as by the doctors, Dr. Kamra and Dr. Goel. She was deemed stable for the procedure at hand. The procedure was explained to her in detail. She signed informed consent and was taken into the procedure suite where the fistulagram procedure commenced. The LIP, Dr. Kamra noted an 80% stenosis to the upper portion of her basilic vein and 80% in the axillary basilic junction. The basilic vein was angioplastied with a 7x4 balloon resulting in a 50% residual stenosis additional angioplasty was performed using a larger balloon size (8x4) after which a post angioplasty dissection was appreciated under fluoroscopy. This necessitated placement of a covered stent to contain the dissection. Post stent placement showed a contained basilic vein with good flow. The patient did have considerable pain and a large hematoma formation. Ice was immediately applied and the patient was taken to PACU in stable condition. The patient's Nephrologist (Dr. De La Cruz) was called by Dr. Kamra and the plan for this patient is to have her family member take her to Memorial West hospital for observation and evaluation by her vascular surgeon. The patient's Mom was informed of the patient's status and she agreed to take the patient to the hospital. The patient was discharged into the care of her mother who took this patient to the hospital as directed.

*** Patient had a 5 day hospital stay, she was able to have a tunneled dialysis catheter placed and will need to allow her arm to rest for 1 month. She is home now and able to have successful dialysis via her left chest tunneled dialysis catheter.

B) ICD-9-CM Codes

36092
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

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

hematoma M79.81
Resulting injury (ICD-9 Codes 800-999.9)

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

N/A

D) Outcome of Incident (Please check)

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

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

<u>Amit Kamra MD</u>	<u>ME 115193</u>
<u>Naveen Goel MD</u>	<u>ME 97536</u>
<u>Lymarie Concepcion RN</u>	<u>RN 9330228</u>
<u>Alexandro Lamas RT</u>	<u>RT 509135</u>

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

<u>Sheryl Browner RN</u>	<u>RN 1807112</u>
--------------------------	-------------------

IV. ANALYSIS AND CORRECTIVE ACTION

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

No apparent cause. A vessel rupture is a possible untoward response to angioplasty.

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

Continue to use due caution with all procedures and ensure all practitioners are well trained to respond to any untoward response and continue to Re-evaluate risks and benefits of all procedures so the patient can make an informed

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

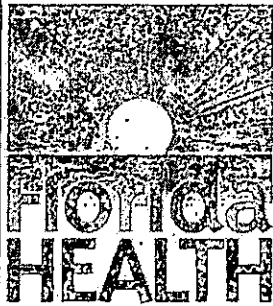
LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

201702337 52

STATE OF FLORIDA DOH Consumer Services
Rick Scott, Governor
FEB 08 2017



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Vascular Surgery Associates
Name of office
Tallahassee, FL 32308 Leon
City Zip Code County
Dr. Mitchell Massie
Name of Physician or Licensee Reporting
[Redacted]
Patient's address for Physician or Licensee Reporting

2631 Centennial Blvd Suite 100
Street Address
850-877-8539
Telephone
ME73308 OSR925
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted]
Patient Name
[Redacted]
Patient's Address
63970
Patient Identification Number
170.222
Diagnosis

[Redacted] female
Age Gender Medicaid Medicare
11-26-17
Date of Office Visit
Abdominal aortogram with femoral runoff
Purpose of Office Visit
195.81
ICD-9 Code for description of incident
Level II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1-26-17
Incident Date and Time

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

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

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

1255 Following abdominal aortogram with femoral runoff patient with N/V, hypotensive, IV fluid bolus given per VO by
Dr. Massie. 1305 Patient remains hypotensive, Dr. Massie notified. Order rec'd to transfer patient to TMH for observation.
1310 Family notified of need for transfer. EMS notified, report called to TMH. 1345 Patient transferred to TMH via EMS belongings sent with patient

B) ICD-9-CM Codes

N/A	n/a	195.81
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event (ICD-9 E-Code)	Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

N/A

D) Outcome of Incident (Please check)

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

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

Julie Angelier RN 9305209

Cassie Davis ARNP-C VSA ARNP 9178836

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

Bryce Carroll RN 9343358

IV. ANALYSIS AND CORRECTIVE ACTION

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

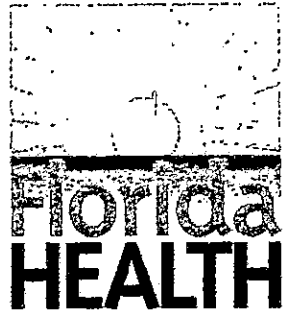
n/a

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

None

201706088

151



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

Eres Plastic Surgery
Name of office
Miami 33144 Dade
City Zip Code County
Daniel Calua-CERQUEIRA
Name of Physician or Licensee Reporting

8504 SW 8th St.
Street Address
305-262-6070
Telephone
ME120264
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted]
Patient Name
[Redacted]
Patient's Address
Chart 122241
Patient Identification Number
Anemia, Postoperative
Diagnosis

[Redacted] ☐ Medicaid ☐ Medicare
Age 1/26/17 Gender Female
Date of Office Visit
Follow up visit after Brazilian Butt Lift.
Purpose of Office Visit
D62
ICD-9 Code for description of incident
III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

1/26/17 2:00 pm (around)
Incident Date and Time

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

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

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

[Redacted] on 1/25/17 underwent a Brazilian Butt Lift without any complications. Total blood loss was estimated at around 150 cc. She was discharged without any issues and vital signs, mental status was stable. On 1/26/17 around 2 pm she came for her POD 1 followup and passed out as she was getting into car. 911 was called, and she was taken to Baptist hospital with stable vitals and talking. Hg on arrival was 6.7 g/dl and a CT scan was done to make sure no other issues were imminent. CT scan negative, and was transported 2 units on PRBC. She responded to 8.4 g/dl and on 1/27/17 was discharged from the ER. I have spoken to her multiple times and is

B) ICD-9-CM Codes → using ICD 10.

241.1

D62

D62

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

At my Facility only me (Dr. Daniel Calva license ME120264)

At Baptist 1) Dr. Charles Gonzalez

Dr. Karen Valledor

Dr. Justin Matthew Raphael

Dr. Kestie Gutierrez Velez

not sure by licenses.

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

Not sure. There were patients within my facility.

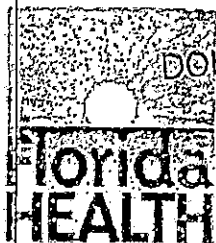
IV. ANALYSIS AND CORRECTIVE ACTION

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

Post operative anemia. 911 was called.

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

EMS arrived and we asked them to take patient to Baptist since it is a facility that I have privileges.



DOH Consumer Services

FEB 08 2017

STATE OF FLORIDA
Rick Scott, GovernorPHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

I. OFFICE INFORMATION

Advanced Imaging + Interventional Institute

Name of office

Clearwater 33761 Pinellas

City

Zip Code

County

Gerald Niedzwiecki, MD

Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

2730 McMullen Booth

Street Address

727-791-7300

Telephone

ME70649/OSR521

License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Name

Patient's Address

Patient Identification Number

Diagnosis

Female

Age

01/30/2017

Gender

☐

Medicaid

☒

Medicare

Date of Office Visit

lung biopsy

Purpose of Office Visit

ICD-9 Code for description of incident

#

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

01/30/17 0855 AM

Incident Date and Time

Location of Incident:

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

patient scheduled for lung biopsy. Biopsy performed and completed. patient developed small pneumothorax, an expected risk of procedure. To be re-evaluated 1 hour post-op. In PACU, patient with moderate amount of hemoptysis with coughing, patient became tachypneic with labored breathing. O2 sat 85% on 3 liters nasal cannula. Dr. Niedzwiecki notified and patient taken back to CT for scan of chest. Scan showed small pneumothorax and some parenchymal hemorrhage. To improve oxygenation Dr. Niedzwiecki inserted chest tube without complication, post scan showed fully inflated right lung, O2 sat 95% on 3L. pt. continued with labored breathing. Albuterol neb administered with minimal improvement. Dr. Niedzwiecki ordered pt. to be transferred to MCH due to continued labored respirations, for further observation and treatment. EMS called and pulmonary doctor notified of patient's condition by Dr. Niedzwiecki. 10:00 pt transferred via stretcher/EMS to MCH. upon discharge vital signs BP 111/70. PACU O2 sat 99% 4 liters. < 2. 2 71.

DH-MQA1030-12/06

Page 1 of 2

B) ICD-9-CM Codes

C34.80

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

Gerald Niedzwiecki, MD ME70649
 Colleen Niedzwiecki, MD ME68554
 Brandi Ransom, RN RN9188020
 Jeannette Hill, RN RN706652

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)

Although Pneumothorax and Parenchymal Hemorrhage were small they were sufficient to cause a COPD exacerbation in this pt with severe COPD. This did not respond to nebulizer therapy so pt transferred before she worsened further.

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

Pt recognized early to be experiencing a COPD exacerbation. Timely & appropriate intervention undertaken. Continue close monitoring of patient's post procedure for signs of dyspnea or respiratory distress.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

I. OFFICE INFORMATION

Dialysis Vascular Access Center

Name of office

Leesburg 34748 Lake
City Zip Code County

Timothy Rogers

Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient's Address

104630

Patient Identification Number

Diagnosis

III. INCIDENT INFORMATION

1/31/17 10:11 am
Incident Date and Time

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)

Ten minutes after the start of the procedure pt felt nauseated. No angiogram had been performed at this time, no medications were administered and no thrombectomy or angioplasty had been performed. The only procedure completed was sheath placement. No clot was dislodged. Pt. became bradycardic with a HR of 30 and a couplet was noted. BP stable at 182/95 + O2 sat was 100%. Pt. was alert and oriented. Bradycardia lasted approximately 2 minutes. Pulse noted. Nausea resolved.

1330 Citizens Blvd

Street Address

352 435-4577

Telephone

ME 85781

OSR 723

License Number & office registration number, if applicable

Age

1/31/17

Gender

M

☐

Medicaid

☐

Medicare

Date of Office Visit

LEA AVF malfunction, clotted access

Purpose of Office Visit

Clotted AV access 996.73

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

Location of Incident:

☐ Operating Room

☐ Recovery Room

☒ Other procedure room

After incident pt's heart rate remained in NSR 70-80's with occasional PAC's & PVC's. Angioplasty and de clot performed. Pt. was completely stable during the procedure and the procedure was completed without any medication. At the end of the case pt's daughter was called and informed of above incident. Dr. Rogers wanted pt sent to the ED for cardiac evaluation and observation. EMS was called and pt was sent to The Villages Hospital.

B) ICD-9-CM Codes

36905 Thrombectomy

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

Outcome of transfer -- e.g., death, brain damage, observation only observation + cardiac evaluation

Name of facility to which patient was transferred:

The Villages Hospital

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

** if it resulted in:

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

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

Lillian Burkhardt RN 9419648

Kandice Owens RN 9337803

Charles Schanel CRT 38757

Steven Rhoades CRT 77932

Timothy Rogers ME 85781

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)

misdiagonal response

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

Incident resolved without medication. Thrombectomy completed so patient could receive dialysis.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

2/1/17

530 PM

ME 85781

201704764 179

STATE OF FLORIDA DOH Consumer Services
Rick Scott, Governor

MAR 20 2017



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Name of office New Life Plastic Surgery
City Miami Zip Code 33144 County _____
Name of Physician or Licensee Reporting Enrique Hanabergh Jr

Street Address 8400 SW 5th St
Telephone 305 501 5020
License Number & office registration number, if applicable ME104210

Patient's address for Physician or Licensee Reporting _____

II. PATIENT INFORMATION

[Redacted]
Patient Identification Number _____
Diagnosis Bleeding

Age 01 Gender 31 2017 ☐ Medicaid ☐ Medicare
Date of Office Visit Abdominoplasty
Purpose of Office Visit 998.11
ICD-9 Code for description of Incident _____
Level of Surgery (II) or (III) III

III. INCIDENT INFORMATION

Incident Date and Time 01/31/2017 ~ 15:00

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

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

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

About 20 minutes after arriving in PACU
Pt had bleeding from her JP drain. It
filled 3 times and stopped once binder around
abdomen was tightened. Pt was transferred
to Kendall Regional Hospital in stable condition.
Once at the hospital bleeding had stopped. Pt was
given IV fluids and kept over night for observation.

B) ICD-9-CM Codes:

V50.1

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

998.11

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

None

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

None

D) Outcome of Incident (Please check)

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

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

Name of facility to which patient was transferred:

Kendall Regional

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

** if it resulted in:

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

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

Enrique Hanabergh Jr MD ME104210

EDUARDO LORENZO MD ME9510

Yanet Pino RN 9445107

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)

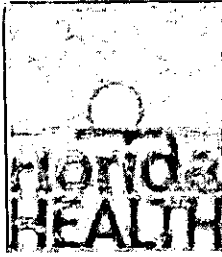
likely a small blood vessel that started bleeding once pt was awake and in recovery.

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

Abdominal binder was tightened and bleeding tamponaded.

STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Service



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

FEB 23 2017

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

1170466

I. OFFICE INFORMATION

B3B International Inc
Name of office

Tamarae 33321 Broward
City Zip Code County

Kurt Christopher MD
Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

777 N. University Drive
Street Address

904-720-7777
Telephone

862

License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Name

Patient's Address

HF153014884

Patient Identification Number

cervical laceration from removal
Diagnosis of hysteroscopic cervical dilators
(Dilapan-S)

Age

24 2017

Gender

Fe

☐

☐

Medicaid

Medicare

Date of Office Visit

2nd trimester termination of pregnancy

Purpose of Office Visit

ICD-9 Code for description of incident

II

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

2/4/2017 transferred 3:03pm
Incident Date and Time

Location of Incident:

☒ Operating Room

☐ Recovery Room

☐ Other

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

Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

see attached

III 3A) Pt is a [REDACTED] p0, who presented for an elective termination of pregnancy at 20 weeks gestation. On initial assessment, anemia was noted, so the patient was sent to the hospital for a preoperative transfusion. The process was started the next day with the placement of cervical dilators, and on the next day, the patient returned for the D&E procedure. Prior to the procedure, an IV was started and a bolus of 500cc of NS was given. Upon immediate removal of the dilators there was significant bleeding from the cervix, so using ring forceps and a foley balloon the bleeding was controlled. The procedure was held at this time, and a decision was made to monitor the patient for any further bleeding before the procedure would be done. In the recovery room, the patient remained hemodynamically stable. A couple of hours later, the procedure was then performed in normal fashion without complication. The patient remained stable postoperatively, except for some uterine atony which resolved with uterine massage. In light of her anemia and total blood loss, it was decided to send the patient to the emergency room for further monitoring and assessment for the need of a transfusion. The patient remained stable in the hospital, but it was decided to give a transfusion of one unit. The patient was then discharged with no further sequelae.

IVA) The cause of the incident was unexpected cervical bleeding from the dilator removal, combined with a baseline anemia.

IVB) I feel that the case was handled well, with a safe response to an uncommon and unexpected complication.

B) ICD-9-CM Codes

2nd trimester termination

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)

Cervical laceration resulting from removal of hygroscopic cervical dilators (Dilapan-S)

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

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

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

Name of facility to which patient was transferred:

Coral Springs Medical Center

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

** if it resulted in:

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

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

Roxana Romo RN

Angel Caicedo RN

Julia Bean-Davis PN 769101

Anna Fox ultrasound tech

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

same as above

IV. ANALYSIS AND CORRECTIVE ACTION

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

see attached

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

see attached

V.

[Signature]
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME117066
LICENSE NUMBER

2/18/2017

1pm

DATE REPORT COMPLETED

TIME REPORT COMPLETED

MAR 01 2017

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

I. OFFICE INFORMATION

Strong Health Network, PLLC
Name of office
Miami 33126 miami-
City Zip Code County
Dade

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

Patient's address for Physician or Licensee Reporting

815 NW 59 Ave. Suite 130
Street Address

305-266-2286
Telephone

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

II. PATIENT INFORMATION

Patient Name

Patient's Address

006996
Patient Identification Number

PAD with resting pain - bilateral
Diagnosis I70.223

male ☐ ☒
Age Gender Medicaid Medicare

2-8-17
Date of Office Visit

percutaneous endovascular intervention
Purpose of Office Visit

I83.8 (ICD 10) E878.8 (ICD 9)
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

2-8-17 8:30 PM
Incident Date and Time

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

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

The patient developed a hematoma while in recovery along with
low blood pressure. To rule out active bleeding, the patient was
brought back to the cath lab for angiogram. There was no
evidence of active bleeding. He was then transferred to
the hospital for observation as a precaution.

B) ICD-9-CM Codes

<u>39.50</u>	<u>E878.8</u>	<u>998.11</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

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

None.

D) Outcome of Incident (Please check)

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

<u>Manuel A. Gonzalez, M.D.</u>	<u>ME115782</u>	<u>physician performing procedure</u>
<u>Lisyanet Talavera</u>	<u>RN 9390848</u>	<u>recovery nurse</u>
<u>Gibert Gonzalez</u>	<u>—</u>	<u>surgical tech</u>

F) List witnesses, including license numbers if licensed, and locating information if not listed above
None.

IV. ANALYSIS AND CORRECTIVE ACTION

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

Elderly patient developed hematoma and low blood pressure post-procedure

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

Patient was brought back to the cath lab for rule out active bleeding and transferred to the hospital for observation



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Name of office Florida Pain Institute

City Metairie Zip Code 32940 County Brevard

Name of Physician or Licensee Reporting Michael Esposito, MD

Street Address 5545 N. Wickham Rd Ste. 104

Telephone 321-784-8211

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

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Name

Patient's Address

Patient Identification Number

Diagnosis Chronic abdominal pain

Age

Gender F

☐ Medicaid ☐ Medicare

Date of Office Visit 2/15/17

Purpose of Office Visit bl. Splanchnic nerve RFA

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Incident Date and Time 2/15/17 1518

Location of Incident:

☐ Operating Room

☐ Other

☒ Recovery Room

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

N/A

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Following procedure, pt c/o "feeling like passing out". Pt experienced loss of consciousness. IV fluids were already in place and wide open, oxygen was re-applied, MD notified. Pt placed in trendelenburg. Vitals - BP 89/49 HR 46 O2 94% 2L. Pt regained consciousness and then c/o chest pain. 3-lead EKG applied, pt found to be bradycardic. Vitals BP 94/53 HR 51 O2 98% 2L SB-EKG. Pt given Atropine 0.2mg IV x 1 dose per MD orders. Chest pain continues. EMS notified. BP 112/63 HR 59 O2 97% RA EKG-SB, pt requested to be transferred via EMS to Holmes Regional Medical Center.

B) ICD-9-CM Codes

64680

N/A

N/A

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

Oxygen nasal cannula

D) Outcome of Incident (Please check)

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

Michael Esposito, MD ME 121952

Amanda Shagena, RN RN 9257142

Michelle Chandler, RN RN 9294151

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Potential side effect post procedure (vagal/hypotensive)

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

IV placed for safety prior to procedure Vital signs q 5 min in recovery

V. *[Signature]*

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 121952
LICENSE NUMBER



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

I. OFFICE INFORMATION

South Florida Vascular Associates
Name of office

Coconut Creek 33073 Broward
City Zip Code County

Dr. Sreejit Naik / Dr. Hearn Charles
Name of Physician or Licensee Reporting

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

5300 W. Hillsboro Blvd Ste 107
Street Address

(954) 725-4141
Telephone

ME126365 / ME128571
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[REDACTED]
Patient Name

[REDACTED]
Patient's Address

71406

Patient Identification Number

Peripheral Vascular Disease / Atherosclerosis of
Diagnosis Native arteries of extremities
with rest pain.

[REDACTED]
Age

F
Gender

☐ Medicaid ☒ Medicare

Date of Office Visit

Bilateral Aorto-Iliac Angiogram with endovascular
Purpose of Office Visit Reconstruction

I73.9 / I70.213 / I70.222

ICD-9 Code for description of Incident

II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

2/15/17 at 1130 am
Incident Date and Time

Location of Incident:

☒ Operating Room

☐ Recovery Room

☐ Other

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

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

Please see attached.

Circumstances of the incident:

On 2/15/2017 starting at 0931, patient [REDACTED] underwent endovascular revascularization of the right and left common and external iliac arteries via standard percutaneous bilateral common femoral artery access by Dr. Nair and Dr. Charles. The patient underwent angioplasty and stenting of the bilateral common and external iliac arteries restoring wide patency. However, the arteriogram demonstrated occlusion at the level of the right groin access site. At 1130 the patient started exhibiting symptoms of arterial ischemia including right lower extremity pain. Dr. Nair and Dr. Charles then focused their efforts to restore flow in the right common femoral artery. This could not be performed from the left groin because the bilateral "kissing" common iliac artery stents precluded catheter from crossing the aortic bifurcation from this access. Because of this, right brachial artery access obtained to reestablish flow in the right common femoral artery. However, this access was aborted due to right subclavian critical stenosis which did not allow the catheter to enter the aorta. At 1235 Dr. Julien was consulted via telephone and called the Northwest Medical Center on-call vascular surgeon to notify him that this case may require transfer to the hospital for surgical revascularization. At 1258 Dr. Julien arrived to the office and scrubbed in to assist. Left brachial access had been obtained and allowed catheter access into the right iliac artery. At 1308 the patient remained uncomfortable and unintentionally pulled out the indwelling left groin (8-Fr.) introducer sheath, while fully anticoagulated requiring compression at bedside. After initially having control of the left groin, the patient developed a hematoma at the left groin access site and dropped her pressure from SBP 140-170 mmHg to 120mmHg with no change of heart rate at 65. The heparin was reversed with protamine at 1410. At 1450 angiography and ultrasound demonstrated ongoing bleeding and a large left CFA pseudoaneurysm despite adequate and prolonged manual compression and reversal of heparin. This was ablated successfully with ultrasound-guided percutaneous thrombin injection with simultaneous inflation of a balloon across the common femoral artery from the left brachial artery access. Patient remained stable with normal vital signs. Due to the pulled left femoral sheath and bleeding and lack of heparin, the physicians did not feel it was safe to proceed with thrombolysis of the right leg. Simultaneously, while dealing with the left groin bleeding, attempts to restore flow to the right leg were made. These attempts included angioplasty and eventually bare metal stent placement across the CFA into the superficial femoral artery (SFA), to establish some flow from the patient's iliac artery into the profunda/SFA and help prevent thrombosis of the iliac artery. Subsequently, given the patient's persistent symptoms and lack of adequate flow to the leg, the remaining sheaths (right groin and bilateral brachial) were removed, hemostasis was achieved, and transport was initiated to Northwest Medical Center. Dr. Julien

spoke to the Northwest Medical Center Nursing Supervisor as well as ICU Intensivist coordinating direct admission to the ICU. Dr. Nair spoke with the patient's daughter, [REDACTED], and her questions were answered. Dr. Nair also placed phone calls to the on-call vascular surgeon Dr. Martinasevic, beginning at 1600 and ultimately reached him in the operating room of Westside Regional Medical Center. 1730 EMS arrived for patient transport. At the time of transfer, VS: BP 102/57, HR 80, O2 Sat 100% on room air, patient was awake, oriented and verbal, albeit with mild to moderate pain to right lower extremity. At 1735 successful transfer of care was completed. Dr. Nair drove to the hospital simultaneously with the EMS to facilitate the patient's care.

B) ICD-9-CM Codes

I73.9 / I70.213 / I70.222

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

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

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

Primary Surgeons: Dr. Nair ME 126365 Registered Nurse: Anissa Rodriguez RN 9264902
Dr. Charles ME 128571
 Assisting MD: Dr. Julell ME 59991 Scrub Tech: Bryan Clymer CRT 69983
 Scrub Tech: Richard Siciliano CRT 83446

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

Carolina Villa RN 9281639 Nicholas Figueroa CRT 64352
Natalie Della Rocca RN 9254318 Bryan Clymer CRT 69983

IV. ANALYSIS AND CORRECTIVE ACTION

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

Unexpected acute thrombosis of the right external iliac and common femoral arteries following stent placement of the right common iliac artery, despite full intravenous heparin dosing.

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

Comprehensive review of Peripheral Artery Disease Protocol in office, Patient care from consult through procedure. Formal planning meeting for case review prior the procedure.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

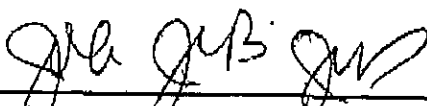
LICENSE NUMBER

3-1-17

DATE REPORT COMPLETED

12m
TIME REPORT COMPLETED

v.



SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME00660103

LICENSE NUMBER

2/17/17

DATE REPORT COMPLETED

2:00 PM

TIME REPORT COMPLETED

This case study was and is currently
being evaluated by AAAASF for review.
Core deemed appropriate given this
post operative complication.

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

DOH Consumer Services

MAR 13 2017

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

I. OFFICE INFORMATION

BSS International Inc
Name of office

Tamara 33321 Bradford
City Zip Code County

Kurt Christopher, MD
Name of Physician or Licensee Reporting

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

II. PATIENT INFORMATION

[REDACTED]
Patient Name

[REDACTED]
Patient's Address

HF154887412
Patient Identification Number

hemorrhage
Diagnosis

III. INCIDENT INFORMATION

02/20/17 transferred 12³⁰ pm
Incident Date and Time

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

n/a Was an autopsy performed? ☐ Yes ☐ No

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

See attached

MM University Drive
Street Address

954-720-7777
Telephone

862
License Number & office registration number, if applicable

[REDACTED] Je ☐ Medicaid ☐ Medicare
Age Gender

2/20/2017
Date of Office Visit

1st trimester termination of pregnancy
Purpose of Office Visit

II
ICD-9 Code for description of incident

II
Level of Surgery (II) or (III)

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

B) ICD-9-CM Codes

First trimester termination of cervical dilatation

Occurred during process

Hemorrhage

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

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

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

Name of facility to which patient was transferred:

Coral Springs Medical Center

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure.
- ** if it resulted in:
 - ☐ Death
 - ☐ Brain Damage
 - ☐ Spinal Damage
 - ☐ Permanent disfigurement not to include the incision scar
 - ☐ Fracture or dislocation of bones or joints
 - ☐ Limitation of neurological, physical, or sensory function.
 - ☐ Any condition that required the transfer of the patient to a hospital.

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

Robin Hathaway RN 636561

Roxana Romo RMA

Angel Carcedo RMA

Anna Fox ultrasound tech

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)

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

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

Question IIIA:

[REDACTED], p1011, previous C/S, at 11 weeks gestation was seen for an elective termination of pregnancy. Three days earlier she was admitted to a hospital for vaginal bleeding requiring a blood transfusion, given the diagnosis of threatened abortion. Hemoglobin upon visit with us was 9.1, and the patient reported no bleeding. The patient was prepped for surgery in normal fashion, given moderate sedation, and the procedure was started. Upon initial dilation, heavy bleeding started, but the uterine aspiration was completed without difficulty, as confirmed by ultrasound and tissue confirmation. The bleeding continued, so an intrauterine foley balloon was placed for tamponade with good results. After one hour, an attempt was made to remove the foley catheter, but the bleeding continued, so it was reinserted with good results. The patient's hemoglobin was 7.3, and because the patient showed signs of orthostasis, a decision was made to transfer the patient to the hospital for further evaluation. A couple of hours later in the hospital, the foley catheter was removed with minimal bleeding, but a transfusion was given because of the anemia. An ultrasound was also obtained, showing increased vascularity at the uterine scar site, probably secondary to the previous C-section. Interventional radiology was consulted and placed on standby for a possible uterine artery embolization. The patient remained stable, but she decided to transfer to another hospital closer to her home and where her private gynecologist has privileges. She returned to our office two weeks later and was doing well.

Questions IVA & B:

The apparent cause is most likely a defect in her uterine scar, which proactively will require a preconceptual workup in the future. The patient is aware of this recommendation. As far as our handling of the case, I believe that prompt and appropriate action were taken.



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Medical Associates of Brevard
Name of office

Melbourne 32901 Brevard
City Zip Code County

Peter S. Dougan, M.D.
Name of Physician or Licensee Reporting

655 S. Apollo Blvd.

Street Address

(321) 751-2707

Telephone

ME 79594 / OSR 1027

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Identification Number

Atherosclerosis with ulceration.
Diagnosis

Age

Gender

☐ Medicaid ☒ Medicare

Date of Office Visit

March 1st 2017
Purpose of Office Visit Angiogram with endovascular intervention
Left leg earlier and
was discharged

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3-1-2017
Incident Date and Time

Location of Incident:

☐ Operating Room

☒ Other Home

☐ Recovery Room

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

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

Please see attached

B) ICD-9-CM Codes

<u>At home</u>	<u>Unknown</u>	<u>I72.4</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
10	10	10

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

D) Outcome of Incident (Please check)

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

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

Peter Dougan MD ME 79594
Stacey Meicer PA-C PA9106270
Kate Bonner PA-C PA9109594

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

See attached

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

Description of incident:

Patient with known severe PAD and bilateral non-healing ulcers underwent angiography with endovascular intervention to the left leg in our OSF. Procedure went well. Only noted complication was a small pseudoaneurysm at the right groin entry site. The pseudoaneurysm was injected with 1000 IU thrombin under ultrasound guidance. Follow up duplex imaging prior to patient discharge showed pseudoaneurysm cavity to be thrombosed with no active bleeding. Patient was lethargic in recovery but vital signs were stable and she was able carry a conversation. Patient was noted to be alert and oriented x3. Patient and son stated he would be home overnight with her and she was discharged home with him in stable condition. Per patient's son she was fine on the drive home and immediately after they got home for some time. Approximately 1 hr after they got home she went to lay down and suddenly began to speak without making sense and was making flailing motions. She then quit breathing. Son immediately called 911 and then proceeded to call our office to notify us of her EMS transfer to Holmes Regional Medical Center (HRMC). She was met in the trauma bays at HRMC within minutes of her arrival by myself and my PA, Kate Bomar. Patient had been intubated in route to the ED and was severely hypotensive. Using emergent release blood, mass transfusion protocol was begun in the ED. Abdomen was distended and bedside ultrasound was used to determine that she had a retroperitoneal bleed. OR was contacted and she was brought up emergently for exploration of the right iliac artery. She was found to have active bleeding from the arterial entry site, which was a "high" entry site 2cm above inguinal ligament. This was controlled and repaired in OR. Please see attached operative report for full details. Patient was then transferred still intubated to ICU to be warmed and resuscitated overnight. Patient appeared to be stabilizing medically over the next 48 hrs. with lab values normalizing. CT scanning showed omental caking with apparent advanced metastasized cancer of unknown origin, but suspected ovarian. Initially the patient awoke and moved all extremities and was sedated for continued ventilation and support. Later nurses began to notice no movement of only the right upper extremity and then apparent seizure like activity. Neurology was consulted, consult attached, and determined she had a large right middle cerebral artery event and was unlikely to regain any significant functionality. MRA demonstrated no severe carotid bifurcation stenosis. At this time it was the consensus of her attending physician and all consults that palliative care should be consulted. Patient would likely have survived this event if not for her previously unknown other medical conditions. Patient remains intubated with supportive care in ICU at this time as family continues to decide further treatment plans.

Analysis of incident:

Patient appears to have had a high entry, even though ultrasound was utilized for entry. This was successfully closed with an angioseal and pseudoaneurysm sealed with thrombin injection. She remained stable for several hours after this and was visited in Post Op twice by PAs for a review of recovery progress. She was demonstrated to have no active bleeding under ultrasound imaging. Unclear what exactly caused her to begin bleeding at home.

Corrective or pro-active actions taken:

Dr. Dovgan, both PAs have reviewed the circumstances of the events in detail with other physicians on the case. It is their opinion that the circumstances and outcomes are not related to place of service. The many other unknown serious conditions have complicated her condition and likely worsened the adverse incident chain of events.

The MAB OSF staff have been reminded of the importance of continual monitoring of all patients' systems. The MAB OSF affords the Post Op nurse a one-on-one care ratio in most circumstances, as was the case here. For this patient, age and fragility, already had dictated the highest level of PO surveillance. She was discharged in alert, stable condition.



STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Services

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

MAR 27 2017

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

I. OFFICE INFORMATION

First Coast Cardiovascular Institute
Name of office

Jacksonville FL Duval
City Zip Code County

Yazan Khatib, MD ME85393

Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

7011 AC SKINNER PARKWAY

Street Address

904-493-3333

Telephone

N/A

License Number & office registration number, if applicable

II. PATIENT INFORMATION

170.203

Diagnosis

Age Gender Medicald Medicare

03/06/2017

Date of Office Visit

Angiogram of Bilateral Lower Extremities

Purpose of Office Visit

R09.2

ICD-9 Code for description of Incident

II

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

03/06/2017 1211

Incident Date and Time

Location of Incident:

☐ Operating Room

☒ Other cath lab

☐ Recovery Room

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Patient became apneic and unresponsive after a dose of Fentanyl 50mcg and Benadry 25mg. Patient placed on defibrillator pads, given three doses of Narcan 0.4mg and one dose of Romazicon 0.5mg, one ampule of Epinephrine, chest compressions x 2 minutes. Patient began breathing spontaneously and had positive peripheral pulses. Rescue was called and patient was transported to St Vincent's Southside ER with Dr. Khatib via ambulance where he recovered uneventfully.

B) ICD-9-CM Codes

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

R09.2

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

ICD 10:

Resulting Injury
(ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

Dr. Khatib ME85393 operating physician, Dr. Zia ME129859 assisting physician

Courtney Fluharty RN9217469 circulator, Jason Cook RT9160, Raphael Dama RCIS 00105597 recorder

Dan Tyler RN2581542 assisting RN, Christopher Carreira RN9274410 assisting RN

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

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

Patient transfers are closely monitored and tracked by staff, doctors, and administration, Pt discharged from hospital on 08/09/2017 in stable condition.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
5-15-17

ME 85393
LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED
1930



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

DOH Consumer Service

MAR 20 2017

I. OFFICE INFORMATION

Renalus VAC
Name of office
Fort Walton Beach 32547 Okaloosa
City Zip Code County
Dr. Humeda
Name of Physician or Licensee Reporting
Patient's address for Physician or Licensee Reporting

925 Mar Walt Drive ste 2
Street Address
850-864-4005
Telephone
License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Identification Number
and demographic and structure info
Diagnosis

Gender ☐ Male ☐ Female
Medicaid ☐ Medicare ☐
Date of Office Visit
Purpose of Office Visit
ICD-9 Code for description of incident
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

03/08/17 @ 1430
Incident Date and Time

Location of Incident
☐ Operating Room ☒ Recovery Room
☐ Other

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

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

Post-declot, the patient was sitting in the wheelchair in the post op area. The patient's access arm started to bleed from 2 old stick sites. Pressure was applied for 10 minutes. Sites continued to bleed. Dr. Humeda sutured both sites. The top site still continued to bleed around the suture. Pressure was applied and EMS was called per MD order. Pt remained A&Ox3. BP 135/80, HR 70, RR 20, O2 sat 100% on room air. Patient denies pain.

B) ICD-9-CM Codes

585.6, 459.2

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

Dr. Humam Humada ME75791

Holly Fernandez, LPN RN5217428

Jeff Mcraney, RT CRT87001

Tiffany Robinson, RN RN9327376

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

Pt had heparin 10,000 units and 4mg TPA.

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

Will try to use the least amount of blood thinning agent as possible to try to avoid excessive bleeding.

V.

Humam
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME75791

LICENSE NUMBER

03/16/17

1430

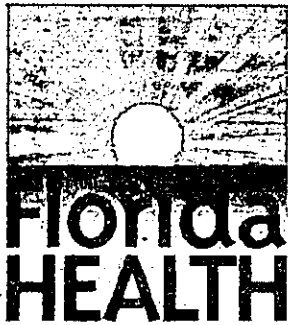
DATE REPORT COMPLETED

TIME REPORT COMPLETED

DH-MQA1030-12/06

Page 2 of 2

APR 10 2017



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

1. OFFICE INFORMATION

Vascular Surgery Associates
Name of office

<u>Tallahassee, FL</u>	<u>32308</u>	<u>Leon</u>
City	Zip Code	County

Dr. Robert Brumberg
Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

2631 Centennial Blvd
Street Address

850-877-8530
Telephone

OS9800	OSR925
License Number & office registration number, if applicable	

II. PATIENT INFORMATION

Patient Name	...
Patient's Address	...
Patient Identification Number	170.213
Diagnosis	...

Age	Gender	Medical	Medicare
3-21-17			
Date of Office Visit			
Abdominal aortogram with femoral run off			
Purpose of Office Visit			
R41.82			
ICD-9 Code for description of incident			
Level II			
Level of Surgery (II) or (III)			

III. INCIDENT INFORMATION

3-21-17 1535
Incident Date and Time

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

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

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

1535 Following abdominal aortogram, patient became hypotensive and reported back pain. 1545 Dr Brumberg notified order given for IV fluid bolus and bedside ultrasound BP 102/55. 1550 Patient remains hypotensive, Dr Brumberg notified, order given to transfer to TMH for further observation and evaluation (CTA). 1557 EMS notified, report called to ER, family notified regarding need for transfer. 1610 BP 95/47 patient awake, aware NAD. 1615 Bedside report given to EMS. 1620 Patient to TMH via EMS. NAD.

B) ICD-9-CM Codes

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

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

N/A

D) Outcome of Incident (Please check)

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

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

Bryce Carroll RN RN9343335

Kelly Glasco RN930689

Cameron Carroll RPA Lab Manager 11GA1428

Robert Brumberg DO OSA9800

Julie Angelier, RN staff nurse RN 9305209

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

Cassie Davis ARNP-C, 9178836 LHRM 5504917

IV. ANALYSIS AND CORRECTIVE ACTION

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

N/A

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

N/A

STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Services



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

APR 25 2017

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

I. OFFICE INFORMATION

Vascular Surgery Associates

Name of office

Tallahassee, FL

32308

Leon

City

Zip Code

County

Dr. Robert Hoyne

MC0042148

Name of Physician or Licensee Reporting

2631 Centennial Blvd

Street Address

850-877-8530

Telephone

ME0042148

OSR925

License Number & office registration number, if applicable

II. PATIENT INFORMATION

170.612

Diagnosis

4-3-17
Date of Office Visit
Abdominal aortogram with femoral runoff
Purpose of Office Visit
170.229
ICD-9 Code for description of incident
Level II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

4-3-17, 1300

Incident Date and Time

Location of Incident

☐ Operating Room

☐ Recovery Room

☒ Other, angiography suite

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

Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

1300 Patient to recovery following abdominal aortogram with femoral runoff, no dopplerable pulse, reported foot pain.

Dr Hoyne notified. 1315 Dr. Hoyne at bedside. 1320 Order received to transfer patient to TMH for emergent surgical revascularization.

1325 Operating room and ER notified. 1330 EMS contacted. 1335 Dr. Hoyne notified family regarding need for transfer.

1338 EMS at bedside, report given. 1340 Patient transported to TMH via EMS, belongings sent with patient. VSS patient in stable condition.

B) ICD-9-CM Codes

N/A	N/A	170.229
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

Julie Angelier RN, staff nurse 9305209

Bryce Carroll RN staff nurse RN 93433358

Robert Hoyne MD ME0042148

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

Cameron Carroll RPA Lab Manager 11GA1428

IV. ANALYSIS AND CORRECTIVE ACTION

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

N/A

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

N/A



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

DOH Consumer Service

APR 12 2017

I. OFFICE INFORMATION

Name of office Strong Health Network PLLC

City MIAMI Zip Code 33126 County DADE

Name of Physician or Licensee Reporting GLENN BARQUET

Street Address 815 NW 57 AVE Suite 130

Telephone 305 266-2286

License Number & office registration number, if applicable
ME81112 OSR # 928

Patient's address for Physician or Licensee Reporting FL

II. PATIENT INFORMATION

Patient Name [REDACTED]

Patient's Address [REDACTED]

Patient Identification Number [REDACTED]

Diagnosis I 70.23 PAD / claudication bilateral

Age 46

Gender M

☐ Medicaid ☒ Medicare

Date of Office Visit 4/6/17

Purpose of Office Visit Percutaneous endovascular intervention

ICD-9 Code for description of Incident ICD 10- I 70.213

Level of Surgery (II) or (III) II

III. INCIDENT INFORMATION

Incident Date and Time 4/6/17

Location of Incident:

☐ Operating Room

☒ Recovery Room

☐ Other

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

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

This patient developed a hematoma in the left leg. Repeat angiogram revealed extravasation of contrast in the left femoral/popliteal graft. A covered stent was placed with no further extravasation. Patient transferred to the hospital for observation as a precaution.

B) ICD-9-CM Codes

39.50
Surgical, diagnostic, or treatment
procedure being performed at time of
incident (ICD-9 Codes 01-99.9)

E878.0
Accident, event, circumstances, or
specific agent that caused the injury
or event. (ICD-9 E-Codes)

998.11
Resulting injury
(ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

None**D) Outcome of Incident (Please check)**

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

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

GLENN BARQUET, MD ME81112 Physician
GILBERT GONZALEZ SURGICAL TECH
JOSE PINERO RN 9245916 NURSE

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

NONE**IV. ANALYSIS AND CORRECTIVE ACTION**

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

PATIENT DEVELOPED HEMATOMA AND LOW BLOOD PRESSURE POST PROCEDURE

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

HEMATOMA STABILIZED POST COVERED STENT
PATIENT TRANSFERRED TO HOSPITAL FOR OBSERVATION.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME81112
LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED



APR 21 2017

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

Florida Gastroenterology Assoc. PA
Name of office
Plant City 33563 Hillsborough
City Zip Code County
Yawer M. Nensey, MD
Name of Physician or Licensee Reporting

508 W. Alexander St.
Street Address
813 759 6607
Telephone
ME0004410 & 1126
License Number & office registration number, if applicable

II. PATIENT INFORMATION

Cardiac Arrest
Diagnosis

[Redacted] ☐ Medicaid ☒ Medicare
4-10-17
Date of Office Visit
Colonoscopy
Purpose of Office Visit
I97.711 Intra Operative Cardiac Arrest
ICD-9 Code for description of incident
ASA III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Incident Date and Time

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

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

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

Patient experienced a cardiopulmonary arrest during a colonoscopy.
Code was called, 911 was called. Pt was revived successfully. The
patient was then transferred to South Florida Baptist Hospital via
Ems Ambulance. Before transfer, pt was alert and oriented.
Follow up phone call to Emergency Room physician was made to
give details of the code. Patient was resting comfortably in
ER in no apparent distress, cardiac enzymes were elevated,
and cardiac consult was called.

B) ICD-9-CM Codes

Colonoscopy 43378
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

I46.9
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

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

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

LMA, Ambubag, portable oxygen tank

D) Outcome of Incident (Please check)

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

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

<u>Anna Delatorre</u>	<u>CRNA</u>	<u>9191953</u>	<u>Laurie Shaw</u>	<u>Endotech</u>
<u>Chris Derboskey</u>	<u>RN</u>	<u>9351019</u>	<u>Treva Roof</u>	<u>Endotech</u>
<u>Jennifer Corbin</u>	<u>RN</u>	<u>9391574</u>	<u>Rosario Rodriguez</u>	<u>Office Manager</u>
<u>Yawer M. Densley</u>	<u>MD</u>	<u>ME0064410</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)

Patient had unknown underlying Cardiac Condition

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

Please See attached

V.

[Signature]
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
4-17-17
DATE REPORT COMPLETED

ME0064410
LICENSE NUMBER

10:11 AM
TIME REPORT COMPLETED

Date of Incident 04/10/2017

Section IV B) Description of Corrective action taken

09:32 am Patient noted to be Bradycardic at 32 beats per minute. Patient given Glycopyrolate 0.2 g then asystolic.

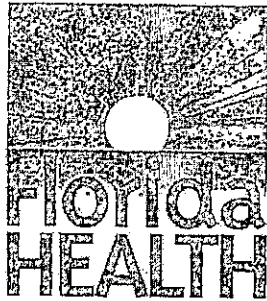
09:33 am Code called. 911 called. Patient placed in Supine position. BMV started with 10 liters of Oxygen with Chest rise noted. Compression high quality initiated. Epinephrine 1:1000 1ml IV pushed. LMA #5 Placed with chest rise.

09:35 am LMA removed, ETT attempted with MAC 4, grade 3 view, negative placement. BMV with Oral airway with chest rise noted

09:38 am Epinephrine 1:1000 10 ml pushed after negative pulse check, high quality chest compressions resumed after asystole noted on monitor.

09:39 am Positive return of spontaneous rhythm of ST Positive pulse femoral. ROSV, patient spit out oral airway. 10 liter of Oxygen via BMV continued. EMS at bedside. Patient alert and oriented with ST on monitor.

201708286 160



STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Services

MAY 16 2017

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

I. OFFICE INFORMATION

Name of office: Muse S. Schneider MD

City: Fort Myers Zip Code: 33907 County: LEE

Name of Physician or Licensee Reporting: Dr. Schneider

Street Address: 1231 S. Cleveland #102

Telephone: 239. 277-9999

License Number & office registration number, if applicable: DE 50478

Patient's address for Physician or Licensee Reporting



Patient's Address

Patient Identification Number

Diagnosis



Age: _____ Gender: _____ ☐ Medicaid ☐ Medicare

Date of Office Visit: 3-29-17

Purpose of Office Visit: Elective Breast Augmentation

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Incident Date and Time: 3-29-17

Location of Incident:

☒ Operating Room

☐ Recovery Room

☐ Other

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

Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Patient suffered thermal injury of the
left shoulder due to a malfunction of
the electrocautery electrode insulation
melting.

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)

Electricity, Electrode

D) Outcome of Incident (Please check)

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

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.

Marc Schneider MD 502178
 John O'Neill ARNP 9397035
 Forthall Lander RN RN9334082
 Tracy Gutsch Certified Tech

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

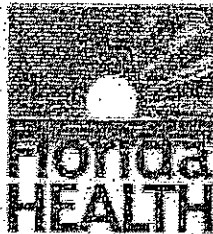
IV. ANALYSIS AND CORRECTIVE ACTION

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

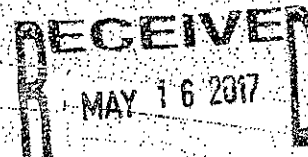
Device Malfunction. Sent to Manufacturer.
 Discussed with Manufacturer.

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

Thermal injury was potentially exacerbated + incident discussed with husband + patient. Device sent to company who acknowledged the insulation can be damaged during use of device. Device no longer use in our facility.



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

OFFICE INFORMATION

Kennedy-White Orthopaedic Center
Name of office
Sarasota 34232 Sarasota
City Zip Code County
Donald Erb, D.O.
Name of Physician or Licensee Reporting

6050 Catterbridge Blvd #110
Street Address
941-365-0655
Telephone
OSR940
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Identification Number

Diagnosis

Age 51/1/17 Gender ☐ Medicaid ☒ Medicare

Date of Office Visit

Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

Incident Date and Time

Location of Incident:

☐ Operating Room
☐ Other

☒ Recovery Room

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Patient tolerated procedure well, however, experienced weakness in the right leg in recovery room. Patient was transferred to hospital for monitoring. Weakness resolved by the following morning and patient reported pain as well controlled.

B) ICD-9-CM Codes

S32.020A

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

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

Outcome of transfer - e.g., death, brain damage, observation only. Observation
Name of facility to which patient was transferred: Sarasota Memorial Hospital

- ☐ Surgical procedure performed on the wrong site **
- ☐ Wrong surgical procedure performed **
- ☐ Surgical repair of injuries or damage from a planned surgical procedure.
- ** if it resulted in:
- ☐ Death
- ☐ Brain Damage
- ☐ Spinal Damage
- ☐ Permanent disfigurement not to include the incision scar
- ☐ Fracture or dislocation of bones or joints
- ☐ Limitation of neurological, physical, or sensory function.
- ☐ Any condition that required the transfer of the patient to a hospital.

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

See list

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

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

Patient was transferred to hospital for monitoring

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

2017-09122-167

DOH Consumer Services

MAY 30 2017

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

I. OFFICE INFORMATION

Name of office VEIN & VASCULAR CENTER OF SO. FLORIDACity HOLLYWOOD Zip Code 33021 County BROWARDName of Physician or Licensee Reporting DR. RODRIGO FONSECAStreet Address 4700 SHERIDAN ST. STE. D.Telephone 954.381.7300License Number & office registration number, if applicable OSR 953

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

II. PATIENT INFORMATION

Patient Name [REDACTED]

Patient's Address [REDACTED]

Patient Identification Number [REDACTED]

Diagnosis PAD

Age [REDACTED]

Gender F☐ Medicaid ☒ MedicareDate of Office Visit 5/10/17Purpose of Office Visit ANGIOGRAM & INTERVENTION

ICD-9 Code for description of Incident [REDACTED]

Level of Surgery (II) or (III) [REDACTED]

III. INCIDENT INFORMATION

Incident Date and Time 5/10/17

Location of Incident:

☐ Operating Room
☐ Other☒ Recovery RoomNote: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ NoWas an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

PT HAD SUCCESSFUL ANGIOGRAM VIA (R) GROIN APPROACH. VITALS STABLE DURING THE CASE AND WHILE IN RECOVERY. AFTER TWO HOURS IN RECOVERY, THE GROIN BECAME HARD TO TOUCH, WITH HEMATOMA PRESENT. VITAL SIGNS REMAINED STABLE DURING ENTIRE RECOVERY TIME. MANUAL PRESSURE WAS APPLIED FOR 30 MINUTES AND GROIN WAS STABLE. VS STABLE. VASCULAR ULTRASOUND WAS PERFORMED, NEGATIVE FOR PSEUDOANEURYSM.

THE PATIENT HOWEVER HAD DISCOMFORT FROM HEMATOMA DUE TO PRESSURE IN GROIN, DR FONSECA DECIDED TO CALL EMS TO SEND TO HOSPITAL FOR EVALUATION OF HEMATOMA. PT WAS DISCHARGED TO HOSPITAL WITH STABLE VITAL SIGNS AWAKE, ALERT, AND ORIENTED.

B) ICD-9-CM Codes

440.22
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

M79.81
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

729.92
Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

Dr. Rodrigo Fonseca
Nicole McKiver, RN 9394747
Melinda Pyle, RTRV CRI 60907

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)

Hematoma due to arterial puncture of Right Femoral Artery
from Angiogram Procedure

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

The pt had groin hematoma evacuated, remained stable
and was discharged to rehab on POD #4.

201709132 HA 187

STATE OF FLORIDA
Rick Scott, GovernorDOH Consumer Services
MAY 30 2017PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

I. OFFICE INFORMATION

Sarasota Vascular Leasing
Name of office
Sarasota 34232 Sarasota
City Zip Code County

Richard Hershberger MD
Name of Physician or Licensee Reporting

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

600 N Cattlemen Rd
Street Address

941 371-6565
Telephone

ME 128434 OSR 1132
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[REDACTED]
Patient's Address
507991
Patient Identification Number
170.203
Diagnosis

[REDACTED] F
Age Gender
5-22-17
Date of Office Visit
Angio PTA Left SFA / popliteal
Purpose of Office Visit
L76.22
ICD-9 Code for description of incident
11
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5-22-17 12:13 PM
Incident Date and Time

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

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

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

on 5-11-17
Patient returns after common femoral endarterectomy (Rt),
for left angio PTA Left SFA and popliteal on 5-22-17.
needle access to right femoral, diagnostic angiogram performed
access via guidewire to left SFA, laser and pta performed.
While evaluating flow there was a concern for extravasation
of contrast at the common femoral. Due to concern for
patch disruption and continued extravasation at prior surgical
site patient transported via EMS to

Sarasota Memorial for surgical repair Femoral artery

B) ICD-9-CM Codes

36246 75716 75625 I97.621

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)

T81.32

Resulting injury
(ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

NA

D) Outcome of Incident (Please check)

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

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

Richard Hersinberger MD ME128434, Robert Martin RN 9336216
Alyssa Aquillera RN 9380780, Cara Holder CRT 86736,
Kelly Romagnola CRT 52147

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 complicated medical issues no corrective action

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

Surgeon saw extravasation of contrast at right femoral -
5-11 Surgical site transferred proactively for surgical repair of
endarterectomy patch. Completed patient to be
discharged 5-23-17 Doing well, Flow Returned

20171244-151

DOH Consumer Service

STATE OF FLORIDA
Rick Scott, Governor

JUL 14 2017

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

Office of Rodriguez DO
Name of office
Miami 33176 Dade
City Zip Code County
Office of Rodriguez DO
Name of Physician or Licensee Reporting

8720 N Kendall Drive, 212
Street Address
305 670 4343
Telephone
05.8006
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Identification Number
Facial atrophy.
Diagnosis

Age 5.24.17 Gender Male
Date of Office Visit 6.6.17
Purpose of Office Visit Surgery Face
L. 9.0.9
ICD-9 Code for description of incident
I (one)
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

June 6, 2017
Incident Date and Time

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

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Patient initially seen on May 24, 17 for a face lift consultation
Surgery scheduled for June 6, 2017
Surgery performed on June 6, 2017. Level 1. case with
local anesthesia and a minimum of preoperative anesthetic
medication.
She had had surgery of face one week prior
under local and reported having a seizure 10 hours before



OFER RODRIGUEZ, D.O., P.A.
AESTHETIC SURGERY - RECONSTRUCTIVE SURGERY - HAND SURGERY
8720 N. Kendall Drive, Suite 212, Miami, FL 33176

Name
PUI

Dr. Ofer Tel: 305-670-4343 FAX: 305-670-4344 OFERRODRIGUEZ@GMAIL.COM

Date, Time

Progress Note

CONTINUES

June 13, 2017

I told her I did not see any relationship between the two
and will monitor her.

After checking he vital I gave her preoperative anxiolytic
intramuscularly.

+ then prepared the local anesthetic mixture and injected
only the central part of the face. and proceeded to do the
to this part of the face only.

+ then asked to turn her face toward her right and injected the
right face with local anesthetic.

+ then noticed an episode of hypotension and bradycardia that
I treated with norepinephrine and epinephrine. then both
normalized and I finished her right side.

+ then asked her to turn her face left. and I injected
local anesthetic.

Again I noted an episode of hypotension and bradycardia.
that again responded to norepinephrine and epinephrine.

I finished her left side.

I decided not to inject any more lidocaine. thinking the
bradycardia and hypotension were related to it.

I finished surgery. and she was recovering.

She asked to give her her seizure medicine (Vegretol)
and I did.

I then decided to give her IV fluid to and I placed an
angiocath.

she then began convulsing. and her O₂ saturation
came down to 90%.

I decided to call 911

She was transferred to Baptist hospital.

Ofer Rodriguez D.O.

B) ICD-9-CM Codes

L. 909

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

N.A.

D) Outcome of Incident (Please check)

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

I was informed by daughter that MRI suggested a stroke.

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.

Other Rodriguez, D.O.

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

Estela (Friend of patient) 786-444-1086

Alejandra (office coordinator) 305 670-4343

IV. ANALYSIS AND CORRECTIVE ACTION

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

I discussed case with a physician. He recommended to have Diazepam available to address seizures, and to use Marcaine as an alternative to Lidocaine as allergy suspected.

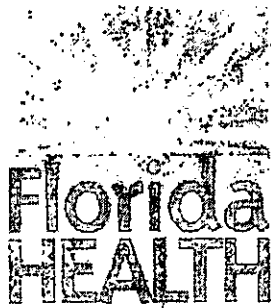
B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response)

I reviewed the policies and procedure for emergencies.

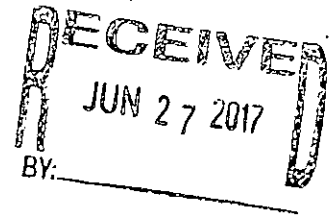
I ordered Diazepam to add to our emergency kit. I ordered

DH-MQA1030-12/06 Marcaine. I reviewed the medical literature on Page 2 of 3 Lidocaine, seizures, anaphylactic shock, emergencies

201711088 #A 187



STATE OF FLORIDA
Rick Scott, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Spectrum Aesthetics
Name of office
Miami, FL 33134 Miami-DADE
City Zip Code County

MEL ORTEGA

51 SW 42 Ave

Street Address

305-514-0318

Telephone

ME 65154 OSR #920

License Number & office registration number, if applicable

☐ Medicaid ☐ Medicare

Patient Identification Number
Lipodystrophy
Diagnosis

6-8-17
Date of Office Visit

Surgical Procedure
Purpose of Office Visit

427.69
ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

6-8-17 07:33am
Incident Date and Time

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

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

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

Approximately 25 mins into procedure, the anesthesia provider made me aware that the patient was developing premature ventricular contractions, with sufficient frequency to be a concern. On further discussion he informed me that he had to treat her with Labetolol because due to fluctuations due to elevated blood pressure. Subsequently initiating the pharmacology intervention the patient developed a form of arrhythmia. Patients vital signs were stable but due to her age and nature of

operation. I elected to abort any further surgery & requested to anesthesia provider to suspend procedure. Patient was then brought out of anesthesia & taken to PACU. 12 lead EKG was performed which continued to demonstrate set arrhythmia. Subsequently physician ordered staff to call 911.

B) ICD-9-CM Codes

15876 / 17999
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

427.69
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

796.2.
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)

No additional equipment was directly involved in the incident.

D) Outcome of Incident (Please check)

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

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

Mel Ortega ME 65154; Jacob Sanchez ARNP 9279286
Armando NOA 1st Surgical assistant Juliet Sanchez circulator.

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

No additional personnel.

IV. ANALYSIS AND CORRECTIVE ACTION

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

The apparent cause of this incident was hypotension.

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

Our medical team acted in a proactive manner by stopping the surgical procedure & transferring patient to a higher level of care.

DH-MQA1030-12/06

Page 2 of 3

brachycardia block was stopped & pt noted in bigeminy. 80mg of Lidocaine was given. Pt was noted to have ~4 beats non-sustained Vtach. This rhythm then slowed to ~38-44 bpm. The above occurred over a period of about 1 minute. Pts heart rate normalized to ~75 bpm in NSR. Case was canceled, and

DH-MQA1030-12/06

Page 1 of 2

B) ICD-9-CM Codes

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

Standard ASA monitors

D) Outcome of Incident (Please check)

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

Outcome of transfer – e.g., death, brain damage, observation only Cardiac N/A & med. management
Name of facility to which patient was transferred:
Baptist Medical Center Beaches

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

** if it resulted in:

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

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

Meridith Farrow - operating physician

Rachel Cook - ME105050 - anesthesiologist

Alison Sutylak - CNA

Jakesus Childs-Harris - RMA

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

Ashley Bamble - PACU RN

IV. ANALYSIS AND CORRECTIVE ACTION

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

Undiagnosed, nonobstructive coronary artery disease

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

Surgical procedure was cancelled, vital signs stabilized and pt transferred to ED.

V.

Signature
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

6/15/2017

DATE REPORT COMPLETED

1402

TIME REPORT COMPLETED

ME 91145
LICENSE NUMBER

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

JUL 11 2017

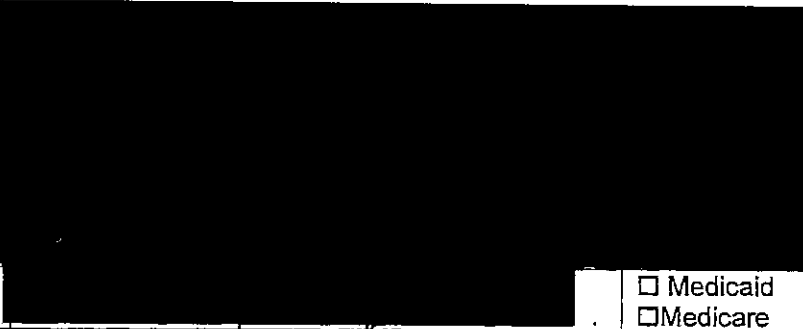
HA115

201712044

1. OFFICE INFORMATION

Name Of Office:	Naples Vascular Specialists	
Address:	130 9th St N. Suite 120	
Address: (city, state, zip)	Naples, FL 34102	
Telephone:	239 649-0550	
Name of Physician or Licensee Reporting:	James M. Scanlon M.D.	
License # & office registration # (if applicable):	ME105132	OSR 964
Level of Surgery:	<input checked="" type="checkbox"/> Level 2 or <input type="checkbox"/> Level 3 <input type="checkbox"/> Other:	

2. PATIENT INFORMATION

Patient Name:		
Patient's Address:		
Patient's Address: (city, state, zip)		
Patient's Identification #:		
Patient's Personal Info:	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare
Date of Office Visit:	6-22-2017	
Purpose of Office Visit:	Right Renal Aortogram	
Diagnosis:	Renal Artery Stenosis (J.70.1)	
ICD-9 Code for Description of Incident:	(ICD-10) I61.9, G97.52	

3. INCIDENT INFORMATION

Incident Date and Time:	6/22/17 10:05 am
Location of Incident:	<input checked="" type="checkbox"/> Operating Room <input checked="" type="checkbox"/> Recovery Room <input type="checkbox"/> Other:
Note:	If the incident involved a death, was the medical examiner notified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA
Note:	Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA

d. Outcome of Incident (please check)

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

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.

James Scaulan MD ME105132	surgeon, Naples Vascular Specialists
Anne DeChilley RN RN9380038	registered nurse, ACLS provider, Naples Vascular Spec.
Kristi Villarejo RLIS 00066061	Registered cardiovascular invasive specialist, scrub assistant Naples Vasc. Spec.

f. List witnesses, including license numbers (if licensed), and locating information if not listed above.

n/a	

JUL 12 2017

STATE OF FLORIDA
Rick Scott, GovernorPHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

I. OFFICE INFORMATION

The Vascular Group of Naples

Name of office

Naples

City

34109

Zip Code

Collier

County

Dr. Santiago Chahuan

Name of Physician or Licensee Reporting

Same as Above

Patient's address for Physician or Licensee Reporting

2350 Vanderbilt Beach Rd Suite 303

Street Address

239.643.8794

Telephone

ME 98609

License Number & office registration number, if applicable

II. PATIENT INFORMATION

Age 6-28-17

Gender

☐ Medicaid☒ Medicare

Date of Office Visit

Aortic Aneurysm

Purpose of Office Visit

ICD-9 Code for description of incident

Level II

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

6-28-17 @ 1105

Incident Date and Time

Location of Incident:

☐ Operating Room☒ Recovery Room☐ OtherNote: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ No N/AWas an autopsy performed? ☐ Yes ☐ No N/A

A) Describe circumstances of the incident (narrative)

[Redacted] (response) with occlusion of left SPA/PP/PT/STENOSIS of peroneal. Received aneurysmectomy and angioplasty with an incidence. Once received into recovery, it began to complain of left foot numbness and numbness to right foot. Right foot pulses absent, pale in color, cool to touch. Dr. Chahuan made aware and PT transferred to left OR for right common femoral artery thromboembolism plus peroneal angioplasty.

See Attached operative report

B) ICD-9-CM Codes

I70.213
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)

I99.8
Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

Name of facility to which patient was transferred:
NAPLES COMMUNITY HOSPITAL DOWNTOWN

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

** if it resulted in:

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

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

ALEX ARVENGO-RN 9384235 Circulating nurse / Recovery
DISCILLA TREMO-RN 9428904 Recovery RN
GAILA HEWITT-RN Recovery RN
DR. SANTIAGO CHEMUNIAN-MD ME98609

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

JORDAN MARSH RT-74359

IV. ANALYSIS AND CORRECTIVE ACTION

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

Severe Arterial occlusive Disease Right Leg

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

He sent to emergency hospital and emergency surgery was performed to save right leg. Operative Report attached



STATE OF FLORIDA
Rick Scott, Governor
201713146-167
PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

DOH Consumer Service

JUL 2 8 2017

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

I. OFFICE INFORMATION

Gulf Coast Cardiothoracic & Vascular
Name of office Surgeons

FT Myers 33907 Lee
City Zip Code County

Michael Novomien, MD
Name of Physician or Licensee Reporting

8010 Summerlin Lakes Dr. Suite 100
Street Address

239-939-1767
Telephone

ME 80304

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Identification Number

QVD
Diagnosis

Age Gender ☐ Medicaid ☐ Medicare
07/07/2017

Date of Office Visit

Abdominal Angiogram BLE Runoff

Purpose of Office Visit

443.9

ICD-9 Code for description of incident

JTE

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

07/07/2017
Incident Date and Time

Location of Incident:

☐ Operating Room
☐ Other

☒ Recovery Room

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

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

PATIENT has Abdominal Angiogram with bilateral
lower extremity runoff, post revascularization with
atherectomy, angioplasty and stent placement of
left superficial femoral artery. patient up Pcpain
in lower abdominal pain, manual pressure applied,
ultrasound at bedside performed, patient sent
back to Gulf Coast Hospital ER for evaluation
and observation

B) ICD-9-CM Codes

443.9
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)

459.0
Resulting injury (ICD-9 Codes 800-999.9)

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

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

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

Dr. Michael Novorney ME 80304
Suzanne Heifelt RN 9169136
Azida Ramirez RT CRT 61352
Brian Johnston RN 9298207

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)

Apparent cause, pain right groin, possible bleeding/hematoma

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

ultrasound at bedside, transfer to Gulf Coast Hospital for further evaluation and observation

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

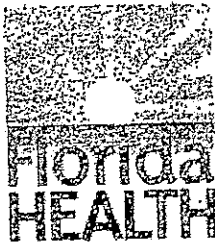
ME 80304
LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

201713229

HA73



DOH Consumer Services

STATE OF FLORIDA
Rick Scott, Governor

JUL 27 2017

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
Name of officeJACKSONVILLE 32256 DUVAL
City Zip Code CountyDR. YAZAN KHATIB
Name of Physician or Licensee ReportingFCCI CATN LAB
Patient's address for Physician or Licensee Reporting7011 AC SKINNER PARKWAY
Street Address904-433-3333
TelephoneN/A
License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Identification Number

PERIPHERAL ARTERY DISEASE
Diagnosis

Age

Gender

☐ Medicaid ☒ Medicare

Date of Office Visit

REVASCULARIZATION LOWER EXTREMITY
Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

07/10/2017 @ 1230
Incident Date and Time

Location of Incident:

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

DURING ATHLECTOMY OF LEFT LOWER EXTREMITY, PATIENT BECAME RESTLESS, STARTED CO. DIFFICULTY BREATHING. MOMENTS LATER, RESPIRATORY ARREST WAS IMMEDIATELY TREATED WITH REVERSAL AGENTS, VENTILATION VIA MASK AND SHORT PERIOD OF CPR. ATROPINE AND EPINEPHRINE ADMINISTERED. 911 CALLED AND PATIENT WAS TRANSPORTED TO MEMORIAL HOSPITAL JACKSONVILLE IN SOMEWHAT STABLE CONDITION. WITH GOOD BP AND RESPIRATIONS. PATIENT TREATED AND LATER RELEASED FROM MEMORIAL IN STABLE CONDITION BACK TO NURSING HOME.

B) ICD-9-CM Codes

995.12
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

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

Resulting injury
(ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

DAN TYLER RN 2581542, DR YAZAN KNATIS ME 85393, PHILIP AUSTON RT 68800, CAME VAUGHN RN 9874410

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

IV. ANALYSIS AND CORRECTIVE ACTION

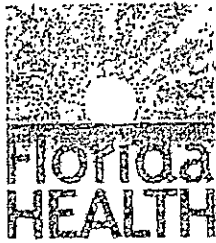
A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)

PROBABLY CAUSE OF ACUTE SOB WAS DO TO FLASH PULMONARY EDEMA INTRA-PROCEDURE

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

EFFECTS OF PROCEDURE WAS DISCUSSED WITH STAFF AND DOCTORS INVOLVED.

[Signature] ME 85393
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
7/20/2017 1 PM
DATE REPORT COMPLETED TIME REPORT COMPLETED



Consumer Services

STATE OF FLORIDA
Rick Scott, Governor

JUL 20 2017

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 Cardio Vascular Institute

Name of office

Jacksonville 32216 Duval

City

Zip Code

County

Sumith Aleti (ME 1200093)

Name of Physician or Licensee Reporting

FCCI Cath Lab

Patient's address for Physician or Licensee Reporting

7011 AC Skinner Parkway, Apt FL

Street Address

904-493-3333

Telephone

N/A

License Number & office registration number, if applicable

II. PATIENT INFORMATION

Age

07/11/2017

Gender

☐ Medicaid ☒ Medicare

Date of Office Visit

Patient Identification Number

Abd. Hugo - PAD

Diagnosis

Purpose of Office Visit

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

07/11/2017

Incident Date and Time

Location of Incident:

☐ Operating Room☒ Recovery Room☐ OtherNote: If the incident involved a death, was the medical examiner notified? ☐ Yes ☐ NoWas an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Post procedure, Fem Artery sheath was removed by Dr. Aleti in recovery groin dressing was intact & hematoma noted. Later, patient developed left-sided abdominal swelling. BP dropped to 76/48, responded well to Normal Saline bolus of 500ml. Pt was taken back to cath lab, ruled out groin hematoma or PE bleed. BP remained low, patient was transferred to Memorial Hospital with Dx of hypotension and left-sided abdominal distension.

B) ICD-9-CM Codes

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

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

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

<u>LUNA PERRIDO</u>	<u>RN 9320604</u>
<u>Philip Alvarez</u>	<u>CRT 68800</u>
<u>Beverly Naida</u>	<u>CRT 3449</u>
<u>Dr. Alti</u>	<u>ME 120093</u>

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

Abdominal - Sematoma

IV. ANALYSIS AND CORRECTIVE ACTION**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)**B) Describe corrective or proactive action(s) taken** (Use additional sheets as necessary for complete response)

Patient transfer closely monitored by staff, doctors and administration

V.

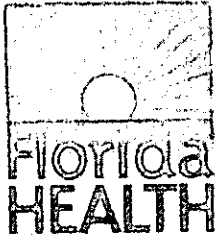
7/20/2011 15:00

DATE REPORT COMPLETED

TIME REPORT COMPLETED

ME 120093

LICENSE NUMBER



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION
Park Center for Procedures

Name of office
Fort Myers 33919 Lee
City Zip Code County
Jonathan Daitch, MD
Name of Physician or Licensee Reporting
Patient's address for Physician or Licensee Reporting

8255 College Parkway
Street Address
239-437-8000
Telephone
ME60798 OSR# 614
License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Identification Number
Vertebral fracture
Diagnosis

78 Female
Age Gender
07/11/2017
Date of Office Visit
Vertebral fracture repair
Purpose of Office Visit
S22.050A
ICD-9 Code for description of incident
II
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

07/11/2017 1430
Incident Date and Time

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

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

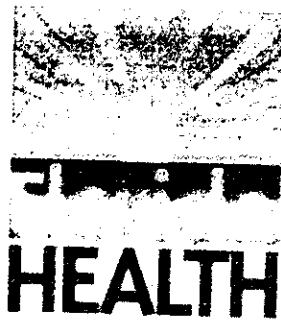
A) Describe circumstances of the incident (narrative)
(use additional sheets as necessary for complete response)

Upon transfer to PACU, patient was awake and alert, but unable to maintain Oxygen saturation above 90%.
Titrated patient off O2 after 20 minutes, but O2 saturation dropped to 84%, place nasal cannula back on patient.
Oxygen saturation maintained in 80's, so we placed the patient back on a non-rebreather mask, which allowed
her sats to reach the 90's. Dr. Daitch notified and spoke to the patients' spouse, who asked for her to be
transferred to the hospital for further observation and treatment. Patient was discharged on 07/12/17.

201716917

CONSUMER SERVICES
SEP 25 2017 165STATE OF FLORIDA
Rick Scott, GovernorPHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

I. OFFICE INFORMATION

Florida Physical Medicine
Name of office
St. Petersburg 33701 Pinellas
City Zip Code County
Lora Brown, MD
Name of Physician or Licensee Reporting

625 6th Ave S #475
Street Address727-209-5475
Telephone

License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

15 F
Age 7/27/17 Gender Medical Medicare
Date of Office Visit
Lumbar Stem cell inj
Purpose of Office Visit
722.9
ICD-9 Code for description of incident
II
Level of Surgery (II) or (III)

Patient Identification Number
Lumbar Disc Herniation
Diagnosis

III. INCIDENT INFORMATION

7/27/17
Incident Date and Time

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

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

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

Post-op Disc Infection Pt hospitalized 8/16/17
Discharged 9/8/17
Lumbar Discogram 6/15/17
Lumbar Percutaneous Discectomy 6/22/17
Lumbar Stem cell injection 7/27/17
Lumbar ESI 8/3/17

AUG 0-7 2017

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

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

I. OFFICE INFORMATION

Name of office FIRST COAST CARDIOVASCULAR INSTITUTEStreet Address 7011 NE SKINNER PARKWAYCity JACKSONVILLE Zip Code 32256 County DUVALTelephone 904-433-3333Name of Physician or Licensee Reporting DR. VASAN ALI ME 93151License Number & office registration number, if applicable N/APatient's address for Physician or Licensee Reporting FCR1 COTN LAB RECOVERY AREA

II. PATIENT INFORMATION

Patient Identification Number

Diagnosis PERIPHERAL ARTERIAL DISEASEAge 7/2/2017 Gender ☐ Medicaid ☒ MedicareDate of Office Visit 7/2/2017Purpose of Office Visit REVASCUCLIZATION OF LOWER EXTREMITYICD-9 Code for description of Incident 998.12Level of Surgery (II) or (III) (II)

III. INCIDENT INFORMATION

Incident Date and Time 7/2/2017 @ 1030

Location of Incident

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

PATIENT POST ATTRACTION OF LEFT LEG. SHORTLY AFTER RETURNING TO RECOVERY AREA, PATIENT'S BP DROPPED TO 84/65, CUFF WAS REPOSITIONED AND RECHECKED, NOW 56/42, RIGHT GROIN SWATH SITE CHECKED. NO APPARENT HEMATOMA NOTED BUT SITE VERY TENDER TO TOUCH. PATIENT SUDDENLY BECAME DISCOLORED AND LESS RESPONSIVE. STAFF AND DOCTORS CALLED TO ROOM, CPR INITIATED, EPINEPHRINE AND FLUIDS, OXYGEN GIVEN, 911 CALLED, PATIENT REGAINED RESPONSIVENESS WITH STABLE VITAL SIGNS. TRANSPORTED TO MEMORIAL HOSPITAL ER/COTN LAB. DR. ALI & ZIA ACCOMPANIED PATIENT TO R0 RPB.

B) ICD-9-CM Codes

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

E 879.9 Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

DAN TYLER RN 2581542, DR ALI ME 93151, JANIE JENKINS RN 9842170, CHRIS VAUGHN RN 9274410, DR ZIA ME

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)

APPARENT CAUSE OF EVENT WAS RETROPLACEMENT POLYD INTRA-OPERATIVELY.

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

STAFF AND DOCTORS DISCUSSED EVENT. PATIENT'S CHARGE IN STATUS WAS QUICKLY HANDLED WITH APPROPRIATE ACTIONS.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT
7/25/2017
 DATE REPORT COMPLETED

ME 93151
 LICENSE NUMBER

1200
 TIME REPORT COMPLETED

Risk Management Communication Form**FLORIDA BACK INSTITUTE**

(Please Print Legibly)

Name of Person filing out form: _____

Date: 7-24-17 Contact Number: _____Date of Occurrence: 7-24-17 Email Address: _____**Did the incident involve a:**

- ☒ Patient ☐ Visitor ☐ Employee ☐ Contract Employee
☐ Equipment ☐ Infection ☐ Exposure Incident ☐ Fire or other disaster

Was anyone injured? ☐ Yes ☒ NoWas 911 called? ☒ Yes ☐ No

Was the Surgeon Notified?

Was the Manager Notified?

If a Patient was involved, please provide name and/or ID information _____

Please provide a summary of the incident.Time of the Incident: 530 pm Location of incident: Fla Back Inst.

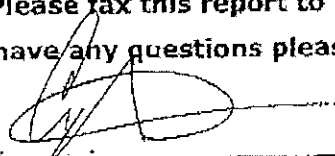
Please Describe what happened: Patient received epidural steroid injection at 4:30 pm. She had increased back & leg pain after. She sat with us & was monitored. She then complained of headache & started vomiting profusely. After 20 min of steady vomiting - 911 was called. She was transported to Boca Hospital by ambulance.

Patient-

Pt was discharged the next day with complete resolution of symptoms

Please fax this report to Universal Healthcare Consulting at (561) 828-0742

IF you have any questions please call Universal Healthcare Consulting at (561) 999-9371


7-24-17

Signature of person filing out report

Date

Risk Manager Use only:

Date report received: _____

Incident Type: 24-hour Report: _____ Reportable to State Code 15 Report: _____ Annual Report: _____

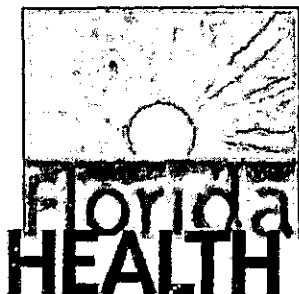
Follow up required: _____

STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

DOH Consumer Services

AUG 14 2017



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

I. OFFICE INFORMATION

Name of office: The Vascular Group of Naples 2350 Vanderbilt Beach Rd
Naples 34109 Collier 239) 643-8794 Suite 102
 City Zip Code County Telephone
 Name of Physician or Licensee Reporting: Dr Alvaro Zamora
Same as above
 License Number & office registration number, if applicable: ME 12801
 Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Age: 08/01/17 Gender: Male ☐ Medicaid ☒ Medicare
 Date of Office Visit: 8/12/17
 Purpose of Office Visit: Angiogram
 ICD-9 Code for description of incident: 44.1
 Level of Surgery (II) or (III): II
 Patient Identification Number: High Grade Stenosis of Right
 Diagnosis: Superficial Femoral Artery

III. INCIDENT INFORMATION

Incident Date and Time: 8/1/17 11:00
 Location of Incident: ☐ Operating Room ☒ Recovery Room ☐ Other

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

Was an autopsy performed? ☐ Yes ☒ No

A) Describe circumstances of the incident (narrative)

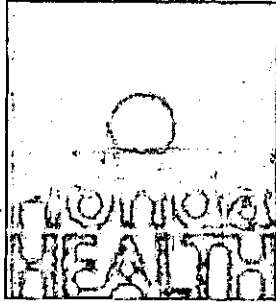
(use additional sheets as necessary for complete response)

PT ill and oriented through post op period.
 Despite all post op protocol followed. PT continued to
 have episodes of dramatic hypotension, symptomatic
 complaints of lightheadedness/dizziness. PT and family
 not comfortable w/ discharging home. per M.D. to
 transfer to NCH for further evaluation.

STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Services

MAR 02 2017



JCAHO

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

coastal Vascular and Interventional 1851 N. 9th Avenue Suite B
 Name of office Street Address Pensacola, FL 32503
 Pensacola 32503 Escambia -- 850-912-8843
 City Zip Code County Telephone
 Christopher Bosarge
 Name of Physician or Licensee Reporting License Number & office registration number, if applicable
 Same as above
 Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

[Redacted] Female
 Age Gender
 02-02-2017 Date of Office Visit
 Procedure
 Purpose of Office Visit
 ICD-9 Code for description of incident
 II
 Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

02-02-2017
 Incident Date and Time
 Location of Incident:
☐ Operating Room ☐ Recovery Room
☒ Other Nursing Home

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 had an aortography with run off and atherectomy completed without complication. Patient was admitted to recovery and monitored. Patient discharged in stable condition to Nursing Home Facility with nurses aid. Discharged instructions were reviewed with patient and nursing home escort. Dr. Bosarge received notification from the Nursing Home Facility that the patient had been found unresponsive and transported to E.C. where she passed away.

B) ICD-9-CM Codes

I70.246

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

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

Resulting injury (ICD-9 Codes 800-999.9)

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

D) Outcome of Incident (Please check)

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

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

Christopher Bosarge ME73699, Judith Honaker RN9306131,
Justin Lowmy CRT61880, Lisa Perry CRT 79996, Mike Stephens
ARNP406702, Terry Engelson PN5185669, Vicki Sharp
PN368331

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)

possible internal bleeding

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



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Name of office Elite Surgical Center
City Weston Zip Code 33331 County Broward
Name of Physician or Licensee Reporting Timothy M. Bradley

Street Address 2665 Executive Park Dr Suite 1
Telephone 954 446 6464
License Number & office registration number, if applicable OSR 681 / ME 111099

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION

Patient Name [Redacted]
Patient's Address [Redacted]
Patient Identification Number 1704
Diagnosis Elective liposuction of Neck w/ platysmaplasty
Bilateral subconjunctival Blepharoplasty

Age 31 Gender F ☐ Medicaid ☐ Medicare
Date of Office Visit 3/9/17
Purpose of Office Visit Cosmetic surgical procedure
ICD-9 Code for description of incident 146.9
Level of Surgery (II) or (III) III

III. INCIDENT INFORMATION

Incident Date and Time 3/9/17 12:15 PM

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

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

Results pending

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

See attached Incident Report and
operative Report by Dr. Bradley

B) ICD-9-CM Codes

241.1
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

146.9
Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Code)

R99
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)

AED, Pulse Oximeter, Functioning EKG monitor leads, Ambu bag on closed circuit anesthesia machine, Functioning IV Access, EMS used

D) Outcome of Incident (Please check)

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

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:

Timothy M Bradley - Surgeon - license - ME 111099
Jannette B. Mills - Anesthesiologist - ME 109880
Peta Gay Thompson - RN - RN 9275526
Flora Lynch - Circulator
John Suarez - Surgical Assistant

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

Dr. Bradley, Dr. Mills
Flora Lynch, Peta Gay Thompson, John Suarez
able to be contacted through office
2665 Executive Park Dr.
Weston, FL 33331

IV. ANALYSIS AND CORRECTIVE ACTION

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

awaiting autopsy report - cause of death
unknown

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

awaiting autopsy report

V. [Signature] ME 111099
 SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT LICENSE NUMBER
3-20-2007 16:45
 DATE REPORT COMPLETED TIME REPORT COMPLETED

Incident Report

Patient: [REDACTED]

Date of Incident: 3/9/2017

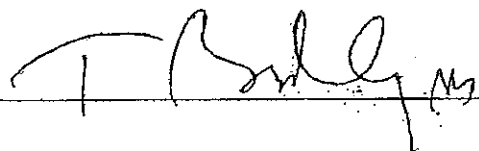
Patient is a [REDACTED] year old black female with an unremarkable past medical history, who was undergoing surgery for a platysmaplasty of the neck and bilateral transconjunctival blepharoplasty. She had been cleared preoperatively by both cardiology and her primary care physician including all salient bloodwork, EKG and a Chest X-ray. I signed off on the medical clearance and reviewed the clearances and lab values prior to surgery. There were no contraindications for surgery.

I discussed the type of anesthesia with Dr. Mills, the anesthesiologist attending of the day. We decided that deep IV sedation with a secured airway was the safest and most appropriate type of anesthesia to the proposed surgery. The patient was taken to the operating room and underwent endotracheal intubation without incident. The ET tube was secured with a silk suture to an incisor to secure its position after adequate breath sounds were auscultated bilaterally.

The patient underwent anesthesia without incident. The neck was then infiltrated with a dilute solution of lidocaine and 1:50,000 epinephrine. The total of 800 mg of lidocaine was mixed preop for this purpose.

The neck liposuction and platysmaplasty procedure went without incident and took slightly over one hour of operative time. Prior to closing the neck, both lower eyelids were injected with the anesthetic solution to produce vasoconstriction prior to starting the blepharoplasty.

After eye shields were placed, the right lower eyelid transconjunctival incision was made. There was bright red arterial bleeding noted and this was addressed with bovie electrocautery. The lower eyelid fat was removed with electrocautery in standard fashion and took approximately 5 minutes. As I was starting to address the left eye, Dr. Mills requested me to check the color of the patient's tongue. It was noted to be white. At this point, Dr. Mills had already been checking for pulses in the lower extremities under the sterile drapes. I looked at the EKG monitor and noticed no discernable electrical activity or rhythm. I immediately broke scrub and listened to the patient's chest for heart sounds. None were heard. This all transpired within about 10 seconds. CPR was initiated immediately. 911 was called and full ACLS protocol was initiated. The patient was given 1 mg of epinephrine IV. Her oxygen saturation was noted to be 100% throughout the code and she was easily ventilated. AED was brought into the OR within moments after initiating ACLS protocol. The AED instructed a shock which was delivered automatically. Chest compressions and ACLS protocol were continued. She was subsequently given 1 mg IV atropine and 1 mg of IV epinephrine. Oxygen saturations were 100% throughout. EMT arrived within several moments and took over.



Dictated by Timothy Bradley, MD

3/10/17 10:40

201105858-50



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

Eres South Florida Plastic Surgery
Name of office

Hialeah 33012 Miami-DADE
City Zip Code County

Daniel Calva - Cergueira
Name of Physician or Licensee Reporting

1738 West 49 St
Street Address

305-262-6070
Telephone

ME 120264 OSR 857
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted]
Patient Identification Number
Unacceptable cosmetic appearance of
Diagnosis her buttocks

[Redacted] Age 3-16-2017 Gender [Redacted] ☐ Medicaid ☐ Medicare

Date of Office Visit Surgical Procedure

Purpose of Office Visit UNKNOWN

ICD-9 Code for description of Incident Level III

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3-16-2017
Incident Date and Time

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

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

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

SEE Medical Doctor Operative NOTE

B) ICD-9-CM Codes 17999 Unknown
15876, 15877, 15878, 15879 Pending Medical Examiner PENDING Medical Examiner
 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) Report

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

No equipment ^{was} used directly ~~at~~ involved in the incident

D) Outcome of Incident (Please check)

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

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

Daniel Calva Cerveira ME 120264; ARNP 923179 Carolina
Sanchez Wilson; Jose Roma goza ABSA #16-149 Exp 6-30-2018
Adiana Morell, Surgical Tech; Aldana Lisbet Aldana-Herrera

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)

At the present time the medical examiner has not reported
cause of death. The apparent cause is pending.

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

BASED on face to face interview w/ Anesthesia Provider + Surgeon; our clinical
staffed acted appropriately by following ACLS protocols on PEA

DH-MQA1030-12/06 as described on Anesthesia note. At the present time no corrective
action needed due to the correct + quick response with our
medical / clinical personnel.

201710030
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 675
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION

Gateway Medical Group / Vikram Tarugu 201 SW 11th St
Name of office
Orlando 32814
City Zip Code
Vikram Tarugu
Name of Physician or Licensee Reporting
Same as above
Patient's address for Physician or Licensee Reporting

Street Address
(863) 824-3447
Telephone
ONE 106 111
License Number, & office registration number, if applicable
DSR # 1202

II. PATIENT INFORMATION

[Redacted Patient Information]

Age 5/22/2017 Gender Male
Date of Office Visit 5/22/2017
Purpose of Office Visit 427.5
ICD-9 Code for description of incident 11
Level of Surgery (II) or (III) 115

Medicaid Medicare
X

Patient Identification Number
Epigastric pain
Diagnosis

III. INCIDENT INFORMATION

5/22/17 @ 0954
Incident Date and Time
Location of Incident
X Operating Room
Recovery Room
Other

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

A) Describe circumstances of the incident (narrative)

(Use additional sheets as necessary for complete response)

Post ESD. Sats dropped 30% (normal) was placed on the pt was
given positive pressure ventilation via Ambu bag. Sats ↑ to 80% then ↓ bag
down to the 30s. Pt was coughed. Pt had Bp 163/80 HR 60. Intubation was
attempted orally, due to the patient's teeth, an oral ETT tube
was placed. Poor breath sounds noted. Unable to ventilate. An LMA was
placed, Sats remained ↓ HR dropped to 20s. CPR began when paramedics
arrived, they resumed CPR. The patient was transported to Revere Hospital
via EMS. On 5/26/17, the office was notified the patient
had expired.

B) ICD-9 CM Codes

45.16

437.5

998.9

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

None

D) Outcome of incident (Please check)

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

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

Maria Thang, MD, NE 116611, Anesthesiologist performing the procedure
 Reche Steed, CPA, AP 999999, Anesthesiologist
 Maria Eusebio, MD, 116611, Anesthesiologist
 Teresa Poterass, MD, 116611, Anesthesiologist

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

None

IV. ANALYSIS AND CORRECTIVE ACTION

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

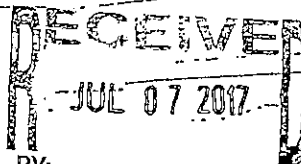
Hypoxia leading to cardiac arrest

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

No corrective action noted at this time. Dr. Thang + Skin care
 1999E Bariatric in AAA Association



STATE OF FLORIDA
Rick Scott, Governor



PHYSICIAN OFFICE BY:
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

Name of office

Jacksonville

FL

Duval

City

Zip Code

County

Omer Zuberi, MD ME106901

Name of Physician or Licensee Reporting

7011 AC SKINNER AVENUE

Street Address

904-493-3333

Telephone

N/A

License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Identification Number

Peripheral Vascular Disease

Diagnosis

Date of Office Visit

06/16/2017

Purpose of Office Visit

170.302

ICD-9 Code for description of incident

II

Level of Surgery (II) or (III)

☐ Medicaid ☒ Medicare

III. INCIDENT INFORMATION

06/16/2017

Incident Date and Time

Location of Incident:

☐ Operating Room

☐ Other

☒ Recovery Room

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

Was an autopsy performed? ☐ Yes ☐ No

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

Patient was sitting up eating and 12 min after checking groin patient call bell went off. Went to her room and Hr

was in 20's Atropine 1 mg given iv. Bp systolic was 60. Md at bedside immediately dressing taken off and had

large amt of bleeding noted. Second iv started wide open and other iv wide open and Dopamine 5 mcg started

per pt weight. Rescue here another iv started. Pt left at 2:34 Bp 115/99 hr 101 pt was alert and talking. To St.

Vincent Hospital ER.

DH-MQA1030-12/06

Page 1 of 2

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

11/20/2015 6-22-17

DATE REPORT COMPLETED

1820 6900

TIME REPORT COMPLETED

111E 106701
LICENSE NUMBER

DH-MQA1030-12/06

Page 2 of 2

JUL 26 2017

201713144-73

STATE OF FLORIDA
Rick Scott, GovernorPHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Medical Imaging & Therapeutics
Name of office

Lady Lake 32159 Lake
City Zip Code County

Mark D. Jacobson
Name of Physician or Licensee Reporting

769 CR 466
Street Address

352-261-5502
Telephone

ME67158 OSR 942
License Number & office registration number, if applicable

II. PATIENT INFORMATION

☒ Medicaid ☐ Medicare

511.9
Patient Identification Number
Diagnosis

July 10, 2017

Date of Office Visit

Pleurodesis
Purpose of Office Visit

II
ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

July 10, 2017
Incident Date and Time

Location of Incident:

☒ Operating Room
☐ Other

☐ Recovery Room

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

Was an autopsy performed? ☐ Yes ☐ No Death occurred at another facility several days later.

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

an established MIT patient, was a very pleasant, high-functioning, with CHF, COPD, hypertension, cardiac dysrhythmia and a pacemaker, who was suffering from dyspnea, related to recurrent left pleural effusion.

She had undergone left thoracentesis on 5/12/17, 6/20/17 and again on 7/7/17, Each time expressing discomfort during the procedure but able to breathe and function much better thereafter.

Continued on page 3.

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 67158

LICENSE NUMBER

July 19, 2017

6:15pm

DATE REPORT COMPLETED

TIME REPORT COMPLETED

....., an established MIT patient, was a very pleasant, high-functioning, with CHF, COPD, hypertension, cardiac dysrhythmia and a pacemaker, who was suffering from dyspnea, related to recurrent left pleural effusion.

She had undergone left thoracentesis on 5/12/17, 6/20/17 and again on 7/7/17, Each time expressing discomfort during the procedure but able to breathe and function much better thereafter.

I consulted with the patient regarding possible pleurodesis on 6/28/2017, A procedure she elected to undergo, in hopes that this would obviate the need to continue undergoing painful thoracentesis. The procedure was scheduled for 7/10/17, however, as indicated above, the patient became severely dyspneic, requiring therapeutic thoracentesis on 7/7/17.

Morning of 7/10/17, Presented to MIT for left pleurodesis as planned. She had held her Coumadin, according to protocol, her vitals were stable and she was ready to get things started. The nurses placed an IV and an ultrasound of the chest confirmed a moderately large recurrent left pleural effusion. An entry site into the left posterior plural space, almost exactly where the 7/7/17 thoracentesis had been performed, was marked, prepped and draped. The overlying skin was infiltrated with lidocaine. During insertion of the eight French all purpose drainage catheter, the patient suddenly leaned forward and to the left, having to be supported by the nurses. I immediately noted pulsatile blood return from the drainage catheter which was immediately secured by means of it's locking loop.

The patient was placed in a recumbent seated position in the stretcher and became unresponsive for several minutes although her vitals remained stable and she continued breathe on her own. She was supported with supplemental oxygen and within several minutes regained consciousness. She became conversant and was subsequently taken to CT.

Noncontrast CT scan of the chest revealed a large left plural fluid collection, a markedly large heart, and showed the percutaneously placed drainage catheter in the left ventricle. There was no hemothorax or hemopericardium.

The patient was return to the recovery room, where she was constantly monitored, and her vitals remained stable.

The situation was reviewed with Dr. Fadi Matar MD, Interventional cardiologist and Cath Lab director at TGH. Plans were made to transfer our patient to TGH and safely remove the catheter and plug the left ventricle if necessary. (Prior to this, numerous calls were made to several local emergency departments and cardiologists to see if they had the capabilities to help my patient, and they did not, which is why she was transfered to Dr. Matar, since they admitted being able to help her.)

..... Reported that she was experiencing dyspnea and prior to transport to TGH, I performed an ultrasound guided therapeutic Left thoracentesis, removing 400 mL fluid, thereby making it much easier for the patient to breathe. Immediate post procedure chest XRay showed no residual plural fluid and no pneumothorax.

..... was feeling much better and was doing well and in good spirits when the flight nurses arrived and was talking and joking with them while being secured on their transport stretcher.

She arrived in good condition at TGH and I was informed that because she was stable and because a special device and Hybrid operating room were needed to perform the procedure that she would be scheduled the next day. Dr Matar & I both, individually discussed the above with Ms Dee Krum, a retired RN & Ms. V's POA. This was also preferable for Ms Krum, as this would allow her time to travel from Naples to TGH to confer with the patient and her new health care team in Tampa.

Because of emergency/trauma cases that required the use of TGH's hybrid OR on 7/11/17, procedure was delayed and later that day she reportedly suffered a stroke, was made DNR and later expired.

DOH Consumer Services

JUL 27 2017

STATE OF FLORIDA
Rick Scott, GovernorPHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Preferred Plastic Surgery of Orlando, PC
Name of office

Altamonte Springs FL 32701 Seminole
City Zip Code County

Thomas G.S. Fiala, MD.
Name of Physician or Licensee Reporting

Patient's address for Physician or Licensee Reporting

220 E. Central Pkwy, Ste 2020

Street Address

407 - 339 - 3222

Telephone

ME 74474 : Reg. # 371

License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Identification Number

Facial aging
Diagnosis

Age 71 Gender M ☐ Medicaid ☐ Medicare

Date of Office Visit 7/12/17

Facial Surgery

Purpose of Office Visit

423.5
ICD-9 Code for description of incident

II
Level of Surgery (I) or (II)

III. INCIDENT INFORMATION

7/12/17 Approx. 14:20
Incident Date and Time

Location of Incident:

☐ Operating Room

☐ Other

☒ Recovery Room

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

Was an autopsy performed? ☒ Yes ☐ No

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

See attached report

B) ICD-9-CM Codes

86.82

E 878

554.05

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

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

Resulting Injury
(ICD-9 Codes 800-999.9)

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

N/A

D) Outcome of Incident (Please check)

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

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

see attached report

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

N/A

IV. ANALYSIS AND CORRECTIVE ACTION

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

see attached report

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

see attached report

A) Circumstances of the incident

with age-appropriate facial aging, was seen in consultation and found to be a reasonable candidate for facelift with neck liposuction, upper and lower blepharoplasty, and TCA peel of the forehead and perioral area. Her past medical history was unremarkable and included mild hypertension and GERD, both controlled with medication. Her pre-operative labs and EKG were normal. She received a medical clearance from an outside internist.

Pre-operative H&P was done by the surgeon (Fiala). Chest and heart sounds were normal. No other abnormalities were noted. She underwent the listed procedures at the office surgery facility, under general anesthesia via endotracheal tube, delivered by MD anesthesiologist (Addonizio). Anesthesia was started at approximately 07:50. Standard pre-op procedures (foley catheter, SCD placement, hair trimming, prepping and draping, surgical "time out") were then performed, and the incision made at 08:46. The procedures were performed (upper blepharoplasty, followed by lower blepharoplasty, neck liposuction, bilateral facelift, TCA peel) without any noted intra-operative complications, and the patient, having apparently tolerated the procedure well, was taken to the recovery room area at approximately 15:47.

Initial PACU management was under the care of the anesthesiologist and recovery room nurse (Barnhardt). While the patient was somewhat slow to wake-up, this was attributed to the length of the procedure (7 hours), and not deemed unusual. Chin lift and oro-pharyngeal airway were used initially for airway support. O2 saturation and vital signs remained in the normal range.

With further awakening, the patient responded to questions with head nods and sounds. She moved all 4 limbs. Vital signs (pulse, heart rate, O2 sat) were monitored continuously, and were stable. Normal sinus rhythm was observed on the monitor. After approximately one hour, the anesthesiologist felt that the patient was doing well, and left the office.

The surgeon checked on the patient several times, checking for any surgery-related issues, such as hematoma, JP drain output, and patient blood pressure. No issues were noted by the surgeon. The surgeon left the office at approximately 17:45-17:50 p.m.

The care of the patient was transferred to the extended stay monitor / nurse (Tester) at approximately 17:55. Her initial assessment found that the chest was clear. Blood pressure, heart rate, and O2 sat were normal. No post-operative narcotics had been given.

At approximately 18:25, the patient sat up and made some gestures which suggested to the overnight nurse that she was nauseated. Phenergan, 6.25 mg, IV was given. Around 18:45-18:55, the patient's O2 saturation decreased, and she was placed on O2 by mask, and encouraged to cough & deep breathe. Around this same time, the nurse noted bradycardia, and treated this with atropine. The heart rate responded to medication. While making phone calls to alert the physician via the on-call staff member (Santaniello) and the answering service, the patient suddenly developed asystole at approximately 19:20-19:25. Chest compressions were started by the overnight nurse, and 911 was alerted. AED was placed. No shockable rhythm was detected.

The surgeon received the phone call at home from Santaniello about the patient "having problems and being needed urgently at office" at approximately 19:24, and was back at the office by approximately 19:29, and found the asystolic arrest in progress. The surgeon placed a backboard, so as to deliver more effective CPR. An oro-pharyngeal airway was placed, and the ambu bag with 8 litre oxygen flow was used to deliver breaths while 2-person CPR was continued. Good chest rise was noted with use of the ambu bag. The diagnosis of asystole was confirmed. No shockable rhythm was found by the AED.

Due to a phone call from the 911 service which indicated the EMS crew was having trouble entering the building, the nurse left the bedside briefly to let them in. The surgeon continued with one-person CPR for several minutes.

The EMS crew arrived, and took over the code, using the asystole protocol. They attempted ET intubation at least twice, but were unsuccessful, and eventually placed a King tube. The patient was transported to the nearest hospital ER, Florida Hospital Altamonte, less than 5 minutes away. During transport, one surgical drain was inadvertently pulled out. The surgeon called the patient's husband at this point, notifying him of the events. The husband was located at home in The Villages, and drove to the ER.

By the time of the patient's arrival in the ER at approximately 20:10-20:15, sinus rhythm had been re-established. The ER physician was able to successfully intubate the patient, and she was placed on a ventilator.

Work-up in the emergency room included: blood tests, portable chest x-ray, placement of a central line, pressor support, and ICU consultation. CT of chest and head were performed. The surgeon met with the patient's husband and explained the events.

Initial lab work showed elevated liver function tests. CT chest was negative for pulmonary embolism, did not show obvious airspace disease. Chest X-ray showed good placement of the ET tube, but no pulmonary edema.

CT head showed changes compatible with global hypoxic brain injury. Cardiac enzymes were negative.

Neurology consult, with subsequent testing on hospital day 1, found that the patient had suffered an irreversible brain injury, presumably due to the ischemic time during the asystolic arrest. After discussions with the family, she was declared brain dead, and removed from life-support later that afternoon.

The family consented to an autopsy. Preliminary results of this showed "blood congestion of lungs with pulmonary edema". Discussion with the pathologist revealed that these changes were likely a result of the cardiac arrest. Significantly, no MI or pulmonary embolism was found. There was no evidence of neck hematoma. Mild atherosclerotic disease of the coronary vessels was reported.

Persons involved:

Surgeon: Thomas Fiala, MD, FACS, FRCSC	ME74474	drfiala@drfiala.com
Surgical tech: Klm Ward, CST	Certificate #82803	kimberly@drfiala.com
PACU nurse: Robbye Barnhardt, RN	RN1687202	robbye@drfiala.com
Staff member on call: Sherry Santaniello, CST	Certificate#94312	sherry@drfiala.com

All staff listed above can also be contacted through:

Fiala Aesthetics

Suite 2020, 220 E. Central Parkway,

Altamonte Springs, Florida, 32701

(407) 339-3222

Anesthesiologist: Mark Addonizio, MD	ME68102	ether8@aol.com
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Dr. Addonizio is an employee of Orlando Anesthesia Consultants.

Extended stay nurse / monitor: Karen Tester, LPN	PN892031
--	----------

Ms. Tester is no longer employed at Fiala Aesthetics, but can be reached at:

Karen Tester

2544 Gramercy Drive

Deltona, FL 32738

Analysis:

Despite consulting with the autopsy, health care risk management, and the involved professional staff, the cause of the bradycardia – asystole arrest remains unclear. Work-up at the hospital failed to show common factors, such as MI, pulmonary edema or pulmonary embolism. There was also no hematoma or other cause of airway obstruction related to the surgical procedure. Given that the event happened approximately 3 hours after the completion of the procedure, and no narcotics were given in the post-operative time period, narcotic drug effects related to doses given during the case would seem unlikely. There was no clinical evidence of bronchospasm or upper airway obstruction during the early portion of the post-anesthetic period. Phenergan is a commonly used anti-emetic, and the 6.25 mg dose used here is small.

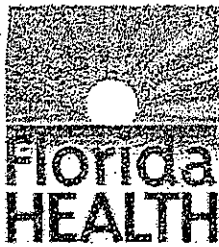
The autopsy showed some lung changes that are felt to be attributable to the cardiac arrest, but did not shed much light on the underlying cause.

Corrective and proactive actions:

The surgeon has taken this event very seriously. An external consultant was brought in to fully evaluate the facility and its policies and procedures. A comprehensive report was issued. Good compliance was noted with AAAASF standards. Recommendations were made for improvement and these have been promptly implemented.

These include:

- Replacement of the overnight monitoring LPN with an RN with PACU experience (done);
- Enhanced staff safety training & drills for emergency procedures to be performed on a quarterly basis with anesthesia staff, surgeon and PACU staff (started);
- Notwithstanding AAAASF certification, yearly inspection by external consultant for adherence to State Office Surgery Rules;
- Tighter documentation & record keeping by anesthesia providers (started);
- Upgrading of the "time out" process with a new written form (started);
- Upgrading of the discharge process from the PACU nurse to the overnight nurse (started);
- In addition, the incident has been reported to AAAASF, and their re-inspection of the facility is pending.



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

Aesthetic Plastic Surgery & Med Spa of Naples
Name of office

Naples 34105 Collier
City Zip Code County

Kent V. Hasen, MD
Name of Physician or Licensee Reporting

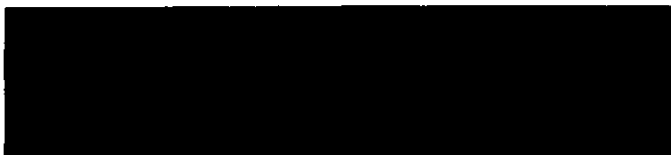
See # 11
Patient's address for Physician or Licensee Reporting

3199 Airport Polling Rd. N.
Street Address

239-262-5662
Telephone

ME84435 OSR 1141
License Number & office registration number, if applicable

II. PATIENT INFORMATION



Patient Identification Number
Lipodystrophy, hypomastia, delayed healing
Diagnosis Abdominoplasty scar

3/7/17 Female ☐ Medicaid ☐ Medicare
Age Gender

Surgery
Date of Office Visit

458.9 - I95.9 (IAP-10)
Purpose of Office Visit ICD-9 Code for description of incident

III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3/7/17 at 1:00pm
Incident Date and Time

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

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

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

See attached

B) ICD-9-CM Codes

15841, 19316, 15877, 19325

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

E938

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

458.9-I95.9 (ICD-10)

Resulting injury
(ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

NA

D) Outcome of Incident (Please check)

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

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

Name of facility to which patient was transferred:

Napies Community Hospital

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

** if it resulted in:

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

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

Kent V. Hasen, MD (Surgeon) ME 84935 Stephanie Schehr - CST

Fran Fernandez (Circulator) RN 3361642

Troy Melancon (CRNA) ARNP 9189562

Vesna Melancon (CRNA) ARNP 9192802

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

Jennifer Ley - CST - leaving office end of shift

Marie Jackson - Patient Coordinator - Called 911 leaving office end of shift

IV. ANALYSIS AND CORRECTIVE ACTION

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

See attached

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

See attached

V.

[Signature]
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 84935
LICENSE NUMBER

3/14/17
DATE REPORT COMPLETED

4:48 pm
TIME REPORT COMPLETED

Narrative

■■■■■ is a ■■■■■ female who presented on March 7, 2017 to my office surgical facility for a revision liposuction of the flanks, revision abdominoplasty, bilateral revision breast augmentation with implant exchange and scar revision of the nipple areolar complexes under IV sedation/general anesthesia. Her past medical history was negative, she denied taking any medications, and had no known allergies. She had had surgery in the recent past (9-16) in our office without any anesthesia complications. Her preoperative EKG showed normal sinus rhythm, CBC and complete metabolic panel were within normal range, and baseline vital signs on the day of surgery were BP 111/65, HR 77 bpm, respirations 19/min, O2 saturation was 98% on room air.

An epidural was administered in addition to a propofol general anesthesia with an endotracheal intubation early on in the case. The patient received 5 liters of lactated ringers during the 6-hour procedure. She also received 575 ml of dilute tumescent local anesthesia as well as an additional 100cc of undiluted local anesthesia. Liposuction yielded 500cc of aspirate of which 300 cc was supernatant fat. Her urine output was not significant until she was given 10 mg of Lasix toward the end of the case. Then output increased to 1650 cc for the entire case. Surgery was uneventful and vital signs remained stable.

Upon extubation at 6 pm, the patient went into SVT with the heart rate in the 140s and BP of 70/40, despite being alert and speaking. After the CRNA administered a total of neosynephrine 200 mcg and ephedrine 5 mg as well as a fluid bolus of 1000 cc, she converted to NSR with BP in the 95/65 range. The patient was alert and oriented at this time, but it was felt prudent to activate EMS and transfer her to the hospital for monitoring and further workup. The patient remained stable during this period and EMS arrived and transferred her at 7:09pm. Her vital signs at this time were BP 118/62, HR 71, RR 16, 99% O2 saturation, and there was no intervention required by the paramedics. Her husband was advised of the situation.

I contacted the ER physician at 11 pm who advised me that during her 3.5 hour stay in the ER she had bloodwork, EKG and a chest X-ray which were all negative. She was released to home with no further sequelae noted. She presented to my office for her first postoperative visit the next morning and was doing well. Her vital signs at this visit were BP 99/70, HR 86, RR 16, O2 sat on room air 99% and temperature of 98.6 degrees F.

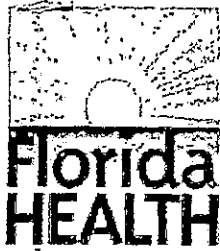
Analysis and Corrective/Proactive Action

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.

The anesthetist and I feel that she was likely dehydrated despite being given 5 liters of fluid. She had been NPO since 7pm the night before surgery and this case started at noon. Furthermore, she had an epidural which lowers blood pressure. Thus, her urine output was not significant during the case not because she was third spacing, but in reality, because she was dehydrated. The Lasix likely led to further dehydration, which may have led to her hypotension and compensatory tachycardia. After receiving an IV fluid bolus and medications, she became normotensive with a normal sinus rhythm. In the future, we will consider additional hydration for afternoon cases, especially those involving epidurals, to avoid any

similar situations. Preoperative teaching for afternoon cases will also stress the importance of continuing to drink fluids in the evening prior to 12 midnight.

I have never had a similar adverse patient occurrence in the 15 years that I have been in practice as a Board Certified plastic surgeon.



201705272-73
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

Aesthetic Plastic Surgery & Med Spa of Naples
Name of office

Naples 34105 Collier
City Zip Code County

Kent V. Hasen, MD
Name of Physician or Licensee Reporting

See Section II
Patient's address for Physician or Licensee Reporting.

3199 Airport Pulling Rd. N.
Street Address

239-262-5662
Telephone

ME84935 OSR1141
License Number & office registration number, if applicable

II. PATIENT INFORMATION

[Redacted Patient Information]

5532
Patient's Address

congenital breast asymmetry
Patient Identification Number
Diagnosis

Age 3/10/17 Gender Surgeon
☐ Medicaid ☐ Medicare

Date of Office Visit

Purpose of Office Visit 512.1

ICD-9 Code for description of incident

III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3/10/17
Incident Date and Time

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

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

A) Describe circumstances of the incident (narrative)

(use additional sheets as necessary for complete response)

See attached

B) ICD-9-CM Codes

<u>19325 (cpt)</u>	<u>E870</u>	<u>512.1</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

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

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

Kent V. Hasan, MD (Surgeon) ME84935 Stephanie Schehr - CST
Fran Fernandez (Circulator) RN 3361642
Tracy Melancon (RNA) ARNP 9189562
Vesna Melancon (CRNA) ARNP 9192802

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

IV. ANALYSIS AND CORRECTIVE ACTION

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

See attached

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

See attached

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME84935
 LICENSE NUMBER

3/24/17
 DATE REPORT COMPLETED

9:28 am
 TIME REPORT COMPLETED

Narrative

This case concerns a [REDACTED] who presented to my office for correction of congenital breast asymmetry on March 10, 2017. The patient had seen me in consultation at [REDACTED] [REDACTED] in 2010 for correction of congenital chest wall and breast deformity due to severe pectus excavatum. I advised her at that time that breast implants alone would not provide a satisfactory correction as the underlying chest wall had to be corrected first. This was done by a thoracic surgeon with a Nuss procedure in the 2011. In 2014, she had another procedure to remove the 2 chest bars. She was left with severe breast asymmetry from the congenital deformity. In 2015, she sought correction of her persistent breast deformity. Fat grafting to each breast was performed at our office surgery center in May 2016 under IV sedation with no complications. As this procedure did not afford her the degree of correction that she was seeking, we decided to perform breast augmentation with silicone breast implants. For optimal aesthetic results, we planned to place silicone gel round smooth implants under the pectoralis muscle using deep IV sedation. Her preoperative CBC and basic metabolic panel were normal and urine pregnancy on the day of surgery was negative. She was taking Yaz for birth control and clonazepam for anxiety and denied any additional past medical history. She had no known drug allergies. Vital signs at preop evaluation were BP 132/90, HR 90 bpm, RR 15, O2 sat on room air 99%, Temp 99 degrees.

Baseline vital signs on the day of surgery were BP 142/91, HR 91 bpm, respirations 16/min. After the patient was prepped and draped in the standard surgical fashion, the breast augmentation procedure was started on the right side. An inframammary fold incision was made. Dissection was taken down to the lateral border of the pectoralis muscle. The muscle was cut 1.5 cm above the planned inframmary fold. It was then noted that the muscle was scarred to the chest wall in multiple areas likely due to the prior thoracic surgery for her severe pectus excavatum. The subpectoral pocket was dissected medially to the sternum dividing the muscle to this level. It was found that there was no intercostal muscles between the 4th and 5th ribs. The fascia between these ribs was paper thin and 2 small 2 mm holes were created when elevating the muscle off the chest wall. The thoracic cavity was visualized through these tiny holes. The patient was breathing spontaneously. To assess for a leak, we deepened the anesthetic, placed an LMA to allow for a forceful Valsalva maneuver to evaluate the situation, and the breast implant pocket was then filled with saline. The patient was given 4 large breathes with no bubbling of air. The rents in the fascia were then closed with 4-0 MonoPlus suture and the remainder of the operation went normally and the patient maintained stable vital signs and normal oxygen saturation.

The LMA was removed from the patient in the operating room and she was transferred to recovery in stable condition at 10:46am with BP 115/57, HR 89, respirations of 18 and oxygen saturation of 99% on room air. Within 5 minutes after admission to recovery room, her oxygen saturation decreased to 88%, she had diminished breath sounds on the right and complained of pain of the right chest on inspiration. She remained hemodynamically stable and her oxygen saturation rose to 95% with 4 liters of oxygen on nasal cannula. It was felt prudent to activate EMS and transfer her to the hospital for monitoring and further workup. EMS was activated at 10:55am to transport the

patient to the hospital ER for chest X-ray and evaluation/treatment for potential pneumothorax. Her vital signs at this time were BP 127/69, HR 111, RR 16, 96% O2 saturation on supplemental oxygen 4 L N/C, and there was no intervention required by the paramedics. Her mother was advised of the situation.

She was transported to the ER at NCH Healthcare System Naples where chest X-ray revealed a 50% right sided apical pneumothorax. The ER doctor consulted with the pulmonologist. The pulmonary specialist then called me to inform me that he felt that she was stable and not in need of an emergent chest tube, but instead could benefit from the placement of a small gauge pig tail catheter by the interventional radiologist. This was completed without complication and post procedure X-ray revealed a reinflated right lung. The right chest catheter was placed on suction overnight. On Saturday, the right lung remained inflated, so the pulmonologist placed the tube on water seal. On Sunday, repeat CXR again revealed a fully inflated right lung, the tube was removed, and she was discharged home from the hospital with no further sequelae noted. She presented to my office for her first postoperative visit the next morning and was doing well. Her vital signs at this visit were BP 99/70, HR 86, RR 16, O2 sat on room air 99% and temperature of 98.6 degrees F. Her lungs were clear and breath sounds were equal.

Analysis/Corrective Action

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.

I feel that her congenital chest deformity and the subsequent reconstructive thoracic surgery played a significant role in this complication. She had severe pectus excavatum which was repaired with the Nuss procedure. The intercostal spaces were not normal with no muscle between the 4th and the 5th ribs which was likely caused by the Nuss procedure with the placement of the bar across the chest. Elevating the pectoralis muscle off of this chest wall fascia led to 2 small holes that resulted in her post-operative pneumothorax. Normally, an intraoperative Valsalva maneuver would indicate an air leak (which it did not in this case) and this potentially could have been repaired by closing the hole while using a catheter to evacuate the air under suction during a Valsalva.

In the future, I will avoid placing breast implants in the deep pocket under the pectoralis muscle in reconstructive breast surgery on patients with prior history of thoracic surgery for pectus excavatum repair to avoid any similar situations. I would instead advise patients to consider a pre-pectoral pocket for the proposed breast implant.

I have never had a similar adverse patient occurrence in the 15 years that I have been in practice as a Board Certified plastic surgeon.



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

MARDIROSSIAN FACIAL AESTHETICS
Name of office

JUPITER 33458 PALM BEACH
City Zip Code County

VARTAN MARDIROSSIAN
Name of Physician or Licensee Reporting

600 HERITAGE DRIVE, S.FE 220
Street Address

561-624-0900
Telephone

ME 115959
License Number & office registration number, if applicable

Patient's address for Physician or Licensee Reporting

II. PATIENT INFORMATION



Patient Identification Number
COSMETIC SURGERY
Diagnosis

Age 3/10/2017 Gender Female ☐ Medicaid ☐ Medicare

Date of Office Visit
ELECTIVE SURGERY

Purpose of Office Visit
N48.89

ICD-9 Code for description of incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

3/10/2017, 10 AM
Incident Date and Time

Location of Incident:

☒ Operating Room
☐ Other

☐ Recovery Room

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

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

SEE ATTACHED SHEET

B) ICD-9-CM Codes

N 48.89

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)

FOLEY URINARY CATHETER

D) Outcome of Incident (Please check)

<input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Surgical procedure performed on the wrong patient. <input type="checkbox"/> A procedure to remove unplanned foreign objects remaining from surgical procedure. <input checked="" type="checkbox"/> Any condition that required the transfer of the patient to a hospital. Outcome of transfer – e.g., death, brain damage, observation only + DISCHARGE AFTER 3 H. Name of facility to which patient was transferred: JULIET MEDICAL CENTER	<input type="checkbox"/> Surgical procedure performed on the wrong site ** <input type="checkbox"/> Wrong surgical procedure performed ** <input type="checkbox"/> Surgical repair of injuries or damage from a planned surgical procedure. ** if it resulted in: <input type="checkbox"/> Death <input type="checkbox"/> Brain Damage <input type="checkbox"/> Spinal Damage <input type="checkbox"/> Permanent disfigurement not to include the incision scar <input type="checkbox"/> Fracture or dislocation of bones or joints <input type="checkbox"/> Limitation of neurological, physical, or sensory function. <input type="checkbox"/> Any condition that required the transfer of the patient to a hospital.
--	---

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

VARTAN MARDIROSSIAN MD FACS, ME 115959
 CAROLYN CURSTA RN RN 1968272
 ELIZABETH RAQUETTE CRNA ARNP 1973532
 MICHAEL STACE RN RN 9262086

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)

MISPLACEMENT OF FOLEY CATHETER

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

UROLOGIC CONSULTATION AND FOLLOW-UP

V.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

ME 115959
 LICENSE NUMBER

3/16/2017
 DATE REPORT COMPLETED

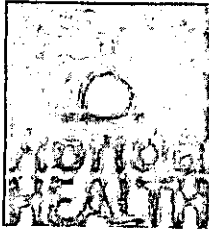
10 AM
 TIME REPORT COMPLETED

At the beginning of an elective cosmetic facial plastic surgery procedure on 3/10/2017 a Foley catheter was inserted that resulted in no urine return. Flushing of the Foley catheter produced bloody return. The catheter was removed and penile bleeding was then noticed. The case was therefore aborted. Urology on call for Jupiter Medical Center was contacted from the operating room and the case was discussed and decision was made to bring the patient to the Emergency Department for an Urology consultation. Patient was then awoken with stable vital signs. 911 was called for a monitored non-emergency transportation to the JMC ED. The situation explained to the patient in great detail and he voiced understanding and agreement with the plan. Dr Vartan Mardirossian and Carolyn Cuesta RN accompanied the patient in the ED and were present throughout the entire visit.

At the ED the vital signs continued to be stable and patient was seen by Urology who recommended expectant management with close observation of the urine output, pain meds as needed and antibiotic treatment for 7 days. The patient was discharged in stable condition.

During the following several days the patient was followed closely with stable urine output, resolving urethral bleeding and resolving pain with urination. A detailed description of the events was shared with the patient as well as the rationale and the steps taken to guarantee his safety. The patient voiced good understanding and agreement with the plan of action. He was seen in the office on 3/11 and on 3/15/17 when he reported no issues with urination and showed satisfaction with the care received. He has a follow-up appointment with Urology in 10 days.

He is going to schedule the balance of his procedure in April 2017.



STATE OF FLORIDA
Rick Scott, Governor

DOH Consumer Service

MAY 30 2017

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

Garramone Plastic Surgery

Name of office

Fort Myers 33907 Lee

City

Zip Code

County

Ralph R. Garramone MD

Name of Physician or Licensee Reporting

see section II

Patient's address for Physician or Licensee Reporting

12998 South Cleveland Ave.

Street Address

239-482-1900

Telephone

ME 75131 / 917..

License Number & office registration number, if applicable

II. PATIENT INFORMATION

Patient Name

Patient's Address

Patient Identification Number

lipodystrophy and abdominal skin laxity

Diagnosis

Age

Gender

Medicaid

Medicare

Date of Office Visit

liposuction and abdominoplasty

Purpose of Office Visit

995.22

ICD-9 Code for description of incident

III

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

05/11/17 2:55 pm

Incident Date and Time

Location of Incident:

☒ Operating Room

☐ Recovery Room

☐ Other

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

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

see attached

B) ICD-9-CM Codes

<p><u>86.01</u></p> <p>Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)</p>	<p><u>E876.9</u></p> <p>Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)</p>	<p><u>997.39</u></p> <p>Resulting injury (ICD-9 Codes 800-999.9)</p>
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C) List any equipment used if directly involved in the incident
(Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please check)

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

Surgeon: Ralph R. Garramone MD (ME 75131); CRNA: Linda Aschom CRNA (ARNP 2602722); Circulating Nurse: Julie Smith RN (RN 9274992); Scrub tech: Lindsey Yates CST (cert #: 171561); Recovery Nurse: Stacy Zeisloff (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)

see attached

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

see attached

V.

<p><u>Ralph Garramone MD</u> SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT <u>5/17/17</u> DATE REPORT COMPLETED</p>	<p><u>ME 75131</u> LICENSE NUMBER</p>
<p><u>5:48 PM</u> TIME REPORT COMPLETED</p>	

Circumstances of the Incident

T.S. is a ■ year old 225 lb male weightlifter who presented on May 11, 2017 to my AAAASF accredited office surgical facility for liposuction of abdomen, flanks and lateral chest as well as abdominoplasty under general anesthesia by CRNA. His history was significant for several orthopedic surgical procedures. He has no medical history and only took melatonin as a sleep aid. He was a non - smoker and his preoperative EKG was normal. The patient had been NPO since prior to midnight the night before surgery.

Baseline vital signs on the morning of surgery were BP163/93, HR90, temperature 98.8, and O2 saturation 99%. Lungs were clear. Anesthesia started at 11:49am with the placement of an LMA and the patient was maintained under propofol TIVA throughout the uneventful liposuction procedure. Vital signs remained stable and O2 saturation ranged from 98-99 %. Once the liposuction was nearly completed, it was decided to place an endotracheal tube as the LMA appeared to be ill fitting. After three unsuccessful attempts to secure the airway with an endotracheal tube using two different types of laryngoscope blades, it was decided to terminate the surgery at 2:15pm and allow the patient to awaken. Ventolin 2 puffs was administered prophylactically at this time. The patient awakened in the OR and upon emerging from anesthesia at 2:55pm, vomited a small amount of blood tinged fluid. He was turned on his side and was suctioned. As he proceeded to fully awaken at 3:15pm, he was able to cough on command and his lungs were auscultated with expiratory wheezing noted. Ventolin 2 puffs and decadron 4mg were administered. Observation in the OR by the CRNA continued and on 3 LPM O2 non rebreather mask his oxygen saturation was 86% and 79% on room air at 4:25pm. As I was concerned with possible aspiration, EMS was called to transfer the patient to the hospital at 4:31pm for further evaluation and follow-up. The patient was alert and oriented x 3 when EMS arrived at 4:33pm and vital signs were 116/69, 90, O2 saturation 87% and respirations 14. EMS left the recovery room with the patient at 4:53pm.

When I presented to the ER post transfer, his vital signs were stable and he was 95% on nasal cannula oxygen. His chest X-ray was negative and they performed a chest CT scan which was also negative for pulmonary embolism. He was admitted overnight for observation and was released the next morning with no further sequella.

He has been seen since in my office on 5-15-17 and is doing well both medically and surgically.

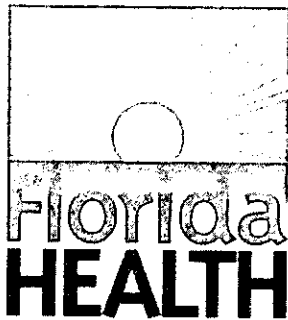
Analysis and Corrective/Proactive Action

As soon as possible after the event, I met with the anesthetist to discuss this incident to help determine why it may have happened and what could be done to help prevent it in the future. The facility healthcare risk manager was notified to ensure compliance with

state reporting requirements. This incident will be further analyzed through the AAAASF accreditation mandatory peer review process.

In the future, in light of this event, we will consider using an endotracheal tube instead of an LMA based on individual patient characteristics and length of surgery in order to ensure a more secure airway. While aspiration was not confirmed in this case, the CRNA will administer an H2 receptor antagonist prophylactically on all patients (where it is not contraindicated) at the beginning of the case to help reduce the acidity of the stomach contents should aspiration occur. In the past, this was done on a case by case basis.

I have never had a similar adverse patient occurrence in the 17 years that I have been in practice.



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

Miami Sunset Surgey Center
Name of office

Miami 33176 Dade
City Zip Code County

Onelio Garcia
Name of Physician or Licensee Reporting

See Below
Patient's address for Physician or Licensee Reporting

7190 SW 87th Avenue Suite 404
Street Address

305-596-2228
Telephone

ME36062 OSR 960
License Number & office registration number, if applicable



Patient's Address
420722
Patient Identification Number
Lipodistrophy
Diagnosis



Age 5/23/2017 Gender ☐ Medicaid ☐ Medicare
Date of Office Visit
Purpose of Office Visit Liposuction
Tachycardia and Desaturating
ICD-9 Code for description of incident
III
Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

5/23/2017 12:15pm
Incident Date and Time

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

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

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

Patient was undergoing low volume Vaser liposuction of her hips flanks and inter thighs by Dr. O. Garcia under general anesthesia.
While in PACU the patient became tachycardic and her O2 saturation on 5 liters of oxygen fluctuated between high 80's and 96.
Patient had a full medical clearance prior to surgery with normal chest X Ray and EKG. The patient was closely monitored.
was not in acute distress but since her condition did not improve 911 activated patient and transfer her to Baptist Hospital for
appropriate work up. Patient did not give a history of heart disease.

B) ICD-9-CM CodesLiposuction

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

Tachycardia & Desaturating

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

None

Resulting injury
(ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

Vaser Liposuction Machine

D) Outcome of Incident (Please check)

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

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

Onelio Garcia MD ME36062

D. Gaitan CRNA ARNP9280882 and L.Rocha CRNA ARNP9221613

Mercedes Ramos RN RN9448045

Diana Tunjano ST

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

Onelio Garcia MD ME36062, Mercedes Ramos RN RN9448045, & Diana Tunjano ST

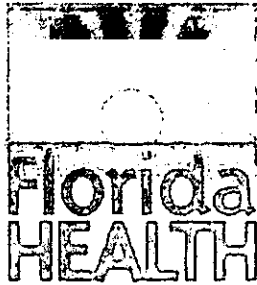
IV. ANALYSIS AND CORRECTIVE ACTION**A) Analysis (apparent cause) of this incident** (Use additional sheets as necessary for complete response)

Etiology unknown emergency protocol followed. Patient was evaluated in the emergency room and D/C in stable condition

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

Ensure all patients have a completed intake sheet and verbal confirmation during consultation a thorough history.

STATE OF FLORIDA
Rick Scott, Governor



PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT

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

I. OFFICE INFORMATION

Name of office WALNUT CREEK MEDICAL CENTER

City EMERALD RIDGE State FL County BROWARD

Name of Physician or Licensee Reporting PAUL PRICE RN

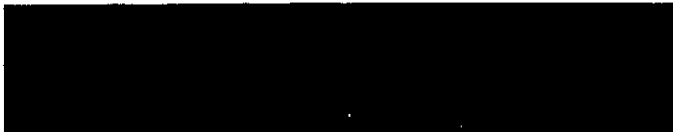
Patient's address for Physician or Licensee Reporting SAME AS ABOVE

Street Address 1779 N. UNIVERSITY DR

Telephone 954 964 6251

License Number & office registration number, if applicable 3111

II. PATIENT INFORMATION



Patient Identification Number [REDACTED]
Diagnosis DYSPLASIA, COLORECTAL SCREENING

Age 50 Gender F ☐ Medicaid ☐ Medicare

Date of Office Visit 5/15/17
Purpose of Office Visit EGD / DILATION / COLONOSCOPY

ICD-9 Code for description of incident

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

III. INCIDENT INFORMATION

Incident Date and Time 5/18/17

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

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

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

PLEASE SEE ATTACHED PROCEDURE NOTE

PT OBSERVED + TREATED FOR AN "ESOPHAGEAL TEAR S/P EGD /
BALLOON DILATION. NO LEAK OF CONTRAST (CT)". A Treated CT.
ABX, DIET ADVANCED. PT DID WELL. DCD 8/10/17

B) ICD-9-CM Codes

<u>45.16 (EGD)</u>	<u>44.22 (dilation balloon)</u>	<u>mucosal tear</u>
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)

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

(Use additional sheets as necessary for complete response)

DILATION BALLOON

D) Outcome of Incident (Please check)

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

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

SCOTT SANDER - ANESTHESIA ME 5165 ADRIAN KOTSEFF - ME 72171
EMMA MORAN - OR TECH
RAYL COADYADILLO - DISCONTINUED/TECH
ANDY PRICE RN RN 3190402

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)

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

Patient transported for observation to prevent further complications

V.

APD PRN
SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

RN 3190402
LICENSE NUMBER



STATE OF FLORIDA
Rick Scott, Governor

PHYSICIAN OFFICE
ADVERSE INCIDENT REPORT DOH Consumer Services

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

SEP 13 2017

I. OFFICE INFORMATION

Orlando Aesthetic Institute
Name of office
Orlando 32804 Orange
City Zip Code County
D. Scott Rotatori, MD

120 E. Pav Street

Street Address

407-770-2002

Telephone

OSR 570

License Number & office registration number, if applicable

II. PATIENT INFORMATION

54

Age

F

Gender

☐

Medicaid

☐

Medicare

08/25/17

Date of Office Visit

Purpose of Office Visit

458.9

ICD-9 Code for description of Incident

Level of Surgery (II) or (III)

III. INCIDENT INFORMATION

8/25/17 10 PM - 11 PM

Incident Date and Time

Location of Incident:

☐ Operating Room

☐ Recovery Room

☒ Other

overnight recovery area.

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

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

A light-headed when walking with nurse evening of surgical day, then patient had brief loss of consciousness. Placed in wheel chair. Vitals taken and blood pressure low. Patient transferred by EMS to Florida Hospital ER. Stable in ER with normal labs, EKG & vital signs. Received 2 liters IV fluids then patient walked in ER halls. Discharged home early AM. of first post-operative day from the ER.

B) ICD-9-CM Codes

Abdominoplasty 15831 Hypotension when walking none.
 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)

none

D) Outcome of Incident (Please check)

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

Amu Verity RN - Overnight Stay RN 2520862
Etta' Rich ARNP - Nurse Manager - ARNP 1680082
D. Scott Rotstein MD - MES1444 - Surgeon

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)

Needed additional IV fluid rehydration post-operative period

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

Intravenous fluid hydration