## Incident Report Form \*\*\* CONFIDENTIAL \*\*\*

*** CONFIDENTIAL ***						
Incident Report Number: Log As:				Printed: Page	07/27/2016 1 of 2	
Date Reported: Date Submitted:		09/05/2015 09/10/2015		Date of Incident Time of Incident	,	
FACILITY IN	FORMATION				40-40 files queen 440-4-00 — 40-61-400-4-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	
Facility: Women's Heal 111 Harvard St Brookline, MA		***			A304 Clinic Form No	
INCIDENT II	NFORMATION					
Incident/Al Type(s):	legation	Quality of Care/Treatment-Oth	Type of Ha	rm(s):	Unknown	
		Quality of Care/Treatment-Oth	Type of Ha DPH reviev		Unknown	
SRE Catego SRE Catego DPH review	ry(s) (after	Non-SRE *Non-SRE				
Body Part A	Affected(s):		Patient's A	ctivity:		
Location:			Equipment	in Use:		
Safety Prec	aution(s):	Other (describe in narrative)				
INCIDENT N	IARRATIVE	htters (20 4 6 4 - 20 - 20 - 24 htters (20 4 - 2 6 - 2	@ +00**hamagr.@-@-@ @ +0-@-dimensy.g-		0 0 1 1 1 1 1 1	
9/10/15 see	attachedThe	Complainant¿s allege poor quality of o	care at the Ambulato	ry Surgery Clini	c.	
CORRECTIV	E MEASURES			<del></del>	earth upg.go	
Internal Inv	estigation?:					
Internal Inv	estigation Na	rrative:				
Corrective 1	Measures Nar	rative:				
FOLLOWUP	INFORMATIC	ON.				
See attache	d communica	tion. Case cloased on 11/3/15				

Police:

Physician:

**NOTIFICATIONS** 

Family:

## Incident Report Form \*\*\* CONFIDENTIAL \*\*\*

Incident Report Number:

A304-004

Log As:

Reviewed and Filed

Printed:

07/27/2016

Page

2 of 2

Individual in Charge at Facility:			Title:		Dire	Directly Involved?:	
REPORTER INFORMATION							
Reporter:				Title:	Unknown/0	Other	
PATIENT INFORMATIO	N				+ +++++	50 1 <del>5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 </del>	· · · · · · · · · · · · · · · · · ·
<u>First Name</u>	<u>Last Name</u>	Age Gender	Admiss	sion Date Ambulatory Status	ADL Status	Cognitive Level	Developmental ly Disabled
PATIENT ADDRESS							
<u>First Name</u>	<u>Last Name</u>	Address 1	Address 2	City	State	Zip Code	
Physician Name (if not	ified):						
ACCUSED INFORMATION	ON	**************************************				ter die diese verteilte gestelle unter unter gegen. dass	01-1-0a m
<u>First Name</u>	<u>Last Name</u>	Gender		Title	<u>Hire Da</u>	<u>ite</u>	
WITNESS INFORMATIO	)N					The state of the s	
<u>First Name</u>	<u>Last Name</u>	Title		Dire	ctly <u>Involved</u>		
20 hays - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1			-	0-0-1 (0-0-0-1) (0-0-0-1)			

**END OF REPORT** 

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Email:		
Phone:		
Subject: Complaints		
Comments: 9.5.15		

Division of Health Care Facility Licensure and Certification Complaint Intake Unit 99 Chauncy Street Boston, Massachusetts 02111

Dear Ambulatory Clinic Complaint Dept.,

This is a allegation pertaining to the license of Women's Health Services (WHS), 111 Harvard, Brookline.

There was an incident that occurred on Aug. 21, 2015 that required a patient to be removed from the facilty and transported to a hospital by ambulance. A surgical error seemed to have occurred to the patient during treatment.

Please look into this incident and WHS's policies, procedures, practice guidelines and supervisory roles. The patient required to be transferred to the hospital. The patient might have required further surgical intervention. The medical director should take corrective action and implement new protocols and policies for the facility staff in the event of an emergency.

State regulations require that surgical procedures must be performed in a safe manner by qualified physicians who have been granted clinical privileges by a governing body of the Ambulatory Surgical Center in accordance with the approved policies and procedures of the Ambulatory Surgical Center.

and a second sec	
To: Subject:	RE: Massachusetts Department of Public Health
Dear Complainant,	
Thank you for your pa	rompt reply.
A complaint cannot b	e sufficiently investigated using e-mail alone.
As the Nurse Investig and cannot be used for	ator I would need additional information related to your concerns. The e-mall service is not secure or the investigation process or response.
If you are unable to a on Chauncy Street in	ccess a private phone, then a meeting here at the Department might be arranged. We are located Boston.
Thank you,	
Fax 617-753-8096	
From: Sent: Wednesday, Se	ptember 30, 2015 8:22 PM
To: :(DF	PH) nusetts Department of Public Health
l do not own a phon	e and only have emall. Please emall your response. Thank you.
From: (I Sent: Wednesday, Sep To:	DPH) < , , , , , , , , , , , , , , , , , ,
	ts Department of Public Health
Please contact me at 6	17-695-7470 at your earliest convenience.
am in the office today	y and tomorrow and then in the field all next week.
Thank you,	

Jane Thornell

Form Submission for EOHHS Web Feedback at Sep 5, 2015 5:57 PM

N	ø	m	P.

Email:

Phone:

Subject: Complaints

## Comments:

This is a complaint against the ambulatory clinic license of Women's Health Services, 111 Harvard, Brookline.

A woman was wheeled out on a stretcher to an awaiting ambulance at this pregnancy termination facility on Aug. 21, 2015. For the sake of the public's health please investigate this alleged medical malpractice and the protocols of this facility. Women's lives matter.

Thank you very much.