

By Senator Martin

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1 A bill to be entitled

2 An act for the relief of Darline Angervil and J.R., a
3 minor, by the South Broward Hospital District;
4 providing an appropriation to compensate Darline
5 Angervil, individually and as parent and natural legal
6 guardian of J.R., for injuries and damages sustained
7 as a result of negligence of the South Broward
8 Hospital District; providing a limitation on
9 compensation and the payment of attorney fees;
10 providing an effective date.

11
12 WHEREAS, on the afternoon of January 14, 2014, Darline
13 Angervil, then known as Darline Rocher, was admitted to Memorial
14 Hospital West, operated by the South Broward Hospital District,
15 when she was 30.3 weeks pregnant, with complaints of decreased
16 fetal movement, pregnancy-induced hypertension, and headaches,
17 and

18 WHEREAS, due to Ms. Angervil's presenting conditions and
19 complaints, Dr. Emil Abdalla, Ms. Angervil's obstetrician,
20 ordered continuous monitoring of the fetal heart rate and rhythm
21 and entered an order that Ms. Angervil's vital signs be taken at
22 least every 2 hours, and

23 WHEREAS, Ms. Angervil's vital sign flowsheets showed
24 elevated blood pressure levels throughout the afternoon and
25 evening hours of January 14, including a systolic blood pressure
26 of 160 mm Hg or higher on at least two occasions at least 4
27 hours apart while resting in bed, indicating preeclampsia with
28 severe features, and

29 WHEREAS, the only way to treat preeclampsia is to deliver

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30 the baby, and, therefore, the patient and baby must be monitored
31 regularly until it is safe and prudent to deliver, and

32 WHEREAS, at 2 a.m. on January 15, due to the diagnosis of
33 preeclampsia, magnesium sulfate was ordered for neuro
34 protection, which also secondarily stabilized Ms. Angervil's
35 blood pressure, and

36 WHEREAS, Ms. Angervil's medical records for January 15
37 include complaints of headache and the results from a 24-hour
38 urine protein analysis showing 743 mg, both of which are
39 consistent with preeclampsia, and

40 WHEREAS, at 9:34 a.m. on January 16, an order was entered
41 to discontinue the magnesium sulfate, and shortly thereafter Ms.
42 Angervil's blood pressure began to rise, and

43 WHEREAS, Ms. Angervil continued to complain of headache
44 during the day shift on January 16, including a 4:01 p.m.
45 complaint of a headache that she rated 7 out of 10 on the
46 severity scale, and at 5:30 p.m., Ms. Angervil's vital sign
47 flowsheets began to show abnormal blood pressure readings, and

48 WHEREAS, at 7 p.m. on January 16, Ms. Melanie Wells, a
49 nurse employed by the South Broward Hospital District in the
50 Labor and Delivery Department at Memorial Hospital West, began
51 her shift and was assigned to Ms. Angervil, who continued to
52 complain of headache, and

53 WHEREAS, at approximately 8:25 p.m. on January 16, as Ms.
54 Angervil continued to complain of headache at shift change,
55 maintained consecutive abnormal blood pressure readings, and had
56 an electronic fetal monitoring strip showing a prolonged
57 deceleration some 9 minutes earlier, Ms. Wells contacted Dr.
58 Abdalla to request an order to remove the continuous electronic

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59 fetal monitor, and

60 WHEREAS, at 8:27 p.m., Dr. Abdalla entered the order to
61 remove the continuous electronic fetal monitor, and Ms. Angervil
62 continued to have consecutive abnormal blood pressure readings
63 at 8:29, 9:07, 9:24, and 10:33 p.m.; however, Ms. Wells did not
64 replace the electronic fetal monitor on Ms. Angervil, and

65 WHEREAS, shortly before 2:24 a.m. on January 17, Ms.
66 Angervil contacted her nurse, complaining of headache, chest
67 pain, and difficulty breathing, at which time Ms. Wells
68 initiated oxygen and checked Ms. Angervil's vital signs, and

69 WHEREAS, at 2:26 a.m., Ms. Angervil's blood pressure
70 reading was dangerously high, a second blood pressure reading at
71 2:28 a.m. confirmed a hypertensive crisis, and additional
72 consecutive extremely high blood pressure readings were recorded
73 at 2:32, 2:37, and 2:40 a.m., and

74 WHEREAS, at 2:43 a.m., 17 minutes after the initial spike
75 in blood pressure, and with no record of performance of any
76 fetal assessment, Ms. Wells contacted Dr. Abdalla, and at 2:50
77 a.m., Dr. Abdalla ordered the administration of hydralazine to
78 lower Ms. Angervil's blood pressure, at which time Ms. Wells
79 attempted to find fetal heart tones but was unable to do so, and

80 WHEREAS, due to the difficulty in finding fetal heart
81 tones, at 2:54 a.m., the nurse manager contacted another OB/GYN
82 who was working on the floor to assist in detecting fetal heart
83 tones with an ultrasound machine, and at 2:56 a.m., critically
84 low heart tones were visualized, resulting in the need for an
85 emergency cesarean section, and

86 WHEREAS, at 2:59 a.m., Ms. Wells contacted Dr. Abdalla to
87 address the difficulty in finding fetal heart tones, at which

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88 time Dr. Abdalla advised he was on his way to the hospital to
89 perform an emergency cesarean section, and medical records
90 reflect that the cesarean section began at 3:05 a.m., with
91 delivery at 3:17 a.m. by Dr. Abdalla, and

92 WHEREAS, the delivery note completed by Ms. Wells
93 documented delivery at 3:17 a.m. of a 2 pound, 5.2 ounce female,
94 J.R., with an Apgar score of 0-1-3, who at delivery was noted to
95 be flaccid, cyanotic, apneic, and asystolic, essentially
96 lifeless, and

97 WHEREAS, neonatal resuscitation was led by ARNP Donna
98 Durham, a blue alert code was called at 3:19 a.m., and Ms.
99 Durham initiated chest compressions with bag mask ventilation,
100 and

101 WHEREAS, J.R.'s birth record, resuscitation, and subsequent
102 course of NICU treatment are entirely consistent with a hypoxic
103 injury around the time of delivery, and her medical records are
104 replete with discussions of her "birth-related hypoxia," and

105 WHEREAS, J.R.'s treating physicians provided assessment
106 notes describing the profound nature of J.R.'s catastrophic
107 injuries and constant needs, including mixed quadriparetic
108 cerebral palsy related to hypoxic ischemic encephalopathy,
109 global profound developmental delay, periventricular
110 leukomalacia, constipation, dysphagia, failure to thrive,
111 gastrostomy tube placement, seizure disorder, esophagitis,
112 dystonia and dyskinesias, and impairment of mobility and
113 impairment of communication/cognition, resulting in her need for
114 nursing care 24 hours a day, and

115 WHEREAS, on March 7, 2016, Ms. Angervil, individually and
116 as parent and natural guardian of J.R., a minor, filed a legal

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117 action in the Circuit Court for the 17th Judicial Circuit, in
118 and for Broward County, under case number 2016-CA-4209, against
119 the South Broward Hospital District, Dr. Abdalla and his
120 employer, and neonatologist Dr. Vicki Johnson and her ARNP and
121 their employer, alleging, in part, negligence of the district in
122 failing to meet the standard of care for the monitoring, the
123 evaluation of both Ms. Angervil and J.R., and the timely
124 notification of medical specialists regarding the change in Ms.
125 Angervil's medical condition, and

126 WHEREAS, Ms. Angervil and the South Broward Hospital
127 District agreed to a consent judgment entered into on or about
128 October 19, 2023, for \$6.4 million, in which the district agreed
129 to pay Ms. Angervil \$300,000 pursuant to the statutory limit
130 imposed under s. 768.28, Florida Statutes, leaving a balance of
131 \$6.1 million, and

132 WHEREAS, the South Broward Hospital District has agreed to
133 support this claim bill for the remaining \$6.1 million, NOW,
134 THEREFORE,

135

136 Be It Enacted by the Legislature of the State of Florida:

137

138 Section 1. The facts stated in the preamble to this act are
139 found and declared to be true.

140 Section 2. The South Broward Hospital District is
141 authorized and directed to appropriate from funds not otherwise
142 encumbered and to draw a warrant in the sum of \$6.1 million
143 payable to Darline Angervil as compensation for injuries and
144 damages sustained.

145 Section 3. The amount paid by the South Broward Hospital

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146 District pursuant to s. 768.28, Florida Statutes, and the amount
147 awarded under this act are intended to provide the sole
148 compensation for all present and future claims arising out of
149 the factual situation described in this act which resulted in
150 injuries and damages to Darline Angervil, individually and as
151 parent and natural legal guardian of J.R. The total amount paid
152 for attorney fees relating to this claim may not exceed 25
153 percent of the total amount awarded under this act.

154 Section 4. This act shall take effect upon becoming a law.