

By the Committee on Health Policy; and 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., and J.R. for injuries and damages  
7 sustained as a result of negligence of the South  
8 Broward 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 Johnston 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:

143 (1) Draw a warrant in the sum of \$3.1 million payable to  
144 Darline Angervil as compensation for injuries and damages  
145 sustained; and

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146       (2) Draw a warrant in the sum of \$3 million payable to an  
147 irrevocable trust created for the exclusive use and benefit of  
148 J.R. as compensation for injuries and damages sustained.

149       Section 3. The amount paid by the South Broward Hospital  
150 District pursuant to s. 768.28, Florida Statutes, and the amount  
151 awarded under this act are intended to provide the sole  
152 compensation for all present and future claims arising out of  
153 the factual situation described in this act which resulted in  
154 injuries and damages to Darline Angervil, individually and as  
155 parent and natural legal guardian of J.R. The total amount paid  
156 for attorney fees relating to this claim may not exceed 25  
157 percent of the total amount awarded under this act.

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