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1
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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the baby, and, therefore, the patient and baby must be monitored regularly until it is safe and prudent to deliver, and

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

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

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

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

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

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

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fetal monitor, and

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

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

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

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

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

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

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

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

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

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

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

WHEREAS, on March 7, 2016, Ms. Angervil, individually and 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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(2) Draw a warrant in the sum of \$3 million payable to an
irrevocable trust created for the exclusive use and benefit of
J.R. as compensation for injuries and damages sustained.

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

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