

Status of Death Audit 2018-19 (April 2018 to March 2019)

Name of State	Number of Death Reported	Number of Death audits conducted	Number of deaths attributed to sterilization	Reason of Death	Action Taken
Maharashtra	6	6	6	Consumptive coagulopathy with Renal Failure, Injury to vital Structures in case of Tubal Ligation, Bowel Injury (Sigmoid Colon) during Tubal Ligation surgery with? Pulmory embolism etc	<ol style="list-style-type: none"> 1) Standards & Quality Assurance in Sterilization Services Modules circled to institutes 2) Details circulars regarding planning, guidelines for preoperative medication, operative guidelines, follow up guidelines, infection control guidelines are issue to all institutes. 3) Review of quality indicator is taken in monthly meeting at district & state level 4) Quality Assurance sub committees are constituted & meetings are regulary held to investigat the deaths & necessary recommendations are given to prevent deaths in future 5) Show couse notice issued to HOD/Surgeons

**Annexure 2 Status of Family Planning Indemnity Scheme Claims
(April 2018 to March 2019)**

State	New Claims Submitted in 2018-19			O/s Claims for previous Yrs			Claims paid in 2018-19												Claims Rejected (2018-19)						O/s Claims till 31.03.2019											
	Complication	Death	Failure	Complication	Death	Failure	Complication				Death				Failure				Complication	Amt	Death	Amt	Failure	Amt	Complication				Death				Failure			
							New Claims	Total Amt.	O/S Claims	Total Amt	New Claims	Total Amt.	O/S Claims	Total Amt	New Claims	Total Amt.	O/S Claims	Total Amt							O/s Claims 2018-19	Amt	O/s Claims of Previous Yrs	Amt	O/s Claims 2018-19	Amt	O/s Claims of Previous Yrs	Amt	O/s Claims 2018-19	Amt	O/s Claims of Previous Yrs	Amt
Maharashtra	22	6	590	27	12	241	12	300000	4	100000	1	200000	2	400000	451	13530000	115	3450000	4	100000	0	0	14	420000	6	150000	23	575000	5	1000000	10	1550000	125	375000	126	3780000

**Status of Functionality of State Indemnity Sub Committee (SISC) 2018-19
(April 2018 to March 2019)**

State	Number of Meetings Held	Frequency of meetings held (Quarterly/half yearly)	Minutes of the meeting prepared (Yes/No)	Number of monitoring visits under taken	Number of client exit interviews conducted	Number of claims investigated by SISC			Remedial steps taken
						Complication	Death	Failure	
Maharashtra	2	Half Yearly	Yes	5	0	22	6	590	<p>1) Standards & Quality Assurance in Sterilization Services Modules circulated to institutes</p> <p>2) Details circulars regarding planning, guidelines for preoperative medication, operative guidelines, follow up guidelines, infection control guidelines are issue to all institutes.</p> <p>3) Review of quality indicator is taken in monthly meeting at district & state level</p>

Status of Functionality of District Indemnity Sub Committee (DISC) 2018-19 (April 2018 to March 2019)

Sr. No.	District	Number of Meetings Held	Frequency of meetings held (Quarterly/half yearly)	Minutes of the meeting prepared (Yes/No)	Number of monitoring visits under taken	Number of client exit interviews conducted	Number of claims investigated by DISC			Remedial steps taken
							Complication	Death	Failure	
1	Thane	2	Quarterly	YES	8	3	0	0	7	
2	Palghar	1	Half Yearly	YES	3	1	0	1	1	
3	Raigad	10	Monthly	YES	0	0	0	0	3	
4	Nashik	1	Half Yearly	YES	30	10	1	0	9	
5	Dhule	1	Half Yearly	YES	6	3	1	0	2	
6	Nandurbar	3	Quarterly	YES	60	11	0	0	8	
7	Jalgaon	2	Half Yearly	YES	5	3	1	0	10	Yes
8	Ahmednagar	3	Quarterly	YES	13	5	0	0	56	One day Reorientation training organized for Mini-Lap & Laproscopic Surgons in Ahmednagar District
9	Pune	2	Half Yearly	YES	9	4	1	0	35	
10	Solapur	2	Half Yearly	YES	3	1	3	0	1	50,000/- given
11	Satara	2	Half Yearly	YES	2	1	0	1	29	
12	Kolhapur	8	Monthly	YES	11	6	1	0	35	1.Instructions Given In Monthly MO Meetings .2.Regular facility audit as per Anex.6,17 &19 being carried by District officials.
13	Sangli	5	Quarterly	YES	7	3	1	1	16	Necessry action taken and Issued Letter
14	Sindhudurg	1	Quarterly	YES	10	3	1	0	7	4 Praposal Claim Paid and 3 Praposal Pending
15	Ratnagiri	1	Quarterly	YES	9	4	0	0	2	Give Benefits each benificeary
16	Aurangabad	1	Half Yearly	YES	2	2	0	0	3	
17	Jalna	1	Half Yearly	YES	2	2	2	0	27	
18	Parbhani	2	Quarterly	YES	12	8	0	0	23	Yes
19	Hingoli	4	Quarterly	YES	8	4	0	0	27	
20	Latur	2	Half Yearly	YES	1	1	3	0	15	
21	Osmanabad	3	Quarterly	YES	1	1	0	0	10	
22	Beed	1	Half Yearly	YES	63	20	0	0	28	
23	Nanded	5	Quarterly	YES	2	2	1	0	27	Compensation given to all
24	Akola	2	Half Yearly	YES	6	4	1	1	16	
25	Washim	3	Quarterly	YES	1	1	1	0	14	
26	Amarawati	3	Quarterly	YES	2	2	0	0	26	
27	Yavatmal	3	Quarterly	YES	24	24	0	1	12	ENQUIRY PROPOSED
28	Buldhana	3	Quarterly	YES	1	1	2	0	56	
29	Nagpur	2	Half Yearly	YES	18	8	0	1	10	
30	Wardha	1	Half Yearly	YES	0	0	0	0	8	Yes

Sr. No.	District	Number of Meetings Held	Frequency of meetings held (Quarterly/half yearly)	Minutes of the meeting prepared (Yes/No)	Number of monitoring visits under taken	Number of client exit interviews conducted	Number of claims investigated by DISC			Remedial steps taken
							Complication	Death	Failure	
31	Bhandara	3	Quarterly	YES	22	6	0	0	17	
32	Gondia	2	Quarterly	YES	20	7	0	0	3	
33	Chandrapur	2	Half Yearly	YES	0	0	2	0	16	Complication 1 & failure 1 case rejected
34	Gadchiroli	1	Half Yearly	YES	9	4	0	0	20	
35	Br.Mumbai	3	Quarterly	Yes	60	20	0	0	11	1. Observations noted & suggestions by DQAC members in each meeting 2. Letter drafted out for remedial measures to improve services and correct the deficiencies at different Private/BMC/Government hospitals 3. Memos issued to doctors who were found deficient in services.
Total							22	6	590	

Annexure - 14 (Proforma for Conducting Audit of Death)

(To be submitted within one month of sterilization by DQAC and sent to state)

Name of the state/ District/Union Territory : Dist. Akola, Maharashtra

Details of the Deceased

1	Name	Madhuri Yogesh Awchar
2	Age	30 Yrs
3	Sex	Female
4	Name of Spouse (his or her age)	Yogesh
5	Address of the deceased	Malkapur Akola ,Tal, Dist.Akola
6	Number of living children(with details concerning age and sex)	8 yrs Female 4 yrs Male
7	Whether operation was performed after delivery or otherwise	Emergency LSCS with TL
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	Emergency LSCS done on 6/3/19 at DWH Akola by Dr,Pradnya Vineet Warthe
9	Whether tubectomy operation was done with MTP	No

10	Whether written consent was obtained before the operation	Yes D/M/Y...06.../...03.../ 2019.
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	DWH Akola

Details of Operations

12	Place of operation	DWH Akola
13	Date and time of operation (D/M/Y)	...6.../...3.../2019 time 2.20 pm... to
14	Date and time of death (D/M/Y)	...12..../...3../2019 time1....am
15	Name of surgeon	Dr,Pradnya Vineet Warthe
16	Whether surgeon was empanelled or	Yes
17	If the operation was performed at a camp who primarily screened the client clinically	-
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes
19	Number of clients admitted and number of clients operated upon on the day of surgery	Admitted - 05 Operated - 05
20	Did any other client develop complications? If so, give details of complications?	No

Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	Dr.Minal Pawar
22	Details of anesthesia drugs used	Inj.Bupivacine Inj.mephentive
23	Types of anesthesia/analgesia/sedation	Spinal
24	Post-operative complications (according to sequence of events)	Pt operated on 6/3/19 and was apparently alright uptill 10/3/19 morning, when she developed pain
	A. Details of symptoms and signs	febrile-100.30F,pulse-160/m,Bp-80/60
	B. Details of laboratory and other investigations	T/t given 20 RL,DNS & Pt. shifted to Recovery Room of OT & was managed by Anesthetst &
	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	At GMC patient received treatment Expired at 1 am. On 12/03/19

Details of Death Audit

25	Cause of death (Primary Cause)	Peripartum cardiomyopathy with? septic shock with ARDS with DIC
26	Has postmortem been done? If yes,	Yes
27	Whether first notification of death was sent within 24 hours	Yes/No.....Yes..... If not, give reasons.....

28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	Dr.Rajkumar chavan- civil surgeon Dr.Vijay Jadhav – D.H.O. Dr.Manish Sharma - DRCHO
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes/No.....No.....
30	What factors could have helped to prevent the death?	-
31	Were the sterilization standards established by GOI followed?	Yes
32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s)	Yes
33	Additional Information	-
34	Recommendations made	-
35	Action proposed to be taken	-

Name ...Dr.Rajkumar Chavan..... . Designation - civil surgeon.

Date Signature

Death Case No. 2 – Priyanka Nitin Shinde, Palghar

Annexure - 14 (Proforma for Conducting Audit of Death)

(To be submitted within one month of sterilization by DQAC and sent to state)

Name of the state/ District/Union Territory : Dist. Palghar, Maharashtra

Details of the Deceased

1	Name	Priyanka Nitin shinde
2	Age	27 years
3	Sex	female
4	Name of Spouse (his or her age)	Nitin vasant shinde
5	Address of the deceased	Room no.602, B wing ramchandra residency
6	Number of living children(with details concerning age and sex)	1 female- 5 years 1 male- 1 n half years
7	Whether operation was performed after delivery or otherwise	INTERVAL TUBECTOMY
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	NO

9	Whether tubectomy operation was done with MTP	NO
10	Whether written consent was obtained before the operation	Yes D/M/Y.....16/07/2018
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Operation was done at a camp

Details of Operations

12	Place of operation	TULINJ HOSPITAL
13	Date and time of operation (D/M/Y)	19/07/2018 time 4.15 to 4.25 PM
14	Date and time of death (D/M/Y)	20/07/2018 time 5.30PM
15	Name of surgeon	Dr. Deepak mahimkar
16	Whether surgeon was empanelled or not	
17	If the operation was performed at a camp who primarily screened the client clinically	Dr. Yogita juwatkar
18	Was the centre fully equipped to handle any emergency complications during the procedure?	No any complications
19	Number of clients admitted and number of clients operated upon on the day of surgery	Admitted - 13 Operated - 13

20	Did any other client develop complications? If so, give details of complications?	No any complication
----	---	---------------------

Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	Dr. Deepak mahimkar
22	Details of anesthesia drugs used	Inj. Atropine 1cc Inj. Fortwin 1 cc
23	Types of anesthesia/analgesia/sedation	Local anasthesia
24	Post-operative complications (according to sequence of events)	19/7/2018- no any complication 20/7/2018- difficulty to breath
	A. Details of symptoms and signs	
	B. Details of laboratory and other investigations	HB-9.5
	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	Tab. Ciplox (500)-1 BD Tab , Pan20-1 BD Tab. Metro(400)- 1 BD Tab . diclopara_ 1BD

Details of Death Audit

25	Cause of death (Primary Cause)	Sending report to PM
26	Has postmortem been done? If yes, attach the post mortem report	YES
27	Whether first notification of death was sent within 24 hours	Yes
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes/No.....
30	What factors could have helped to prevent the death?	
31	Were the sterilization standards established by GOI followed?	YES
32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s)	
33	Additional Information	
34	Recommendations made	

Name **Designation**

Date **Signature**

Death Case No. 3 – Smt. Pratibha Namdeo Choudhari, Nagpur

Annexure - 14 (Proforma for Conducting Audit of Death)

(To be submitted within one month of sterilization by DQAC and sent to state)

Name of the state/ District/Union Territory: Dist. Nagpur, Maharashtra

Details of the Deceased

1	Name	Smt. Pratibha Sadashiv Choudhary
2	Age	28 years
3	Sex	Female
4	Name of Spouse (his or her age)	Sadashiv Namdeo Choudhary 36 years
5	Address of the deceased	BudhwarI peth, Umred, Tal. Umred, Dist.
6	Number of living children(with details concerning age and sex)	Two 1. 8 years (F). 2. 1 month (M)
7	Whether operation was performed after delivery or otherwise	22 days After Delivery
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	25/08/2018 GMCH, Nagpur Normal

9	Whether tubectomy operation was done with MTP	No
10	Whether written consent was obtained before the operation	D/M/Y Yes 17./09/2018
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Fix day static procedure

Details of Operations

12	Place of operation	PHC Makardhokda
13	Date and time of operation (D/M/Y)	18/09/2018 11.15 am to 11.30 am
14	Date and time of death (D/M/Y)	18/09/2018 8.45 pm
15	Name of surgeon	Dr. Rajesh Gilani
16	Whether surgeon was empanelled or not	Yes/No... Yes.
17	If the operation was performed at a camp who primarily screened the client clinically	Medical Officer
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes/No..... Yes.
19	Number of clients admitted and number of clients operated upon on the day of surgery	5 (4 Tubectomy + 1 NSV)

20	Did any other client develop complications? If so, give details of complications?	No
----	---	----

Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	--
22	Details of anesthesia drugs used	Inj. Penzyl 30 mg+Diazepam 10 mg
23	Types of anesthesia/analgesia/sedation	Local Xylocaine + inj. Diazepom
24	Post-operative complications (according to sequence of events)	
	A. Details of symptoms and signs	c/o nausea at 6.30 pm, Relieved after Rantac + Pt. gone in shock at. 7.30 pm
	B. Details of laboratory and other investigations	No inv. Post-op.
	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	Inj. Penzyl+ Diazepam+Atropine at 10.30-10.45 am Inj. Xylocaine at 11.15 am, RL, Inj. Taxim, Inj. Rantac at 6.30 pm, Inj. Atropine at 7.30 pm & Inj. Adrenaline at 7.40 pm

Details of Death Audit

25	Cause of death (Primary Cause)	PM Report awaited + Postpartum
26	Has postmortem been done? If yes, attach the post mortem report	PM done, Report Awaited
27	Whether first notification of death was sent within 24 hours	Yes If not, give
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	No
30	What factors could have helped to prevent the death?	TL should have been delayed till 45 day after delivery is over
31	Were the sterilization standards established by GOI followed?	Yes/No...Partly
32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s)	Yes
33	Additional Information	--
34	Recommendations made	TL should be done either within 7 days of delivery or After 45 days of delivery

35

Action proposed to be taken

The enquiry report is submitted to the DQAC for
Necessary Action

Name **Designation**

Date **Signature**

Death Case No. 4 – Smt. Mangala Namdeo Kodape, Yawatmal

Annexure - 14 (Proforma for Conducting Audit of Death)

(To be submitted within one month of sterilization by DQA C and sent to state)

Name of the state/District/Union Territory : Dist. Yawatmal, Maharashtra

Details of the Deceased

1	Name	Smt. Mangala Namdeo Kodape
2	Age	25
3	Sex	Female
4	Name of Spouse (his or her age)	Namdeo Kavduji Kodape
5	Address of the deceased	A/p Ghoti, Tal – Ghatanji, Dist. Yawatmal
6	Number of living children (with details concerning age and sex)	Zaleshwar age-30 months Female Yuktika age-1 month Female
7	Whether operation was performed after delivery or otherwise	Yes , 33 days after Delivery
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	Date of delivery 10/11/ 2018 at G M C Wardha Normal delivery Doctor conducted delivery

9	Whether tubectomy operation was done with MTP	No
10	Whether written consent was obtained before the operation	D/M/Y 12 / 12 / 2018 Yes
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Yes

Details of Operations

12	Place of operation	Primry Health Center Parwah tq Ghatanji Dist.
13	Date and time of operation (D/M/Y)	13/12/2018 at 10:30 am
14	Date and time of death (D/M/Y)	19/12/18 at 6:30 am
15	Name of surgeon	Dr. Mohan K. Gedam
16	Whether surgeon was empanelled or	Yes
17	If the operation was performed at a camp who primarily screened the	P H C MO , Dr Sanjay P Puram
18	Was the centre fully equipped to handle any emergency complications	Yes
19	Number of clients admitted and number of clients operated upon on	Admitted :-18 Operated :-16
20	Did any other client develop complications? If so, give details of complications?	No other client developed complication

Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	No
22	Details of anesthesia drugs used	LIANOCINE 1 per. 5 cc
23	Types of anesthesia/analgesia/sedation	Local sedation
24	Post-operative complications (according to sequence of events)	Pt. gone to RH GHATANJI with history of fever with weakness on 17/12/2018 patient was given opd treatment and referred to vnmc yavatmal for further treatment .AT VNGMC YAVATMAL pt was adviced admission which she declined and went home on 17/12/2018.on18/12/2018 she again visited RH GHATANJI with h/o weakness and fever she was referred to VNGMC YAVATMAL
	A. Details of symptoms and signs	pain in abdomen with fever
	B. Details of laboratory and other investigations	Malaria antigen :- Negative ;Dangue NS1 :- Negative VDRL :- Non rective HbsAg :- Negative
	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	Higher Antibiotics : Ing Norad 8 mg in 500 ml NS; Inj. Atropin ; Inj Adrenalin ; CPR was given

Details of Death Audit

25	Causeofdeath(PrimaryCause)	As per PM report casuse of Death opinion reserve
26	Haspostmortembeendone?If yes, attachthepostmortemreport	Yes
27	Whetherfirstnotificationofdeath wassentwithin24 hours	Yes
28	DetailsoftheofficersfromDistrict QualityAssuranceCommittee (DQAC)whoconductedtheenquiry	Dr P S Chavhan DRCHO Dr Subhash Dhole DT O
29	InopinionofthechairmanofDQAC, wasdeathattributableto the sterilizationprocedure	Yes
30	Whatfactorscouldhavehelpedto preventthedeath?	Use of Higher Antibiotics for seven days under observation
31	Werethesterilizationstandards establishedbyGOIfollowed?	Yes
32	Didthefacilitymeetandfollowup thesterilizationstandards establishedbyGOI?If no listthe deviation(s)	Yes It Meets

33	AdditionalInformation	No
34	Recommendationsmade	NO
35	Actionproposedto betaken	

Name.....Designation.....

Date Signature.....

Death Case No. 5 – Smt. Deepali Deepak Salunkhe, Sangli

Annexure - 14 (Proforma for Conducting Audit of Death)

(To be submitted within one month of sterilization by DQAC and sent to state)

Name of the state/ District/Union Territory : Dist. Sangli, Maharashtra

Details of the Deceased

1	Name	Smt. Deepali Deelip Salunkhe
2	Age	28 yrs
3	Sex	Female
4	Name of Spouse (his or her age)	Mr. Deelip Salunkhe
5	Address of the deceased	Ap: Kudchi, Raibag
6	Number of living children(with details concerning age and sex)	Male 12 yrs Female 10 yrs
7	Whether operation was performed after delivery or otherwise	Interval TL
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	Interval TL

9	Whether tubectomy operation was done with MTP	No
10	Whether written consent was obtained before the operation	Yes D/M/Y 30/05/2018
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	No

Details of Operations

12	Place of operation	Govt. Medical College & Hospital, Miraj
13	Date and time of operation (D/M/Y)	31/05/2018 time 8.30 to 9.30 am
14	Date and time of death (D/M/Y)	08/06/2018 time 11.20 am
15	Name of surgeon	Dr. Swapnali Kolekar
16	Whether surgeon was empanelled or	Yes
17	If the operation was performed at a camp who primarily screened the client clinically	No
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes
19	Number of clients admitted and number of clients operated upon on the day of surgery	Admitted - 2 Operated -
20	Did any other client develop complications? If so, give details of complications?	No any Complication

Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	Dr. Roopali Coorgile
22	Details of anesthesia drugs used	MD Anaesthesia
23	Types of anesthesia/analgesia/sedation	Spinal
24	Post-operative complications (according to sequence of events)	Pt. was Stable
	A. Details of symptoms and signs	No Any signs & symptoms
	B. Details of laboratory and other investigations	HP 14.29 gm% BJN 24
	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	Operation Date : 31.05.2018 IV antibiotics given after time of admition, Inj. Antibotics, Inj. Furoside given

Details of Death Audit

25	Cause of death (Primary Cause)	Consumptive congulopathy, Renal Failure
26	Has postmortem been done? If yes,	Yes
27	Whether first notification of death was sent within 24 hours	Yes

28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	Yes
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	No
30	What factors could have helped to prevent the death?	No
31	Were the sterilization standards established by GOI followed?	Yes
32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s)	Yes
33	Additional Information	----
34	Recommendations made	----
35	Action proposed to be taken	----

Name **Designation**

Date **Signature**

Death Case No. 6 – Smt. Geeta Prakash Jawale, Satara

Annexure - 14 (Proforma for Conducting Audit of Death)

(To be submitted within one month of sterilization by DQAC and sent to state)

Name of the state/ District/Union Territory: Dist.: Satara, Maharashtra

Details of the Deceased

1	Name	Smt. Geeta Prakash Jawale
2	Age	31 Yrs
3	Sex	Female
4	Name of Spouse (his or her age)	Mr. Ganesh Kashinath Jawale
5	Address of the deceased	At Post : Lakha Nagar, Tal Wai, Dist. Satara
6	Number of living children(with details concerning age and sex)	10 yrs Female 8 yrs Female 2 yrs Male
7	Whether operation was performed after delivery or otherwise	Otherwise

8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	
9	Whether tubectomy operation was done with MTP	No
10	Whether written consent was obtained before the operation	Yes D/M/Y- 21/10/2018
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	At a Camp

Details of Operations

12	Place of operation	PHC Bavdan, Tal, Wai, Dist. Satara
13	Date and time of operation (D/M/Y)	22/10/2018 time 12.15 pm to 1.55 pm
14	Date and time of death (D/M/Y)	04/11/2018 timeam
15	Name of surgeon	Dr. S.M. Yadav
16	Whether surgeon was empanelled or	
17	If the operation was performed at a camp who primarily screened the client clinically	Dr. Y.A. Taral, MO, PHC Bavdhan, Tal,. Wai, Dist. Satara
18	Was the centre fully equipped to handle any emergency complications during the procedure?	

19	Number of clients admitted and number of clients operated upon on the day of surgery	Admitted - 2 Operated -
20	Did any other client develop complications? If so, give details of complications?	No

Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	
22	Details of anesthesia drugs used	Inj. Atropine, Inj, Pentazocin, Inj. Promes
23	Types of anesthesia/analgesia/sedation	Local with sedation
24	Post-operative complications (according to sequence of events)	
	A. Details of symptoms and signs	
	B. Details of laboratory and other investigations	
	C. Details of treatment given, with timings, dates, etc from time of admission until the death of client	

Details of Death Audit

25	Cause of death (Primary Cause)	Yes
26	Has postmortem been done? If yes,	
27	Whether first notification of death was sent within 24 hours	Yes/No..... If not, give reasons.....
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes/No.....
30	What factors could have helped to prevent the death?	
31	Were the sterilization standards established by GOI followed?	
32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s)	

33	Additional Information	
34	Recommendations made	
35	Action proposed to be taken	

Name **Designation**
Date **Signature**