

# Compliance

## Supreme Court Action Points

### **5.1 - State to include information of death**

**Audit including details if enquires held and remedial steps taken in annual report.**

**17 deaths after sterilization, 16 deaths are attributable and 1 death is non-attributable**

- Line list of deaths from 1st of April 2016 to December 2016
- annexure 12,13 & 14 of all cases
- brief case history of all cases
- quality assurance districts insurance sub committee

# Line List of Deaths after sterilization

Sr. No.	Name of Patient	District	Date of Operation	Type of Operation	Place of Operation	Date of Death	Place of Death
1	Gouri Jangle	BMC	28.03.16	LSCS with TL	B.G. Chayya Hosp. Ambarnath (MC)	17.04.16	J. J. Hospital, Mumbai
2	Vinanti Suryawanshi		13.05.16	Laparoscopic TL	L & T Heath Centre Hospital, Mumbai	16.05.16	On the way to Thana Civil Hospital.
3	Ruksanabee Shaikh		18.05.16	MTP with Laparoscopic TL	Urban Health Centre Bandra (Govt. Hosp.)	21.05.16	J. J. Hospital, Mumbai
4	Savita Aherkar		22.05.16	LSCS with TL	Navi Mumbai Municipal Corp. Hosp.	27.05.16	KEM Hospital Mumbai
5	Sangita Kavatekar	Solapur	20.04.16	Minilap	PHC Jeur, Tal Akkalkot, Solapur	21.04.16	Civil Hospital, Solapur
6	Anita Sonawane	Nashik	19.05.16	Minilap	RH Yeola	26.05.16	On the way to hospital from Home
7	Sonali Dhule		26.05.16	Minilap/ Laparotomy	PHC Nigdol, Tal.Dindori Dist. Nashik	28.05.16	Civil Hospital Nashik
8	Kamal Ughade		24.06.16	Minilap	PHC Khed Tal. Igatpuri Dist. Nashik	01.07.16	Civil Hospital Nashik
9	Shaila Chavan	A'bad	15.5.16	Laparoscopic TL	PHC Loni, Tal. Vaijapur, Dist. A'bad	19.05.16	Govt. Medical College & Hosp. Aurangabad
10	Sunita Shikhare	Y'mal	26.08.16	Minilap	PHC Akola Bazar, Tal. Yawatmal	27.08.16	Vasantrao Naik Medical College & Hosp, Yawatmal
11	Pratibha Khulkhule	Nanded	17.09.16	MTP with Minilap	Vithai Hosp. (Alorkar) Nanded	18.09.16	Vithai Hosp. Nanded
12	Savita Neware	Bhandara	29.09.16	Minilap	PHC Dhrangan, Bhandara	04.10.16	GMC Nagpur
13	Vandana Kale	Parbhani	09.11.16	Minilap	PHC Aadgaon, Tq.Jintur, Dist.Parbhani.	12.11.16	GMC Nanded
14	Swati Ringe	Hingoli	09.11.16	Minilap	PHC Wakodi	20.11.16	GMC Nanded
15	Prema Nirgun	S'durga	04.08.16	LSCS with TL	SDH Kankavali	04.08.16	SDH Kankavali
16	Alimun Shaikh	Latur	8.12.16	Minilap	PHC Janwal, Tal Chakur	10.12.16	GMC Latur
17	Kalpana Gavane	Latur	7.12.16	Minilap	RH Devni	15.12.16	On way to Hosp.

# 1) Smt. Shila Chavan, Aurangabad - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Name of Deceased	Male / Female	Smt. Shaila Dynaneshwar Chavan
Age		26 yrs
Address		A/p Walam, , Tal Vaijapur, Dist. Aurangabad
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	PHC Loni, Tal. Vaijapur, Dist. Aurangabad
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	Laparoscopic TL
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	3 months after delivery
was written consent taken	Yes/ No	Yes
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	Local 2% Xylocaine diluted with 5 cc distrilled water
Name of Anesthetist	<b>Mention Qualification</b>	Dr. Gitesh D. Chawda, MBBS
Date of Operation	(Whether Camp/ Fixed day Static) ( <b>Mention No. of cases operated &amp; Sr. No. of this patient</b> )	CAMP - 15.5.2016 59 Cases , 12 <sup>th</sup> last
Name of Surgeon		Dr. Ashok M. Mundhe
Qualification of Surgeon	(Trained or Not) ( <b>Mention no. of surgeries performed</b> )	MBBS, DGO
Date & Time of Death		19.05.2016 at 5.00 a.m.
Place of Death	(Health Facility Pvt. or Govt/Home/on the way to hospital)	Govt. Medical College & Hosp. Aurangabad
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pulse, BP, HP, fitness opinion</li> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	Detailed Attached

Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, symptoms after complications</li> </ul>	<ul style="list-style-type: none"> <li>• Pt. admitted to GMCH Aurangabad</li> </ul> <p>Detailed Attached</p>
Cause of Death	<ul style="list-style-type: none"> <li>• Underlying / Primary Cause of Death</li> <li>• Opinion as per Hospital were death has occurred</li> </ul>	Opinion Reserved – Organ pieces preserved for Histopathological Examination
PM Report	<ul style="list-style-type: none"> <li>• PM done Yes/No</li> <li>• If Yes, Confirmed cause of death as per PM Report</li> <li>• Mention IMP findings of PM Report</li> </ul>	Yes Bilateral Lobar Pneumonia
QA Report	<ul style="list-style-type: none"> <li>• Date of Meeting held</li> <li>• Minutes of meeting done YES/NO</li> <li>• Cause of Death</li> <li>• Observations</li> <li>• Suggestions for improvement</li> <li>• Approved to pay ex-gratia to legal heirs (50,000- or 2,00,000/- )</li> </ul>	30.06.2016 Bilateral Lobar Pneumonia F.P. Guidelines to be followed  Rs. 2,00,000/-
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	?
Compensation given	Mentions details about RTG's or Cheque No. to legal heirs (50,000 or 2,00,000/-)	Ch. No. 578065 – Rs. 50,000/- Rest amount in process
Action Taken	<ul style="list-style-type: none"> <li>• If any one is formed to be negligent (Mention what actions are taken)</li> </ul>	No
Remedial action initiated for correction		Instruction/ guidelines given to medical officers.



## Annexure – 12. Death Notification Form

Instructions: The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the district quality assurance committee (DQAC) within 24 hours of death. The information is to be provided mandatorily.

1	Date of this report (D/M/Y)	20/05/2016
2	Date of death (D/M/Y)	19/05/2016
3	Name of the deceased	Smt. Shila Dnyaneshwar Chavan
4	Age	26 yrs
5	Sex	Female
6	Address of the deceased	A/P. Walan, Tal. Vaijapur, Dist. Aurangabad
7	Name of husband/father	Shri. Dnaneshwar Ashok Chavan
8	Where procedure performed (specify the name of the site) (P) <i>Tick the option</i>	<ul style="list-style-type: none"><li>• Camp</li></ul>
9	Type of procedure A. Female Sterilization (P) <i>Tick the option</i>	Laparoscopy
	B. Male Sterilization (P) <i>Tick the option</i>	N.A.
	C. Other with MTP/CS,etc (P) <i>Tick the option</i>	N.A.
10	Date of sterilization procedure	15/05/2016

11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s), beginning with the initial identification of the problem until the occurrence of death. Whenever possible record the time and date of each incident.( Use an appropriate additional sheet of paper if more space is required)	Patient was operated for Laparoscopic sterilization on 15/05/2016 at 3.40 p.m. patient presented with fever 102 at 7.30 p.m. on 15/5/2016 pulse rate 78/min BP 100/70 mmhg No Abdominal distention. Patient treated with cold sponging Inj. Paracetamol 2cc IM, Inj. Avil 2cc IM, Inj. Dexamethasone 2cc IM, Patient was referred to GMCH Aurangabad from PHC Loni o Shivur Bangala by PHC Ambulance 102. And by 108 Ambulance from Shivur Bangala to GMCH Aurangabad. During transport patient had two episode of vomiting with breathlessness and fever 101 f, patient was on O2 and treated with cold sponging, propped up position, clearing airway by mouth gap. Patient was admitted to GMCH Aurangabad. On admission at GMCH patient had fever and breathlessness. Pulse rate 100/min BP 90/70 mm hg and RR rate 40/min
12	Cause of death	P.M. Report awaited
13	Contributing factor, if any	
14	Postmortem examination performed?	Yes
15	Name and designation of surgeon who performed the sterilization	Dr. Ashok M. Munde, Laparoscopic Surgeon, Civil Hospital Beed
16	Name and Institution where death occurred	GMCH Aurangabad
17	Name and designation of reporting officer	Dr. Yashwant P. Kokane, MO PHC Loni (Kh) Tal. Vaijapur, Dist. Aurangabad

Name: Dr. Yashwant P. Kokane

Designation Medical Officer

(In –charge)

MO-PHC Loni (kh) Tal Viajapur, Dist. Aurangabad Date .....

Signature

## Annexure - 13 (Proforma for Death following Sterilization)

**Instructions:** The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available, shall be forwarded with this report to the convener of the DQAC.

1	Date of this report (D/M/Y) Type of Institution where the death occurred (P) <i>Tick the option</i>	25/05/2016  • Medical College Hospital Govt. Medical College and Hospital, Aurangabad Panchakii Road, Aurangabad
2	Name of the person filling out the report Designation Signature	Dr. Ashok M. Munde Laparoscopy Surgeon (Gynecologist)
3	Date of Sterilization (D/M/Y)	15/05/2016
4	Location where the procedure was performed (P) <i>Tick the option</i>	• Camp at PHC
5	Type of surgical approach (P) <i>Tick the option</i>	Laparoscopy
6	Date of death	19/05/2016
7	Time of death	5.00 a.m.

Standards & Quality Assurance in Sterilization Services

### Client Details

8	Name	Smt. Shaila Dnyaneshwar Chavan
9	Age	26 yrs
10	Sex	Female
11	Spouse Name	Shri. Dnyaneshwar Ashok Chavan
12	Address	A.P. Walam, Tal. Vaijapur, Dist. Aurangabad
13	Relevant past medical history	Nan-ignificant

14	Pertinent postoperative physical and laboratory findings	---
<b>Sterilization</b>		
15	Timings of procedure (Females only) as per standard (P) Tick the option	•Interval(42 days or more after delivery or abortion)
16	Type of anaesthesia (P) Tick the option	•Local with sedation
17	Endotracheal Intubation	No
18	List all anaesthetic agents, analgesics, sedatives and muscle relaxants	Drug Name – 1) Inj. Pethidine – Doses : 30mg 2) Inj. Atropine – Doses : 0.6 mg 3) Inj. Phenetgan – Doses – 15 mg
19	Vital signs during surgery	Time: 3.30 p.m. to 3.40 p.m. BP : 120/70, Pulse : 90/ min Resp : 20/ min.
20	Duration of surgery	Time of starting : 3.30 pm Time of closure : 3.40 pm Total Time spent: 10/ min
21	Vital signs after surgery	Time.....BP: 110/70 Pulse : 70/min Resp Rate: 20/ min
22	Emergency equipments/ drugs available in facility as per	Available
23	Overall Comments	Procedure un-eventful
24	Name and signature of	Dr. Ashok M. Munde

**Name Dr. Ashok M. Munde**

**Designation**

**Date .....**

# 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

## Details of the deceased

1	Name	Smt. Shaila Dnyaneshwar Chavan
2	Age	26 yrs
3	Sex	Female
4	Name of Spouse (his or her age)	Shri. Dnyaneshwar Ahok Chavan
5	Address of the deceased	A/p. Walan, Tal, Vaijapur, Dist. Aurangabad
6	Number of living children( with details concerning age	02 Male Children 1 <sup>st</sup> – 3 yrs – Male 2 <sup>nd</sup> – 3 months Male
7	Whether operation was performed after delivery or	No
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the	-
9	Whether tubectomy operation was done with MTP	-
10	Whether written consent was obtained before the operation	14/05/2016
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Camp

## Details of operations

12	Place of operation	PHC – Loni (Kh), Tal Vaijapur, Dist.
13	Date and time of operation	Dt. 15/05/2016 , 3.30 p.m.
14	Date and time of death (D/M/Y)	Dt. 19/05/2016 , 5.00 a.m.
15	Name of surgeon	Dr. Ashok M. Munde
16	Whether surgeon was	Yes

17	If the operation was performed at a camp who primarily screened the client clinically	Dr. Yashwant Kokane MO-PHC Loni (Kh)
18	Was the centre fully equipped to handle any emergency	Yes
19	Number of clients admitted and number of clients operated	Number of clients admitted - 59 Number of clients - 12
20	Did any other client develop complications? If so, give	NO

# Anaesthesia/Analgesia/S

21	Name of the Anaesthetist, if present	Dr. Gitesh D. Chavada
22	Details of anesthesia drugs used	2% Xylocaine diluted with 5cc distilled water
23	Types of anesthesia/analgesia/sedation	Local Anaesthesia with pre-medication Inj. Atropine, Inj. Fortwin, Inj. Phenargen
24	Post-operative complications (according to sequence of)	
	A. Details of symptoms and signs	Fever 102 F at 7.30 p.m. Pulse rate 78/min BP 100/70 mm hg Two episodes of vomiting during transfer from PHC TO GMCH, Aurangabad
	B. Details of laboratory and other investigations	Laboratory test HB, Urine routine done, HB was 12.05 gm and Urine Albumin and Sugar Negative
	C. Details of treatment given, with timings, dates, etc from time of admission until the death of client	Patient treated with cold sponging Inj. Paracetamol 2cc IM, Inj. Avil 2cc IM Inj. Dexamethasone 2cc IM and patient refer to GMCH Aurangabad During transport patient had two episodes of vomiting and was treated with propped up position clearing of

## Details of Death Audit

25	Cause of death (Primary Cause)	Opinion Reserved – Organ Pieces preserved for Histopathological Examination
26	Has postmortem been done? If	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	Dr. R.N. Deshmukh, EMO, Health Dept. Z P A bad Dr. S.R. Madgepatil, ADHO, Health Dept. Z P A bad
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?	All Patient should be kept NBM over-night before sterilization, and 6 hrs NBM after sterilization strictly
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	All MO's and THO's are given family planning guidelines in meeting and circulate instructions given by State
35	Action proposed to be taken	No

**Name** Dr. Bhimashankar T. Jamadar

**Designation** DHO Z.P. Aurangabad

**Date** ..... **Signature** .....

**Note:** If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.



# District Insurance Sub-Committee Report of FP

## Sterilization Death

Deat of Holding Dist. Insurance Sub-committee Meeting 30/06/2016

Name of Deceased: Smt. Shila Dnyaneshwar Chavan Age: 26 yers  
resident of A.P. Walan, Dist. Vaijapur, Dist Aurangabad

Date & Time of Admission : 14/05/2016 Date & time of Operation :  
15/05/2016

Place of Operation : PHC Loni (Kh) Tal. Vaijapur, Dist. Aurangabad

a) PHC Hospital                                  b) RH,SDH                                  c) Woman

d) District Hospital                                  e) Corporation Hospital                                  f) Medical  
College

g) Govt. Hospital                                  h) Any Other (Specify.....)

i) Pvt. Nursing Home (Accredited/ Non accredited)

Type of Operation : Laparoscopic TL

(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with  
Laparoscopic TL, Conventional /NSV)

Date, Time & Place of Death : 19/05/2016, 5.00 A.M. at GMCH  
Aurangabad

Dist. Insurance Sub-committee Meeting is conducted on dt.  
30/06/2016 at 2.00 p.m. under the Chairmanship of Civil Surgeon,  
Aurangabad & following members were present.

Sr. No.	Name of Members	Designation	Committee Post

1	Dr. G.M. Gaikwad	Dist. Civil Surgeon	Chairman
2	Dr. Smt. Kanan Yelikar	HOD-OBGY Dept. GMCH Aurangabad	Member
3	Dr. Smt. Jadhav	HOD-Surgery Dept. GMCH Aurangabad	Member
4	Dr. Rashmi Bangali	HOD- Anesthesia Dept. GMCH Aurangabad	Member
5	Dr. Bindu	HOD-Pathology Dept. GMCH Aurangabad	Member
6	Dr. Suhas Jagtap	Medical Officer, ANC Aurangabad	Member
7	Dr. B.T. Jamadar	Dist. Health Officer, Z P Aurangabad	Member Secretary

Dist. Insurance Sub-committee is of opinion regarding the cause of Sterilization Death as per following Findings :

Pre-operative Care :

Pluse 78/min      BP 10/70 mmhg      PA : NAD

PV : NAD      RS : Air entry equal both-sides, no abnormal sounds

CBS : Conscious co-operative well oriented to time, place and persons, reflexes positive

Pre-operative Investigation :

HB 12.5 gm      Blood Sugar .....      Urine Albuin : Negative

Operative Procedure : (Mention if any Complication had happend)

Under all aseptic precautions trochar entry done, bilateral tubes ligated with silicon bands. Procedure uneventful.

Post Operative Care :

Pluse : 70/min      BP 110/70

RR: 20/min      CNS NAD

Date of Discharged : .....

After Complication time of referral : 8.15 P.M.

Place of Referral :      GMCH Aurangabad

Symptoms before referral : Fever 102 F PR-78/min BP-100/70 mmHg

Time , Date & Name of Institutes where patient is admitted :

15/05/2016, time 10.20 p.m. at GMCH Aurangabad

Treatment Given : Treatment papers are attached here with report

Described Complications

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Time, Place of Death : 19/05/2016 at 5.00 a.m. at GMCH Aurangabad

Cause of Death : PM Report awaited

Cause of Death as per P M Report : Belateral Lobar Pneumonia

### **Observations & Suggestions**

Sr. No.	Observations	Suggestions
1	FP Registration Register of cases was not updated	It should be updated
2	Autoclave and Fumigation Register was seen	It should be completed
3	OT inspection was done	Emergency tray should contain all required Drugs O2 cylinder should be inspected
4	Reject cases register was not maintained	Reject case register should be maintained and cause should be

		mentioned
5	FP case papers were incomplete	FP case paper should be updated till discharged
		QAC has recommended that in this case under revised Family Planning Indemnity Scheme (FPIS) Rs, 2,00,000/- to be paid through RCH-PIP Dist. Int. Society Aurangabad to the patients legal heirs i.e. spouse and two children's

Dist. Insurance Sub-committee Meeting is held on to investigate FP Sterilization Death & is on opinion that TL death is following Laparoscopic operation

This death is attributable / non attributable to family planning sterilization operation. (If Death is attributable than Ex-Gratia financial assistance of Rs.2,00,000/- is recommended following legal heirs of deceased Smt. Shila Dnyaneshwar Chavan through RCH PIP Year 2016-17 as per G.R. dt. 18.7.2016 as patient expired within 5 days after Laparoscopic sterilization operation in GMCH Aurangabad hospital from District Integrated Society Aurangabad under revised Family Planning Indemnity Scheme

Suggestions given by committee :

- 1) All surgeon performing sterilization male and female should be empanelled
- 2) Laparoscopy surgeon should perform not more than 25 cases as per govt. norms
- 3) After giving FP compensation given by FP Guidelines, if patient relatives goes in court for extra compensation then, that extra compensation should be given by concerned surgeon and Medical Officer.

Signatures & Designation of Chairman & all Members

## 2) Savita Ramlal Neware, Bhandara - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Name of Deceased	Male / Female	Smt. Savita RamlalNeware
Age		32 yrs
Address		At : Kawalewada Po : AmgaonTaluka + District : Bhandara
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	PHC Dhrangan, Bhandara
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	Minilap
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	More than 12 weeks
was written consent taken	Yes/ No	Yes
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	Local
Name of Anesthetist	<b>Mention Qualification</b>	Dr.D.T.Khandare M.B.B.S
Date of Operation	(Whether Camp/ Fixed day Static) ( <b>Mention No. of cases operated &amp; Sr. No. of this patient</b> )	Dt. 29.09.2016  7 Cases operated and Sr.No. of patient is 1
Name of Surgeon		Dr.D.T.Khandare M.O. PHC Pimpalgaon

Qualification of Surgeon	(Trained or Not) <b>(Mention no. of surgeries performed)</b>	M.B.B.S. Trained for minilap and empanelled with DQAC
Date & Time of Death		Dt. 4.10.2016 at 6.20 p.m.
Place of Death	(Health Facility Pvt. or Govt/Home/on the way to hospital)	GMC Nagpur
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pulse, BP, HP, fitness opinion)</li> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	<ul style="list-style-type: none"> <li>• Pulse 78/min, BP 120/82 mm of Hg, Normal</li> <li>• Inj.Atropine, Inj.Pentazocine, Inj.Avil</li> <li>•   AAP, Local ↓ Anesthesia, Bilateral Abd. Tubectomy done by MPM</li> <li>• NO</li> <li>• Pulse 72/min, BP 110/70 mm of Hg R/R rate 18/Min, P/A - Soft, CVS/RS - NAD</li> </ul>
Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, symptoms after complications</li> </ul>	<ul style="list-style-type: none"> <li>• refer to GH Bhandara 01/10/2016 - 4.00 pm,</li> <li>• Vomiting, Breathlessness, Abd.Pain</li> <li>• refer to GMC Nagpur 01/10/2016 - 10.00 pm,</li> <li>• Vomiting, Breathlessness, Abd.Pain H/O no passing stools since 2 days</li> </ul>
Cause of Death	<ul style="list-style-type: none"> <li>• Underlying / Primary Cause of Death</li> <li>• Opinion as per Hospital were death has occurred</li> </ul>	perforation peritonitis



PM Report	<ul style="list-style-type: none"> <li>• PM done Yes/No</li> <li>• If Yes, Confirmed cause of death as per PM Report</li> <li>• Mention IMP findings of PM Report</li> </ul>	<p style="text-align: center;">YES</p> <p>Septicemia following perforation peritonitis</p> <p>Abd.wall and peritoneum stitched in layer.</p> <p>Peritoneum inflamed reddish. Pus pocket present.</p> <p>In Abd.cavity 500 ml of turbid fuel present with yellowish pus pocket present</p>
QA Report	<ul style="list-style-type: none"> <li>• Date of Meeting held</li> <li>• Minutes of meeting done YES/NO</li> <li>• Cause of Death</li> <li>• Observations</li> <li>• Suggestions for improvement</li> <li>• Approved to pay ex-gratia to legal heirs (50,000- or 2,00,000/-)</li> </ul>	<ul style="list-style-type: none"> <li>• 17/11/2016</li> <li>• Yes</li> <li>• perforation peritonitis</li> <li>• -</li> <li>• -</li> <li>• Rs.50000/- and remaining Rs.150000/- sanctioned by DQAC</li> </ul>
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	Yes
Compensation given	Mentions details about RTG's or Cheque No. to legal heirs (50,000 or 2,00,000/-)	Rs.50,000/- by Cheque No.097126 Dated 05/10/2016
Action Taken	<ul style="list-style-type: none"> <li>• If any one is formed to be negligent (Mention what actions are taken)</li> </ul>	No one formed to be negligent

# Annexure - 13 (Proforma for Death following Sterilization)

**Instructions:** The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available, shall be forwarded with this report to the convener of the DOAC.

1	Date of this report (D/M/Y) Type of Institution where the death occurred (P) <i>Tick the option</i>	...../...../..... <ul style="list-style-type: none"> <li>• Camp.....</li> <li>• PPCentre.....</li> <li>• PHC/CHC.....</li> <li>• District Hospital.....</li> <li>• Medical College Hospital.....</li> <li>• Accredited private/NGO Facility.....</li> </ul> ..... .....
2	Name of the person filling out the report Designation Signature	..... ..... .....
3	Date of Sterilization (D/M/Y)	...../...../.....
4	Location where the procedure was performed (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>• Camp.....</li> <li>• PPCentre.....</li> <li>• PHC/CHC.....</li> <li>• District Hospital.....</li> <li>• Medical College Hospital.....</li> <li>• Accredited private/NGO Facility..... (Also specify the</li> </ul>
5	Type of surgical approach (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>• Minilap.....</li> <li>• Laparoscopy.....</li> <li>• Post-Partum Tubectomy.....</li> <li>• Conventional Vasectomy.....</li> <li>• NSV.....</li> </ul>
6	Date of death	...../...../.....

7	Time of death	.....a m/pm
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## Client Details

8	Name	
9	Age	
10	Sex	Female/Male.....
11	Spouse Name	
12	Address	
13	Relevant past medical history	
14	Pertinent postoperative physical and laboratory findings	

## Sterilization

15	Timings of procedure (Females only) as per standard (P) Tick the option	<ul style="list-style-type: none"> <li>• Upto 7 days postpartum.....</li> <li>• Interval(42 days or more after delivery or abortion).....</li> <li>• With Abortion, Induced or spontaneous</li> <li>◆ Less than 12 weeks.....</li> <li>◆ More than 12 weeks.....</li> <li>◆ Any other specify.....</li> </ul>
16	Type of anaesthesia (P) Tick the option	<ul style="list-style-type: none"> <li>• Local without sedation.....</li> <li>• Local with sedation.....</li> <li>• Spinal/Epidural/General.....</li> </ul>
17	Endotracheal Intubation	Yes/No.....
18	List all anaesthetic agents, analgesics, sedatives and muscle relaxants	Time given Drug Name Dosage Route

19	Vital signs during surgery	Time.....BP.....Pulse... .....Resp
20	Duration of surgery	Time of starting.....am /pmTime of closure.....am/pm Total Time spent.....min/hrs
21	Vital signs after surgery	Time.....BP.....Pulse..... Resp Rate.....
22	Emergency equipments/ drugs available in facility as per standards	Available/Non available..... .....
23	Overall Comments	
24	Name and signature of	

Name .....

Designation .....

Date .....

# Annexure - 14 (Proforma for Conducting Audit of Death)

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

## Details of the deceased

1	Name	SavitaRamlalNeware
2	Age	32 yr
3	Sex	Female/Male <b>Female</b> .....
4	Name of Spouse (his or her age)	RamlalVitthalNeware
5	Address of the deceased	At: Kawalewada Po:
6	Number of living children( with details concerning age and sex)	1 Male Child of age 6 Yers 1 Female Child of age 7 Months
7	Whether operation was performed after delivery or otherwise	More than 12 weeks
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	D/M/Y...28/09/2016
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Fixed day static

## Details of operations

12	Place of operation	Primary Health Centre Dhargaon
13	Date and time of operation (D/M/Y)	29/09/2016
14	Date and time of death (D/M/Y)	04/10/2016 at 6.20 pm
15	Name of surgeon	Dr.D.T.Khandare
16	Whether surgeon was empanelled or	Yes/No... <b>Yes</b>

17	If the operation was performed at a camp who primarily screened the	Dr.PratibhaD.Shahre Dhargaon	M.O.PHC
18	Was the centre fully equipped to handle any emergency complications	Yes/No... <b>Yes</b>	
19	Number of clients admitted and number of clients operated upon on	9 clients admitted and 7 clients operated	
20	Did any other client develop complications? If so, give details of	No	

## Anaesthesia/Analgesia/

21	Name of the Anaesthetist, if present	-	
22	Details of anesthesia drugs used	Inj.Atropine, Inj.Pentazocine, Inj.Avil	
23	Types of anesthesia/ analgesia/ sedation	Local Anesthesia with sedation	
24	Post-operative complications (according to sequence of events)	Vomiting, breathlessness, Abd. pain	
	A. Details of symptoms and signs	Breathlessness, Vomiting, Abd. pain	
	B. Details of laboratory and other investigations	<p>1) <b><u>Date : 28/9/2016</u></b>  HB 10.9 gm%, Urine- albumin- NIL, Sugar- nil, HIV- NR</p> <p>2) <b><u>Date: 2/10/16</u></b>  Sr. Creatinine- 3.7 mg%, T.Bil- 0.9 mg% ,  Hb %- 12.3 gm% , PO2 193.1 mmHg, PCO2- 27.9 mmHg , Sr.creatinine- 2.8 mg%, Na- 136 mEq/l , K- 4.9 mEq/l ,</p> <p>3) <b><u>Date : 3/10/16</u></b> HB 9.9 gm%, Sr. Na – 149, Sr. K+- 5.4 , Sr. Ca – 5.9, Sr. U.A - 13.4 , Sr . Urea -171 mg % , Sr .Creatinine - 6.0 mg% , T.Protine -4.7 gm % , T.Bili- 0.7 mg% , ALP- 92 IU/L, SGOT- 117 IU/LT, SGPT-</p>	

C. Details of treatment given, with timings, dates, etc from time of admission until the death of client

**At PHC Dhargaon**

1) Date : 29/9/2016 At- 2.10 PM- 1 point RL, Inj- Metrogyl 500 mg, Inj- ceftriaxone 1 gm. At-7PM – Inj- Rantac, Inj- Diclofenac,

2) Date :30/9/16 At. 8.30 am – 1 point DNS, Inj- Ondansetron, Inj Ceftriaxone At 6.45 pm- 1 point RL , InjOndansetron

2) Date :1/10/16 At 8.30 am- IVF – RL 1, DNS 1 Injondem, Inj- Diclo, Inj Ceftriaxone At 2.15 pm – IVF RL 1,

**At GH Bhandara** At.4.15 pm- Inj – Dopamine , Inj – Hydrocoet, InjRantac, InjTaxim, Inj –GM, At 4.30 pm- NBM , InjPiozo, InjMetrogyl, InjAmikacin, InjPantop, Inj Dopamine, InjContramol, InjDexa, Nebulisation with Duoline, IVF NS2 , DNS2 , RL 2, At 5.20 pm – RT inserted , Catheterisation Done

**At GMC Nagpur** At 10 pm- NBM , IVF RL2, DNS1, D5-1 , Injpiptoz, Inj Metro, InjRantac, InjDiclo,

3) Date :2/10/16 At 2 am – NBM, IVF RL2, DNS1, Inj ceftriaxone, Inj metro, Inj Tramadol, InjPantop

**At 6.30 am Operation done as primary closure of jejunal perforation.**

NBM, IVF ,RL2, DNS1, CT ALL, Inj MVI +Vit C, Nebulisation with Asthaline and Duolin, InjFebrinil,

At 9am- Given 1 Blood Transfusion, and

## Details of Death Audit

25	Cause of death (Primary Cause)	Perforation peritonitis
26	Has postmortem been done? If yes, attach the post mortem report	YES, Postmortem Findings are consistant with death is due to “Septicaemia following perforation Peritonitis in a operated case of Tubectomy.
27	Whether first notification of death was sent within 24 hours	Yes/No..... <u>Yes</u> ..... ..... If not,

28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	1)Dr. RavishekerDhakate- Civil Surgeon , G.H Bhandara 2)Dr. PrashantUikey- District Health Officer, ZP Bhandara.
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes/No..... <b>YES</b> ..... .....
30	What factors could have helped to prevent the death?	Early detection of complication and management of perforation would have prevented death.
31	Were the sterilization standards established by GOI followed?	Yes/No..... <b>Yes</b> .....
32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s)	<b>YES</b>
33	Additional Information	Meeting conducted. Detailed review taken of the case
34	Recommendations made	- 1) Daily Post Op round by operating surgeon - 2) Sensitization of PHC staff and Medical officer about common
35	Action proposed to be taken	- 1) Improving co-ordination between operating surgeon and PHC medical officer - 2) Staff Training regarding assisting in OT , post operative care and identifying post operative complications

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

Date ..... Signature .....

**Note:** If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.



# **District Insurance Sub-Committee Report of FP**

## **Sterilization Death**

Deat of Holding Dist. Insurance Sub-committee Meeting **17/11/2016**

Name of Deceased : Smt **SavitaRamlalNeware** Age: 32 yers resident of  
**At:KawalewadaPo.AmgaonTaluka + District Bhandara**

Date & Time of Admission **28/09/2016** Date & time of Operation  
**29/09/2016**

Place of Operation **PHC Dhargaon**

- b) PHC Hospital                                  b) RH,SDH                                  c) Woman
- d) District Hospital                          e) Corporation Hospital                  f) Medical College
- g) Govt. Hospital                          h) Any Other (Specify.....)
- j) Pvt. Nursing Home (Accredited/ Non accredited)

Type of Operation : **Minilap**

(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)

Date, Time & Place of Death : **.20 pm - GMC Nagpur**

Dist. Insurance Sub-committee Meeting is conducted on dt. **17/11/2016**under the Chairmanship of **Chief Executive Officer ZillaParishad Bhandara** & following members were present.

Sr. No.	Name of Members	Designation
1	Hon.Shri. S.L.Ahire	Chairman &C.E.O.Z.P.Bhandara
2	Dr.KishorChaharkar	Representative of Member Secretary & RMO (Outrich) GH Bhandara)
3	Dr.PrashatUikey	Member coordinator & DHO

		Z.P.Bhandara
4	Dr.SuyogMeshram	Member & Gynecologist GH Bhandara
5	Dr.ShekharNaik	Member & General Surgeon GH Bhandara
6	Dr.AparnaDikonwar (Jakkal)	Member & Pathologist GH Bhandara
7	Dr.PriyankaUbhad	District Quality Assurance co-ordinator

Dist. Insurance Sub-committee is of opinion regarding the cause of Sterilization Death as per following Findings :

Pre-operative Care :

Pluse ...78/min.. BP .....120/82mm..... PA ...Soft L/S-NP.....  
 PV .....-..... RS .....NAD..... CBS .....NAD.....

Pre-operative Investigation :

HB ...10.9gm%..... Blood Sugar ...-..... Urine Albuin ...Nil.....

Operative Procedure : (Mention if any Complication had happend)

↓ AAP, Local Anesthesia, Bilateral Abd. Tubectomy done by MPM  
,Abd.closed in layers, after complete haemostatis.

Post Operative Care :

110/70mm.....

RS ...NAD..... CVS .....NAD.....

Date of Discharged : patient referred to GHBhandara& GMC Nagpur.

After Complication time of referral 1/10/201610.00 pm to GMC Nagpur

Place of Referral 1/10/20164.00 pm to General Hospital Bhandara ...

# Symptoms before referral Vomiting, Breathlessness, Abd.Pain

Time , Date & Name of Institutes where patient is admitted :- Dated 01/10/2016 at 4.25 pm to General Hospital Bhandara and dated 01/10/2016 at 10.00 pm at GMC Nagpur

## Treatment Given :

### **At PHC Dhargaon**

#### **1)Date : 29/9/2016**

At- 2.10 PM- 1 point RL, Inj- Metrogyl 500 mg, Inj- ceftriaxone 1 gm.

At-7PM – Inj- Rantac, Inj- Diclofenac,

#### **2) Date :30/9/16**

At. 8.30 am – 1 point DNS, Inj- Ondansetron, Inj Ceftriaxone

At 6.45 pm- 1 point RL ,InjOndansetron

#### **2) Date :1/10/16**

At 8.30 am- IVF – RL 1, DNS 1 Injondem, Inj- Diclo, Inj Ceftriaxone

At 2.15 pm – IVF RL 1,

### **At GH Bhandara**

At.4.15 pm- Inj – Dopamine ,Inj – Hydrocoet, InjRantac, InjTaxim, Inj –GM,

At 4.30 pm- NBM , InjPiozo, InjMetrogyl, InjAmikacin, InjPantop, Inj Dopamine,

InjContramol, InjDexa, Nebulisation with Duoline, IVF NS2 , DNS2 , RL 2,

At 5.20 pm – RT inserted ,Catheterisation

### **At GMC Nagpur**

At 10 pm- NBM , IVF RL2, DNS1, D5-1 , Injpiptoz, Inj Metro, InjRantac, InjDiclo,

#### **3)Date :2/10/16**

At 2 am – NBM, IVF RL2, DNS1, Inj ceftriaxone, Inj metro, Inj Tramadol, InjPantop

**At 6.30 am Operation done as primary closure of jejunal perforation.**

NBM, IVF ,RL2, DNS1, CT ALL, Inj MVI +Vit C, Nebulisation with Asthaline and Duolin, InjFebrinil,

At 9am- Given 1 Blood Transfusion, and Ventilator Support.

At 10.30 pm- CT ALL,InjPiptaz, InjLevoflox,

Ventilator Support

#### **4) Date 3/10/16**

At 10 am- Flat Position. InjPiptaz, Inj Metro, InjPantop, InjFebrinil, InjHydrocort, InjLevoflox, InjSodabcarb, InjNorAdrenalin, InjDopamin, InjMidaz, Inj Adrenalin

#### **5) Date 4/10/16**

At 8.30 am CT ALL

At 10 amInjMeropane, Inj Calcium gluconate

At 5.00 Pm – CPR ,Inj Atropine, Inj Adrenalin,

At 6 pm- CPR ,Inj Atropine, Inj Adrenalin

At 6 10 pm - CPR ,Inj Atropine, Inj Adrenalin

AT 6.20 Pm – Despite all efforts of resuscitation , patient could not be revived and Declared Dead on 4/10/16 at 6.20 pm

Described Complications Tubal Ligation with Perforation peritonitis

Time, Place of Death Dated 04/10/2016 at 6.20 pm GMC Nagpur

Cause of Death : Perforation peritonitis

Cause of Death as per P M Report : Septicemia followingperforation peritonitis in a operated case of Tubectomy

## Observations & Suggestions

Sr. No.	Observations	Suggestions
1	Perforation peritonitis occurred due to nick, probably at the time of opening peritoneum which was remained unnoticed.	Each and every operating surgeon should open abdomen layer by layer, and should be vigilant at the time of opening peritoneum. Must confirm that their should not be intestine cord with peritoneum.
2	Perforation peritonitis resulted during operative procedure was not detected till 48 hrs	<ol style="list-style-type: none"><li>1) All operating surgeons and PHC MO should be aware of post operative complications like Perforation peritonitis, bladder injury or major blood vessel injury etc.</li><li>2) Daily routine two times round taking pulse, BP, temp, input output and abdominal examination for tenderness, grading rigidity and intestinal sound.</li><li>3) Any adverse or if any deviation from normal finding found should be communicated to surgeon and necessary treatment and timely referral should be done.</li></ol>

Dist. Insurance Sub-committee Meeting is held on to investigate FP Sterilization Death & is on opinion that death is following Tubectomy operation

This death is attributable to family planning sterilization operation. (If Death is attributable than Ex-Gratia financial assistance of Rs 2,00,000/- is recommended following legal heirs of deceased Savita RamlalNeware through RCH PIP Year 2016-2017 as per G.R. dt. 18.7.2016 as patient expired within 5 days after sterilization operation in GMC Nagpur hospital from District Integrated Society ..... under revised Family Planning Indemnity Scheme

Signatures & Designation of Chairman & all Members

### 3) Smt. Gouri Jangle, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Name of Deceased	Male / Female	Gauri Raju Jangle
Age		30
Address		Balaji Nagar, Hanumant Mandir, Ambarnath, Ulhasnagar No.3, Dist.Thane Pin.code no. 421003.
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	DH Central Hospital Ulhasnagar No.3.
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	LSCS with TL
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	Post Partum, Emergency LSCS with TL.
was written consent taken	Yes/ No	YES
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	Spinal 2.2ml 0.5 Heavy Bupivallane
Name of Anesthetist	<b>Mention Qualification</b>	Dr. Kranti Honrao
Date of Operation	(Whether Camp/ Fixed day Static) ( <b>Mention No. of cases operated &amp; Sr. No. of this patient</b> )	28.03.2016 at 10.03am- Fixed day static cases <b>operated</b>
Name of Surgeon		Dr. Suhas Kadam
Qualification of Surgeon	(Trained or Not) ( <b>Mention no. of surgeries performed</b> )	MBBS DGO Surgeries performed 6000 cases TL Patient

### 3) Smt. Gouri Jangle, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Date & Time of Death		J. J. Hospital 17.04.2016 at 6.30pm
Place of Death	(Health Facility Pvt. or Govt/Home/on the way to hospital)	J. J. Hospital Govt.
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pulse, BP, HP, fitness opinion)</li> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	<ul style="list-style-type: none"> <li>• Pules 79/min, BP 100/80, HB 10.5mg%</li> <li>• Pre Medication - TT given at CHU, Inj. Taxim 1 gm IV 12 hourly, Inj. Rantac 50 mg IV 12 hourly, Inj. Dexa 8 mg IM stat, Inj. Mannitol 100 cc IV sat,</li> <li>• Emergency LSCS with Bilateral tubal ligation</li> <li>• Complication NIL</li> <li>• Post operative – Pules 92, BP 124/70, RS/CVS-NAD, PA-soft.</li> </ul>
Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, symptoms after complications</li> </ul>	<ul style="list-style-type: none"> <li>• Admission J. J. Hospital 16.04.16 on 5.02 pm.</li> </ul> <p><b>16.04.16</b> - Patient unconscious, responding to DPS, B/L pupils reactive to light. GC guarded afeb P – 52/min, BP – 104/70, RR – 16/min, pallor, no edema, U/A – Nil. Foleys in situ – 500ml. HGT – 136mg/dl P/A soft, ut wc, vertical scar of LSCS, transverse scar of LSCS+ wound-healthy PV – no active bleeding. IMP – Day 20 PNC mother (Post LSCS) with CVA. Adv-high risk consent/poor prognosis explained consent, urgent MICU/CCU reference, USG</p> <p><b>16.04.16</b> - S/B Dr. Amar JR3/Dr Ganesh AP under Dr. H.R.Gupta (Gen medicine)</p> <p>O/E – GC poor, PR – 100/min BP – 116/80, RR – 16/min, SPO2 – 99% at room air pallor+ No I/C/C/L/E CVS – S1S2, RS – AEEBS, clear P/A – soft, CNS – patient stuporous, responding to DPS, E/o Rt sided weakness, b/l planters Exaggerated, DTR – brisk, b/l pupil 3</p>



### 3) Smt. Gouri Jangle, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
		<p>mm size equally reacting to light.</p> <p>IMP – D19 PNC with post LSCS with CVA with Rt sided hemiplegia with ? raised ICT ? Sepsis ? CVST ?</p> <p>Tubercular meningitis. Adv – All routine INV, blood C/S, urine c/s, USG a+p, DIC profile, Sr. arterial ammonia, CT brain P+C with angio, CSF study, Neurology opinion, neurosurgery opinion, inform to medical superintendant/RMO on duty.</p> <p><b>16.04.16-</b> S/B Dr. Anuj Bhide under Neurosurgery and case d/w Dr. Sonali (AP)</p> <p>O/E – GC Poor, afebrile, vitals stable            CNS – E2M5V2 pupil Rt RTL. Left sluggish. Left sided partial ptosis+, Rt hemiparesis+</p> <p>CT s/o left parietal venous infract            ADV: Patient will need urgent decompression. Poor prognosis, RMO consent, arrange ventilator support postop, x-ray ECG, RFT, CBC, HBSag, HIV, HCV arrange 2 whole blood/PCV. Inform stat after above and shift.</p> <p><b>17.04.16</b> - Patient shifted to MICU  <b>17.04.16</b> Sb CR under Neurology (Dr. Akash Jr.1)</p> <p>O/E - Patient stuporous/extensor posturing on DPS. Pupils. B/L mid dilated, sluggish RTL, dolls eye absent. Tone reduced on right side, paucity of movements on right side. Pulse – 100/70 DTR depressed B/L plantars extensor IMP – Rt hemiparesis in a PNC patient with altered sensorium (raised ICT).</p> <p>Adv - Urgent decompression, maintain adq, hydration, DIC profile, IVmannitol 200 cc stat f/b 100 cc TDS, MRI venography, monitor pupil size/sensorium.</p>

### 3) Smt. Gouri Jangle, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
		<p><b>17.04.16</b>                      O/E – GC – Poor, afeb – PR – 84/m, BP – 86/60, RR – 18/min, Rs – clear, AEEBS CVS – S1S2+ NAD pupils. R i/o- 2100/1100.</p>
Cause of Death	<ul style="list-style-type: none"> <li>• Underlying / Primary Cause of Death</li> <li>• Opinion as per Hospital were death has occurred</li> </ul>	G1P1 day 20 post LSCS with TL Sepsis with left frontoparietal infarct with midline shift of 9.2 mm & superior saggital sinus thrombosis.
PM Report	<ul style="list-style-type: none"> <li>• PM done Yes/No</li> <li>• If Yes, Confirmed cause of death as per PM Report</li> <li>• Mention IMP findings of PM Report</li> </ul>	<p>YES</p> <p>Physical:</p> <p>Cerebrum - Evidence of sinus thrombosis with cerebral infarct with intra cerebral bleed.</p> <p>Lung – massive pulmonary edema.</p>
QA Report	<ul style="list-style-type: none"> <li>• Date of Meeting held</li> <li>• Minutes of meeting done YES/NO</li> <li>• Cause of Death</li> <li>• Observations</li> <li>• Suggestions for improvement</li> <li>• Approved to pay ex-gratia to legal heirs (50,000- or 2,00,000/-)</li> </ul>	<ul style="list-style-type: none"> <li>• 03,05.2016</li> <li>• YES</li> <li>• G1P1 day 20 post LSCS with left frontoparietal infarct with midline shift of 9.2 mm &amp; superior saggital sinus thrombosis</li> <li>• <b>Observation</b> <ol style="list-style-type: none"> <li>1) Patient was brought by Medical Officer Central Hospital Ulhsanagar to J. J. Hospital No relatives were available at the time of admission.</li> <li>2) Dr. Suhas Kadam the operating surgeon attended the QAC but Medicine Dept. MO did not attend.</li> <li>3) The notes written by Dr. Suhas Kadam in the indoor papers were incomplete.</li> <li>4) She was admitted twice from 28/3/16 to 4/4/16 and discharge details were not mentioned in 1<sup>st</sup> admission</li> </ol> </li> </ul>

### 3) Smt. Gouri Jangle, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
		<p>indoor papers.</p> <ol style="list-style-type: none"> <li>5) Patient was again admitted on 15/4/16 and transfer to J.J. on 16/4/16. Complaints No details of discharge cased, suture removal etc. were available.</li> <li>6) She was ANC registered at Chhaya Hosp., Ambernath with 2 visits but MO of Chhaya Hosp. did not attend the QAC.</li> <li>7) Follow up of ANC with severe anemia not done.</li> <li>8) Patient was referred from Chhaya Hosp. to CHU for previous LSCS with severe anemia 6.5 gm %.</li> <li>9) CHU post of monitoring daily notes on indoor papers incomplete.</li> <li>10) Patient was lost to follow up with no details of suture removal and got re-admitted with sepsis, hemiplegia in unconscious condition and was given oral medicine instead of parental medication.</li> <li>11) Referral note given by CHU to J.J. did not mention regarding TL, CT Scan, MRI neither the copy of the reports were sent with the patient and the accompanying doctor did not know about the case.</li> <li>12) At J.J. patient reached in critical condition.</li> <li>13) At J.J. Hosp. decompression was delayed due to non availability of ventilator.</li> <li>14) Patient died due to intra cerebral hemorrhage. This was preventable death.</li> </ol> <p><b>Suggestions</b></p> <ol style="list-style-type: none"> <li>1) High risk cases should be referred to higher centre for</li> </ol>

### 3) Smt. Gouri Jangle, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
		<p>ANC care so that complications can be prevented.</p> <p>2) Proper referral not should be sent while transferring the case mentioning the details of the patient.</p> <p>3) TL Death compensation of Rs.50,000/- should be paid by Ulhasnagar Municipal Corporation under FPIS Scheme.</p> <p>4) CT Scan with contrast should have been done.</p> <p>5) CHU senior doctors should have manage the case and as there was no ICCU, she should have been transferred early.</p>
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	YES
Compensation given	Mentions details about RTG's or Cheque No. to legal heirs (50,000 or 2,00,000/-)	To be paid by Ulhasnagar R.C.H. Society (Original file sent to Central Hospital Ulhasnagar No.3, Dt. 10.10.16
Action Taken	<ul style="list-style-type: none"> <li>If any one is formed to be negligent (Mention what actions are taken)</li> </ul>	<p>1. MOH Ulhasnagar Centre Hospital to improve quality case by providing proper pre-op secreting for TL as patient was anaemic during ANC.</p> <p>2. Proper information control measures to be taken.</p>
Remedial action initiated for correction		



S. O. FW Unit &lt;sofwunit@gmail.com&gt;

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**T L Death Case of Smt. Gouri Jangle, BMC**

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State Family Welfare Bureau Pune 1 &lt;fwvigilance@gmail.com&gt;

Thu, Nov 24, 2016 at 5:30 PM

To: sofwunit &lt;sofwunit@gmail.com&gt;

Please find attached following Blank formats herewith regarding T L Death case of Smt. Gouri Jangle, BMC

Please submit scan copy of authorized signature with following formats as MOST URGENT basis

- 1) Brief Case History of Death Case
- 2) Annexure - 12
- 3) Annexure - 13
- 4) Annexure - 14
- 5) Annexure - 15
- 6) GOI Annexure - II

Thanking You






*original file sent to Ulhasnagar Central Hospital-3  
Thane*

—  
Desk-8, Vigilance,  
SFWB, Pune, Maharashtra

Additional Director (FW)  
State Family Welfare Bureau,  
Raja Bahaddur Mill Road,  
Behind Pune Railway Station  
Pune 411 001.(Maharashtra)  
Tel No. 020-26058739, 26058139, 26058476  
Fax. No. 020-26058766, 26058159  
Ext. 104 / 138

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**5 attachments**

-  **BMC - Gouri Jangle.docx**  
79K
-  **Annexure – 12 - Death Notification Form.doc**  
231K
-  **Annexure – 13 - Proforma for Death following Sterilization.doc**  
82K
-  **Annexure – 14 - Proforma for Conducting Audit of Death.doc**  
77K
-  **Annexure – 15 - Sterilization Death Audit Report.pdf**  
129K



D<sup>r</sup>. Suhas V. Kadam

(2)

Annexure - 12

Death Notification Form

Central Hospital Ulhasnagar - 3 Thane

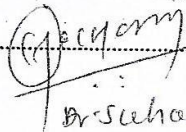
Instructions: The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the district quality assurance committee (DQAC) within 24 hours of death. The information is to be provided mandatorily.	
1	Date of this report (D/M/Y) 03 / 05 / 2016
2	Date of death (D/M/Y) 17 / 04 / 2016 (SS Hospital)
3	Name of the deceased Mrs. Gauri Reyu Jagale.
4	Age - 30 years.
5	Sex <input checked="" type="radio"/> Female / <input type="radio"/> Male
6	Address of the deceased Near Hanuman Mandir, Badaji Nagar Ambarnath Dist. Thane
7	Name of husband/father Mr. Raju Jagale
8	Where procedure performed (specify the name of the site) (P) Tick the option <input type="checkbox"/> Camp <input type="checkbox"/> PP Center <input checked="" type="checkbox"/> District Hospital. Central Hosp. No. 3 Ulhasnagar Dist. Thane <input type="checkbox"/> Medical College <input type="checkbox"/> Accredited Private/NGO Facility
9	Type of procedure A. Female Sterilization (P) Tick the option <input type="checkbox"/> Postpartum <input type="checkbox"/> Minilap <input type="checkbox"/> Laparoscopy <input checked="" type="checkbox"/> Any Other... During Em LSCS E TL B. Male Sterilization (P) Tick the option - <input type="checkbox"/> Conventional... Not Applicable. <input type="checkbox"/> NSV C. Other with MTP/CS, etc (P) Tick the option <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No... with L.S.C.S. If yes, give details... G4 P3 L2 D1 -> Em LSCS E TL & S for PROM & fetal distress
10	Date of sterilization procedure D/M/Y... 28 / 03 / 2016
11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s), beginning with the initial identification of the problem until the occurrence of death. Whenever possible record the time and date of each incident. (Use an appropriate additional sheet of paper if more space is required) Patient admitted on 28.03.2016 at 10.05 AM Em LSCS E TL done bet. 11.22 AM to 11.50 AM on 28.03.2016. Patient was stable intra, post operative period Discharged on 04.04.2016.
12	Cause of death Sagittal sinus thrombosis & Cerebral Infarct
13	Contributing factor, if any Nil.

14	Postmortem examination performed?	<input checked="" type="radio"/> Yes <input type="radio"/> No
15	Name and designation of surgeon who performed the sterilization	Dr. SUHAS V. KADAM.
16	Name and Institution where death occurred	J.S. Hospital Mumbai.
17	Name and designation of reporting officer	

Name: Dr. SUHAS V. KADAM.

Designation: Obst. & Gynecologist.

Date: 03.05.2016.

Signature: 

Dr. Suhas V. Kadam

Reg. No. 88381

Mumbai 400 017



Ques / Que - 12

Death notification form

11 30 yr old, multipara, post UCS, critical, unconscious,  
(16/4/16) referred from CHU-3 → JFH c referred letter "JFH/cion/KEM  
of "Rt sided hemiplegia with PNC (15 days) with  
unconscious UCS done (28/3/16)" in ambulance 108 c  
accompanying doctor (CHU-3).

no history / details elicited as no accompanying relatives.  
Pt directly admitted by emc under medicine d. H.R. Gupta  
and EPR done.

O/E: Pt unconscious, responding to DRS, B/L pupils reactive  
to light. G/C gnarled, afib - P-52/m. BP-104/70, RR-16/  
paced, no edema. IFA - nil foley's in site - 800 ml.  
HCT-136 mg/dl P/A - sept, utroc, vertical scar of UCS.  
Transverse scar of UCS (+), wound - healthy. P/v - no active  
bleeding.

Imp - Day 20 PNC mother (post UCS) c CVA. Adv. High  
risk consent / poor prognosis explained consent, Mgmt. M/W/civ  
referral, MSG (A+P), neurology Ref, neurosx Ref, MICU bed -  
available

emc JFH contacted CHU Superintendent for patient's care details

Imp - D19 PNC c post UCS c CVA c Rt sided hemiplegia  
with ? raised IOT ? sepsis ? WST ? Tubercular mening

1:15 am Pt shifted to MICU.

Hb-10.5 TC-9640 PLT-2.03 lakh, In creat-0.91, Blood urea-27  
BUN-12 Na<sup>+</sup>-150 K<sup>+</sup>-150 U<sup>+</sup> 4 Cl<sup>-</sup>-112 PT-14 INR-1.21

MSG (A+P) returns belly, post partum - Rest WNL.

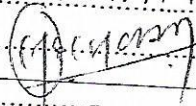
CT Brain (plain) - Superior sagittal sinus thrombosis,  
venous hemorrhagic infarct in left fronto-parietal region  
c midline shift of 9.2mm

17/4/16 G/C poor afib P-846 Rp-86/60 RR-18/. Cvs/rs-NAD  
40 - 2100/1100.  
P/v - pt - shifted



# Proforma for Death following Sterilization

Instructions: The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available shall be forwarded with this report to the convener of the DOAC.

<p>1 Date of this report (D/M/Y) _____/_____/_____          Type of Institution where the death occurred          (P) Tick the option</p> <ul style="list-style-type: none"> <li>• Camp.....</li> <li>• PPCentre.....</li> <li>• PHC/CHC.....</li> <li><input checked="" type="checkbox"/> • District Hospital.....</li> <li><input checked="" type="checkbox"/> • Medical College Hospital.....</li> <li>• Accredited private/NGO Facility.....</li> </ul> <p>Name of the institution          Address          Village/Town/City          District/State</p>	<p>J.S. Hospital Mumbai          Central Hospital N.W. 3 Uthasnagar Dist. Than</p>
<p>2 Name of the person filling out the report          Designation          Signature</p>	<p>Dr. Suhas V. Kadarn          obstetrician &amp; Gynaecologist.   M.B.B.S. D.G.O.</p>
<p>3 Date of Sterilization (D/M/Y)</p>	<p>28.03.2016</p>
<p>4 Location where the procedure was performed          (P) Tick the option</p> <ul style="list-style-type: none"> <li>• Camp.....</li> <li>• PPCentre.....</li> <li>• PHC/CHC.....</li> <li><input checked="" type="checkbox"/> • District Hospital.....</li> <li>• Medical College Hospital.....</li> <li>• Accredited private/NGO Facility.....</li> </ul> <p>(Also specify the name of the facility).....</p>	
<p>5 Type of surgical approach          (P) Tick the option</p> <ul style="list-style-type: none"> <li>• Minilap.....</li> <li>• Laparoscopy.....</li> <li>• Post-Partum Tubectomy.....</li> <li>• Conventional Vasectomy.....</li> <li>• NSV.....</li> <li><input checked="" type="checkbox"/> • Any other specify <u>During L.S.C.S. E.T.L.</u></li> </ul>	
<p>6 Date of death</p>	<p>17.04.2016 [At J.S. Hospital]</p>
<p>7 Time of death</p>	<p>6:30 pm</p>



**Anaesthesia/Analgesia/Sedation**

21	Name of the Anaesthetist, if present	Dr. Mrs. KRANTI HONRAO
22	Details of anaesthesia drugs used	2.2 ml 0.5% Heavy Bupivacaine
23	Types of anaesthesia/analgesia/sedation	Spinal
24	Post-operative complications (according to sequence of events)	Nil.
	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)	Sigalled sinus Thrombosis - cerebral
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/No..... If not, give reasons.....
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	Page: 7.
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/No.....
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	Pages: 12
35	Action proposed to be taken	Pages: 11

Name Dr. SUHAS V. KADAM Designation Obsl. & Gynaecologist  
 Date 03.05.2016 Signature (S. Kadam)

Note: If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/herself from the proceedings of this audit.

9823137251  
 MMC Reg. No. 28381  
 MBRC Reg.

**QUALITY ASSURANCE COMMITTEE REPORT**  
**OF TL DEATH**

**Date of holding the Quality Assurance Committee Meeting - 03/05/16**

**Name of deceased : Smt. Gauri Raju Jangle Age : 30 yrs.**

**Resident of Balaji Nagar Hanuman Mandir , Ambrnath (Ulhasnagar) Thane**

**Date & time of Admission : 1<sup>st</sup> Central Hospital Ulhasnagar, Thane.  
28/03/2016 at 10.05 am.**

**2 nd admission at J.J. HOSPITAL at: 16/04/16 at 5.02 pm**

**Place of admission :**

- a) PHC
- b) RH/Cottage
- c) Woman Hospital
- d) District Hospital
- e) Corporation Hospital
- f) Medical College
- g) Govt. Hospital
- h) any other (Specify) P.P.C
- i) Private Nursing Home

**Date, Time, Place of operation – 28/03/2016 at 11.30 AM at Central hospital  
Ulhasnagar 3 ,Thane. Done by Dr. Suhas v. Kadam , M.B.B.S.DGO**

**Type of Operation – LSCS WITH TUBAL LIGATION done by Dr. Suhas v.  
Kadam. M.B.B.S. DGO**

**Date, time & Place of Death: 17/04/2016 at 6.30 pm. At J.J.Hospital .**



The Quality Assurance Committee Meeting is conducted on 03/05/2016 at 10.30a.m. under the Chairmanship of Dr.Keskar, Executive Health Officer.

**Following members were present.**

1	Dr.(Mrs.) Keskar	Executive Health Officer - Chairman
2	Dr.(Mrs.)Gomare	Dy.Executive Health Officer, FW & MCH
3	Dr.(Mrs.)Advani	Special Officer, FW & MCH
4	Dr.(Mrs.) Rekha Daver	HOD, OBGY, J.J.Hospital - Member
5	Dr. Valand	HOD, Pathology, J.J. Hospital - Member
6	Dr. Sameer Deolekar	HOD,Surgery Deptt, KEM Hospital - Member
7	Dr.(Mrs.) Indrani	HOD, Anaesthesia Deptt. KEM Hosp.- Member
8	Dr. Shailesh Mohite	Prof.& Head, Forensic Med., Nair Hosp.
9	Dr.(Mrs.) N.D. Moulick	HOD, (Medicine), Sion Hosp. - Member
10	Dr.(Mrs.) Madhuri Patel,	Representative, FOGSI, Mumbai - Member
11	Dr. A.N. Raimalwala	Representative, I.M.A., Mumbai
12	Smt. A.G.Velhal	Matron, KEM Hospital - Member

**The Committee is of the opinion regarding the cause of maternal and TL death :**

- a) Pre op care : Hb :10.5 gm%,total count 8100,N61,L36,M2 E 1,BG -B positive,HbsAg negative,urine -negative for albumin and sugar,HIV-negative,serum bili-0.74,SGOT-24,SGPT-22,,S.Urea 28,S.Creat-0.7.
- b) O/E-Pulse -79/min,B P-100/80mmof Hg,pallor ++,RS -clear,CVS-S1S2 normal,PA -34-36 WEEKS,moderate contraction present,FHS 100/min,PS - leak +,thick meconium.PV-cervix 3 cm,minimally effaced,pp vx,membrane absent.known case of poliomyelitis
- c) **Operation Procedure : Emergency LSCS with TL done by Dr Suhas** under spinal anesthesia by Dr.Kranti on 28/03/16 at 11.22am.baby delivered at 11.24am on 28/3/16 ,male child weight 2.730 kg ,liquor meconium stained.bilateral tubal ligation done stained.Intraop uneventful.Post op - P\_92/min,BP-124/70 mm of Hg,RS/CVS- NAD.PA soft,Patient was discharged on 04/04/2016.

**Patient was bought unconscious on15/04/16** and readmitted on 15/04/16 .case seen by CMO and admitted in medical ward .treatment given IV fluids,inj mannitol,inj taxim,inj dexa,

On 16/4/6 at 12.30 pm GC-poor .patient unconscious and not responding to command.and was transferred to J.J hospital by Dr Chandel (M.D medi) in view of weakness and difficulty in movement of right hand and leg.

Patient reached J.J hospital in a critical state



**J.J.HOSP**

O/E GC guarded,P ;52/min,BP 104/70 mmof Hg unconscious,responding to DES B/L PupIls Reactive to light.IMP;day 19 PNC with post lscs with CVA with right sided hemiplegia with ?raised ICT?sepsis CVST? Tubercular meningitis .

Patient shifted to MICU

17/04/2016 GC poor,p;84/min,BP 86/60mnaof Hg,Patient intubated at 5.45 pm cpr initiated,Patient expired at 6.30 pm on 17/4/16 .

- a. **P.M. Report** : - Important Post M ortem findings :Cerebrum –Organized Thrombus with subarachnoid Hemorrhage with Intracerebral Bleed , 1) LUNG—Massive Pulmonary Edema.
- 2. Histopathological report :- - :Cerebrum –Organized Thrombus with subarachnoid Hemorrhage with Intracerebral Bleed , 1) LUNG—Massive Pulmonary Edema.

**OBSERVATION AND SUGGESTIONS;**

Observation	Suggestion
<p>Patient was brought by Medical Officer CHU to J. J. No relatives are available at the time of admission.</p> <ul style="list-style-type: none"> <li>1) Dr. Suhas Kadam the operating surgeon attended the QAC but Medicine Dept. MO did not attend.</li> <li>2) The notes written by Dr. Suhas Kadam in the indoor papers were incomplete.</li> <li>3) She was admitted twice from 28/3/16 to 4/4/16 and discharge details were not mentioned in 1<sup>st</sup> admission indoor papers.</li> <li>4) Patient was again admitted on 15/4/16 and transfer to J.J. on 16/4/16. No details of discharge card, suture removal etc. were available.</li> <li>5) She was ANC registered at Chhaya</li> </ul>	<ul style="list-style-type: none"> <li>1) High risk cases should be referred to higher centre for ANC care so that complications can be prevented.</li> <li>2) Proper referral not should be sent w<sup>t</sup> transferring the case mentioning th details of the patient.</li> <li>3) TL Death compensation of Rs.50,000/- should be paid by Ullahsnagar Municipal Corporation under FPIS Scheme.</li> <li>4) CT Scan with contrast should have been done.</li> <li>5) CHU senior doctors should have manage the case and as there was no ICCU, she should have been transferred early.</li> </ul>

Observation	Suggestion
1) Patient was brought by Medical Officer CHU to J. J. No relatives are available at the time of admission.	1) High risk cases should be referred to higher centre for ANC care so that complications can be prevented.
2) Dr. Suhas Kadam the operating surgeon attended the QAC but Medicine Dept. MO did not attend.	2) Proper referral not should be sent while transferring the case mentioning the details of the patient.
3) The notes written by Dr. Suhas Kadam in the indoor papers were incomplete.	3) TL Death compensation of Rs.50,000/- should be paid by Ullahsnagar Municipal Corporation under FPIS Scheme.
4) She was admitted twice from 28/3/16 to 4/4/16 and discharge details were not mentioned in 1 <sup>st</sup> admission indoor papers.	4) CT Scan with contrast should have been done.
5) Patient was again admitted on 15/4/16 and transfer to J.J. on 16/4/16. No details of discharge caed, suture removal etc. were available.	5) CHU senior doctors should have manage the case and as there was no ICCU, she should have been transferred early.
6) She was ANC registered at Chhaya Hosp., Ambernath with 2 visits but MO of Chhaya Hosp. did not attend the QAC.	
7) Follow up of ANC with severe anemia not done.	
8) Patient was referred from Chhaya Hosp. to CHU for previous LSCS with severe anemia 6.5 gm %.	
9) CHU post of monitoring daily notes on indoor papers incomplete.	
10) Patient was lost to follow up with no details of suture removal and got re-admitted with sepsis, hemiplegia in unconscious condition and was given oral medicine instead of paraental medication.	
11) Referral note given by CHU to J.J. did not mention regarding TL, CT Scan, MRI neither the copy of the reports were sent with the patient and the accompanying doctor did not know about the case.	
12) At J.J. patient reached in critical condition.	
13) At J.J. Hosp. decompression was delayed due to non availability of ventilator.	
14) Patient died due to intra cerebral hemorrhage.	
15) THIS WAS PREVENTABLE DEATH.	



District Quality Assurance Committee is dated 03/05/2016 to investigate the TL death & committee is of the opinion that the TL Death is following sterilization operation, payment of the full amount of Ex-gratia Financial Assistance of 50,000/- is recommended to the following legal heirs of the deceased -Smt. Gauri Raju Jangle through RCH Society Ulhasnagar Municipal Corporation. as Patient expired on 17/4/16 at J.J hospital within 21days of TL operation done at Ulhas nagar 3, central hospital from District integrated Society, Mumbai under revised Family Planning Indemnity Scheme.

*Present*  
Dr.(Mrs.) Rekha Daver  
HOD(OBGY)  
J. J. Hosp.

*Indrani*  
Dr. (Mrs.) Indrani  
Prof. (Anaes.)  
KEM Hosp.

*Admitted 3/5/16*  
Dr. Valand  
Prof., Pathology, Deptt.  
J.J.Hosp.

*Moulick*  
Dr.(Mrs.) Moulick  
Prof. & HOD (Medicine)  
Sion Hosp.

*Sameer Deolekar 3/5/16*  
Dr. Sameer Deolekar  
Assoc. Prof. (Surgery)  
KEM Hosp.

*Shailesh Mohite 3/5/16*  
Dr. Shailesh Mohite  
Prof. & HOD, Forensic, Med.  
Nair Hosp.

*Raimalwala 3/5/16*  
Dr. A.N. Raimalwala  
Representative, IMA, Mumbai  
Mobile No.9869310054

*MA Patel 3/5/16*  
Dr. Madhuri Patel  
Representative, FOGSI,  
Mumbai.

*Gomare 3/5/16*  
Dr. Mangala Gomare  
Dy.Exe.Health Officer,  
(FW&MCH)

*Advani*  
Dr. Advani  
Special Officer  
FW & MCH

*Arundhati Velhal*  
Mrs. Arundhati Velhal  
Matron, KEM Hospital

*Bleskar*  
Dr.(Mrs.)Padmaja Keskar  
Executive Health Officer  
(Chairman)





#### 4) Smt. Ruksanabee Shaikh, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Name of Deceased	Male / Female	Ruksanabee Shakir Shaikh
Age		38
Address		R. No. 89, Vishawakarma Chawl, Rajiv Gandhi Nagar, Near Dharavi Depot, Mumbai-17.
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	Urban Health Centre Bandra (Govt. Hospital)
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	MTP with Laparoscopic TL
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	Post abortion.
was written consent taken	Yes/ No	Yes
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	Spinal
Name of Anesthetist	<b>Mention Qualification</b>	Dr. Ashish Sakharpe (Assist Prof of anaesthesia)
Date of Operation	(Whether Camp/ Fixed day Static) ( <b>Mention No. of cases operated &amp; Sr. No. of this patient</b> )	Fixed day 18.05.2016
Name of Surgeon		Dr. Ranjana Rai.
Qualification of Surgeon	(Trained or Not) <b>(Mention no. of surgeries</b>	DGO Obs/Gyn. 100 patient TL

## 4) Smt. Ruksanabee Shaikh, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn performed)	Information
		done
Date & Time of Death		21.05.2016 at 12.00am
Place of Death	(Health Facility Pvt. or Govt/Home/on the way to hospital)	J. J. Hospital
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pulse, BP, HP, fitness opinion</li> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	<ul style="list-style-type: none"> <li>• 13.05.2016UHC Bandra – HB-10.3,TLC-9010, DLC- 60/21, PLT- 2.41LACS,RBS-95,Total bilirubin- 0.4, direct bilirubin 0.3, SGOT- 11, SGPT- 20, Creatinine- 0.8, Urea – 16, amylase – 0.1. X-ray chest ECG within normal limits.</li> <li>14.05.2016 - Bandra USG OBS-SLIUG Of MCA 10.3 wk EDD- 07.12.2016</li> <li>• Patient was advised Inj. Monocef 1gm, Inj. Metro 100cc iv, Inj Pan 40gm IV, T. Misoprost 200 mcg vaginally, T. Dulcolax 2 HS posted for MTP with Lap TL on 18.05.16 Adv PAC - Patient fit for surgery with ASA-I risk</li> <li>• Patient given Lithotomy position Cervix dilated with cannula no 8 (Ut size not Mentioned)</li> </ul> <p>MTP done with help of MVA syringe ? uterine perforation suspected due to sudden give way.</p> <p>Patient taken in supine position small stab incision taken below the umbilicus</p> <p>Verres needle introduced, pneumoperitoneum created</p> <p>Trocar introduced, it was in false passage, trocar with canula reintroduced and laproscope introduced, evidence of hemoperitonium so procedure of Scopy abandoned i/v/o unsuccessful attempt Small incision taken over the abdomen</p>



## 4) Smt. Ruksanabee Shaikh, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
		<p>transversely for minilap TL</p> <p>Abdomen opened in layers.</p> <p>Parietal peritoneum opened by two artery forceps method. Fallopian tube traced, small rent on fundus near the right cornual end which was not actively bleeding.</p> <p>Hemoperitoneum present. TL not done.</p> <p>Abdominal incision extended and abdomen explored.</p> <p>Small mesenteric injury+, not bleeding.</p> <p>Bowel Traced, Bowel injury couldn't be identified.</p> <p>Patient was coming out of spinal anesthesia. It took two &amp; half hours for this exploration so the Decision to close the abdomen and transfer patient to J.J Hospital</p> <ul style="list-style-type: none"> <li>• complication during- YES Hemoperitoneum</li> <li>• Post op-U/O 600ml. Blood loss – 200ml. Vitals – P- 96/min BP- 120/80s PO2- 99%</li> </ul>
Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, symptoms after complications</li> </ul>	<ul style="list-style-type: none"> <li>• Patient shifted to J. J. Hospital 18.05.2016 time 2.33pm.</li> </ul>
Cause of Death	<ul style="list-style-type: none"> <li>• Underlying / Primary Cause of Death</li> <li>• Opinion as per Hospital were death has occurred</li> </ul>	<ul style="list-style-type: none"> <li>• MTP with Perforation with Mesenteric Injury with laparoscopic &amp; exploratory laparotomy followed by electrolyte imbalance and acute renal injury &amp; failure.</li> <li>• Active pulmonary Koch's</li> </ul>

## 4) Smt. Ruksanabee Shaikh, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
PM Report	<ul style="list-style-type: none"> <li>• PM done Yes/No</li> <li>• If Yes, Confirmed cause of death as per PM Report</li> <li>• Mention IMP findings of PM Report</li> </ul>	<p>YES</p> <p>Postmortem findings: Physical:</p> <ol style="list-style-type: none"> <li>1) 500 cc pleural fluid</li> <li>2) 100 cc ascetic fluid yellow in colour</li> <li>3) Consolidation of lungs (pneumonia) suggestive of active Koch's.</li> <li>4) Hepatomegaly, fatty liver</li> <li>5) Congested kidneys</li> <li>6) Uterine cavity 20-30 ml blood clots</li> <li>7) Brain edematous</li> <li>8) No free blood in pelvic cavity</li> </ol>
QA Report	<ul style="list-style-type: none"> <li>• Date of Meeting held</li> <li>• Minutes of meeting done YES/NO</li> <li>• Cause of Death</li> <li>• Observations</li> <li>• Suggestions for improvement</li> <li>• Approved to pay ex-gratia to legal heirs (50,000- or 2,00,000/-)</li> </ul>	<p>14.06.2016</p> <ul style="list-style-type: none"> <li>• YES</li> <li>• MTP with Perforation with Mesenteric Injury with laparoscopic &amp; exploratory laparotomy followed by electrolyte imbalance and acute renal injury &amp; failure. Active pulmonary Koch's</li> </ul> <p><b>Observations. :</b></p> <ol style="list-style-type: none"> <li>1. Patient came to UHC Bandra, with H/O 8 MA, patient was given tablets for withdrawal bleeding, but was not examined by doctor on duty.</li> <li>2. At UHC Bandra facility for giving General Anesthesia is not available Boyle's apparatus not working since 2 years. MTP with lap TL was done under spinal anesthesia.</li> <li>3. During the procedure of MTP, while performing check curettage</li> </ol>

## 4) Smt. Ruksanabee Shaikh, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
		<p>give way sensation felt by Dr. Ranjana Rai.</p> <ol style="list-style-type: none"> <li>4. 4. Laparoscopy attempted but due to evidence of hemoperitoneum laproscopy abandoned &amp; minlap was performed.</li> <li>5. 5. Later minilap incision extended, bowel traced. No Injury was traced on bowel. Evidence of mesenteric tear 1 x 1 cm. Evidence of band like structure from omentum to bowel present. It took two &amp; half hours for exploration. Then patient was transferred to J. J. Hospital for further treatment.</li> <li>6. 6. At J. J. Hospital patient reached at 2.30 pm with poor general condition &amp; oozing from both the incision sites.</li> <li>7. 7. At J. J. hospital patient was again explored at 4.30 pm by surgery department. Evidence of hemoperitoneum approximately 200 cc and lots of blood clots in pelvis, but actual blood loss was not estimated by surgeons.</li> <li>8. 8. In ICU post-operatively patient had tachycardia pulse was 146/min, CVP was zero. Patient had hypernatrimia.</li> <li>9. 9. At J. J. Hospital lecturers of surgery &amp; Gynaec department explored the patient. No seniors were involved /available at the time of surgery.</li> <li>10. Patient was not screened for kochs at UHC.</li> <li>11. PM S/O pulmonary hemorrhage with active pulmonary koch's.</li> <li>12. This was a preventable death</li> </ol> <p><b>Suggestions</b></p> <ol style="list-style-type: none"> <li>1. Detailed history and clinical examination must be performed to evaluate the case for tubal ligation.</li> <li>2. Up gradation of OT/Anaesthesia</li> </ol>

## 4) Smt. Ruksanabee Shaikh, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
		<p>equipments at urban health centers. No operation should be performed at UHC Bandra, till general anesthesia basic set up is made available with functioning Boyle's apparatus</p> <ol style="list-style-type: none"> <li>3. Patient should have been explored by vertical incision at UHC bandra.</li> <li>4. Patient should have transferred early to J. J. Hospital</li> <li>5. Up gradation of UHC Bandra is needed. No seniors are available for opinion or in case of any complication. Skilled experienced PG doctors to be appointed at UHC Bandra round the clock as it is a Govt F.P. centre.</li> <li>6. Up gradation of OT &amp; anesthesia equipments is required as UHC Bandra. Pre op screening for Koch's should have been done.</li> <li>7.. Seniors from surgery or OBGY dept should have been consulted in c/o complication. At UHC – skilled experienced PG doctors to be appointed 24 x 7.</li> <li>8. Patient should have been explored directly  instead of doing laparoscopy &amp; then exploration.</li> <li>9. Patient was known case of koch's taken AKT. Koch's should have been ruled out before taking the patient for MTP + Lap TL at UHC Bandra.</li> <li>10. At J. J. Hospital CVP line should have been taken early.</li> <li>11. At J. J. hospital seniors should have been involved at the time of exploration.</li> </ol> <p>QAC has recommended that in this case under family planning indemnity</p>

#### 4) Smt. Ruksanabee Shaikh, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
		scheme (FPIS) Rs. 2,00,000/- (Rupees Two lakh only ) to be paid through RCH District integrated society Mumbai to the patients legal heirs i.e. spouse & the 5 children.
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	YES
Compensation given	Mentions details about RTG's or Cheque No. to legal heirs (50,000 or 2,00,000/-)	<ol style="list-style-type: none"> <li>1. Shakir Mohamad Shaikh Hunband Rs. 33,335 Ch. 994455 Dt. 12.07.2016.</li> <li>2. Alliya Mohamad Shaikh Daugther Rs. 33,333 Ch. 994457 Dt.12.07.2016.</li> <li>3. Shahruka Mohamad Shaikh Son Rs. 33,333 Ch. 994458 Dt. 12.07.2016.</li> <li>4. Mehraj Mohamad Shaikh Son Rs. 33,333 Ch. 994459 Dt.12.07.2016.</li> <li>5. Sakur Mohamad Shaikh Son Rs. 33,333 Ch. 994460 Dt.12.07.2016.</li> <li>6. Kasaph Mohamad Shaikh Son Rs. 33,333 Ch. 994461 Dt. 12.07.2016.</li> </ol>
Action Taken	<ul style="list-style-type: none"> <li>• If any one is formed to be negligent (Mention what actions are taken)</li> </ul>	No.
Remedial action initiated for correction		Up gradation of OT/Anaesthesia equipments at urban health centers



**QUALITY ASSURANCE COMMITTEE REPORT**  
**OF TL DEATH**

**Date of holding the Quality Assurance Committee Meeting - 14/06/2016**

**Name of deceased : Smt. \_Ruksanabee Shakir Shaikh Age : 38 yrs.**

**Resident of \_Room No 89 , Vishvakarma Chawl , Rajivgandhi Nagar, Near  
Dharavi Depot, Mumbai NO 17, Mobile No 8108380499**

**Date & time of Admission : 1<sup>st</sup> Admission 17/05/2016 Urban Health Centre  
Bandra. Time 1.30 p.m. 2<sup>nd</sup> aAdmission : 18/5/2016 2.33 p.m J.J. Hospital**

**Place of admission :**

- |                      |                              |                         |
|----------------------|------------------------------|-------------------------|
| a) PHC               | b) RH/Cottage                | c) Woman Hospital       |
| d) District Hospital | e) Corporation Hospital      | f) Medical College      |
| g) Govt. Hospital    | h) any other (Specify) P.P.C | i) Private Nursing Home |

**Date, Time, Place of operation – 18/05/2016 at Urban Health Centre\_Hospital**

**Type of Operation – MTP with LAP TL done by Dr. Ranjana Rai  
Asst Prof. in UHC Bandra**

**Date, time & Place of Death: 21/5/2016 at 12 . 00 a.m.at J.J. Hospital**

The Quality Assurance Committee Meeting is conducted on 14/06/2016 at 10.30a.m. under the Chairmanship of Dr.Keskar, Executive Health Officer.

**Following members were present.**

1	Dr.(Mrs.) Keskar	Executive Health Officer - Chairman
2	Dr.(Mrs)Gomare	Dy.Executive Health Officer, FW & MCH
3	Dr.(Mrs)Advani	Special Officer, FW & MCH
4	Dr.(Mrs.) Rekha Daver	HOD, OBGY, J.J.Hospital - Member
5	Dr. Valand	HOD, Pathology, J.J. Hospital - Member
6	Dr.Sameer Deolekar	HOD,Surgery Deptt, KEM Hospital - Member
7	Dr.(Mrs.) Indrani	HOD, Anaesthesia Deptt. KEM Hosp.- Member
8	Dr. Shailesh Mohite	Prof.& Head, Forensic Med., Nair Hosp.
9	Dr.(Mrs) N.D. Moulick	HOD, (Medicine), Sion Hosp. - Member
10	Dr.(Mrs) Madhuri Patel,	Representative, FOGSI, Mumbai - Member
11	Dr. Dr. A.N.Raimalwala	Representative, I.M.A., Mumbai
12	Smt. A.G.Velhal	Matron, KEM Hospital - Member

**The Committee is of the opinion regarding the cause of maternal and TL death :**

## Summary TL Death for Maternal Death Review Meeting on 14.06.2016

Name of the Hospital: J.J Hospital

Date of Death 21.05.2016 at 12 am.

1. Name of the Patient : Ruksanabee Shakir Shaikh
2. Age : 38 Yrs
3. Name of the Husband: Shakir Shaikh
4. Religion : Muslim
5. Case :
6. Education : Husband :8<sup>th</sup>  
Wife: 5<sup>th</sup>
7. Address: Rajiv Gandhi Nagar, 90<sup>th</sup> feet road, Sion, Mumbai 400022
8. Occupation: Housewife
9. Place of ANC Registration: NA
10. No. of ANC Visits: Nil
11. MCH Card/MCTS No. - No
12. ANC Checkup Chart—Mentrual History LMP ? B/D ? B/S 10.3 wk PMC- 3-5d/28-30D/RMPL
13. Obst. History: P5L5MTP1,all FTND,  
LCB- 6 Yrs back
  - a. LMP:- ? EDD: 07.12.2016
  - b. Pregnancy Outcome :  
G 6– P 5– L5 – A1– Month
  - c. Previous FTND = 5
14. Previous Child - Male / Female - 5
15. Past History / Family History:- H/O pulmonary TB 5 Yrs back. Completed AKT for 6 months
16. Referred from in Ambulance / with Doctor with Referral Chit. Referred from UHC bandra accompanied by Dr. Ranjana Rai (Assist Prof, OBGY) and Dr. Ashish Sakharpe (Assist Prof of anaesthesia) in ambulance with transfer summary.
17. Admission –
  - 1<sup>st</sup> Admission at UHC Bandra on 17.05.2016 at 1.30 pm under Dr. Ranjana Rai (AP, OBGY, UHC) Date and Time of Transfer 18.05.2016 at 1.50pm

2<sup>nd</sup> Admission at J.J Hospital on 18.05.2016 at 2.33pm. Date and Time of Death  
21.05.2016 at 12.00 am

At JJH a) Admission under Dr A.S. Patil (Unit 3 surgery)

(a) Admission under Doctor Gyn/Med/Surgery:

18. Date of Delivery - NA

19. (i) Gap in hours between onset of complaints and visit to hospital – 3 hrs

(ii) Gap in hours between admission and start of treatment – Immediately

(iii) Gap between onset on labour pain and delivery – NA

(iv) Gap in hours between admission and death – 38 ½ hrs

(v) Whether partogram maintained Yes/No - NA

(1) At 1<sup>st</sup> Admission – Details UHC Bandra –

**Complaint –**

05.5.2016 c/o P5L5 all 5 FTND C/O amenorrhoea since 8 months, lower abdominal pain LMP 8 months back, pt gives history of taking OC pills for 6-7 yrs. Last course of pills taken 2 months back. USG OBS -Uterus, AV NS ET 11 mm (Report not available as per notes mentioned by Dr Ranjana Rai (AP, UHC, Bandra)

**Past History -** Pulmonary TB 4-5 yrs back taken AKT for 6 months.

Adv – Sr. FSH, TSH

**Treatment –** Tab Deviry 10mg BDx5d, withdrawal bleeding sos D and C

12.05.2016 –had no withdrawal bleeding with Deviry, UPT done –Positive No clinical examination (PS/PV) done. Patient wants MTP with TL. ADV, CBC, LFT, RFT, FBS, HIV, HBsAG, Blood Grouping, ECG, CXR, USG obs

**Pre-op investigation –**

13.05.2016 UHC Bandra – HB- 10.3, TLC-9010, DLC- 60/21, PLT- 2.41LACS, RBS- 95, Total bilirubin- 0.4, direct bilirubin 0.3, SGOT- 11, SGPT- 20, Creatinine- 0.8, Urea – 16, amylase – 0.1. X-ray chest ECG within normal limits.

14.05.2016 - Bandra USG OBS- SLIUG of MCA 10.3 wk EDD- 07.12.2016

**17.05.2016 at 1.30 pm -** Admitted at UHC Bandra

G6P5L5 with 10.5 wks admitted for MTP with Lap TL

Patient was advised. Inj. Monocef 1gm, Inj. Metro 100cc iv, Inj Pan 40gm IV, T. Misoprost 200 mcg vaginally, T. Dulcolax 2 HS

posted for MTP with Lap TL on 18.05.16 Adv PAC - Patient fit for surgery with ASA-I risk

**Operation Notes:**

18.05.2016 at 11 Am –

Patient shifted to OT and catheterized

Name of Operation –MTP with MVA & Laproscopy attempted by Dr. Ranjana Rai (AP, UHC, Bandra)

At 11.15.am SA given (Bupivacaine) By Dr. Ashish (anaesthetist)

Patient given Lithotomy position

Cervix dilated with cannula no 8 (Ut size not Mentioned)

MTP done with help of MVA syringe ? uterine perforation suspected due to sudden give way.

Patient taken in supine position small stab incision taken below the umbilicus

Verres needle introduced, pneumoperitoneum created

Trocar introduced, it was in false passage, trocar with canula reintroduced and laproscope introduced, evidence of hemoperitoneum so procedure of Scopy abandoned i/v/o

unsuccessful attempt Small incision taken over the abdomen transversely for minilap TL Abdomen opened in layers.

Parietal peritoneum opened by two artery forceps method. Fallopian tube traced, small rent on fundus near the right cornual end which was not actively bleeding.

Hemoperitoneum present. TL not done.

Abdominal incision extended and abdomen explored.

Small mesenteric injury+, not bleeding.

Bowel Traced, Bowel injury couldn't be identified.

Patient was coming out of spinal anaesthesia. It took two & half hours for this exploration so the Decision to close the abdomen and transfer patient to J.J Hospital

U/O 600ml. Blood loss – 200ml. Vitals – P- 96/min BP- 120/80s PO2- 99%

**Intraoperative monitoring –**

At 1.48 pm. on 18.05.16 the time of shifting

Pt transferred to JJH with Dr Ranjana Rai (Assist Prof, OBGY) &Dr. Ashish (anesthetist) in ambulance i/v/o MTP perforation? Bowel injury ? Mesenteric injury with transfer summary with pulse oximeter.

(2) At 2<sup>nd</sup> Admission – Details –J.J. Hospital at 2.33 pm. on 18.5.16.

(a) Complaint - Pt transferred to JJH on 18.05.2016 PM and reached JJH at 2.33pm. 18.05.2016 at 2.40pm S/B CMO J.J. Hospital & Dr Aniket (CR under Dr A.S.Patil,( unit 3 surgery) Dr Navin AP Under Dr A.S. Patil

(b) On Examination - GC poor BP-80/50, Pulse – 110, P/A guarding and tenderness present , CVS – S1S2 +, RS- AEEB, clear , CNS - No Focal Neurological Deficit,

abdominal incision-measuring – horizontal 7 cm, 1 cm above symphysis pubis, continuous oozing of blood from suture line.

Admitted under Dr A.S. Patil at 2.33pm (unit 3 surgery)

Impression post MTP Perforation with? bowel injury Adv- Urgent exploration & to monitor vitals, 2 pint RL fast.

3.30 pm OBGY Stand by call received and noted by Dr. Mugdha (AP under V.N. Kurude unit.

**Operation Notes** – Exploration done on 18.05.16 at 4.30 pm. d/b.

18.05.2016 at (4.30- 6.00) PM Exploratory laparotomy with closure of mesenteric rent 2x2 cm and repair of uterine injury done by Dr Navin (AP), Dr. Aniket (CR Under Dr A.S. Patil) Dr Mugdha (AP Under unit 3 OBGY, JJH) under GA given by Dr. Rupali (RA on call)

Intra op finding – mesenteric rent at 10cm from IC Injection, of size 2x2cm, No active bleeding sutured. 300cc hemoperitoneum present blood aspirated, blood clots present and removed, Thick fibrous band present, which was excised. There was no sign of bowel obstruction, uterus 1x1cm, laceration superficially present, minimal bleeding present, sutured with vicryl 2-0 by Dr. Mugdha (AP) OBGY

ABG ; - PH 7.34 pco2 – 33.7 po2- 78.3 Na + 159 K+ 3.9spo2 99%

1 pint of whole blood given intra operatively.

Post-op monitoring -

Date	GC	Pulse	BP	Per abdo.	PV	RS	CVS
18.05.16 at 2.40 pm.	Poor	110/min	80/50	-	Minimal	AEEB	S1S2+
At 8.00 pm.	Poor	130/min	110/70	Tenderness along suture line i/v no soakage	Minimal	AEEB	S1S2+
19.05.16 at 8 pm.	Poor	146/min	110/70	Tenderness	Minimal	AEEB	S1S2+
At 11.45 am.	Poor	160/min	110/70	Diffuse tenderness	Minimal	AEEB	S1S2+
At 1.00 pm.	Poor	180/min	96/60	Soft non tender.	Minimal	AEEB	S1S2+
At 6.00 pm.	Poor	150/min	120/80	Soft non tender	Minimal	AEEB	S1S2+
At 10.50 pm.	Poor	150/min	110/70	Tenderness	Minimal	AEEB	S1S2+
20.05.16 at 1.30 pm.	Poor	-	80/50	-	Minimal	AEEB	S1S2+

(c)Investigation -

	UHC Bandra 13.05.2016	PVT 18.05.2016	JJH 19.05.2016	JJH 20.05.2016
HB	10.3	9.4	13.8	10.5
WBC	9.010	8920	16200	11900
D/C	60/21	81/13	74/14	80/11
PLT	2.41 lac	2.1 lac	2.54	1.49
BSL	95		152	
T.BILI	0.4		0.8	0.7
D. BILI	0.3			
SGOT	11		54	130
SGPT	20		26	44
CREAT	0.8		0.7	3.7
UREA	16		18	44
AMYLASE	0.1			
PT		20.4 .	17.1	
APTT		14	18.4	
INR			1.37	
Na+			190	175
Ca++			9.5	9.35
K+			4.2	3.7

(d) Treatment -

Inj Metro 100cc iv 1-1-1x 3d

Inj Pantop 40mg iv 1-0-0 x3d

Inj. emset 4mg iv 12 hourly x 3d

G iv 8 hourly x 1d

Inj piptaz 4.5 gm iv 8 hourly x 2 d

Inj Tramadol 5mg iv 8 hourly x 2d

Inj Clip iv bd x 2d

Inj NA 16 ug in 100 cc NS

Inj Dopa 400mg in 500 cc Inj Atropine 1 cc iv stat f/b SOS repeat

Inj Adrenaline 1 cc IV stat f/b SOS repeat

**ICCU CARE** – Post op monitoring

Pt shifted to CCU at 7.50pm

18.05.2016 8.00pm s/b CR under Dr A.S. Patil unit 3 surgery

O/E p- 130/min, BP- 110/70, RS – AEB, CVS – S1S2+, CNS- Conscious oriented, P/A tenderness along suture line i/v – no soakage, i/o – 1600/1800, Rt drain 25cc, lt drain 10cc, AG – 84cm.

19.05.2016 at 8 pm s/b Dr Aniket ( CR under Dr A.S. Patil, surgery) Dr. Naveen (AP Under A.S. Patil) Dr. Surbhi (Jr 3 Under Dr. V.N. Kurude OBGY) Dr Mugdha (AP under Dr. V.N. Kurude unit OBGY)

O/ E afeb, p- 146/min, BP- 110/70, RS-AEEB, CVS- S1S2+, CNS – conscious oriented, p/a tenderness along suture line, i/e no soakage, total CVP 2-3 cm, i/o 2600/4800 RT drain 50cc,lt 20cc (serous) AG 8 PH 7.35,PCO2 33.7, PO2 73.3, SO2 93.3, HCO3 18.2, be 6.3, na+73,k+3.2 Adv – medicine ref i/v/o tachycardia and drowsiness.

19.05.2016(PVT) Na- 192 k- 3.4

19.05.2016 at 11.45am s/b Dr Aniket (AP Under D. P. S. Tampi unit 5 medicine)  
c/o D1 post MTP (10WK) referred i/v/o tachycardia and unresponsiveness with  
hypernatremia

o/e GC guarded, afeb, P- 160/min BP- 110/70, RR 24/min, rs AEEB, CVSS1S2+, CNS  
eye opening to DPS, poorly responding to verbal commands, RS – AEEB, p/a diffuse  
tenderness Adv- CT- Brain(P+C) sos electrolytes ECG, Central line insertion build up  
CVP, RT insertion, medicine reference sent.

19.05.2016 1.00pms/b Dr P.S. Tampi Sir (HOU Unit 5, Medicine) / Dr. Aniket Anand (AP  
under unit 5 medicine) Pt poorly following verbal commands GC guarded afeb p – 180, bp-  
96/60, rr- 20, rs – AEEB, CVSS1S2+p/a- soft non tender, Adv- Na correction with D5%  
,0.45%NS @CVP, Nephrology Ref W/H insulin i/v drip, D5% 3 pints over 6 hrs, 0.455 NS  
2 pints over 6 hrs, Free water 100cc through RT 6 hrly, Repeat Na k 6 hrly. HGT  
monitoring 4 hrly and s.c insulin @ HGT sliding scale.

19.05.2016 at 6.00pm s/b Resident under Dr. N.N. Dedhia (Nephrology)

GC guarded afeb p 150, BP- 120/80,RR 20 RS- AEEB CVSS1S2, CNS- conscious, p/a  
soft non tender HGT 298 Adv maintain BP more than 110 mmHg, maintain CVP between  
8 to 10cm of h20, avoid nephrotoxic and monitor vitals URM, RFT from AKD maintain  
hydration, 5% dextrose and 10U insulin.

19.05.2016 10.50pm s/b Dr. Milind (CR under Dr P.S. Tambi, unit 5)

GC guarded afeb p 150/ min, BP 110/70, RR - 24/ min CVSS1S2+ RS AEEBP/A  
tenderness along suture line drainage tube in situ Na + 182 k+ 2.9 (PVT) wound pus  
culture sensitivity, D5%+0.45%NS with CVP+ output monitoring, correct serum sodium  
not more than 10mmole

20.5.2016 Pt intubated and started on inotropic support at 1.30pm in view of labored  
breathing and low chest rise and low BP (80/50)

20.5.2016 s/b Dr Aniket (AP under Dr P.S.Tampi unit 5, Medicine)

Adv Ct ionotropic support , sos increase dose, build up CVP with normal saline, Higher  
antibiotics (Meropenem, LNZ@ creat clearance) trace all routine, all C/S, ABG,  
Electrolytes 6 hourly, monitor CVP 6 hrly, monitor I/O hrly, BP monitoring , nephrology  
ref, explain poor prognosis.

20.05.2016 Resident under unit 1 c/d/w AP under nephrology

**Clinical diagnosis** – D3 post MTP with D3 Exploratory laparotomy with mesenteric tear  
repair with septic shock with AKI with respiratory failure with dyselectrolytemia adv  
continue your line of management, increase map >6.5mmhg, increase inotropic support,  
RFT,URM from AKD lab, CA , PO4 USG, correction of hypernatremia, explain poor  
prognosis, continue higher antibiotics HIV, HB, SAG, Pt can be taken for SLED i/v/o  
anuria>=12 hrs with very high risk of cardiac instability

20.05.2016 CPR initiated at 11 pm. Despite all resuscitative measures pt expired and  
declared dead on 21.05.2016 at 12.00



20. Date and Place of Death: 21.05.2016 at JJH 21 Death – Post MTP and attempted TL

21. Death during - abortion & PNC

22. Cause of Death: MTP with Perforation with Mesenteric Injury with laparoscopic & exploratory laparotomy followed by electrolyte imbalance and acute renal injury & failure.

23. Is post Mortem done? Yes

24. Postmortem findings: Physical:

- 1) 500 cc pleural fluid
- 2) 100 cc ascetic fluid yellow in colour
- 3) Consolidation of lungs (pneumonia) suggestive of active koch's.
- 4) Hepatomegaly, fatty liver
- 5) Congested kidneys
- 6) Uterine cavity 20-30 ml blood clots
- 7) Brain edematous
- 8) No free blood in pelvic cavity

25. Histopathology findings:

26. Final Diagnosis: Active pulmonary koch's

27. Is death reviewed by FB MDR Committee (At the Hosp. where Death Occurred) ? Yes

28. Findings of Review – Minutes of Facility based or Hospital based

Committees Observation / Suggestion / Gaps Observation & recommendation:

Observation	Suggestion
UHC Bandra hospital (Preoperative) - 1. 05.05.16 patient came with h/o amenorrhea since 8 months. Patient was taking OC pills for last 6-7 years. 2. Clinical examination including PS/PV was not done by Dr. Ranjana Rai (DSB AP UHC Bandra) 3. UPT was not done. 4. Tab. Delivery 10mg BD given for 5 days 5. On 12.5.16 - no withdrawal bleeding. UPT - positive. 6. On 14.05.16 - USG Pvt. – S/O	1. Preoperatively proper history taken & clinical examination to be done. 2. UPT to be done before giving withdrawal. 3. UHC Bandra – Anesthesia – should be either GA along with intubation 4. GA back up should be available at the time of giving spinal anesthesia 5. Lap TL should be done in lithotomy position. 6. Exploration should be done by

<p>SLIUG with MGA – 10.3 weeks.</p> <p>7. On 18.05.16 Patient operated -</p> <ul style="list-style-type: none"> <li>- Operation date was not mentioned on paper.</li> <li>- Laparoscopy was done under spinal anesthesia (Given by Dr. Asst Prof UHC Bandra)</li> <li>- 11.15 am. Patient taken for MTP with TL (Surgeon – Dr. Ranjana Rai)</li> <li>- GA back up was not available at UHC Bandra</li> <li>- Pneumoperitoneum was present so laparoscopy procedure was abandoned</li> <li>- Vitals at the time of shifting P – 96/min, BP – 120/80 mm of Hg SPO2 – 99%.</li> </ul> <p>J. J. Hospital –</p> <ol style="list-style-type: none"> <li>1. GC – Poor, P – 110/min, BP – 80/50 mm of Hg. Exploratory laparotomy with closure of mesenteric rent and repair of uterine laceration done (4.30 pm – 6.00 pm)</li> <li>2. For Hypernatremia call was sent to Dr. Thampi unit (Med).</li> </ol>	<p>midline longitudinal incision.</p> <ol style="list-style-type: none"> <li>7. Help should be called in cases of TL complication immediately.</li> <li>8. Exploration should be done by midline longitudinal incision.</li> <li>9. Help should be taken in cases of TL complications immediately</li> <li>10. Operative time 11.15 am – 2.15 pm. (UHC Bandra)</li> </ol>
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29. System gaps identified: Proper case evaluation was not done.

30. Recommendations by FB MDR Committee. - QAC has recommended that in this case under family planning indemnity scheme (FPIS) Rs. 2,00,000/- to be paid through RCH District integrated society Mumbai to the patients legal heirs i.e. spouse & the 5 children.

31. Community based MDR done by MOH/HP – Yes – Interviewed by – G/North ward – Pilla bungalow health post.  
Death in MCGM.

32. Type of Delay 1/2/3: 2

33. Reasons for delays identified:

34. Review by District Quality Assurance Committee ..... Date of Review....14.06.16

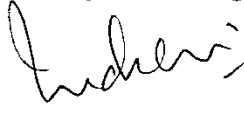
35. Recommendations by DQAC.

Observation	Suggestion
<ol style="list-style-type: none"> <li>1. Patient came to UHC Bandra, with H/O 8 MA, patient was given tablets for withdrawal bleeding, but was not examined by doctor on duty.</li> <li>2. At UHC Bandra facility for giving General Anesthesia is not available Boyle's apparatus not working since 2 years. MTP with lap TL was done under spinal anesthesia.</li> <li>3. During the procedure of MTP, while performing check curettage give way sensation felt by Dr. Ranjana Rai.</li> <li>4. Laparoscopy attempted but due to evidence of hemoperitoneum laproscopy abandoned &amp; minlap was performed.</li> <li>5. Later minilap incision extended, bowel traced. No Injury to bowel. Evidence of mesenteric tear 1 x 1 cm. Evidence of band like structure from omentum to bowel present. It took two &amp; half hours for exploration. Then patient was transferred to J. J. Hospital.</li> <li>6. At J. J. Hospital patient reached at 2.30 pm with poor general condition &amp; oozing from both the incision sites.</li> <li>7. At J. J. hospital patient was explored at 4.30 pm by surgery department. Evidence of hemoperitoneum approximately 200 cc and lots of blood dots in pelvis, but actual blood loss was not estimated by surgeons.</li> <li>8. In ICU post-operatively patient had tachycardia pulse was 146, CVP was zero. Patient had hypernatrimia.</li> <li>9. At J. J. Hospital lecturers of surgery &amp; Gynaec department explored the patient. No seniors were involved/available at the time of surgery.</li> <li>10. PM S/O pulmonary hemorrhage with active pulmonary koch's.</li> </ol>	<ol style="list-style-type: none"> <li>1. Detailed history and clinical examination must be performed to evaluate the case for tubal ligation.</li> <li>2. Up gradation of OT/Anaesthesia equipments at urban health centers. No operation should be performed at UHC Bandra, till general anesthesia basic set up is made available with functioning Boyle's apparatus</li> <li>3. Patient should have been explored by vertical incision at UHC bandra.</li> <li>4. Patient should have transferred early to J. J. Hospital</li> <li>5. Up gradation of UHC Bandra is needed. No seniors are available for opinion or in case of any complication. Skilled experienced PG doctors to be appointed at UHC Bandra.</li> <li>6. Up gradation of OT &amp; anesthesia equipments is required as UHC Bandra.</li> <li>7. Seniors from surgery or OBGY dept should have been consulted in c/o complication. At UHC – skilled experienced PG doctors to be appointed 24 x 7.</li> <li>8. Patient should have been explored directly instead of doing laparoscopy &amp; then exploration.</li> <li>9. Patient was known case of koch's taken AKT. Koch's should have been ruled out before taking the patient for MTP + Lap TL at UHC Bandra.</li> <li>10. At J. J. Hospital CVP line should have been taken early.</li> <li>11. At J. J. hospital seniors should have been involved at the time of exploration.</li> <li>12. QAC has recommended that in this case under family planning indemnity scheme (FPIS) Rs. 2,00,000/- to be paid through RCH District integrated society Mumbai to the patients legal heirs i.e. spouse &amp; the 5 children.</li> </ol>

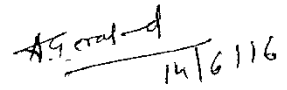
**Distrit** Quality Assurance Committee Meeting is held on to investigate the TL death & committee is of the opinion that the TL Death is following sterilization operation, payment of the full amount of Ex-gratia Financial Assistance of Rs. 2,00,000/= is recommended to the following legal heirs of the deceased – Smt. Rukasana Shakir Shaikh through RCH PIP – 2013-2014 as per GR No. कुनिनुकसानभरपाईयो-2013/प्र.क्र.74 दि. 09/05/2013 as patient expired within 5 days after MTPwith LAP TL done at UHC Bandra. . from District integrated Society, Mumbai under revised Family Planning Indemnity Scheme.




**Dr. (Mrs.) Rekha Daver**  
**HOD(OBGY)**  
**J. J. Hosp.**



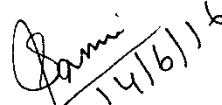
**Dr. (Mrs.) Indrani**  
**Prof. (Anaes.)**  
**KEM Hosp.**



**Dr. Valand**  
**Prof., Pathology, Deptt.**  
**J.J.Hosp.**



**Dr. (Mrs.) Moulick**  
**Prof. & HOD (Medicine)**  
**Sion Hosp.**



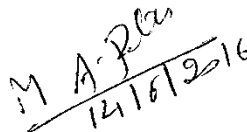
**Dr. Sameer Deolekar**  
**Assoc. Prof. (Surgery)**  
**KEM Hosp.**



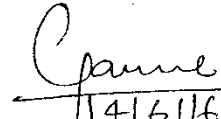
**Dr. Shailesh Mohite**  
**Prof. & HOD, Forensic, Med.**  
**Nair Hosp.**



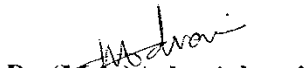
**Dr. A.N. Raimalwala**  
**Representative, IMA, Mumbai**  
**Mobile No.9869310054**



**Dr. (Mrs.) Madhuri Patel**  
**Representative, FOGSI,**  
**Mumbai.**



**Dr. (Mrs.) Mangala Gomare**  
**Dy. Exe. Health Officer,**  
**(FW&MCH)**

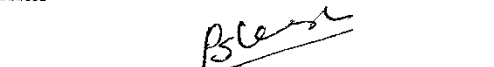


**Dr. (Mrs.) Asha Advani**  
**Special Officer**  
**FW & MCH**



**Mrs. Arundhati Velhal**

**Matron, KEM Hospital**



**Dr. (Mrs.) Padmaja Keskar**  
**Executive Health Officer**  
**Chairman**

## Annexure - 12

## Death Notification Form

Instructions: The Medical Officer (M.O) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the District Quality Assurance Committee (DQAC) within 24 hours of death. The information to be provided is as follows:

1	Date of this report (D/M/Y)	26 / 05 / 2016
2	Date of death (D/M/Y)	21 / 05 / 2016 12:00 AM
3	Name of the deceased	Ruksanabee Shakie Shaikh
4	Age	38 yrs
5	Sex	Female/Male... Female
6	Address of the deceased	Rajiv Gandhi Nagar, Sion, Mumbai-22
7	Name of husband/father	Mohmd. Shakie Shaikh
8	Where procedure performed (specify the name of the site) (P) Tick the option	<ul style="list-style-type: none"> <li>• Camp.....</li> <li>• PP Center.....</li> <li>• District Hospital.....</li> <li>• Medical College... UHC, Bandra</li> <li>• Accredited Private/NGO Facility.....</li> </ul>
9	Type of procedure A. Female Sterilization (P) Tick the option	<ul style="list-style-type: none"> <li>• Postpartum.....</li> <li>• Minilap.....</li> <li><input checked="" type="checkbox"/> Laparoscopy MTP with scopic TL</li> <li>• Any Other.....</li> </ul>
	B. Male Sterilization (P) Tick the option	<ul style="list-style-type: none"> <li>• Conventional... Not applicable</li> <li>• NSV.....</li> </ul>
	C. Other with MTP/CS, etc (P) Tick the option	Yes/No... First Trimester MTP (MVA) If yes, give details.....
10	Date of sterilization procedure	D/M/Y... 18 / 05 / 2016
11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s) beginning with the initial identification of the problem until the occurrence of death. Whenever possible record the time and date of each incident. (Use an appropriate additional sheet of paper if more space is required)	Pt taken for MTP with Scopic TL at UHC Bandra by Dr. Ranyana Rai (AP OBGYN) & SA by Dr. Ashish Sakharpe (AP anaesthesia). MTP done by MVA. Laparoscope introduced. Hemoperitoneum @ uterine fundal laceration @ mesenteric injury @. Abdomen closed. Pt transferred to JH Surgery Dr. A.S. Patil unit. Pt re-explored, uterine & mesenteric injury sutured. Details attached with case summary.
12	Cause of death	As per PM report
13	Contributing factor, if any	

14	Postmortem examination performed?	Yes/No. Yes FMT Dept JJI
15	Name and designation of surgeon who performed the sterilization	Dr. Kanyana Rai (Asst Prof DSB OBGY UHC, Bandia) since 1/10/15
16	Name and Institution where death occurred	Dr. Akun S. Patil Unit 3 Surgery JJI
17	Name and designation of reporting officer	Dr. Akun S. Patil (Unit 3 Surgery) Dr. Megha Jungani (AP OBGY Unit 3) Dr. Naveen P. G. (AP Surg Unit 3)

- Dr. Naveen P. G. (AP Surg Unit 3)  
 Name: Dr. Megha Jungani (AP OBGY) Designation: Asst Prof  
 Date: \_\_\_\_\_ Signature: Megha Jungani  
AP OBGY

**Annexure - 13**

**Proforma for Death following Sterilization**

**Instructions:** The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available shall be forwarded with this report to the convener of the DOAC.

1	Date of this report (D/M/Y) Type of Institution where the death occurred (P) Tick the option	26 / 05 / 2016	<ul style="list-style-type: none"> <li>• Camp.....</li> <li>• PPCentre.....</li> <li>• PHC/CHC..... <i>Urban Health Centre</i></li> <li>• District Hospital.....</li> <li>• Medical College Hospital.....</li> <li>• Accredited private/NGO Facility.....</li> </ul>
	Name of the institution Address Village/Town/City District/State		<i>Urban Health Centre, Bandra (E)</i>  <i>Mumbai</i>
2	Name of the person filling out the report Designation Signature	<i>Dr. Hanjama Kai</i>	<i>Asst Professor in UHC Bandra</i> <i>Kai</i>
3	Date of Sterilization (D/M/Y)	18 / 05 / 2016	
4	Location where the procedure was performed (P) Tick the option		<ul style="list-style-type: none"> <li>• Camp.....</li> <li>• PPCentre.....</li> <li>• PHC/CHC..... <i>Urban Health Centre</i></li> <li>• District Hospital.....</li> <li>• Medical College Hospital.....</li> <li>• Accredited private/NGO Facility.....</li> </ul> (Also specify the name of the facility).....
5	Type of surgical approach (P) Tick the option		<ul style="list-style-type: none"> <li>• Minilap.....</li> <li>• Laparoscopy..... <i>flb Laparotomy</i></li> <li>• Post-Partum Tubectomy.....</li> <li>• Conventional Vasectomy.....</li> <li>• NSV.....</li> <li>• Any other specify.....</li> </ul>
6	Date of death	21 / 05 / 2016	
7	Time of death	12	<i>am/pm</i>

Client Detail		
8	Name	Kulshanabee Shabir Shaikh
9	Age	38
10	Sex	Female
11	Spouse Name	Shabir Shaikh
12	Address	Vishwakarma Chawl, Rajiv Gandhi Nagar Near Dharavi Re
13	Relevant past medical history	H/O Pul Kochis 4-5 yrs back, taken AKT x 6m
14	Pertinent postoperative physical and laboratory findings	
Sterilization Procedure		
15	Timings of procedure (Females only) as per standard (P) Tick the option	<ul style="list-style-type: none"> <li>Upto 7 days postpartum.....</li> <li>Interval (42 days or more after delivery or abortion).....</li> <li>With Abortion, Induced or spontaneous <sup>MTP</sup>.....</li> <li><input checked="" type="checkbox"/> Less than 12 weeks.....</li> <li>More than 12 weeks.....</li> <li>Any other specify.....</li> </ul>
16	Type of anaesthesia (P) Tick the option	<ul style="list-style-type: none"> <li>Local without sedation.....</li> <li>Local with sedation.....</li> <li><input checked="" type="checkbox"/> Spinal/Epidural/General.....</li> </ul>
17	Endotracheal Intubation	Yes/No.....
18	List all anaesthetic agents, analgesics, sedatives and muscle relaxants	Time given SA Time 11:15 am Drug Name 0.5% Bupivacaine Dosage 3.5ml Route
19	Vital signs during surgery	Time 12:15 pm BP 110/70 Pulse 84 Resp Rate
20	Duration of surgery	Time of starting 11:15 am am/pm Time of closure 1:40 pm am/pm Total Time spent 2 hrs 30 mins min/hrs
	Vital signs after surgery	Time 12:30 pm BP 120/80 Pulse 96 Resp Rate 16/min
22	Emergency equipments/ drugs available in facility as per standards If not available, give details	Available/Non available.....
23	Overall Comments	
24	Name and signature of operating surgeon	Dr. Ranjana Rai

MTP (10 hrs) done. Laparoscope introduced. Haemoperitoneum seen. Laparotomy done. Rew 1x1cm over the fundus. Mesenteric injury noted. Abdomen closed. Pt transferred to JSM Surgery in Hosp. Ambulance.

Name Dr. Ranjana Rai

Designation Asst Prof (OBGYN) at UNC Bandra (since 1st October 2015)

Date 26/05/16

Dr. Ranjana Rai  
Professor Incharge,  
Urban Health Centre, Bandra (East).



## 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.....

## Details of the deceased

1	Name	Rukemabee Shakin Shankh
2	Age	38
3	Sex	Female/Male.....
4	Name of Spouse (his or her age)	Mohammed Shakin Shankh
5	Address of the deceased	R.No 89, Vidyaakarma Chawl, Near Dharan Dep.
6	Number of living children( with details concerning age and sex)	5 Male-19yrs Female 15yrs, male 6yrs 5 male-11yrs Female 12yrs
7	Whether operation was performed after delivery or otherwise	After MTP of 10.6 wks
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	Pt posted for MTP & Scopic TL But TL not done due to complication
10	Whether written consent was obtained before the operation	D/M/Y 17/05/16 Yes:
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	Urban Health Centre
13	Date and time of operation (D/M/Y)	18/05/16 at 11:30am - 1:45pm
14	Date and time of death (D/M/Y)	21/05/16 at nam
15	Name of surgeon	Dr. Ranjama Rai
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	-
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes/No.....
19	Number of clients admitted and number of clients operated upon on the day of surgery	Total 2. 1 (MTP & Scopic TL) - Same pt 1 (TOT) - Pt discharged on DU
20	Did any other client develop complications? If so, give details of complications?	-

**Anaesthesia/Analgesia/Sedation**

21	Name of the Anaesthetist, if present	Dr. Ashish Sakharpe (Asst Prof in Anaesthesia since 5th Apr)
22	Details of anaesthesia drugs used	0.5% Bupivacaine 3.5ml
23	Types of anaesthesia/analgesia/sedation	Regional, spinal
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)	
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/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?	Yes/No.....
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 Dr. Ranjana Rai Designation Asst Prof in OBGYN  
 Date ..... Signature Rai

Note: If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/herself from the proceedings of this audit.

## 5) Smt. Savita Aherkar, BMC - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Name of Deceased	Male / Female	Savita Sambhaji Aharkar
Age		27 year
Address		House no. 1750, R. no. G2,Uttam Thakur chawal , near Saibaba mandir, sector 26 A , koparigaon, Vashi, Navi Mumbai, Thane
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	Navi Mumbai Municipal Corpotation Hospital.
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	LSCS with TL
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	Post Partum LSCS with TL
was written consent taken	Yes/ No	YES
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	Spinal, 0.5% Bupivacaine
Name of Anesthetist	<b>Mention Qualification</b>	Dr. Nilkanth Qualification D.A.
Date of Operation	(Whether Camp/ Fixed day Static) ( <b>Mention No. of cases operated &amp; Sr. No. of this patient</b> )	Fixed day Static 22.05.2016
Name of Surgeon		Dr. Jaya Srinivasan
Qualification of Surgeon	(Trained or Not) <b>(Mention no. of surgeries performed)</b>	MBBS, DGO

## 5) Smt. Savita Aherkar, BMC - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
		1000 patient TL done
Date & Time of Death		27/5/16 at 11. am
Place of Death	(Health Facility Pvt. or Govt/Home/on the way to hospital)	KEM Hospital MCGM
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pulse, BP, HP, fitness opinion)</li> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	<ul style="list-style-type: none"> <li>• Pulse 80, BP 130/80, HB 10.8%</li> <li>• No complication.</li> <li>• Emergency LSCS with bilateral TL done on 22.05.16 at 7.00 pm BP 116/70 mmhg , Pules 80, AG-74, Urine output 300, RS/ CVS-NAD, per abdo-soft,</li> <li>• Post operative examination - P Feeble, BP-60/40mmh of on dual inotropic support extremities cold</li> </ul>
Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, symptoms after complications</li> </ul>	<ul style="list-style-type: none"> <li>• KEM Hospital on 24.05.2016 at 8.43am.</li> </ul>
Cause of Death	<ul style="list-style-type: none"> <li>• Underlying / Primary Cause of Death</li> <li>• Opinion as per Hospital were death has occurred</li> </ul>	<ul style="list-style-type: none"> <li>• P2 L2 on day 5 of emergency LSCS with Tubal ligation with Sepsis with DIC with acute hepato renal injury with failure</li> </ul>
PM Report	<ul style="list-style-type: none"> <li>• PM done Yes/No</li> <li>• If Yes, Confirmed cause of death as per PM Report</li> <li>• Mention IMP findings of PM Report</li> </ul>	<ul style="list-style-type: none"> <li>• YES</li> <li>1. Liver Icteric, foldable, friable, necrotic.</li> <li>2. Both lungs slightly firm to feel, congested. Diagnosis - ARDS.</li> </ul>

## 5) Smt. Savita Aherkar, BMC - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
		3. Kidney cortical necrosis.
QA Report	<ul style="list-style-type: none"> <li>• Date of Meeting held</li> <li>• Minutes of meeting done YES/NO</li> <li>• Cause of Death</li> <li>• Observations</li> <li>• Suggestions for improvement</li> <li>• Approved to pay ex-gratia to legal heirs (50,000- or 2,00,000/-)</li> </ul>	<ul style="list-style-type: none"> <li>• 14.06.2016</li> <li>• YES</li> <li>• P2 L2 on day 5 of emergency LSCS with Tubal ligation with Sepsis with DIC with acute hepato renal injury with failure.</li> <li>• <b>Observation</b> <ol style="list-style-type: none"> <li>1. Patient had PIH with oligo hydramnios s/o long standing PIH. PIH was missed not treated properly.</li> <li>2. LSCS was done after 2 days of admission of NMMC even through postdatism with oligo hydroamnios.</li> <li>3. Urine albumin was not done to rule out PIH, hence PIH was missed.</li> <li>4. Liquor was scanty AFI - 5 during LSCS s/o long standing PIH.</li> <li>5. Postoperative patient had distension of abdomen &amp; patient landed in DIC due to PIH and sepsis.</li> <li>6. PIH was completely missed at NMMC Vashi. Post operative care not done properly at NMMC. Papers were send late to F/South for scrutiny.</li> <li>7. This was a preventable death.</li> <li>8. Patient reached to KEM hospital in very critical state on iontropic support with Jaundice/DIC/Acute renal failure – when death was not preventable.</li> <li>9. Patient underwent TL with LSCS and she died within 5 days after TL operation i/v/o post op sepsis with hepato renal failure with DIC.</li> <li>10. No representative of MOH NMMC attended QAC.</li> </ol> </li> <li>• <b>Suggestions</b></li> </ul>

## 5) Smt. Savita Aherkar, BMC - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
		<p>For all ANC mothers Urine albumin examination must be done.</p> <ol style="list-style-type: none"> <li>1. LSCS or induction of labour should have been done early in v/o PIH &amp; postdatism.</li> <li>2. All necessary investigations for PIH must be done during ANC to rule out PIH.</li> <li>3. Long standing oligohydromnios cases be investigated for PIH, urine albumin to be done to all ANC mothers.</li> <li>4. Up gradation of NMMC Vashi with ICU and dialysis facility. Sop for post op care to be followed strictly.</li> <li>5. Details of summary of case papers to be submitted along with transfer of case.</li> <li>6. QAC has recommended that in this case under family planning indemnity scheme (FPIS), Rs. 2,00,000/- (Rupees Two Laks only) to be paid by NMMC to the patients legal heirs spouse &amp; 2 children. Compliance to be submitted to this office.</li> <li>7. MOH NMMC to attend DQAC meeting in case of maternal &amp; TL death cases.</li> </ol>
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	YES
Compensation given	Mentions details about RTG's or Cheque No. to legal heirs (50,000 or 2,00,000/-)	200000/- paid by NMMC Navi Mum (FPIS)
Action Taken	<ul style="list-style-type: none"> <li>• If any one is formed to be negligent (Mention what actions are taken)</li> </ul>	Patient was send in a vary critical condition on inotropic support to KEM Hospital PIH was missed patient had oligohydramnians & LSCS was led to post operative sepsis with hepatits jaundice and Acute

## 5) Smt. Savita Aherkar, BMC - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
		renal failure.
Remedial action initiated for correction		NMMC Navi Mumbai MOH to take necessary steps against the concerned doctors. All cases be screened for PIH patient for TL to be screened for any high risk before surgery.

**QUALITY ASSURANCE COMMITTEE REPORT**  
**OF TL DEATH**

**Date of holding the Quality Assurance Committee Meeting - 14/06/2016**

**Name of deceased : Smt. Savita Sambhji Aherkar Age : 27 yrs.**

**Resident of -House No 1750 ,R N. G 2, Uttam Thakur Chawl, Near Saibaba Mandir, Sector-26A ,koprigaon, Vashi.**

**Date & time of Admission : 20/05/2016, a 4.00pm at Navi Mumbai Corporation Hospital FRU, Vashi.**

**2<sup>nd</sup> Admission: 24/05/16 at 6.40am at K.E.M.**

**Place of admission :**

- |                      |                                |                         |
|----------------------|--------------------------------|-------------------------|
| a) PHC               | b) RH/Cottage                  | c) Woman Hospital       |
| d) District Hospital | e) <u>Corporation Hospital</u> | f) Medical College      |
| g) Govt. Hospital    | h) any other (Specify) P.P.C   | i) Private Nursing Home |

**Date, Time, Place of operation: 22/05/16 - 7pm at Navi Mumbai Corporation Hospital FRU, Vashi Hospital.**

**Type of Operation - LSCS with TL Dr Jaya Sreenivasan**

**Date, time & Place of Death: 27/05/2016 at 11am. K.E.M Hospital Parel Mumbai.**



The Quality Assurance Committee Meeting is conducted on 14.06.2016 at 10.30a.m. under the Chairmanship of Dr.Keskar, Executive Health Officer.

Following members were present.

1	Dr.(Mrs.) Keskar	Executive Health Officer - Chairman
2	Dr.(Mrs.)Gomare	Dy.Executive Health Officer, FW & MCH
3	Dr.(Mrs.)Advani	Special Officer, FW & MCH
4	Dr.(Mrs.) Rekha Daver	HOD, OBGY, J.J.Hospital - Member
5	Dr. Valand	HOD, Pathology, J.J. Hospital - Member
6	Dr. Sameer Deolekar	HOD, Surgery Deptt, KEM Hospital - Member
7	Dr.(Mrs.)Indrani	HOD, Anaesthesia Deptt. KEM Hosp. - Member
8	Dr. Shailesh Mohite	Prof.& Head, Forensic Med., Nair Hosp.
9	Dr.(Mrs.) N.D. Moulick	HOD, (Medicine), Sion Hosp. - Member
10	Dr.(Mrs.) Madhuri Patel,	Representative, FOGSI, Mumbai - Member
11	Dr. Dr. A.N.Raimalwala	Representative, I.M.A., Mumbai
12	Smt. A.G.Velhal	Matron, KEM Hospital - Member

The Committee is of the opinion regarding the cause of maternal and TL death : - Summary of case is attached.

**Summary TL Death for Maternal Death Review Meeting on 14.06.16**

Name of the Hospital: KEM Hospital

Date of Death: 27/5/16

1. Name of the patient: Savita Sambhaji Aherkar
2. Age: 27 years
3. Name of Husband: Sambhaji Aherkar
4. Religion: Hindu
5. Caste: Not known
6. Education: Husband: not known                      Wife: not known
7. Address:- House no. 1750, R. no. G2, Uttam Thakur chawl, near Saibaba mandir, sector 26 A, koparigaon, Vashi, Navi Mumbai, Thane
8. Occupation: Housewife
9. Place of ANC Registration: one ANC visit at Navi Mumbai municipal corporation hospital on 29/3/16. Prior to which she had 6 ANC visits at Naik hospital, Koperkhairane
10. No. of ANC-visits: 1 at NMMC and 6 at Naik hospital
11. MCH card/MCTS No.
12. ANC Checkup Chart:

Date	wt	BP	Fundal height	FHS
19/12/15	44 kg	100/60	Uterus 16 wks	150
5/1/16		110/70		
16/2/16	45 kg	110/60	Uterus 26 weeks	134
7/3/16	45.7	110/60	Uterus 30 weeks	136
21/3/16	46.7	110/60	Uterus 32 weeks	152
28/3/16			Uterus 34 weeks irritable PV: os closed Cervix short	

Patient was referred from Naik nursing home to NMMC Vashi with threatened preterm on 28/3/16.

ANC visit at NMMC on 29/3/16: PV: os closed, cervix vagina healthy.

Advice: ANC pack, protein powder, Cap. Duvadilan retard. Follow up for admission if pain starts.

13. Obst. History  
 a) LMP: 12/8/15 EDD:19/5/16  
 b) Pregnancy outcome:  
 Para2 living2  
 1<sup>st</sup> female child 3 years old FTND  
 2nd: 3 day - male child Emergency LSCS with tubal ligation

14. Previous Child – 1 Female

15. Past History / Family History : no history of any major medical or surgical illness in the past.

16. Referred from in Ambulance / with Doctor with Referral Chit. – Yes from NMMC Vashi.

17. Admission -

1<sup>st</sup> Admission at NMMC Vashi, Navi Mumbai on 20.05.16  
 Transfer to KEM hospital on 24.05.16 at 5.45 am.

2<sup>nd</sup> Admission at KEM hospital EMS on 24/05/2016 at 8:43am  
 Date of death – 27.05.16 at 11.15 am.

(a) Admission under : Dr. S. V. P (Gyn), Dr. A. G. R. (Med), Dr. A. A. D. (Sug)

18.

- Gap in hours between onset of complaints and visit to hospital- (patient was transferred to KEMH )
- Gap in hours between admission and start of treatment-immediately
- Gap between onset on labour pain and delivery-NA
- Gap in hours between admission and death -75 hours
- Whether partogram maintained - NA

(1) At 1<sup>st</sup> Admission. -  
 (At NMMC Vashi)

Complaint – G3P1L1A1 with 40.1 wks by date and 40.3 by USG came with USG report showing AFI – 5, EFW – 3.2 kg, admitted on 20.05.16.

**Past History – NAD**

**Pre Op Examination & Investigations –**

On Examination – GC – Fair, Temp – afebrile, P – 80/min, BP – 130/80, PA – FT, Vx FHS + reg, PV – os closed.

Date	20.05.16	21.05.16	22.05.16	22.05.16 at 5.30 pm.	
GC	Fair	Fair	Fair	Fair	Fair
Pulse	80	90	82	80	
BP	130/80	130/90	120/84	116/76	
Temp	Afebrile	Afebrile	Afebrile	Afebrile	



Seen by Physician – At 1.00 am advised Inj. Vit. K  
Adv – Inj. Taxim, Inj. Neutro, IV fluids. 23.05.16 at 1.30 pm. PA- minimal abdominal distension, bowel sounds+, abdo soft, vitals stable, urine output adequate.  
On 23.05.16 at 8.30 pm. c/o giddiness, P – 90/m, BP – 110/80, PV – No abdominal bleeding

S/B – Physician – At 1.00 am. Adv. – CBC, DIC Profile and electrolyte.  
Patient shifted to ICU.

On 24.05.16 at 1.00 am. – Inj. Vit K, Falcigo, piptaz, norad drip 1 single donor platelets, 5 FFP given.

At 3.00 am. – In view of S. Bili – 6.1, S. Creat – 2.2, DIC – deranged. Patient shifted to KEM in cardiac ambulance as no ICU bed available in J. J. Hospital

(2) At 2<sup>nd</sup> Admission –

**KEM Hospital - 24/05/2016 at 8:43am**

(a) Complaint -

Informant- Husband.

Patient was referred on day 3 of LSCS with elevated LFT's, elevated RFT's and deranged coagulation profile. Patient had received one unit single donor platelets and 5 units fresh frozen plasma at NMMC.

History of complete anuria since 12 noon on 23/5/16

H/O yellowish discoloration of urine and sclera since 1 day.

(b) On Examination -

Patient examined by registrar under Dr AGR in EMS on 24/5/16 at 6.45 am. in casualty.

Patient conscious

P-feeble BP-60/40 mm Hg on dual inotropic support

Extremities –cold

RS- B/L conducted sounds +

CVS- S1S2 +

CNS- Conscious disoriented.

On 24.05.16 at 7.45 am. Patient was assessed by registrar under Dr SVP and fourth year under Dr ARC at 7.45 am on 24/5/16

GC: poor. Patient on noradrenaline and dopamine support. Pulse: 110/min. BP: 70/40 mm Hg on supports, RS/ CVS : NAD. PA: soft, distended, dressing dry, AG: 83 cm. PV: no active bleeding urine output: nil icterus +

S/B Dr. HKC Associate professor & Lecturer under Dr SVP at 10.15 am on 24/5/16  
Patient conscious, central line in situ. On noradrenaline and dopa drip, GC: moderate, afebrile, pulse: 92/min, BP: systolic 80 mm Hg, PA: uterus well contracted, gaseous distension +, AG 82 cm, dressing dry, PV: no active bleeding, pad minimally soaked. No foul smelling discharge Mild pallor, icterus +, no oedema. CVP: overflowing.

Urine output: Nil.

(c) Investigation -

Date	24/5/16 (NMMC)	24/5/16 (KEM)	24.05. 16	24.05. 16	24.05.1 6	25/05/1 6	25.05. 16	26/5/16
Hb	12.8	9.8	10.1	9.1	9.3	7	7.2	5.7
WBC	20020	27200	22700	19700	22800	37400	35900	33600
Platelet	12000	20000	40000	40000	30000	43000	60000	80000
Creat	2.19	2.49			3.17	3.2	4.2	5.3
PT	28.80	14.1		16.7				
INR	2.2	1.42		1.69			15.9	
Aptt( test)	32	44.1		44.1			1.61	
(Control)	55	28		26			49.2	
Fibrinogen	321	286		442			26	
FDP		>320		>320			Above 500	
D-dimer	4350	above10		Above 10			>320	
Na <sup>+</sup>		132					Above 10	
K		3.4				140	139	140
Cl						4.9	4.8	6.8
T.Bili	5.96					103	99	104
D. bili	4.26						6.3	6
SGOT	84						4.6	3
SGPT	18						>489	>434
Alk phos	140						139	155
HEP-A, HEP-E					Negati ve		262	
USG					Gross ascites, Bilater al medica l renal disease			
Ascitic fluid culture					No growth			
HVS culture					No growth			

(d) Treatment -

Started on antibiotics, noradrenaline and dopa drip continued.

**On 24/5/2016 at 11:50am -**

S/B MICU reg - GC poor. Pt. conscious oriented.  
p-100/min BP-180/80 mmHg. Pallor+, icterus+  
no rash, bleeding from any site. RR- 30  
RS- B/L crepts +, CVS-S1S2+. CNS - conscious oriented. Plantars flexors.  
P/A soft. Non tender  
ABG- pH- 7.36, CO2 26.8, O2 41.7, HCO3 11.7, SO2 77.9

**On 24/5/2016 at 12:10pm.**

S/B AP, Dr. Meghna madam - History of high coloured urine since one month GC poor, Patient tachypnic. RR-30 RS-B/L crepts +, CVS - S1S2+, Conscious oriented  
Advice: Taper inotropes as per BP .NRBM O2 mask, Pt was on pitaz (renal corrected dose), metró, larinatè, azee, & norad and dopamine, Vit k, D25%. Add tamiflu (75) BD,

**On 24/5/2016 at 4:45pm.**

S/B medicine lecturer on call  
Pt was still anuric, tachypnic, P-98/min, BP-130/80 mmHg. On Dopa (400/50 @5ml/hr), Norad (8/50 @ 5ml/hr). Raise JVP, pallor+. No rash, bleeding from any site. RS-basal crepts+, CVS- tachycardia. CNS- restless, obeying commands. E4M6V5.

**On 24/5/16 at 5.15 pm. -**

S/B Dr HKC ( associate Prof under Dr SVP) -  
GC moderate, patient on noradrenaline and dopamine drip, afeb, pulse: 120/min, BP: 120/80 mmHg, RR: 40/min, PA : soft AG: 83 cm, PV : NAB  
Diagnostic tapping of ascitic fluid done. In view of USG suggestive of ascitis 10 ml of blood stained ascitic fluid tapped  
Advice: ascitic fluid for culture sensitivity, ascitic fluid biochemistry, platelet transfusion

**On 24/5/2016 at 5:15 pm. -**

Patient assessed by Nephro reg - advised lasix infusion @40mg/hr. Patient put on NIV in view of Basal crepts and tachypnoea. Patient monitored closely and reassessed by MICU reg. at 6pm GC poor, Pt on NIV. P-106/min, BP-140/100 mm Hg. RS-b/l crepts+.  
ADVICE: hourly BP monitoring. AKD ref for HD.

**On 24/5/2016 at 7pm -**

Patient was reassessed by medicine lecturer on call, on NIV, SPO2 98%.  
Patient desaturating rapidly off NIV. BP-130/90mmHg on supports. RS-b/l NVBS.  
CVS-tachycardia.  
ADVICE: Ct NIV, Lasix infusion as advised by nephro reg.

Patient was monitored by MICU reg every 15minutes and informed to Dr. Meghna madam at 7:30pm.

ADVICE: Monitor BP, CVP. Add Tamiflu 75mg BD, AKD reference for HD.

Patient was intubated i/v/o persistent tachypnea and desaturation at 9:30pm. Then pt

was shifted to dialysis for HD catheter insertion and dialysis (heparin free) was initiated on 25/5/2016 at 12 am and continued till 5 am. Pt was transfused 4 units cryo, 7 units FFP and 2 units platelets.

**On 25/5/2016 at 1 am -**

Patient assessed by GI med reg. & hematology reg and advised to correct coagulopathy, consider higher antibiotics.

**On 25/5/2016 at 5:15 am..**

Patient vitals were monitored hourly during dialysis. Patient was transferred back to MICU. P-130, BP-110/70 mm Hg. Pulse, BP, HGT monitored hourly during stay in MICU. Patient reassessed by MICU reg. at 8 am on 25/5/2016. P-150/min, BP-110/70 mmHg, RS-conducted sounds +, P/A- soft.

Seen by registrar under Dr. A.A.D, lecturer under Dr. S.V.P. unit & Dr. Meghna madam at 8,30am on 25/5

GC - poor, BP-110/80 pulse 120 advised ascitic fluid culture.

Disoriented, irritable, moving all 4 limbs on mechanical ventilation. Pupils B/L RTL. Bleeding from femoral catheter site. Advised Inj. meropenem and Inj. vancomycin, Inj. sodabcarb 40cc stat i/v/o metabolic acidosis, omez drip, 4units FFP, 2 units cryo, cold saline wash, monitor BP and CVP. Patient was transfused 4 units FFP & 2 units cryo i/v/o ongoing bleeding from multiple sites. GC poor. P-138/min, BP-100/70 mm Hg. Bleeding present from CVP line site. FFP transfusion continued, No fever, patient on volume A/C. RS- B/L minimal crepts + . CNS- drowsy. P/A-soft.

**On 25/5/16 at 4pm -**

S/B lecturer under-Dr SVP- General condition same. Advice: continue your line of management. Patient reassessed at 7pm, GC-poor

Case informed with AP, Dr. Meghna madam, advised cold saline wash and continue same line of management. Patient was continuously monitored hourly. Patient was transfused 7 FFP, 3 cryo, 2 units paltelets i/v/o ongoing bleed.

**On 26/5/2016 at 8am -**

Patient was GC-poor, on ventilator support Vol A/C, FiO<sub>2</sub> 100%, on dual inotrops. Febrile P-120/min, BP-120/70mmHg, SpO<sub>2</sub>-97%. Urine output- Nil, Bledding through RT+, hematuria +. RS - B/L crepts +, CVS- S<sub>1</sub>S<sub>2</sub> +, CNS- E<sub>1</sub> M<sub>2</sub> V<sub>t</sub>. Patient On 26/5/2016 patient was taken for HD at 9:15am and dialysis (heparin free) was initiated at 9:30 am and continued till 2:30pm. BP at start 112/63, at end 135/70 mmHg. During HD patient was transfused 1 unit PCV, 7 units FFP and 6 units cryo, closely monitored and regular suctioning was done.

**On 26/5/16 on 11.45 am -**

S/B Dr HKC ( associate professor under DR SVP)

Patient undergoing dialysis in AKD ward.

GC: poor, p: 76/min, BP: 126/70 mm Hg, RS: harsh breath sounds, CVS: NAD, PA: soft, no tenderness, guarding, rigidity, PV: NAB Advice: correction of DIC profile in view of INR 1.6

**At 4 pm on 26/5/2016 -**



27. Is death review by FBMDR Committee ( At the Hosp. Where Death occurred)  
- Yes      Date of review: 02.06.16.
28. Findings of Review – Minutes of Facility based or Hospital based committee  
Observation/Suggestion/ Gaps Observation & recommendation:
1. Pre-op and intra-op findings should be mentioned thoroughly with referral slip.
  2. Uniform antibiotic policy should be implemented to prevent antibiotic resistance.
  3. Local conditions in operation theatre of NMMC Vashi should be evaluated for infection control. Fumigation and cleaning should be done accordingly.
29. System gaps identified:
30. Recommendations by FB MDR Committee. – MOH NMMC to pay Rs. 2,00,000/- to the legal heirs of deceased patient, from district RCH society Navi Mumbai Municipal corporation.
31. Community based MDR done by MOH/HP – No - Interviewed by- Out of Mumbai
32. Type of Delay 1/2/3: 2 & 3
33. Reasons for delay
34. Review by District Quality Assurance Committee ..... Date of Review.....14.06.16

### 35. Recommendations by DQAC.

#### Observation

1. Patient had PIH with oligo hydramnios s/o long standing PIH. PIH was not treated missed & properly.
2. LSCS was done after 2 days of admission of NMMC even through postdatism with oligo hydroamnios.
3. Urine albumin was not done to rule out PIH, hence PIH was missed.
4. Liquor was scanty AFI - 5 during LSCS s/o long standing PIH.
5. Postoperative patient had distension of abdomen & patient landed in DIC due to PIH sepsis.
6. PIH was completely missed at NMMC Vashi. Post operative care not done properly at NMMC/Papers were send late to F/South for scrutiny.
7. This was a preventable death.
8. Patient reached to KEM hospital in very critical state on ionotropic support with Jaundice/DIC/Acute renal failure - when death was not preventable.
9. Patient underwent TL with LSCS and she died within 5 days after TL operation i/v/o post op sepsis with hepato renal failure with DIC.
10. No one attended QAC from NMMC MOH side.

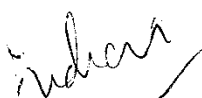
#### Suggestion

1. For all ANC mothers Urine albumin examination must be done.
2. LSCS or induction of labour should have been done early in v/o PIH & postdatism.
3. Whenever required all necessary investigations for PIH must be done.
4. Long standing oligohydromnios cases be investigated for PIH urine albumin to be done to all ANC mothers.
5. Up gradation of NMMC Vashi with ICU and dialysis facility.
6. Details of summary of case papers to be submitted along with transfer of case.
7. QAC has recommended that in this case under family planning indemnity scheme (FPIS), Rs. 2,00,000/- to be paid by NMMC to the patients legal heirs spouse & 2 children. Compliance to be submitted to this office.
8. MOH NMMC to attend DQAC meeting in case of maternal & TL death cases.

District Quality Assurance Committee Meeting is held on 14/6/2016 to investigate the TL death & committee is of the opinion that the TL Death is following sterilization operation, payment of the full amount of Ex-gratia Financial Assistance of Rs. 200000/= is recommended to the following legal heirs of the deceased - **Smt. Savita Sambhaji Aherkar** through **RCH Society Navi Mumbai Corporation**, 27/05/2016 patient expired within 5 days after LSCS with TL done at NMMC HOSPITAL and expired KEM Hospital. from District Integrated Society, Mumbai under revised Family Planning Indemnity Scheme.



**Dr. (Mrs.) Rekha Daver**  
**HOD(OBGY)**  
**J. J. Hosp.**



**Dr. (Mrs.) Indrani**  
**Prof. (Anaes.)**  
**KEM Hosp.**

As noted  
14/6/16

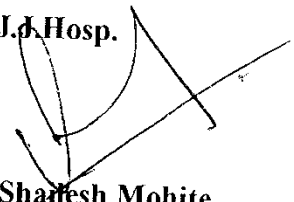
**Dr. Valand**  
**Prof., Pathology, Deptt.**  
**J.J.Hosp.**



**Dr. (Mrs.) Moulick**  
**Prof. & HOD (Medicine)**  
**Sion Hosp.**

Sameer  
14/6/16

**Dr. Sameer Deolekar**  
**Assoc. Prof. (Surgery)**  
**KEM Hosp.**



**Dr. Sharesh Mohite**  
**Prof. & HOD, Forensic, Med.**  
**Nair Hosp.**



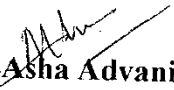
**Dr. A.N. Raimalwala**  
**Representative, IMA, Mumbai**  
**Mobile No. 9869310054**

M.A. Patil  
14/6/16

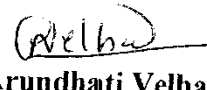
**Dr. (Mrs.) Madhuri Patel**  
**Representative, FOGSI,**  
**Mumbai.**

Gomare  
14/6/16

**Dr. (Mrs.) Mangala Gomare**  
**Dy. Exe. Health Officer,**  
**(FW & MCH)**



**Dr. (Mrs.) Asha Advani**  
**Special Officer**  
**FW & MCH**



**Mrs. Arundhati Velhal**  
**Matron, KEM Hospital**

BCS

**Dr. (Mrs.) Padmaja Keskar**  
**Executive Health Officer**  
**(Chairman)**

a) Pre-op. Care :HB- 10.8gm%

Urine-Albumin--Trace

Sugar--Nil

Other Investigation---R BS 91mg%

Bld Group – A+

HIV HBsg - Negative

VDRL - Negative

Thyroid Profile – WNL

Injection T.T. given

LMP-12/08/2015 , EDD -19/05/2016,by- USG-15/05/2016

USG- 40.4 Weeks

**b) Operation Procedure : P2L2 day 3 of emergency LSCS with Bilateral tubal ligation.**

## Annexure - 12

## Death Notification Form

KEM Hospital

Instructions: The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the district quality assurance committee (DQAC) within 24 hours of death. The information is to be provided mandatorily.	
1	Date of this report (D/M/Y) ..... 27 / 5 / 2016
2	Date of death (D/M/Y) ..... 27 / 5 / 2016
3	Name of the deceased SAVITA SAMBHAJI AHERKAR
4	Age 27 years
5	Sex Female/Male..... FEMALE
6	Address of the deceased HOUSE NO. 1750, R. No. G2, UTTAM THAKUR CHAW NEAR SAIBABA MANDIR SECTOR -26A, KOTARI GAON, VASHI NAVI MUMBAI
7	Name of husband/father SAMBHAJI AHERKAR
8	Where procedure performed (specify the name of the site) (P) Tick the option <ul style="list-style-type: none"> <li>• Camp.....</li> <li>• PP Center.....</li> <li>• District Hospital. NAVI MUMBAI MUNICIPAL CORPORATION HOSPITAL</li> <li>• Medical College.....</li> <li>• Accredited Private/NGO Facility.....</li> </ul>
9	Type of procedure A. Female Sterilization (P) Tick the option <ul style="list-style-type: none"> <li>• Postpartum.....</li> <li>• Minilap.....</li> <li>• Laparoscopy.....</li> <li>• Any Other LSCS ETL</li> </ul>
	B. Male Sterilization (P) Tick the option <ul style="list-style-type: none"> <li>• Conventional.....</li> <li>• NSV.....</li> </ul>
	C. Other with MTP/CS, etc (P) Tick the option Yes/No..... LSCS If yes, give details..... LSCS ETL
10	Date of sterilization procedure D/M/Y..... 22 / 5 / 2016
11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s), beginning with the initial identification of the problem until the occurrence of death. Whenever possible record the time and date of each incident. (Use an appropriate additional sheet of paper if more space is required) ATTACHED SHEET
12	Cause of death AS PER PM FINDINGS.
13	Contributing factor, if any

email to  
the vigilance  
at cell 9  
today at 4:55 PM  
15/16

14	Postmortem examination performed?	Yes/No..... <u>YES</u> .....
15	Name and designation of surgeon who performed the sterilization	<u>NAVI MUMBAI MUNICIPAL CORPORATION HOSPITAL</u> [Details not available]
16	Name and Institution where death occurred	<u>KEM HOSPITAL</u>
17	Name and designation of reporting officer	<u>DR. PARITA DALVI</u>

Name: Dr. Parita Dalvi

Designation Third year resident

Date: 27/5/2016

Signature .....

*Parita*

[MS. O]

Dr Parita 98 20 81 7117  
SVP unit

Dr. SVP  
unit

KEM HOSPI  
OBGY.  
DEPARTMEN



Annexure -12

- 11.) P<sub>2</sub>L<sub>2</sub> day 3 of emergency LSCS & B/L tubal ligation done at Navi Mumbai Municipal corporation hospital Vashi, referred to KEMH on 24/5/16 at 6:40 am with deranged coagulation profile, elevated LFT's and RFT's and Anuria since 12 Noon on 23/5/16. Patient had received 1 unit single donor platelet and 5 units fresh frozen plasma at NMMC as per transfer summary. Patient had been started on Noradrenalin and dopamine support at NMMC prior to transfer. Operative notes and intra-operative details were not available. USG s/o mild ascites, Hb: 12.8, Platelets: 12000/mm<sup>3</sup>, WBC: 20,000, INR: 2.2, D-dimer: 4350, aPTT(O): 32 (P): 55, Total bilirubin: 5.96, Direct Bili: 4.26, Creatinine: 2.19.
- On 24/5/16 7:45 am GC-pass, Patient on noradrenalin and dopamine, P: 110/min, BP: 70/40 mmHg (on support), RS/CVS-NAN, PA-soft, distended, dressing dry, AG: 83cm, PV-NAN. Urin output - nil over past 12 hrs. Patient was admitted in KEMH EMS Under Dr AGR [medicine] and then transferred to MICU. Patient was continued on Noradrenaline and dopamine drip. Patient was later intubated and put ventilatory support as she wasn't maintaining saturation. Diagnostic tapping of ascitic fluid showed blood stained ascitic fluid. Fluid sent for culture sensitivity → Report showed No growth. Patient underwent dialysis on 25/5/16 from 12 am to 5 am → 4 cryoprecipitate, 2 platelets and 7 FFP's were transfused.
- 25/5/16 → No urin output. Abdominal girth maintained. Nephrology review reference taken. Patient in MICU. Creatinine: 4.2, T-Bili: 6.3, Saor: 48.9, Saof: 19.2, INR: 1.67.
- 4 FFP's and 2 cryoprecipitate

26/5/16 - Patient underwent dialysis from 9:30am  
to 2:30 pm → transfused 7 FFP's, 5 Cryoprecipitate  
and 1 PCV

Patient was continuously monitored in MICU.  
Intubated and on ventilator during MICU stay.  
Higher antibiotics like Meropenem, Vancomycin, Metronidazole  
were given. GI medicine referral was taken  
i/v/o elevated liver enzymes. Haematology referral  
was taken from changed coagulation profile.

27/5/16: 12 am [midnight]: Cardio-pulmonary resuscitation  
done i/v/o Atystole, Inj. Adrenaline, Atropin  
and NaHCO<sub>3</sub> given. Poor prognosis explained to relatives.

27/5/16.  
7 am: Cardio-pulmonary resuscitation done i/v/o  
Atystole and again at 7:15 am.

Resuscitation continued → Patient declared dead  
at 11 am on 27/5/16.

Cause of death → As per PM findings.

Annexure - 13

Proforma for Death following Sterilization

Navimumbai NMMC Hospital Dr. Jaya Shrinivasan

Instructions: The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available shall be forwarded with this report to the convenor of the DQAC.

1	Date of this report (D/M/Y) Type of Institution where the death occurred (P) Tick the option	27.1.05.2016
	Name of the institution Address Village/Town/City District/State	<ul style="list-style-type: none"> <li>• Camp</li> <li>• PPCentre</li> <li>• PHC/CHC</li> <li>• District Hospital <u>Navimumbai Municipal Corporation Hospital</u></li> <li>• Medical College Hospital</li> <li>• Accredited private/NGO Facility</li> </ul> <u>F.R.U. Vashe</u> <u>Sector 10 Vashe</u> <u>Mane</u>
2	Name of the person filling out the report Designation Signature	<u>Dr. Jaya Shrinivasan</u> <u>Med. Officer DGO</u> <u>Jaysh</u>
3	Date of Sterilization (D/M/Y)	22.1.05.2016
4	Location where the procedure was performed (P) Tick the option	<ul style="list-style-type: none"> <li>• Camp</li> <li>• PPCentre</li> <li>• PHC/CHC</li> <li>• District Hospital <u>N.M.M.C Vashe</u></li> <li>• Medical College Hospital</li> <li>• Accredited private/NGO Facility</li> </ul> (Also specify the name of the facility) <u>(F.R.U Vashe)</u>
5	Type of surgical approach (P) Tick the option	<ul style="list-style-type: none"> <li>• Minilap</li> <li>• Laparoscopy</li> <li>• Post-Partum Tubectomy <u>LSCS &amp; TL</u></li> <li>• Conventional Vasectomy</li> <li>• NSV</li> <li>• Any other specify <u>LSCS with TL</u></li> </ul>
6	Date of death	27.1.05.2016
7	Time of death	11 AM

**Client Details**

8	Name	Savitri Sambhaji Aherkar
9	Age	27 yrs
10	Sex	Female/Male..... Female
11	Spouse Name	Sambhaji Aherkar
12	Address	House No 1750, R. No 62, LITAM THAKUR CHAWK, Sector 26A, Kopergaon Vashi
13	Relevant past medical history	No / No any major illness or surgery in pa
14	Pertinent postoperative physical and laboratory findings	→ Hb 10.8 T.C 10,900 Pl. count 3.5L T. Bil. 0.6 mg/l. S. Creat 1.0 mg/dl.

**Sterilization Procedure**

15	Timings of procedure (Females only) as per standard (P) Tick the option	<ul style="list-style-type: none"> <li>• Upto 7 days postpartum..... <input checked="" type="checkbox"/></li> <li>• Interval (42 days or more after delivery or abortion).....</li> <li>• With Abortion, Induced or spontaneous                             <ul style="list-style-type: none"> <li>• Less than 12 weeks.....</li> <li>• More than 12 weeks.....</li> <li>• Any other specify..... LSCS, T.L</li> </ul> </li> </ul>
16	Type of anaesthesia (P) Tick the option	<ul style="list-style-type: none"> <li>• Local without sedation.....</li> <li>• Local with sedation.....</li> <li>• Spinal/Epidural/General.....</li> </ul>
17	Endotracheal Intubation	Yes/No..... No
18	List all anaesthetic agents, analgesics, sedatives and muscle relaxants	Time given 7 PM Drug Name 0.5% Bupivacaine Dosage 2ml Route Spinal L4-5 level.
19	Vital signs during surgery	Time 7.15 PM BP 100/60 Pulse 60 Resp Rate 18
20	Duration of surgery	Time of starting 7.10 PM am/pm Time of closure 7.55 PM am/pm Total Time spent 45 min/hrs
21	Vital signs after surgery	Time 8 PM BP 110/70 Pulse 88 Resp Rate 18
22	Emergency equipments/ drugs available in facility as per standards If not available, give details	Available/Non available..... Yes
23	Overall Comments	Uneventful surgery
24	Name and signature of operating surgeon	Dr Jaaga Sreenivasan

Name Jaaga Sreenivasan

Designation Med. Officer

Date 24/6/16

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

NIMMC

## Details of the deceased

1	Name	SAVITA SAMBHAJI AHERKAR
2	Age	27
3	Sex	Female/Male..... FEMALE
4	Name of Spouse (his or her age)	SAMBHAJI AHERKAR
5	Address of the deceased	HOUSE 1750 / ROOM 62, UTTAM THAKUR CHAWL SECTOR 26A, KOPRI BOAD VASHI
6	Number of living children( with details concerning age and sex)	1 2 1/2 yr old. female; no more
7	Whether operation was performed after delivery or otherwise	After LSCS ETL
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	LSCS ETL Jaya Sreenivasan
9	Whether tubectomy operation was done with MTP	NO
10	Whether written consent was obtained before the operation	D/M/Y 22.1.05.1-2016
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	NO Emg VCS

## Details of operations

12	Place of operation	FRU. Vashi (NIMMC) Hospital
13	Date and time of operation (D/M/Y)	22-05-2016 - at -
14	Date and time of death (D/M/Y)	27-05-2016 - 11.10am
15	Name of surgeon	JAYA SREENIVASAN
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	NO
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	2
20	Did any other client develop complications? If so, give details of complications?	— NIL

**Anaesthesia/Analgesia/Sedation**

21	Name of the Anaesthetist, if present	DR NILKANTH
22	Details of anaesthesia drugs used	Spinal Anaesthesia T.B.S.T. Bupivacaine
23	Types of anaesthesia/analgesia/sedation	SPINAL
24	Post-operative complications (according to sequence of events)	NIL
	A. Details of symptoms and signs	No complaints
	B. Details of laboratory and other investigations	11 AM Post op AB 11.6 Pl. count - 7000 DIC profile Deranged 23/5 S. Bcl. G. 1 S. Creat. 2.2 Guaif FFP, 1 unit SDP Normal drip
	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)	As per PM DIC with Renal cerebral Nephrosis
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/No..... Yes..... 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?	Yes/No.....
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 .....

Note: If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/herself from the proceedings of this audit.



Annexure - 15.

# Sterilization Death Audit Report

(Report from State to Centre)

Name of the state/ union territory.....

MAHARASHTRA

Report for the quarter ending .....

Sl. No.	Name and address of the client	Date of sterilization	Place of sterilization	Type of sterilization	Qualification of surgeon who operated the case	Date and place of death	Underlying cause of death	Death audited by	Remedial action initiated for correction
1.	SAVITA SAMBHARI AHERKAR	22/5/16	NMMC VASHI HOSPITAL	LSCS + TL	Dr. Jay G Srinivasan MBBS DGO	27/5/16 KEMH	AS PER PM REPORT		

Medical death audit report must be annexed for each case.

Date: .....

Signature: .....

## 6) Smt. Vinanti Suryawanshi, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Name of Deceased	Male / Female	Smt. Vinati Vijay Suryawanshi
Age		30years
Address		Wagheshwari Mandir Road, Jamrushi Nagar, Kurar Village, Malald, Mumbai - 400097.
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	L & T Heath Centre Hospital, Andheri.
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	Laparoscopic TL
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	Interval Lap TL LMP- 05/05/2016
was written consent taken	Yes/ No	Consent form & checklist was not available on for Govt. guidelines consent on Hospital.
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	General Inj.Forwin 30mg, Ketamin 35mg, Pantothol 400mg, Phenargan 25mg
Name of Anesthetist	<b>Mention Qualification</b>	Dr. H. N. Mehata M.D. Anesthetist.
Date of Operation	(Whether Camp/ Fixed day	13.05.2016 at 11.35am.Fixed

## 6) Smt. Vinanti Suryawanshi, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
	Static) (Mention No. of cases operated & Sr. No. of this patient)	day static
Name of Surgeon		Dr. Sharad D. Shinde MD. DGO
Qualification of Surgeon	(Trained or Not) (Mention no. of surgeries performed)	MD. DGO
Date & Time of Death		16.05.2016 AT 12noon
Place of Death	(Health Facility Pvt. or Govt/Home/on the way to hospital)	On the way Thana Civil Hospital.
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pulse, BP, HP, fitness opinion)</li> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	<ul style="list-style-type: none"> <li>• Pulse - 80, BP -110/70, HB-11.8, RB-104, Blgr- AB + Ve, Pre- op wt- 54kg, PA -Soft</li> <li>• PV-UT, AV- Normal size</li> <li>• Deviated to Left side RS/CVS-NAD.</li> <li>• Medicine - Inj. T.T. Tab Dulcolax</li> <li>• Single puncture Laparoscope TL</li> <li>• No complication</li> <li>• Post op - Pulse - 66, BP- 119/86, SPO2-96, Ut-NS</li> </ul>
Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, symptoms after complications</li> </ul>	<ul style="list-style-type: none"> <li>• NO</li> </ul>

## 6) Smt. Vinanti Suryawanshi, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Cause of Death	<ul style="list-style-type: none"> <li>Underlying / Primary Cause of Death</li> <li>Opinion as per Hospital were death has occurred</li> </ul>	Fecal Peritonitis with septicemia in a case of Lap TL.
PM Report	<ul style="list-style-type: none"> <li>PM done Yes/No</li> <li>If Yes, Confirmed cause of death as per PM Report</li> <li>Mention IMP findings of PM Report</li> </ul>	S/o ? Fecal peritonitis ? bowel perforation
QA Report	<ul style="list-style-type: none"> <li>Date of Meeting held</li> <li>Minutes of meeting done YES/NO</li> <li>Cause of Death</li> <li>Observations</li> <li>Suggestions for improvement</li> <li>Approved to pay ex-gratia to legal heirs (50,000- or 2,00,000/-)</li> </ul>	<ul style="list-style-type: none"> <li>14.06.2016</li> <li>YES</li> <li>Fecal Peritonitis with septicemia in a case of Lap TL.</li> <li>Proper post-op monitoring should be done in all TL &amp; monitored for AG/U/Out, as L &amp; T - DAY CARE - monitored &amp; then transferred to same higher centre in night time. 2. Patient should have been she should have been kept admitted for at least 24 hours &amp; kept NBM. 3. Subsequent follow up to be done within 48 hours at least telephonically to know the patient's condition. 4. Patient should have been followed up after TL operation by L &amp; T. Patient had complaints, like vomiting pain in</li> </ul>

## 6) Smt. Vinanti Suryawanshi, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
		<p>abdomen for two days Post op persistently; concerned health post should have followed the case.</p> <ul style="list-style-type: none"> <li>• 5. L &amp; T should inform such cases to concerned HP. Exploration should have been done early.</li> <li>• 6. L &amp; T should follow strict guidelines for pre-op consent/check list/ intraoperative/ post of monitoring.</li> <li>• 7. After discharge - follow up by telephonically within 24 hours to 48 hours at evidence of patient.</li> <li>• 8. Addresses to be given to concerned HP's/MOH to follow up care at home.</li> <li>• 9. QAC has recommended that in this case under revised Family Planning Indemnity Scheme (FPIS), Rs. 2,00,000/- to be paid through RCH PIP District integrated society Mumbai to the patients legal heirs i.e. spouse &amp; the 2 children.</li> </ul>
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	YES

## 6) Smt. Vinanti Suryawanshi, BMC- Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Compensation given	Mentions details about RTG's or Cheque No. to legal heirs (50,000 or 2,00,000/-)	<ol style="list-style-type: none"> <li>1. Vijay D. Suryvanshi Husband Rs. 66,667/- Ch.No. 994448 Dt. 30.06.2016</li> <li>2. Vandan Vijay Survanshi Son Rs. 66,667/- Ch.No. 994450 Dt. 30.06.2016</li> <li>3. Vaishali Vijay Survanshi Daugther Rs. 66,667/- Ch.No. 994449 Dt. 30.06.2016</li> </ol>
Action Taken	<ul style="list-style-type: none"> <li>• If any one is formed to be negligent (Mention what actions are taken)</li> </ul>	Pt was discharge on same day. Perforation of intenstine was not deteced at time of discharge
Remedial action initiated for correction		<ul style="list-style-type: none"> <li>• L &amp; T should follow strict guidelines for pre-op consent/check list/ intraoperative/post of monitoring. And do strict fu of the cases after discharge</li> </ul>



**QUALITY ASSURANCE COMMITTEE REPORT**  
**OF TL DEATH**

**Date of holding the Quality Assurance Committee Meeting - 14/06/2016**

**Name of deceased : Smt. Vinanti Vijay Suryavanshi Age : 30 yrs.**

**Resident of \_\_Wagheshwri Mandir Roadl ,Jamrushi Nagar Kurar Village, Malad  
East Mumbai 400097 ..Mobile No -8108145886.**

**Date & time of Admission : 1<sup>st</sup> Admission \_ 13/05/216 L &T Andheri Health  
Centre**

**Place of admission :**

- |                      |                              |                                    |
|----------------------|------------------------------|------------------------------------|
| a) PHC               | b) RH/Cottage                | c) Woman Hospital                  |
| d) District Hospital | e) Corporation Hospital      | f) Medical College                 |
| g) Govt. Hospital    | h) any other (Specify) P.P.C | <b>i) Private Nursing<br/>Home</b> |

**Date, Time, Place of operation – 13/05/2016 at 11.35 a.m. at \_L&T Andheri  
Health Centre \_\_\_ Hosp.**

**Type of Operation – Intervel T.L. done by Dr. S.D. Shinde - M.D. DGO**

**Lap TL ( Single Puncture )**

**Date, time & Place of Death: \_\_16/05/2016 at 12 noon On the way to  
\_Thane\_Civil Hospital.**

The Quality Assurance Committee Meeting is conducted on 14/06/2016 at 10.30a.m. under the Chairmanship of Dr.Keskar, Executive Health Officer.

**Following members were present.**

1	Dr.(Mrs.) Keskar	Executive Health Officer - Chairman
2	Dr.(Mrs.)Gomare	Dy.Executive Health Officer, FW & MCH
3	Dr.(Mrs.)Advani	Special Officer, FW & MCH
4	Dr.(Mrs.) Rekha Daver	HOD, OBGY, J.J.Hospital - Member
5	Dr. Valand	HOD, Pathology, J.J. Hospital - Member
6	Dr. Sameer Deolekar	HOD,Surgery Deptt, KEM Hospital - Member
7	Dr.(Mrs.) Indrani	HOD, Anaesthesia Deptt. KEM Hosp.- Member
8	Dr. Shailesh Mohite	Prof.& Head, Forensic Med., Nair Hosp.
9	Dr.(Mrs.) N.D. Moulick	HOD, (Medicine), Sion Hosp. - Member
10	Dr.(Mrs.) Madhuri Patel,	Representative, FOGSI, Mumbai - Member
11	Dr. Dr. A.N.Raimalwala	Representative, I.M.A., Mumbai
12	Smt. A.G.Velhal	Matron, KEM Hospital - Member

**The Committee is of the opinion regarding the cause of maternal and TL death :**

Pre-op. Care : Patient was seen on 10/05/2016 during her 1<sup>st</sup> visit by Dr.Ranjit Inamdar and Investigations were done .

**Pre-Op.Care**

Pulse 80

Bp – 110/70

Wt – 54 kg

PA – Soft

PV – UT Anteverted normal size ,deviated to left side

RS/CVS – NAD

**Pre-Op.Investigation** Hb – 11.8 gm %

Urine – NAD

Blood Sugar – 104 mg /dl

UPT – Negative

Bloodgroup - AB +

After she was called for admission on - 13/05/2016 at 8.30 a.m. LMP – 05/05/2016 ( Date of previous LMP ) Date 27/04/2016

O/H- Last delivery - 7 yrs , No of pregnancy – 2+1

**Past History**---No History of medical disease / Surgery

No History of Drug allerg

Pre-Op

**Operation Procedure : She was admitted on 13/05/2016 at 8.30 a.m.**

**Pulse – 66**

**BP – 120/86**

**She was given - short G.A. By Dr. H. N Mehta from 11.35 to 11.55 a.m**

**Spo2 – 96%She was given - Inj Fort win 30mg Inj- Ketamin – 25**

**Smt: Vinanti Vijay Suryavanshi T&T Hospital Andheri History**

**inj Pentathol – 400 inj Phenargan - 25 Lap TL was done by Dr. S.D. Shinde M. D. DGO**

**Intra – op- Uneventful , Both Tubes were Ligated by Lap TL by single Puncture method with siliastic bands.**

**POST – OP – Patient was observed in ward for 4 and ½ hours during the post op period her vital signs were monitored, Patient was stable.**

**12.30p.m – Pulse – 84, Resp R R – 20, B.P. – 110/88 – Spo2 – 100%**

**1.30 p.m                    84                    20                    100/78                    98%**

**3.00p.m                    80                    20                    110/98                    100%**

**She was discharged on 13/05/2016 at 4.30 p.m.**

**Name of the Doctor (who discharged)– Dr. Divyang Shah**

**condition on discharge- G. C. good , Pulse 84 , RR 22, BP 110/96 , PA soft U/O**

**Adv - on Discharge**

**To come for follow up after 7 days on – 20/05/2016 at 11 a.m.**

**- Post-op patient was discharge on same day and not followed within 48 hrs.**

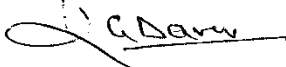
**20/05/2016 :-when Patient did not come for stitch removal. L&T official had called on her registered telephone number when it was informed that Patient died 3-4 days back, call was later transferred to a counsellor for further information. Informant was patients husband and he informed that patient was unwell, had episode of vomitingand pain in abd. She had gone to Thane on the Second day of TL – 14/05/2016 to take rest at mother’s residence. Patient died before they could take her to Hospital Local Doctors informed that them it was intestinal Perforation, on 23/05/2016 it was understood that Patient diedon 16/05/2016 at 12 noon on the way to Thana Civil Hospital before She could be Hospitalized. Her body was taken to Lokmanya Hospital Thane for PM ; as informed by Mr. Vijay Suryavanshi.**

Vinanti Vijay Suryavanshi – TL Death case at L & T centre K/East ward.

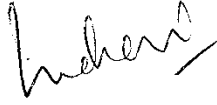
Observation	Suggestion
<ol style="list-style-type: none"> <li>1. While DQAC meeting it was told by Dr. Inamdar Ranjt that Pre-op work up done by Dr. Ranjit Inamdar. h/O medical method of termination done 2 month back in Jan 2016.</li> <li>2. Patient had polymenorrhea in April 2016.</li> <li>3. P/S examination was not done this case.</li> <li>4. Lap – TL done on 13.05.16 by Dr. Shinde.</li> <li>5. Intubation was not done in this case. IV Ketamine &amp; sedation was given by Dr. Mehta (anesthetist)</li> <li>6. On post op monitoring BP was 110/96 which was abnormal. Post op monitors was not done properly abdomen Girth ? u/o.</li> <li>7. Patient was discharged at 4.30 pm. on the same day by doctor not monitored post operatively. -Patient was not followed for 48 hours. -Patient was started with orals on same day</li> <li>8. L &amp; T hospital authority came to know about this death, on the follow-up when patient did not come for suture removal.</li> <li>9. Patient had intestinal perforation – which was missed while TL.</li> <li>10. Patient went to Thane at mother's place for 2 days she had vomiting episodes. She died on the way to Thane Civil hospital.</li> <li>11. PM report was S/O ? fecal peritonitis? bowel perforation.</li> <li>12. This was a preventable death.</li> <li>13. Consent form &amp; checklist was not available on for Govt. guidelines consent on hospital</li> </ol>	<ol style="list-style-type: none"> <li>1. Proper post-op monitoring should be done in all TL &amp; monitored for AG/U/Out, as L &amp; T – DAY CARE – monitored &amp; then transferred to same higher centre in night time.</li> <li>2. Patient should have been she should have been kept admitted for at least 24 hours &amp; kept NBM.</li> <li>3. Subsequent follow up to be done within 48 hours at least telephonically to know the patient's condition.</li> <li>4. Patient should have been followed up after TL operation by L &amp; T. Patient had complaints, like vomiting pain in abdomen for two days Post op persistently; concerned health post should have followed the case.</li> <li>5. L &amp; T should inform such - cases to concerned HP. Exploration should have been done early.</li> <li>6. L &amp; T should follow strict guidelines for per-op consent/check list/ intraoperative/post of monitoring.</li> <li>7. After discharge – follow up by telephonically within 24 hours to 48 hours at evidence of patient.</li> <li>8. Addresses to be given to concerned HP's/MOH to follow up care at home.</li> <li>9. QAC has recommended that in this case under revised Family Planning Indemnity Scheme (FPIS), Rs. 2,00,000/- to be paid through RCH PIP District integrated society Mumbai to the patients legal heirs i.e. spouse &amp; the 2</li> </ol>

<p>own format is taken. 14. L &amp; T hospital is accredited for Lap TL.</p>	<p>children.</p>
--	------------------

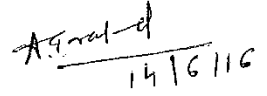
District Quality Assurance Committee Meeting is held on to investigate the TL death & committee is of the opinion that the TL Death is following sterilization operation, payment of the full amount of Ex-gratia Financial Assistance of Rs. 2,00000/= is recommended to the following legal heirs of the deceased –Smt.Vinanti Vijay Suryawansh through RCH PIP – 2013-2014 as per GR No.कुनिनुकसानभरपाईयो-2013/प्र.क्र.74 दि. 09/05/2013 as patient expired within 5 days after Lap TL done L&T Andheri Health centre mumbai, from District integrated Society, Mumbai, under revised Family Planning Indemnity Scheme.



Dr.(Mrs.) Rekha Daver  
HOD(OBGY)  
J. J. Hosp.



Dr. (Mrs.) Indrani  
Prof. (Anaes.)  
KEM Hosp.

  
14/6/16

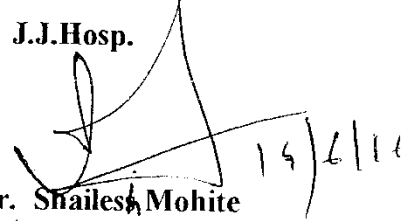
Dr. Valand  
Prof., Pathology, Deptt.  
J.J.Hosp.



Dr.(Mrs.) Moulick  
Prof. & HOD (Medicine)  
Sion Hosp.

  
14/6/16

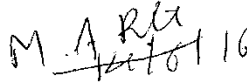
Dr. Sameer Deolekar  
Assoc. Prof. ((Surgery)  
KEM Hosp.

  
14/6/16

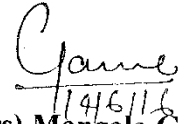
Dr. Shailesh Mohite  
Prof & HOD,Forensic,Med.  
Nair Hosp.

  
14/6/16

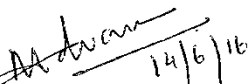
Dr. A.N. Raimalwala  
Representative, IMA, Mumbai  
Mobile No.9869310054

  
14/6/16

Dr(Mrs) Madhuri Patel  
Representative, FOGSI  
Mumbai.

  
14/6/16

Dr.(Mrs) Mangala Gomare  
Dy.Exe.Health Officer  
(FW&MCH)

  
14/6/16

Dr.(Mrs) Asha Advani  
Special Officer  
FW & MCH



Mrs. Arundhati Velhal  
Matron., KEM Hospital



Dr.(Mrs.)Padmaja Keskar  
Executive Health Officer  
Chairman



## Annexure - 12

## Death Notification Form

LAP. T.L. death at Thane Civil Hospital

Instructions: The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the district quality assurance committee (DQAC) within 24 hours of death. The information is to be provided mandatorily.		
1	Date of this report (D/M/Y)	26 / 05 / 2016
2	Date of death (D/M/Y)	16 / 05 / 2016
3	Name of the deceased	VINANTI VIJAY SURYAVANSHI
4	Age	30 YRS
5	Sex	Female/Male
6	Address of the deceased	WAGHESWARI MANDIL ROAD, SAMRUSHI NAGAR, KURAR VILLAGE, MALAD EAST, MUMBAI - 400 097
7	Name of husband/father	VIJAY SURYAVANSHI
8	Where procedure performed (specify the name of the site) (P) Tick the option	<ul style="list-style-type: none"> <li>• Camp.....</li> <li>• PP Center.....</li> <li>• District Hospital.....</li> <li>• Medical College.....</li> <li>✓ Accredited Private/NGO Facility <i>L&amp;T Health Centre</i></li> </ul>
9	Type of procedure A. Female Sterilization (P) Tick the option	<ul style="list-style-type: none"> <li>• Postpartum.....</li> <li>• Minilap..... <i>L.M.P. 5-5-16</i></li> <li>✓ Laparoscopy ✓ <i>LAPAROSCOPIC T. Ligation</i></li> <li>• Any Other.....</li> </ul>
	B. Male Sterilization (P) Tick the option	<ul style="list-style-type: none"> <li>• Conventional.....</li> <li>• NSV..... <i>N.A.</i></li> </ul>
	C. Other with MTP/CS, etc (P) Tick the option	Yes/No..... <i>NO</i> If yes, give details..... <i>/</i>
10	Date of sterilization procedure	D/M/Y..... 13 / 05 / 2016
11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s), beginning with the initial identification of the problem until the occurrence of death. Whenever possible record the time and date of each incident. (Use an appropriate additional sheet of paper if more space is required)	<i>Pt. See the attachment dated 26-5-2016</i>
12	Cause of death	
13	Contributing factor, if any	

14	Postmortem examination performed?	Yes/No.....
15	Name and designation of surgeon who performed the sterilization	DR. S. D. SHINDE M.D., D.G.O.
16	Name and Institution where death occurred	Post of - Death occurred on the way to Thane civil
17	Name and designation of reporting officer	L 2 T

Name: .....

Designation .....

Date 14-6-15

Signature .....

*Shinde*  
*V. S. B. G.*  
 Consultant  
 M. D., D.G.O.

Annexure - 13.

Proforma for Death following Sterilization

Instructions: The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available shall be forwarded with this report to the convener of the DOAC.

1	Date of this report (D/M/Y) Type of Institution where the death occurred (P) Tick the option	26 / 05 / 2016
	Name of the institution Address Village/Town/City District/State	<ul style="list-style-type: none"> <li>• Camp</li> <li>• PPCentre</li> <li>• PHC/CHC</li> <li>• District Hospital</li> <li>• Medical College Hospital</li> <li><input checked="" type="checkbox"/> Accredited private/NGO Facility</li> </ul> <p>It is reported by the husband that Death Occurred on way to Thane Civil Hospital</p> <p>Lap. S.L was done at Andheri Health Centre, L &amp; T Limited</p> <p>210, Suran Road, Andheri (E), Mumbai, Maharashtra</p>
2	Name of the person filling out the report Designation Signature	Dr. DIVYANSU GUAN HEAD - MEDICAL SERVICES, L & T And
3	Date of Sterilization (D/M/Y)	13 / 05 / 2016
4	Location where the procedure was performed (P) Tick the option	<ul style="list-style-type: none"> <li>• Camp</li> <li>• PPCentre</li> <li>• PHC/CHC</li> <li>• District Hospital</li> <li>• Medical College Hospital</li> <li><input checked="" type="checkbox"/> Accredited private/NGO Facility</li> </ul> <p>Andheri Health Centre, L &amp; T Limited</p> <p>(Also specify the name of the facility)</p>
5	Type of surgical approach (P) Tick the option	<ul style="list-style-type: none"> <li>• Minilap</li> <li><input checked="" type="checkbox"/> Laparoscopy</li> <li>• Post-Partum Tubectomy</li> <li>• Conventional Vasectomy</li> <li>• NSV</li> <li>• Any other specify</li> </ul>
6	Date of death	16 / 05 / 2016 (As informed by her husband)
7	Time of death	Not known am/pm

Client Details		
8	Name	VINANTI VIJAY SURYAVANSHI
9	Age	30 yrs
10	Sex	Female/Male... Female
11	Spouse Name	VIJAY SURYAVANSHI
12	Address	Waghewari Naveli Road, Jamnoshi Nagar, Kulor Village, Malad East, Mumbai: 400097
13	Relevant past medical history	Nil significant
14	Pertinent postoperative physical and laboratory findings	GC - good, P/A soft Pulse 86/min RR- 22/min BP: 110/96 mm Hg SpO2 100%
Sterilization Procedure		
15	Timings of procedure (Females only) as per standard (P) Tick the option	<ul style="list-style-type: none"> <li>• Upto 7 days postpartum.....</li> <li>• Interval (42 days or more after delivery or abortion)..... <u>INTERVAL</u></li> <li>• With Abortion, Induced or spontaneous               <ul style="list-style-type: none"> <li>• Less than 12 weeks.....</li> <li>• More than 12 weeks.....</li> <li>• Any other specify.....</li> </ul> </li> </ul>
16	Type of anaesthesia (P) Tick the option	<ul style="list-style-type: none"> <li>• Local without sedation.....</li> <li>• Local with sedation.....</li> <li>• Spinal/Epidural/General... <u>General</u></li> </ul>
17	Endotracheal Intubation	Yes/No... <u>NO</u>
18	List all anaesthetic agents, analgesics, sedatives and muscle relaxants	Time given 11:35 AM Drug Name <u>Fentanyl Ketamin Propofol Phenangon</u> Dosage <u>30 25 400 25</u> Route <u>IV</u>
19	Vital signs during surgery	Time <u>12 Noon</u> BP <u>112/86</u> Pulse <u>66</u> Resp Rate.....
20	Duration of surgery	Time of starting... <u>11:35 AM</u> .....am/pm Time of closure... <u>11:50 AM</u> .....am/pm Total Time spent... <u>15</u> .....min/hrs
21	Vital signs after surgery	Time... <u>1:30</u> BP <u>119/86</u> Pulse <u>80</u> Resp Rate... <u>20</u> .....
22	Emergency equipments/ drugs available in facility as per standards If not available, give details	Available/Non available... <u>AVAILABLE</u>
23	Overall Comments	Done around 12-1500 LapT cases.
24	Name and signature of operating surgeon	DR. S. D. SHINDE MD Gyn / DGO <u>S. Shinde</u>

Name Dr. S. D. Shinde

Designation VISITING CONSULTANT

Date .....

## 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.....

Details of the deceased	
1	Name VINANTI VIJAY SURYAVANSHI
2	Age 30
3	Sex Female/Male... Female
4	Name of Spouse (his or her age) VIJAY SURYAVANSHI Age. 37
5	Address of the deceased
6	Number of living children( with details concerning age and sex) Two 1 <sup>st</sup> - male - 9Ys - 2 <sup>nd</sup> female - 5Ys
7	Whether operation was performed after delivery or otherwise No
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery N/A
9	Whether tubectomy operation was done with MTP No
10	Whether written consent was obtained before the operation D/M/Y..... 13 / 05 / 2016 YES
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution No. - Fixed.
Details of operations	
12	Place of operation Health Centre - L&T - Anthesi - E
13	Date and time of operation (D/M/Y) 13-05-2016 11:35 AM to 11:55 AM
14	Date and time of death (D/M/Y) 16-5-2016 - as
15	Name of surgeon DR. S.D. SHINDE
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 No
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 Twelve.
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. H. N. MEHTA
22	Details of anaesthesia drugs used	Fentanyl 3mg, Ketamine 25mg, Pentothal 1mg, Phenergan 25mg
23	Types of anaesthesia/analgesia/sedation	G.A.
24	Post-operative complications (according to sequence of events)	Pt. did not report back to our Centre.
	A. Details of symptoms and signs	NA.
	B. Details of laboratory and other investigations	Pre-op Hb 11.8 RBS 104 B19+ AB+ve P-Test - Neg. HIV - NR Urine - NA
	C. Details of treatment given, with timings, dates, etc from time of admission until the death of client	Pt. did not come back to our Centre.

*Shiv*

**Details of Death Audit**

25	Cause of death (Primary Cause)	
26	Has postmortem been done? If yes, attach the post mortem report	
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?	Yes/No.....
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 .....

Note: If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/herself from the proceedings of this audit.

## 7) Smt. Anita Sonawane, Nashik - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Name of Deceased	Male / Female	Smt. Anita Ravindra Sonawane
Age		27 yrs
Address		At Post Andursul Tal Yeola, Dist. Nashik
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	RH Yeola
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	Minilap
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	Interval Sterilization 4 <sup>th</sup> Day of MC
was written consent taken	Yes/ No	Yes
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	Local Inj. Xylocaine 1% <ul style="list-style-type: none"> <li>• Inj. Atropine 0.6 mg/im</li> <li>• Inj. Phenargan 50 mg/im</li> <li>• Inj. Pentazocine 25 mg/ im</li> </ul>
Name of Anesthetist	<b>Mention Qualification</b>	MBBS. DGO
Date of Operation	(Whether Camp/ Fixed day Static) ( <b>Mention No. of cases operated &amp; Sr. No. of this patient</b> )	Fixed Day Static 19.05.2016
Name of Surgeon		Dr. Akol Kedar
Qualification of Surgeon	(Trained or Not) ( <b>Mention no. of surgeries performed</b> )	Trained MBBS DGO
Date & Time of		26/05/2016 8.30 P.M



## 7) Smt. Anita Sonawane, Nashik - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Death		
Place of Death	(Health Facility Pvt. or Govt/Home/on the way to hospital)	On the way to hospital from Home
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pluse, BP, HP, fitness opinion</li> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	<ul style="list-style-type: none"> <li>• Pulse - 86/ min BP- 120/80 Resp 18/ min Fit</li> <li>• Inj. Atropine 0.6 mg/im</li> <li>• Inj. Phenargan 50mg/im</li> <li>• Inj. Pentazocine 25 mg/im</li> <li>• TL Done by Modified Pomoroys Method Pulse - 86/ min BP- 120/80 Resp 18/ min</li> </ul>
Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, simtomes after complications</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
Cause of Death	<ul style="list-style-type: none"> <li>• Underlying / Primary Cause of Death</li> <li>• Opinion as per Hospital were death has occured</li> </ul>	Not Known
PM Report	<ul style="list-style-type: none"> <li>• PM done Yes/No</li> <li>• If Yes, Confirmed cause of death as per PM Report</li> <li>• Mention IMP findings of PM Report</li> </ul>	No
QA Report	<ul style="list-style-type: none"> <li>• Date of Meeting held</li> <li>• Minutes of meeting done YES/NO</li> <li>• Cause of Death</li> </ul>	02/06/2016 Yes Not Known

## 7) Smt. Anita Sonawane, Nashik - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
	<ul style="list-style-type: none"><li>• Observations</li><li>• Suggestions for improvement</li><li>• Approved to pay ex-gratia to legal heirs (50,000- or 2,00,000/-)</li></ul>	Approved to pay ex-gratia to legal heirs 2,00,000/
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	Yes
Compensation given	Mentions details about RTGS or Cheque No. to legal heirs (50,000 or 2,00,000/-)	Cheque No- 29765,29766,29767
Action Taken	<ul style="list-style-type: none"><li>• If any one is formed to be negligent (Mention what actions are taken)</li></ul>	No
Remedial action initiated for correction		No

## Annexure – 12. Death Notification Form

**Instructions:** The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the district quality assurance committee (DQAC) within 24 hours of death. The information is to be provided mandatorily.

1	Date of this report (D/M/Y)	27/05/2016
2	Date of death (D/M/Y)	26/05/2016
3	Name of the deceased	Anita RavindraSonawane
4	Age	27year
5	Sex	Female
6	Address of the deceased	At Post Andursul Tal YeolaDistNashik
7	Name of husband/father	RavindraNamdeoSonawane
8	Where procedure performed (specify the name of the site) (P) Tick the option	RH Yeola
9	Type of procedure A. Female Sterilization (P) Tick the option	Minilap
	B. Male Sterilization (P) Tick the option	-----
	C. Other with MTP/CS,etc (P) Tick the option	No
10	Date of sterilization procedure	D/M/Y 19/05/2016
11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s), beginning with the initial identification of the problem	Pt Discharged from hospital on 25/5/2016 pt had Giddiness, Sevier Back Pain, Relatives Shifted pt to Manmad but pt died in Travel no PM was done Relatives Make funeral on same day
12	Cause of death	Not Known
13	Contributing factor, if any	-----

14	Postmortem examination performed?	No
15	Name and designation of surgeon who performed the sterilization	Dr.AmolKedar, MBBS DGO
16	Name and Institution where death occurred	On the way to Hospital from Home
17	Name and designation of reporting officer	Taluka Medical Officer, PS Yeola

Name: ..... Designation

Date ..... Signature

**Fill this soft copy with information and also send scanned sign copy of this annexure.**

## Annexure - 13 (Proforma for Death following Sterilization)

**Instructions:** The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available, shall be forwarded with this report to the convener of the DQAC.

1	Date of this report (D/M/Y) Type of Institution where the death occurred (P) Tick the option	26/05/2016 On the way to Hospital from Home
2	Name of the person filling out the report Designation Signature	Dr.Naikwade Taluka Medical Officer.
3	Date of Sterilization (D/M/Y)	19/05/2016
4	Location where the procedure was performed (P) Tick the option	RH Yeola
5	Type of surgical approach (P) Tick the option	Minilap
6	Date of death	26/05/2016
7	Time of death	8.30 pm

Standards & Quality Assurance in Sterilization Services

### Client Details

8	Name	Anita RavindraSonawane
9	Age	27year
10	Sex	Female
11	Spouse Name	RavindraNamdeoSonawane
12	Address	At Post Andursul Tal YeolaDistNashik
13	Relevant past medical history	No
14	Pertinent postoperative physical and laboratory findings	WNL

## Sterilization

15	Timings of procedure (Females only) as per standard (P) Tick the option	•Interval 4 <sup>th</sup> day MC
16	Type of anaesthesia (P) Tick the option	Local Inj. Xylocaine 1% <ul style="list-style-type: none"> <li>• Inj. Atropine 0.6 mg/im</li> <li>• Inj. Phenargan 50mg/im</li> </ul>
17	Endotracheal Intubation	No
18	List all anaesthetic agents, analgesics, sedatives and muscle relaxants	Time given 1.30 PM Local Inj. Xylocaine 1% <ul style="list-style-type: none"> <li>• Inj. Atropine 0.6 mg/im</li> </ul>
19	Vital signs during surgery	Time 2.00 PM BP120/80 Pulse 86/Min Resp
20	Duration of surgery	Time of starting 2.00 pm Time of closure 2.20 pm Total Time spent 20min
21	Vital signs after surgery	Time 2.20 PM BP120/80 Pulse 86/Min Resp
22	Emergency equipments/ drugs available in facility as per standards	Available
23	Overall Comments	-----
24	Name and signature of operating	Dr. Amol Kedar

Name .....

Designation .....

Date .....

## Annexure - 14 (Proforma for Conducting Audit of Death)

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

### Details of the

1	Name	Anita RavindraSonawane
2	Age	27year
3	Sex	Female
4	Name of Spouse (his or her age)	RavindraNamdeoSonawane
5	Address of the deceased	At Post Andursul Tal YeolaDistNashik
6	Number of living children( with details concerning age and sex)	2 - Male -1 Female-1 Age- 8 Age-7
7	Whether operation was performed after delivery or otherwise	4 <sup>th</sup> Day MC
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	D/M/Y 18/05/2016
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	fixed day static procedure at the institution

### Details of operations

12	Place of operation	RH Yeola
13	Date and time of operation (D/M/Y)	19/05/2016 2.00 PM
14	Date and time of death (D/M/Y)	26/05/2016 At Around 8.30 PM
15	Name of surgeon	Dr.AmolKedar MBBS DGO
16	Whether surgeon was empanelled or	Yes



17	If the operation was performed at a camp who primarily screened the	Yes
18	Was the centre fully equipped to handle any emergency complications	Yes
19	Number of clients admitted and number of clients operated upon on	9
20	Did any other client develop complications? If so, give details of	No

## Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	Dr.Amol Kedar MBBS DGO
22	Details of anaesthesia drugs used	Local Inj. Xylocaine 1% <ul style="list-style-type: none"> <li>• Inj. Atropine 0.6 mg/im</li> <li>• Inj. Phenargan 50mg/im</li> <li>• Inj. Pentazocine 25</li> </ul>
23	Types of anaesthesia/analgesia/sedation	sedation
24	Post-operative complications (according to sequence of events)	No
	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)	Not Known
26	Has postmortem been done? If yes, attach the	No
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
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 .....** **Designation .....**

**Date.....** **Signature .....**

**Note:** If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.

## **District Insurance Sub-Committee Report of FP Sterilization Death**

Deat of Holding Dist. Insurance Sub-committee Meeting dt. 2.6.2016

Name of Deceased : Smt. SmtAnita RavindraSonawane Age: 27 yes  
resident of A/P Andarsul, Tal.Yeola, Dist.Nashik

Date & Time of Admission : 18/05/2016 Date & time of Operation :  
19.5.2016

Place of Operation R H Yeola

c) PHC    b) RH,SDH    c) Woman  
Hospital

d) District Hospital                              e) Corporation Hospital                      f) Medical  
College

g) Govt. Hospital                              h) Any Other (Specify.....)

k) Pvt. Nursing Home (Accredated/ Non accredited)

Type of Operation : Minilap

(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with  
Laparoscopic TL, Conventional /NSV)

Date, Time & Place of Death : On 26.5.2016 8.30 p.m. on the way to  
Hospital from Home

Dist. Insurance Sub-committee Meeting is conducted on dt.  
02/06/2016 under the Chairmanship of Resp. CEO Sir & following  
members were present.

Sr. No.	Name of Members	Designation
1	Shree MilindShambhakar	CEO

2	Dr.SureshJagdale	CS
3	Dr.RavindraChoudhari	DRCHO
4	Dr. VarshaLahade	Gyn.
5	Dr.Bansode	Gen. Surgeon
6	Dr.SachinPawar	Anesthetic
7	Dr.Bardapurkar	BTO
8	Dr.L.R.Bhoye	MO NMC
9	DR. S. S. Wakchoure	DHO

**Dist. Insurance Sub-committee is of opinion regarding the cause of Sterilization Death as per following Findings :**

**Pre-operative Care :**

Pluse 84/ min      BP 120/80.MmHg      PA 120/72  
PV NA      RS 18/m      CBS NA

**Pre-operative Investigation :**

HB - 10    Blood Sugar - Nil      Urine Albuin -Nil.

Operative Procedure : (Mention if any Complication had happend)  
Operative Procedure done under aseptic measurement with under local anesthesia bi-lateral tubaligation by modify pomeroys method

**Post Operative Care :**

Pluse - 84/m      BP - 124/80 mmhg  
RS - 20/m      CBS -NA

Date of Discharged : 25/05/2016.

After Complication time of referral      NA  
Place of Referral      NA  
Symptoms before referral      NA  
Time , Date & Name of Institutes where patient is admitted      NA  
Treatment Given :      NA  
Described Complications      NA

Time, Place of Death : on the way to hospital from home at 8.30 p.m.  
on 26/05/2016

Cause of Death (Suspected)

Death due to cardiac respiratory arrest with asphexia due to her h/o  
c.o.p.d.with septic shock with cardiac shock

Cause of Death as per P M Report : P M not done



## Observations & Suggestions

Sr. No.	Observations	Suggestions
1	Before patient admit to identify without any complication	Proper selection of case by ANM & MPW
2	Pre operative check properly by medical officer	Before admission all vital parameters properly check by MO
3	Pre operative check properly by Lab Investigation	Before admission properly check by Lab Investigation.
4	After procedure (operative) to check $\frac{1}{2}$ an hours after 24 hrs.	After procedure routinely check all vital parameters by MO & All Staff.
5	After pre off daily twice a time to check by MO	After pre off MO should check twice a time daily up to 7 days

Dist. Insurance Sub-committee Meeting is held on 02/06/2016 to investigate FP Sterilization Death & is on opinion that death is related with Minilap sterilization.

This death is attributable / non attributable to family planning sterilization operation. (If Death is attributable than Ex-Gratia financial assistance of Rs.2,00,000/- is recommended following

legal heirs of deceased Smt. Anita Ravindra Sonawane through RCH PIP Year 2016-17 as per G.R. dt. 18.7.2016 as patient expired within 8 days after Minilap sterilization operation in RH Yeola from District Integrated Society ZillaParishad Nashik under revised Family Planning Indemnity Scheme

Signatures & Designation of Chairman & all Members

## 8) Smt. Kamal Ughade, Nashik - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Name of Deceased	Male / Female	Kamal ManiramUghade
Age		27 Year
Address		Village : KhadkedTal.Igatpuri Dist. Nashik
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	PHC KhedTal.Igatpuri Dist. Nashik
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	Minilap
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	Interval Sterilization 7Month After Delivery
was written consent taken	Yes/ No	Yes
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	Local Inj. Xylocaine 1%
Name of Anesthetist	<b>Mention Qualification</b>	MBBS
Date of Operation	(Whether Camp/ Fixed day Static) ( <b>Mention No. of cases operated &amp; Sr. No. of this patient</b> )	24/06/2016
Name of Surgeon		Dr.Hitendra Gaikwad
Qualification of Surgeon	(Trained or Not) ( <b>Mention no. of surgeries performed</b> )	MBBS Trained
Date & Time of Death		01/07/2016 6.10 AM
Place of Death	(Health Facility Pvt. or Govt/Home/on the way to hospital)	Civil Hospital Nashik

## 8) Smt. Kamal Ughade, Nashik - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pulse, BP, HP, fitness opinion)</li> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	<ul style="list-style-type: none"> <li>• Pulse - 76/ min BP- 120/80 Fit</li> <li>• Inj. Atropine 0.6 mg/im</li> <li>• Inj. Phenargan 50mg/im</li> <li>• Inj. Pentazocine 25 mg/im</li> <li>• No</li> <li>• GC Fair, Afebrile</li> </ul>
Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, symptoms after complications</li> </ul>	<ul style="list-style-type: none"> <li>• 30/06/2016 11.30 am Shifted to Pavan Hospital Ghoti &amp; Transferred to Civil Hospital, Nashik, at 3.15 PM, Treatment Given- IV RL 2, IV NS 2, IV Dexa/Ranitidine/Metro</li> <li>• Breathlessness, Fiver, Vomiting, Lose motion</li> </ul>
Cause of Death	<ul style="list-style-type: none"> <li>• Underlying / Primary Cause of Death</li> <li>• Opinion as per Hospital were death has occurred</li> </ul>	Viscera Preserved/ Opinion Reserved
PM Report	<ul style="list-style-type: none"> <li>• PM done Yes/No</li> <li>• If Yes, Confirmed cause of death as per PM Report</li> <li>• Mention IMP findings of PM Report</li> </ul>	<p>Yes</p> <p>Viscera preserved for further opinion</p> <p>Stomach full of semi digested food particles along with watery fluid, liver wt around 1200 g, with congested surfaces</p>
QA Report	<ul style="list-style-type: none"> <li>• Date of Meeting held</li> <li>• Minutes of meeting done YES/NO</li> <li>• Cause of Death</li> <li>• Observations</li> <li>• Suggestions for</li> </ul>	<p>25/08/2016</p> <p>Yes</p> <p>Viscera Preserved/ Opinion Reserved</p>

## 8) Smt. Kamal Ughade, Nashik - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
	<p>improvement</p> <ul style="list-style-type: none"> <li>Approved to pay ex-gratia to legal heirs (50,000- or 2,00,000/-)</li> </ul>	<ul style="list-style-type: none"> <li>Approved to pay ex-gratia to legal heirs 2,00,000/-</li> </ul>
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	Yes
Compensation given	Mentions details about RTG's or Cheque No. to legal heirs (50,000 or 2,00,000/-)	Cheque No.081782,081783,081785
Action Taken	<ul style="list-style-type: none"> <li>If any one is formed to be negligent (Mention what actions are taken)</li> </ul>	No
Remedial action initiated for correction		No

## Annexure – 12. Death Notification Form

**Instructions:** The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the district quality assurance committee (DQAC) within 24 hours of death. The information is to be provided mandatorily.

1	Date of this report (D/M/Y)	07/07/2016
2	Date of death (D/M/Y)	01/07/2016
3	Name of the deceased	Kamal ManiramUghade
4	Age	27Year
5	Sex	Female
6	Address of the deceased	A/P Khadked Tal. Igatpuri District Nashik
7	Name of husband/father	ManiramBhauUghade
8	Where procedure performed (specify the name of the site) (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>•Camp</li> <li>•PPCenter<b>PHCKhed Tal Igatpuri</b></li> <li>•DistrictHospital</li> <li>•MedicalCollege</li> <li>•AccreditedPrivate/NGOFacility</li> </ul>
9	Type of procedure A. Female Sterilization (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>•Postpartum</li> <li>•<b>Minilap</b></li> <li>•Laparoscopy</li> <li>•AnyOther</li> </ul>
	B. Male Sterilization (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>• Conventional.....</li> <li>• NSV.....</li> </ul>
	C. Other with MTP/CS,etc (P) <i>Tick the option</i>	Yes/No If yes,givedetails <b>Previous LSCS</b>
10	Date of sterilization procedure	D/M/Y... <b>24/06/2016</b>
11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s), beginning with the initial	<ul style="list-style-type: none"> <li>• 30/06/2016 11.30 am Shifted to Pavan Hospital Ghoti&amp; Transferred to Civil Hospital, Nashik, at 3.15 PM, Tretment Given- IV RL 2, IV NS 2, IV Dexa/Ranitidine/Metro</li> <li>• Breathlessness, Fiver, Vomiting,</li> </ul>

12	Cause of death	<b>Viscera Preserved opinion reserved</b>
13	Contributing factor, if any	-----
14	Postmortem examination performed?	Yes
15	Name and designation of surgeon who performed the sterilization	Dr.HitendraGaikwad, MBBS Trained
16	Name and Institution where death occurred	Civil Hospital Nashik
17	Name and designation of reporting officer	District Health Officer, ZilhaParishad, Nashik

**Name:** ..... **Designation**  
.....

**Date** ..... **Signature**  
.....



Fill this soft copy with information and also send scanned sign copy of this annexure.

## Annexure - 13 (Proforma for Death following Sterilization)

**Instructions:** The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available, shall be

1	Date of this report (D/M/Y) Type of Institution where the death occurred (P) <i>Tick the option</i>	07/07/2016  <ul style="list-style-type: none"> <li>• Camp</li> <li>• PPCentrePHCKhed</li> <li>• PHC/CHC</li> <li>• District Hospital</li> <li>• MedicalCollegeHospital</li> <li>• Accreditedprivate/NGO Facility</li> </ul>
2	Name of the person filling out the report Designation Signature	Dr.HitendraGaikwad, MBBS Trained
3	Date of Sterilization (D/M/Y)	24/06/2016
4	Location where the procedure was performed (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>• Camp</li> <li>• PPCentrePHCKhed</li> <li>• PHC/CHC</li> <li>• DistrictHospital</li> <li>• MedicalCollegeHospital</li> <li>• Accreditedprivate/NGOFacility(Alsos pecifythenameofthefacility</li> </ul>
5	Type of surgical approach (P) <i>Tick the option</i>	• <b>Minilap</b>
6	Date of death	..01/07/2016
7	Time of death	..:10 am

## Client Details

8	Name	Kamal ManiramUghade
9	Age	27Year
10	Sex	Female
11	Spouse Name	ManiramBhauUghade
12	Address	<b>Khadked Tal. Igatpuri</b>
13	Relevant past medical history	<b>Previous LSCS</b>
14	Pertinent postoperative physical and laboratory findings	GC Fair, Afebrile

## Sterilization

15	Timings of procedure (Females only) as per standard (P) Tick the option	<ul style="list-style-type: none"> <li>• Interval(42 days or more after delivery or abortion) After 7 months of delivery</li> </ul>
16	Type of anaesthesia (P) Tick the option	<ul style="list-style-type: none"> <li>• Local Inj. Xylocaine 1%                             <ul style="list-style-type: none"> <li>• Inj. Atropine 0.6 mg/im</li> <li>• Inj. Phenargan 50mg/im</li> <li>• Inj. Pentazocine 25 mg/im</li> </ul> </li> </ul>
17	Endotracheal Intubation	No
18	List all anaesthetic agents, analgesics, sedatives and muscle relaxants	Time given- 11.20 AM <ul style="list-style-type: none"> <li>• Drug Name Dosage Route</li> <li>• Inj. Atropine 0.6 mg/im</li> <li>• Inj. Phenargan 50mg/im</li> </ul> Inj. Pentazocine 25 mg/im
19	Vital signs during surgery	Time 11.50 AM BP 120/80 Pulse 72/Min Resp
20	Duration of surgery	Time of starting 11.50 am Time of closure 12.20 pm Total Time spent 30 min

21	Vital signs after surgery	Time 12.30 PM BP 120/80 Pulse 72 /Min
22	Emergency equipments/ drugs available in facility as per standards	Available
23	Overall Comments	-----
24	Name and signature of operating	Dr.HitendraGaikwad

**Name .....** **Designation .....**

**Date .....**

## Annexure - 14 (Proforma for Conducting Audit of Death)

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

### Details of the deceased

1	Name	Kamal ManiramUghade
2	Age	27Year
3	Sex	Female
4	Name of Spouse (his or her age)	ManiramBhauUghade
5	Address of the deceased	Khadaked Tal .Igatpuri
6	Number of living children( with details concerning age and sex)	2 Male 1) 4 Year 2) 7 Months
7	Whether operation was performed after delivery or otherwise	After 7 Months Delivery
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	Dr.Mejale, Private Hospital Ghoti
9	Whether tubectomy operation was done with MTP	No
10	Whether written consent was obtained before the operation	23/06/2016
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	fixed day static procedure at the institution

### Details of operations

12	Place of operation	PHC Khed
13	Date and time of operation	24/06/2016
14	Date and time of death (D/M/Y)	01/07/2016
15	Name of surgeon	Dr.HitendraGaikwad
16	Whether surgeon was empanelled	Yes
17	If the operation was performed at a camp who primarily screened the	Yes

18	Was the centre fully equipped to handle any emergency	Yes
19	Number of clients admitted and number of clients operated upon	7/7
20	Did any other client develop complications? If so, give details of	No

### Anaesthesia/Analgesia

21	Name of the Anaesthetist, if	NA
22	Details of anesthesia drugs used	Lignocaine 1% Atropine, pentazocinphenargoan
23	Types of anesthesia/analgesia/sedation	Sedation
24	Post-operative complications (according to sequence of events)	-----
	A. Details of symptoms and signs	-----
	B. Details of laboratory and other investigations	Hb 11gm, upt Negative urine alb- tres/Sugar nil
	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	IV Metro, IV D 5%, Inj. Txim IV RL , IV NS, IV Ranetedin / Dexa Tab. Para/Rantac Tab.Cipro

### Details of Death Audit

25	Cause of death (Primary Cause)	<b>Viscera Preserved opinion reserved</b>
26	Has postmortem been done? If yes,	<b>Yes</b>
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	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?	-----
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	-----
35	Action proposed to be taken	-----

**Name** ..... **Designation**  
.....

**Date** ..... **Signature**  
.....

**Note:** If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.



Sr. No.	Name of Members	Designation
1	Shree MilindShambhakar	CEO
2	Dr.SureshJagdale	CS
3	Dr.RavindraChoudhari	DRCHO
4	Dr. VarshaLahade	Gyn.
5	Dr.Bansode	Gen. Surgeon
6	Dr.SachinPawar	Anesthetic
7	Dr.Bardapurkar	BTO
8	Dr.L.R.Bhoye	MO NMC
9	DR. S. S. Wakchoure	DHO



Dist. Insurance Sub-committee is of opinion regarding the cause of Sterilization Death as per following Findings :

Pre-operative Care :

Pulse 74/m BP 110/70 mmhg PA Non tender non rigid  
PV no discharge RSa.e.b.e. CBS NA

Pre-operative Investigation :

HB 10 mg Blood Sugar Nill Urine AlbuinNill

Operative Procedure : (Mention if any Complication had happend)  
Operative Procedure done under aseptic measurement with under local anesthesia bi-lateral tubalisation by modify pomeroys method

Post Operative Care :

Pluse ...96/M BP ...90/70 mmhg  
RS ...Breathlessness. CBS NA

Date of Discharged : NA

After Complication time of referral : -----

Place of Referral : DH Nashik

Symptoms before referral : Breathlessness, noushavomating With Hypotension

Time , Date & Name of Institutes where patient is admitted :  
30/06/20166.15pm.

DHNashik

Treatment Given : Inj. monocef inj metro inj Rentac IV-RL, NS

Described Complications NA

Time, Place of Death 01/07/2016 ...06:10am DH Nashik

Cause of Death : **Viscera preserved opinion reserved**

Cause of Death as per P M Report **Viscera preserved opinion reserved**

## Observations & Suggestions

Sr. No.	Observations	Suggestions
1	Before patient admit to identify without any complication	Proper selection of case by ANM & MPW
2	Pre operative check properly by medical officer	Before admission all vital parameters properly check by MO
3	Pre operative check properly by Lab Investigation	Before admission properly check by Lab Investigation.
4	After procedure (operative) to check ½ an hours after 24 hrs.	After procedure routinely check all vital parameters by MO & All Staff.
5	After pre off daily twice a time to check by MO	After pre off MO should check twice a time daily up to 7 days

Dist. Insurance Sub-committee Meeting is held on 25/08/2016 to investigate FP Sterilization Death & is on opinion that death is related with Minilap sterilization

This death is attributable / non attributable to family planning sterilization operation. (If Death is attributable than Ex-Gratia financial assistance of Rs. 2,00,000/- is recommended following legal heirs of deceased Smt. Kamal ManiramUghade through RCH PIP Year 2016-17 as per G.R. dt. 18.7.2016 as patient expired within 7 days after Minilap sterilization operation in DH Nashik from District Integrated Society Zilla Parishad Nashik under revised Family Planning Indemnity Scheme

Signatures & Designation of Chairman & all Members

## 9) Smt. Sonali Dhule, Nashik - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Name of Deceased	Male / Female	Smt. Sonali Sunil Dhule
Age		24Yr
Address		At post :OzeTalukaDindori, DistNashik
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	Operation started at PHC Nigdol, Tal.Dindori Dist. Nashik by minilap approach after complication referred to DH Nashik where TL done by laparotomy.
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	Minilap approach at PHC but after complication referred to DH Nashik where TL done by laparotomy.
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	20 Days after Delivery
was written consent taken	Yes/ No	Yes
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	At PHC level Local Inj. Xylocaine 1% <ul style="list-style-type: none"> <li>• Inj. Atropine 0.6 mg/im</li> <li>• Inj. Phenargan 50mg/im</li> <li>• Inj. Pentazocine 25 mg/im</li> </ul>
Name of Anesthetist	<b>Mention Qualification</b>	At PHC Dr.Shewale V T, MBBS At DH Nashik:Dr. Nilam MBBS MD
Date of Operation	(Whether Camp/ Fixed day Static) ( <b>Mention No. of cases operated &amp; Sr. No. of this patient</b> )	Fixed day Static, Number of Cases operated on the day were 6 this case was 3 <sup>rd</sup> 26.05.2016
Name of Surgeon		Dr.Shewale V T, MBBS
Qualification of Surgeon	(Trained or Not) ( <b>Mention no. of surgeries</b> )	Trained, 25 cases peformed

## 9) Smt. Sonali Dhule, Nashik - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn performed)	Information
Date & Time of Death		28/05/2016 10.45 AM
Place of Death	(Health Facility Pvt. or Govt/Home/on the way to hospital)	Civil Hospital Nashik
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pulse, BP, HP, fitness opinion)</li> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	<ul style="list-style-type: none"> <li>• Pulse - 74/ min BP- 110/70 Resp 24/Min, Fit Local Inj. Xylocaine 1%</li> <li>• Inj. Atropine 0.6 mg/im</li> <li>• Inj. Phenargan 50mg/im</li> <li>• Inj. Pentazocine 25 mg/im</li> <li>• TL Not Done</li> <li>• Yes, Profuse Bleeding after incision</li> <li>• Patient referred to DH nashik</li> </ul>
Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, symptoms after complications</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Stable, profuse bleeding after icsion at PHC NigdolShifted to Civil Hospital Nashik at 2.30 pm on 26/05/2016 ,IV RL, IV Haemaccel, Conscious pulse -78/min BP-110/80</li> </ul>
Cause of Death	<ul style="list-style-type: none"> <li>• Underlying / Primary Cause of Death</li> <li>• Opinion as per Hospital were death has occurred</li> </ul>	Hypovolumic Irreversible Shock with DIC
PM Report	<ul style="list-style-type: none"> <li>• PM done Yes/No</li> <li>• If Yes, Confirmed cause of death as per PM Report</li> <li>• Mention IMP findings of PM Report</li> </ul>	<p>Yes</p> <p>Viscera Preserved Opinion Reserved</p> <p>Peritoneal cavity contains around 200ml of haemorrhagic fluid mixed with blood clots, pieces of liver, lungs, spleen,</p>

## 9) Smt. Sonali Dhule, Nashik - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
		kidneys, brain, heart, uterus along with appendages - Histopathology
QA Report	<ul style="list-style-type: none"> <li>• Date of Meeting held</li> <li>• Minutes of meeting done YES/NO</li> <li>• Cause of Death</li> <li>• Observations</li> <li>• Suggestions for improvement</li> <li>• Approved to pay ex-gratia to legal heirs (50,000- or 2,00,000/-)</li> </ul>	QA meeting date: 02/06/2016 Yes Hypovolumic Irreversible Shock with DIC No No Approved to pay ex-gratia to legal heirs 2,00,000/-
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	Yes
Compensation given	Mentions details about RTG's or Cheque No. to legal heirs (50,000 or 2,00,000/-)	Cheque No. 29761,29762,29763,29764
Action Taken	<ul style="list-style-type: none"> <li>• If any one is formed to be negligent (Mention what actions are taken)</li> </ul>	Yes, Suspension of Medical officer NigdolDr. V T Shewale&Dr.AshokNikam.
Remedial action initiated for correction		No

## Annexure – 12. Death Notification Form

**Instructions: The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the district quality assurance committee (DQAC) within 24 hours of death. The information is to be provided mandatorily.**

1	Date of this report (D/M/Y)	31/05/2016
2	Date of death (D/M/Y)	28/05/2016
3	Name of the deceased	Smt.Sonali Sunil Dhule
4	Age	24Year
5	Sex	Female
6	Address of the deceased	Village Oze Tal Dindori, DistNashik
7	Name of husband/father	ShriSunil KantaramDhule
8	Where procedure performed (specify the name of the site) (P) <i>Tick the option</i>	PHC Nigdol procedure started after complication patient referred to DH nashik where TL done after laparotomy.
9	Type of procedure A. Female Sterilization (P) <i>Tick the option</i>	Minilap procedure at PHC Nigdol but after complication reffered to DH Nashik where laparotomy with TL done.
	B. Male Sterilization (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>• Conventional.....</li> <li>• NSV.....</li> </ul>
	C. Other with MTP/CS,etc (P) <i>Tick the option</i>	No
10	Date of sterilization procedure	26/05/2016
11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s), beginning with the initial identification of the problem until the occurrence of death. Whenever possible record the time and date of each incident.( Use an appropriate additional	Profuse Bleeding incision at PHC Nigdol by Dr. VAndanaShewale. Patient Shifted to Civil Hospital Nashik at 2.30 pm IV RL, IV Haemaccel, Concious pulse -78/min BP-110/80 where laparotomy with TL done by Dr. VarshaLahade on 26/05/2016. Complication of tubectomyhemoperitonium was treated haemostasis achieved. Blood transfusion was given by DrVarshaLahade (gynecologist) and DrPatil (Surgeon)Patient died on 28/05/2016 at DH Nashik due to hypovolemic irreversible shock.
12	Cause of death	Hypovolumic Irreversible Shock with DIC

13	Contributing factor, if any	No
14	Postmortem examination performed?	Yes
15	Name and designation of surgeon who performed the sterilization	Procedure was started at PHC Nigdol by Dr. VandanaShewaleAfter complication patient
16	Name and Institution where death occurred	Civil Hospital Nashik
17	Name and designation of reporting officer	District Health Officer Nashik

Name: ..... Designation  
 .....

Date ..... Signature  
 .....

**Fill this soft copy with information and also send scanned sign copy of this annexure.**

<b>Annexure - 13 (Proforma for Death following Sterilization)</b>		
<b>Instructions: The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records</b>		
1	Date of this report (D/M/Y) Type of Institution where the death occurred (P) Tick the option	28/05/2016  • District Hospital
2	Name of the person filling out the report Designation Signature	Dr. VandanaShevale M.O.P.H.C. Nigdol
3	Date of Sterilization (D/M/Y)	26/05/2016



4	Location where the procedure was performed (P) Tick the option	Procedure started at PHC Nigdol by minilap approach. Profuse Bleeding incision, TL Not Done Shifted to Civil Hospital Nashik at 2.30 pm IV RL, IV Haemaccel, Conceious pulse -78/min BP-110/80
5	Type of surgical approach (P) Tick the option	<ul style="list-style-type: none"> <li>• Procedure started at PHC Nigdol by minilap approach but after complication referred to DH Nashik where</li> </ul>
6	Date of death	28./05/2016
7	Time of death	10.45 am

## Client Details

8	Name	Smt.Sonali Sunil Dhule
9	Age	24Yrs
10	Sex	Female
11	Spouse Name	Shri. Sunil KantaramDhule
12	Address	Village: OzeTalukaDindori, DistNashik
13	Relevant past medical history	No
14	Pertinent postoperative physical and laboratory findings	Blood transfusion Given GC Moderate Pallor+++ BP 106/66

## Sterilization

15	Timings of procedure (Females only) as per standard	20 Days after Delivery
16	Type of anaesthesia (P) Tick the option	<p>At PHC Nigdol Local Inj. Xylocaine 1%</p> <ul style="list-style-type: none"> <li>• Inj. Atropine 0.6 mg/im</li> <li>• Inj. Phenargan 50mg/im</li> <li>• Inj. Pentazocine 25 mg/im</li> <li>• After complication IVHaemaccel, Conceious pulse -78/min BP-110/80.</li> <li>• Shifted to Civil Hospital Nashik at 2.30 pm IV RL where laparotomy done under GA,</li> </ul>
17	Endotracheal Intubation	Yes

18	List all anaesthetic agents, analgesics, sedatives and muscle	Inj. Ketamine 200 mg Inj.Scoline 100 mg
19	Vital signs during surgery	Time 6.15 PM BPsystolic 80mmHg.Pulse 126/
20	Duration of surgery	Laporotomy done at DH Nashik Time of Laporotomy6.15 PM starting 6.15 pm Time of closure 10.00 pm Total Time 3.45 min
21	Vital signs after surgery	Time10.00 PM BP 106/66 Pulse 120/mINResp Rate Normal
22	Emergency equipments/ drugs available in facility as per standards	Available
23	Overall Comments	
24	Name and signature of operating	At PHC Dr. VandanaSHewale And DH

**Name .....**      **Designation .....**

**Date .....**

## Annexure - 14 (Proforma for Conducting Audit of Death)

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

### Details of the deceased

1	Name	Smt.Sonali Sunil Dhule
2	Age	24Year
3	Sex	Female
4	Name of Spouse (his or her age)	Sunil KantaramDhule 26Yer
5	Address of the deceased	Village Oze Tal Dindori, DistNashik
6	Number of living children( with details concerning age and sex)	Total 3 children , first male child age 4 yrs, second female child age 2 yrs, third female child 20 Days
7	Whether operation was performed after delivery or otherwise	20 Days
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	Date of delivery: 15/05/2016 place: PHC Nigdol Type: normal delivery Person conducted delivery: ANM
9	Whether tubectomy operation was done with MTP	No
10	Whether written consent was obtained before the operation	Yes 26/05/2016
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	fixed day static procedure

### Details of

12	Place of operation	PHC Nigdol operation started but after
13	Date and time of operation (D/M/Y)	Date: 26/05/2016 time: 6:15 pm
14	Date and time of death (D/M/Y)	Date: 28/05/2016 time: 10:45 am
15	Name of surgeon	DrVandanaShewale at PHC Nigdol and DrVarshaLahade at DH Nashik
16	Whether surgeon was empanelled or	Yes
17	If the operation was performed at a camp who primarily screened the	Yes

18	Was the centre fully equipped to handle any emergency complications	Yes
19	Number of clients admitted and number of clients operated upon on the day of surgery	On the day of static camp at PHC Nigdol 6 cases were admitted for TL. Present case was posted for operation at number 3. After complication the case referred to DH
20	Did any other client develop complications? If so, give details of	No

## Anaesthesia/Analgesia/

21	Name of the Anaesthetist, if present	At PHC lvelDr. VandanaShewale. After complication refreedrto DH Nashik where Dr. NilamWagmare was anesthetist.
22	Details of anesthesia drugs used	At PHC Nigdol Local Inj. Xylocaine 1% <ul style="list-style-type: none"> <li>• Inj. Atropine 0.6 mg/im</li> <li>• Inj. Phenargan 50mg/im</li> <li>• Inj. Pentazocine 25 mg/im</li> <li>• Shifted to Civil Hospital Nashik after complication at 2.30 pm IV RL where laparotomy done with TL under GA</li> <li>• Inj. Ketamine 200 mg</li> </ul>
23	Types of anesthesia/ analgesia /sedation	Local anesthesia at PHC and GA at DH Nashik
24	Post-operative complications (according to sequence of events)	Profused Incisional Bleeding started at PHC Nigdol after that patient shifted to Civil Hospital Nashik
	A. Details of symptoms and signs	Profused Incisional Bleeding
	B. Details of laboratory and other investigations	BT Given, VDRL, HIV, Blood Group, CBC
	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	26/05/2016 10.00 Pm Dopamin Drip, Norethi Drip, BT 2 , DNS 2, RL 1, InjClavum/Metro 27/05/2016 ct all PCV 1, FFP 1 28/05/2016 ct all O2

## Details of Death Audit

25	Cause of death (Primary Cause)	HypovolumicIrreversible Shock with DIC
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	ADHO,DHO, Z.P.NASHIK,THO DINDORI
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes
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	Nil

**Name** ..... **Designation** .....

**Date** ..... **Signature** .....

**Note:** If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.

## District Insurance Sub-Committee Report of FP

### Sterilization Death

Deat of Holding Dist. Insurance Sub-committee Meeting 02/06/2016.

Name of Deceased : Smt. Sonali Sunil Dhule Age: 24 yes resident of Ozhe Taluka Dindori Dist Nashik

Date & Time of Admission : 26/05/2016 at 3.50 p.m. Date & time of Operation : 26/05/2016 at 1.30 p.m. Place of Operation : DH Nashik

e) PHC Hospital  
b) RH,SDH  
c) Woman

d) District Hospital  
e) Corporation Hospital  
f) Medical College

g) Govt. Hospital  
h) Any Other (Specify.....)

m) Pvt. Nursing Home (Accredited/ Non accredited)

Type of Operation : Minilap/Laporotomy after complication (Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)

Date, Time & Place of Death : 28/05/2016 at 10.45 a.m.

**Dist. Insurance Sub-committee Meeting is conducted on dt. 02/06/2016 under the Chairmanship of Resp. CEO sir & following members were present.**

Sr. No.	Name of Members	Designation
1	Shree MilindShambhakar	CEO
2	Dr.SureshJagdale	CS
3	Dr.RavindraChoudhari	DRCHO
4	Dr. VarshaLahade	Gyn.
5	Dr.Bansode	Gen. Surgeon
6	Dr.SachinPawar	Anesthetic
7	Dr.Bardapurkar	BTO
8	Dr.L.R.Bhoye	MO NMC
9	DR. S. S. Wakchoure	DHO

Dist. Insurance Sub-committee is of opinion regarding the cause of Sterilization Death as per following Findings :

Pre-operative Care :

Pulse 74/m BP 110/70 mmhg PA Non tender non rigid  
PV no discharge R Sa.e.b.e. CBS NA

Pre-operative Investigation :

HB 10 mg Blood Sugar Nil Urine Albumin Nil

Operative Procedure : (Mention if any Complication had happened)  
Operative Procedure done under aseptic measurement with under local anesthesia after incision profuse bleeding started at PHC Nigdol. Patient shifted to DH Nashik for further management and treatment. At DH Nashik laparotomy with TL done. Patient died on 28/05/2016 at 10:45 am.

Post Operative Care :

Pluse 20/M BP 106/66 mmhg  
R Sa.e.b.e. CNS NA CVS S1S2 normal

Date of Discharged : patient died at DH Nashik

After Complication time of referral : 2:30 pm on 26/05/2016

Place of Referral : DH Nashik

Symptoms before referral : bleeding after incision

Time , Date & Name of Institutes where patient is admitted :

26/05/2016 at 3:50 pm

Treatment Given : laparotomy and TL done after hemostasis achieved.

Described Complications : hemorrhagic shock

Time, Place of Death : 28/05/2016 10:45 am DH Nashik

Cause of Death : **Viscera preserved opinion reserved**

Cause of Death as per P M Report : **Viscera preserved opinion reserved**

## Observations & Suggestions

Sr. No.	Observations	Suggestions
1	Before patient admit to identify without any complication	Proper selection of case by ANM & MPW
2	Pre operative check properly by medical officer	Before admission all vital parameters properly check by MO
3	Pre operative check properly by Lab Investigation	Before admission properly check by Lab Investigation.
4	After procedure (operative) to check ½ an hours after 24 hrs.	After procedure routinely check all vital prameters by MO & All Staff.
5	After pre off daily twice a time to check by MO	After pre off MO should check twice a time daily up to 7 days

Dist. Insurance Sub-committee Meeting is held on to investigate FP Sterilization Death & is on opinion that death is related with Minilap sterilization



This death is attributable / non attributable to family planning sterilization operation. (If Death is attributable than Ex-Gratia financial assistance of Rs. 2,00,000/- is recommended following legal heirs of deceased Smt. Sonali Sunil Dhule through RCH PIP Year 2016-17 as per G.R. dt. 18.7.2016 as patient expired within 2 days after Minilap sterilization operation in DH Nashik from District Integrated Society Zilla Parishad Nashik under revised Family Planning Indemnity Scheme

Signatures & Designation of Chairman & all Members

### 10) Smt. Vandana Kale, Parbhani - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Name of Deceased	Male / Female	Smt. Vandana Kale
Age		30years
Address		At.Sonna,Tq.Selu,Dist.Parbhani
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	PHC Aadgaon,Tq.Jintur,Dist.Parbhani.
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	Minilap Tubectomy
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	5 Days after MC period
was written consent taken	Yes/ No	Yes
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	Local 1% zylocaine-10ml
Name of Anesthetist	<b>Mention Qualification</b>	M.O.-M.B.B.S.
Date of Operation	(Whether Camp/ Fixed day Static) ( <b>Mention No. of cases operated &amp; Sr. No. of this patient</b> )	09/11/2016
Name of Surgeon		Dr.Alim Ansri
Qualification of Surgeon	(Trained or Not) <b>(Mention no. of surgeries performed)</b>	Trained. No.of surgeries-year2013-2014=115cases Year2014-2015=285cases Year2015-2016=108cases
Date & Time of Death		Date-12/11/2016,Time-11:10am

## 10) Smt. Vandana Kale, Parbhani - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Place of Death	(Health Facility Pvt. or Govt/Home/on the way to hospital)	Apeksha Hospital,Station Road,Nanded.
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pulse, BP, HP, fitness opinion</li> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	<ul style="list-style-type: none"> <li>• Pulse-70/ min,.</li> <li>• BP-130/80mmhg.</li> <li>• HB-10.5%.</li> <li>• Temp-AF.</li> <li>• Urine&lt;A- -S- -.</li> </ul> <p>UPT= -Ve</p>
Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, symptoms after complications</li> </ul>	<ul style="list-style-type: none"> <li>• at 7:00pm ,Civil Hospital ,Parbhani.</li> <li>• HB-10.4%, TLC-7000, PLT-2.002, BIL-0.9, BSL-80.</li> <li>• IV-5%1</li> <li>• Then after patient refer to Nanded.</li> </ul>
Cause of Death	<ul style="list-style-type: none"> <li>• Underlying / Primary Cause of Death</li> <li>• Opinion as per Hospital were death has occurred</li> </ul>	Death due to Septicimia.
PM Report	<ul style="list-style-type: none"> <li>• PM done Yes/No</li> <li>• If Yes, Confirmed cause of death as per PM Report</li> <li>• Mention IMP findings of PM Report</li> </ul>	<p>YES.</p> <p>Septicama in an opercted case of intestinan perforation of post tobal ligation however organs kept for histopath logical examination.</p>
QA Report	<ul style="list-style-type: none"> <li>• Date of Meeting held</li> <li>• Minutes of meeting done YES/NO</li> <li>• Cause of Death</li> <li>• Observations</li> <li>• Suggestions for improvement</li> </ul>	<p>12/11/2016</p> <p>YES</p> <p>Septicemia in an operated case for intestinal perforation of post tubal ligation.</p>

**10) Smt. Vandana Kale, Parbhani - Brief case history of Death Case**

<b>Point</b>	<b>Choose Options from following &amp; follow guidelines to fill information Coloumn</b>	<b>Information</b>
	<ul style="list-style-type: none"><li>• Approved to pay ex-gratia to legal heirs (50,000- or 2,00,000/-)</li></ul>	2,00,000/-
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	YES
Compensation given	Mentions details about RTG's or Cheque No. to legal heirs (50,000 or 2,00,000/-)	50,000/- Cheque gave to Mr.Pramod Kale on date 19/11/2016. Cheque No.50002
Action Taken	<ul style="list-style-type: none"><li>• If any one is formed to be negligent (Mention what actions are taken)</li></ul>	-
Remedial action initiated for correction		-

## Annexure – 12. Death Notification Form

**Instructions:** The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the district quality assurance committee (DQAC) within 24 hours of death. The

1	Date of this report (D/M/Y)	12/11/2016
2	Date of death (D/M/Y)	12/11/2016
3	Name of the deceased	Sow.Vandana Pramod Kale
4	Age	32years
5	Sex	Female
6	Address of the deceased	Sonna,Tq.Selu,Dist.Parbhani.
7	Name of husband/father	Mr.Pramod Aashroba Kale
8	Where procedure performed (specify the name of the site) (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>• Camp.</li> <li>• PP Center - (P)</li> <li>• District Hospital.</li> <li>• Medical College.</li> <li>• Accredited Private/NGO Facility.</li> </ul>
9	Type of procedure A. Female Sterilization (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>• Postpartum.</li> <li>• Minilap - (P)</li> <li>• Laparoscopy.</li> <li>• Any Other.</li> </ul>
	B. Male Sterilization (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>• Conventional -</li> <li>• NSV -</li> </ul>
	C. Other with MTP/CS,etc (P) <i>Tick the option</i>	Yes/No - If yes, give details -
10	Date of sterilization procedure	D/M/Y -09/11/2016
11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s), beginning with the initial	While operating tubal ligation intestinal perforation happened then after exploratory laparotomy with colostomy with hypotension with septic shock.
12	Cause of death	Septicemia in an operated case for intestinal perforation of post tubal ligation.
13	Contributing factor, if any	-
14	Postmortem examination performed?	Yes
15	Name and designation of surgeon who performed the sterilization	Dr.Alim Ansri, Medical Officer,PHC Aadgaon.
16	Name and Institution where death occurred	Apesha Hospital,Station Road.Nanded.

17	Name and designation of reporting officer	Dr.Alim Ansri, Medical Officer,PHC Aadgaon.
----	---	--

Name: ..... Designation .....

Date ..... Signature .....

**Fill this soft copy with information and also send scanned sign copy of this annexure.**

## Annexure - 13 (Proforma for Death following Sterilization)

**Instructions:** The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available,

1	Date of this report (D/M/Y) Type of Institution where the death occurred (P) Tick the option	13/11/2016  <ul style="list-style-type: none"> <li>• Camp.</li> <li>• PPCentre.</li> <li>• PHC/CHC.</li> <li>• District Hospital.</li> <li>• Medical CollegeHospital.</li> <li>• Accredited private/NGO Facility - Apeksha Hospital,Station Raod,Nanded.</li> </ul>
2	Name of the person filling out the report Designation <i>Signature</i>	Dr.Alim Ansri, Medical Officer, PHC Aadgaon.
3	Date of Sterilization (D/M/Y)	09/11/2016
4	Location where the procedure was performed (P) Tick the option	<ul style="list-style-type: none"> <li>• Camp.</li> <li>• PPCentre.</li> <li>• PHC/CHC - (P)</li> <li>• District Hospital.</li> <li>• Medical ollegeHospital.</li> <li>• Accredited private/NGO Facility.</li> </ul> (Also specify the name of the facility-.
5	Type of surgical approach (P) Tick the option	<ul style="list-style-type: none"> <li>• Minilap (P)</li> <li>• Laparoscopy.</li> <li>• Post-Partum Tubectomy.</li> <li>• Conventional Vasectomy.</li> <li>• NSV.</li> <li>• Any other specify.</li> </ul>
6	Date of death	12/11/2016
7	Time of death	11:10AM

### Client Details

8	Name	Sow.Vandana Pramod Kale
9	Age	32years
10	Sex	Female

11	Spouse Name	Mr.Pramod Aashroba Kale
12	Address	At.Sonna,Tq.Selu,Dist.Parbhani.
13	Relevant past medical history	No
14	Pertinent postoperative physical and laboratory findings	Pulse-70/min, BP-110/70mmhg, HB-10.5%, Temp-AF, Urine < A- -

## Sterilization

15	Timings of procedure (Females only) as per standard (P) Tick the option	<ul style="list-style-type: none"> <li>• Upto 7 days postpartum (P)</li> <li>• Interval(42 days or more after delivery or abortion).</li> <li>• With Abortion, Induced or spontaneous <ul style="list-style-type: none"> <li>♦ Less than 12 weeks.</li> <li>♦ More than 12 weeks.</li> <li>♦ Any other specify.</li> </ul> </li> </ul>
16	Type of anaesthesia (P) Tick the option	<ul style="list-style-type: none"> <li>• Local without sedation.</li> <li>• Local with sedation (P)</li> <li>• Spinal/Epidural/General.</li> </ul>
17	Endotracheal Intubation	No
18	List all anaesthetic agents, analgesics, sedatives and muscle relaxants	1) Time given-5:30pm. DrugName-Inj.Atropine. Dosage-1ml. Route-Im. 2) Time given-5:30pm. Drug Name-Inj.Pethidine. Dosage-2ml. Route-Im. 3) Time given-5:30pm. Drug Name-Inj.Phenargen. Dosage-2ml. Route-Im.
19	Vital signs during surgery	Time-6:05pm.BP-120/70mmhg.Pulse-70/min Resp Rate-20/min.
20	Duration of surgery	Time of starting - 5:45pm Time of closure -6:15pm Total Time spent -30min.
21	Vital signs after surgery	Time-6:15pm.BP-110/70mmhg.Pulse-70/min Resp Rate-20/min
22	Emergency equipments/ drugs available in facility as per standards	Available
23	Overall Comments	Modify Pomeroy's Method.
24	Name and signature of operating	Dr.Alim Ansri.

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

Date .....



## Annexure - 14 (Proforma for Conducting Audit of Death)

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

### Details of the deceased

1	Name	Sow.Vandana Pramod Kale
2	Age	32years
3	Sex	Female.
4	Name of Spouse (his or her	Mr.Pramod Aashroba Kale
5	Address of the deceased	At.Sonna ,Tq.Selu, Dist.Parbhani.
6	Number of living children( with details	1) Aniket Pramod Kale , 11 years. 2) Priyanka Pramod Kale , 9 years. 3) Yash Pramod Kale , 7 years.
7	Whether operation was performed after delivery	<b>Otherwise</b>
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the	-
9	Whether tubectomy operation was done with	<b>No</b>
10	Whether written consent was obtained before the	D/M/Y -08/11/2016
11	Whether the operation was done at a camp or as a fixed day static procedure at the	A fix day static procedure at the institute PHC Aadgaon.

### Details of operations

12	Place of operation	PHC Aadgaon.
13	Date and time of operation	Date – 09/11/2016.
14	Date and time of death	Date – 12/11/2016.
15	Name of surgeon	Dr.Alim Ansari.
16	Whether surgeon was	Yes.
17	If the operation was performed at a camp who	Dr.Jamir Shaikh

18	Was the centre fully equipped to handle any	No
19	Number of clients admitted and number of clients	Number of clients admitted – 27. Number of clients operated – 27.
20	Did any other client develop complications? If	One patient develop complication of intestinal perforation .

## Anaesthesia/Analgesia

21	Name of the Anaesthetist, if	No
22	Details of anesthesia drugs used	1% zylocine 10 ml.
23	Types of anesthesia/analgesia/sedation	Local anesthesia
24	Post-operative complications (according to sequence of events)	During the TL operation intestinal perforation after colostomy operation patient in septic shock.
	A. Details of symptoms and signs	Pain in abdomen completion of vomiting.
	B. Details of laboratory and other investigations	Blood Urea-18mgs%,S.Creatine-0.7mgs%,S.Total Biliru-6.6mg%,S.G.O.T.-58IU/Ltr.,S.G.P.T.-70IU/Ltr.,S.Alk.Phos.7.7%kau,S.Sod.-
	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	09/11/2016 -At the PHC at 6:15pm tubectomy operation done then after at 7:00pm patient refer to civil hospital Parbhani than on that day they refer to Medical College,Nanded at 2:18am on date 10/11/2016. Blood Urea-18mgs%,S.Creatine-0.7mgs%,S.Total Biliru-6.6mg%,S.G.O.T.-58IU/Ltr.,S.G.P.T.-70IU/Ltr.,S.Alk.Phos.7.7%kau,S.Sod.-145meg/Ltr,S.Potassium-2.8meg/ltr. Colostomy done.Then after refer at Apeksha Hospital,Station Raod ,Nanded on dated 12/11/2016 at 1:45am.

## Details of Death Audit

25	Cause of death (Primary Cause)	Septicemia in an operated case for intestinal perforation of post tubal ligation,However organs kept for histopathological examination
26	Has postmortem been done? If yes,	Yes
27	Whether first notification of death was sent within 24 hours	No. Because P.M.Report was not received.

28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	1)Chief Excutive Officer -Chairman. 2)District Health Officer -Secretary. 3)Civil Surgeon -Member.
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/No
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**

.....

**Note:** If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.

## 11) Smt. Prema Nirgun, Sindhudurg - Brief case History of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Name of Deceased	Male / Female - Female	PrernaPrashantNirgun
Age		28 yrs.
Address		Kasal, Tal-KudalDist-Sindhudurg
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	SDH Kankavali
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	LSCS with TL
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	At time of LSCS (delivery)
was written consent taken	Yes/ No	Yes
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	Spinal
Name of Anesthetist	<b>Mention Qualification</b>	Dr. S.S. Nadkarni
Date of Operation	(Whether Camp/ Fixed day Static) ( <b>Mention No. of cases operated &amp; Sr. No. of this patient</b> )	4-8-2016
Name of Surgeon		Dr. C.M.Shikalgar
Qualification of Surgeon	(Trained or Not) ( <b>Mention no. of surgeries performed</b> )	DGO
Date & Time of Death		4-8-2016 at 11.00 PM
Place of Death	(Health Facility Pvt. or	SDH Kankavali

## 11) Smt. Prema Nirgun, Sindhudurg - Brief case History of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
	Govt/Home/on the way to hospital)	
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pulse, BP, HP, fitness opinion</li> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	<ul style="list-style-type: none"> <li>• BP 140 / 110</li> <li>• Pulse 82/m</li> <li>• Respiratory Rate 20/</li> <li>• Tab. Pregnasafe 10 mg, Inj. MgSO4 5 gm IM</li> <li>• L.S.C.S. with TL under spinal anaesthesia</li> <li>• Post operativestable,At 8.30 pm c/o breathlessness &amp; sweating</li> </ul>
Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, symptoms after complications</li> </ul>	<ul style="list-style-type: none"> <li>• Not Shifted</li> </ul>
Cause of Death	<ul style="list-style-type: none"> <li>• Underlying / Primary Cause of Death</li> <li>• Opinion as per Hospital were death has occurred</li> </ul>	Pulmonary embolism leading to cardiorespiratory arrest
PM Report	<ul style="list-style-type: none"> <li>• PM done Yes/No</li> <li>• If Yes, Confirmed cause of death as per PM Report</li> <li>• Mention IMP findings of PM Report</li> </ul>	Yes Pulmonary embolism leading to cardiorespiratory arrest Grossly distended Lung tissue.multiple thrombi seen in right lung and pulmonary trunk

## 11) Smt. Prema Nirgun, Sindhudurg - Brief case History of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
QA Report	<ul style="list-style-type: none"> <li>• Date of Meeting held</li> <li>• Minutes of meeting done YES/NO</li> <li>• Cause of Death</li> <li>• Observations</li> <li>• Suggestions for improvement</li> <li>• Approved to pay ex-gratia to legal heirs (50,000- or 2,00,000/-)</li> </ul>	<p>20-9-2016</p> <p>Yes</p> <p>Pulmonary embolism leading to cardiorespiratory arrest</p> <p>Pulmonary embolism</p> <p>Yes</p> <p>Rs. 2,00,000/-</p>
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	No , patient is known case of pregnancy induced hypertension.
Compensation given	Mentions details about RTG's or Cheque No. to legal heirs (50,000 or 2,00,000/-)	YesRs. 50,000 transferred to A/C Shri. PrashantNirgun A/C No. 68006902076 Bank of Maharashtra . Remaining 1,50,000/- paid through Payment Advice No. C101600413403 Dt. 17/10/2016
Action Taken	<ul style="list-style-type: none"> <li>• If any one is formed to be negligent (Mention what actions are taken)</li> </ul>	-
Remedial action initiated for correction		-

## Annexure – 12. Death Notification Form

**Instructions: The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the district quality assurance committee (DQAC) within 24 hours of death.**

1	Date of this report (D/M/Y)	.....05...../...08...../...2016
2	Date of death (D/M/Y)	4/08/2016
3	Name of the deceased	Mrs.PreranaPrashantNirgun
4	Age	28 yr.
5	Sex	Female
6	Address of the deceased	A/P Kasal (Karlewadi),Tal- Kudal, Dist.
7	Name of husband/father	Mr. PrashantJanardanNirgun
8	Where procedure performed (specify the name of the site) (P) Tick the option	<ul style="list-style-type: none"> <li>• Camp.....</li> <li>• PPCenter..... Sub District Hospital Kankawali..... <input type="checkbox"/></li> <li>• DistrictHospital.....</li> <li>• MedicalCollege.....</li> <li>• AccreditedPrivate/NGOFacility.....</li> </ul>
9	Type of procedure A. Female Sterilization (P) Tick the option	<ul style="list-style-type: none"> <li>• Postpartum.....</li> <li>• Minilap..... <input type="checkbox"/></li> <li>• Laparoscopy.....</li> <li>• AnyOther...LSCS with TL</li> </ul>
	B. Male Sterilization (P) Tick the option	<ul style="list-style-type: none"> <li>• Conventional.....</li> <li>• NSV.....</li> </ul>
	C. Other with MTP/CS,etc (P) Tick the option	Yes/No <input type="checkbox"/>
10	Date of sterilization procedure	D/M/Y...4/08/2016
11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s), beginning with the initial	G2 withFTP with pr.LSCS with seivour PIG posted for LSCS on 04/08/2016 with due care .no major intraoperative and post opertative events post operativeBp watch under control however patient suddenly do sweating and collaps at.8.30 pm immidiatly intubation and cpr started
12	Cause of death	Pulmonary embolism leading to cardiorespiratory arrest

13	Contributing factor, if any	PIH
14	Postmortem examination performed?	<input type="checkbox"/> Yes..... .....
15	Name and designation of surgeon who performed the sterilization	Dr. C.M.Shikalgar
16	Name and Institution where death occurred	SDH Kankawali
17	Name and designation of reporting officer	Dr. C.M.Shikalgar , gynecologist

Name: ..... Designation .....

Date ..... Signature .....

**Fill this soft copy with information and also send scanned sign copy of this annexure.**



## Annexure - 13 (Proforma for Death following

**Instructions:** The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available, shall be forwarded with this report to the convener of the DQAC.

1	Date of this report (D/M/Y) Type of Institution where the death occurred (P) <i>Tick the option</i>	.....05...../.....08..... ...../.....2016  • Camp..... ..... • PPCentre..... ..... • PHC/CHC... Sub Dist Hospital Kankawali..... .....
2	Name of the person filling out the report Designation Signature	...DR.C.M.Shikalgar..... .....Medical Officer.....
3	Date of Sterilization (D/M/Y)	4/08/2016
4	Location where the procedure was performed (P) <i>Tick the option</i>	• Camp..... ..... • PPCentre..... ..... • PHC/CHC.....Sub Dist Hospital ..... • DistrictHospital..... .....
5	Type of surgical approach (P) <i>Tick the option</i>	• Minilap..... ..... • Laparoscopy..... ..... • Post- PartumTubectomy.....
6	Date of death	.....04...../...08..... / 2016
7	Time of death	..... 11..... /pm

## Client Details

8	Name	PrernaPrashantNirgun
9	Age	28 years
10	Sex	Female/.....
11	Spouse Name	PrashantJanardanNirgun
12	Address	KasalKarlewadiTal.Kudal
13	Relevant past medical history	
14	Pertinent postoperative physical and laboratory findings	

## Sterilization

15	Timings of procedure (Females only) as per standard (P) Tick the option	<ul style="list-style-type: none"> <li>•Upto 7 days postpartum.....</li> <li>•Interval(42 days or more after delivery or abortion).....</li> <li>.....</li> <li>•With Abortion, Induced or</li> </ul>
16	Type of anaesthesia (P) Tick the option	•Local without sedation.....
17	Endotracheal Intubation	Yes/No.....
18	List all anaesthetic agents, analgesics, sedatives and muscle relaxants	Time given 12.20 pm Drug Nameinj.bupircaine 0.5 Dosage Route 2cc spinal
19	Vital signs during surgery	Time.....pm.....BP130/90 .....Pulse...84.....R

20	Duration of surgery	Time of starting...12.30..... .....pm Time of
21	Vital signs after surgery	Time...2 pm.....BP...140/100.....Pulse
22	Emergency equipments/ drugs available in facility as per standards	Available..... ....
23	Overall Comments	No major intra operative events
24	Name and signature of operating	DR.C.M.Shikalgar

**Name** .....

.....

**Designation**

**Date** .....

## Annexure - 14 (Proforma for Conducting Audit of Death)

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

### Details of the deceased

1	Name	Mrs. Prerana Prashant Nirgun
2	Age	28 yrs
3	Sex	Female
4	Name of Spouse (his or her	Mr. Prashant Janardan Nirgun
5	Address of the deceased	A/P KAsal Tal- Kudal Dist.
6	Number of living children( with details	2 male child (5yrs. & new born)
7	Whether operation was performed after delivery or	During L.S.C.S.
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the	4/08/2016 SDH Kankawali L.S.C.S. Dr. Shikalgar C.M.
9	Whether tubectomy operation was done with	No
10	Whether written consent was obtained before the operation	D/M/Y...4/08/2016
11	Whether the operation was done at a camp or as a fixed day static procedure at the	-

### Details of operations

12	Place of operation	SDhKankawali
13	Date and time of operation	4/08/2016 at 12.55 p.m.
14	Date and time of death	4/08/2016 at 11.00 p.m.
15	Name of surgeon	Dr. Shikalgar C.M.
16	Whether surgeon was	Yes
17	If the operation was performed at a camp who	No
18	Was the centre fully equipped to handle any emergency	Yes

19	Number of clients admitted and number of clients	-
20	Did any other client develop complications? If so, give	-

### Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	Dr.S.S.Nadkarni
22	Details of anesthesia drugs used	Inj.Sensorcai 0.5 % 2 cc
23	Types of anesthesia/analgesia/sedation	spinal
24	Post-operative complications (according to sequence of events)	Post operative stable
	A. Details of symptoms and signs	At 8.30 pm c/o breathlessness & sv
	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	4/08/2016 at 6.30 a.m. Tab. Pregnasafe 10 m 7.00 am Inj. Ampicillin 1 gm,inj.Ranmtac 50 8.30 am Inj. MgSO4 5 gm IM 2.00 p.m. Inj. MgSO4 gm IM 4.00 pm Inj. Diclofenac 3 ml IM 6.00 pm Inj. Lasix 20 mg IV 8.45 pm Inj. Atropin 0.6 mg IV repeated at 9 Inj.Adrenaline 1 ml 9.10 pm,9.20 pm & 9.45 InJ.Dexa 8 mg at 9.20 pm Inj. Hydrocort 100 mg at 9.20 pm Inj. Noradrenaline 4 mg in 100 ml NS at 10

### Details of Death Audit

25	Cause of death (Primary Cause)	Pulmonary embolism leading to ca
26	Has postmortem been done? If yes,	Yes ( P.M. report attached)
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	Dr. S.V. kulkarni, Civil Surgeon
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?	-
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 .....

**Note:** If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.

**District Insurance Sub-Committee Report of FP Sterilization Death**

Deat of Holding Dist. Insurance Sub-committee Meeting 20/09/016  
Name of Deceased : Smt PrernaPrashantNirgun Age: 28 yrs resident of At Post Kasal  
Tal-KudalDist - Sindhudurg  
Date & Time of Admission 3-8-2016 9.45 pm Date & time of Operation 4/8/2016 12.30 PM  
Place of Operation SDHKankawali

- f) PHC Hospital
- b) RH,SDH
- c) Woman
- d) District Hospital
- e) Corporation Hospital
- f) Medical College
- g) Govt. Hospital
- h) Any Other (Specify.....)
- n) Pvt. Nursing Home (Accredited/ Non accredited)

Type of Operation : LSCS With TL

(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)

Date, Time & Place of Death : 4/8/2016 11.00 PM

Dist. Insurance Sub-committee Meeting is conducted on dt. 20/9/2016 under the Chairmanship of Addi. CEO Sindhudurg & following members were present.

Sr. No.	Name of Members	Designation
1	Dr. Y.R. Sale	DHO Sindhudurg
2	Dr. S.V.Kulkarni	Civil Surgeon
3	Dr. G.P. Tarape	Surgeon

Dist. Insurance Sub-committee is of opinion regarding the cause of Sterilization Death as per following Findings :

Pre-operative Care :

Pluse80. BP 130-90 PA 38 weeks gestation

PV .....-..... RS -.....NAD..... CBS -.....NAD.....

Pre-operative Investigation :

HB 12 Blood Sugar Nil Urine Albuin Nil

Operative Procedure : (Mention if any Complication had happend)  
...Elective L.S.C.S. with bilateral tubal ligation .the procedure was uneventful.

Post Operative Care :

Pluse ...72/min..... BP .....140/100 mmHg.....

RS .....NAD..... CBS .....NAD.....

Date of Discharged : .....-.....

After Complication time of referral ..... Not applicable .....

Place of Referral

Symptoms before referral

.....

.....

Time , Date & Name of Institutes where patient is admitted

.....

.....

Treatment Given :

.....

Described Complications

.....

.....



Time, Place of Death 4/08/2016 at 11.00 pm SDH Kankawali

Cause of Death : Pulmonary embolism leading to cardiorespiratory arrest

Cause of Death as per P M Report : Pulmonary embolism leading to cardiorespiratory arrest

### Observations & Suggestions

Sr. No.	Observations	Suggestions
1.	Patient is known case of pregnancy induced hypertension & Onregular treatment.	Early diagnosis of such pregnancy complication & proper management should be done.
2.	Consent And Checklist is available with IPD paper. Government Protocols are followed as per instructions.	Such record should be kept as per instructions.
3.	In the morning of 4/08/2016 Patients B.P. was 160/110 mmHg so Inj.Mgso4 was given. Before Surgery B.P. was 130/90 mmHg. Anesthetic evaluation was done.	Proper monitoring of vitals should be done.

4.	No pre,intra&post operative complication. Procedure was uneventful.	The death was uneventful and unavoidable. QAC recommended that in this case under revised Family Planning Indemnity Scheme (FPIS) Rs.2,00,000/- to be paid through RCH PIP year 2016 to her spouse & 2 children.
5.	At 8.30 pm pt.complained of breathlessness & sweating & suddenly collapsed. After all emergency medication & resuscitative measures died at 11.00pm	
6.	PM findings- Grossly distended lung tissues,multiple thrombi seen in pulmonary trunk & right lung.	

Dist. Insurance Sub-committee Meeting is held on to investigate FP Sterilization Death & is on opinion that Smt. PrernaPrashantNirgun death is following LSCS with TL operation

This death is *attributable* / non attributable to family planning sterilization operation. (If Death is attributable than Ex-Gratia

financial assistance of Rs 2 Lakh is recommended following legal heirs of deceased Shree PrashantJanardanNirgun through RCH PIP Year 2016-17 as per G.R. dt. 18.7.2016 as patient expired within same day after LSCS with TL sterilization operation in SDH Kankavali from District Integrated Society Sindhudurg under revised Family Planning Indemnity Scheme

Signatures & Designation of Chairman & all Members

## 12) Smt. Sangita Kavthekar, Solapur - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Name of Deceased	Male / Female - Female	Smt. Sangita Basavraj Kavthekar
Age		26 yrs
Address		A/p- Goddyaal, Tal. Jankhandi, Dist. Bagalkot
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	PHC Jeur, Tal Akkalkot, Solapur
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	Minilap
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	1 and Half Month PNC
was written consent taken	Yes/ No	Yes
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	Local
Name of Anesthetist	<b>Mention Qualification</b>	Dr. Menthe S.S. (MO PHC Chapalgaon) MBBS
Date of Operation	(Whether Camp/ Fixed day Static) ( <b>Mention No. of cases operated &amp; Sr. No. of this patient</b> )	Fixed Day Static 12 Operations Dt. 20.04.2016
Name of Surgeon		Dr. Menthe S.S. (MO PHC Chapalgaon)
Qualification of Surgeon	(Trained or Not) ( <b>Mention no. of surgeries performed</b> )	Trained (MBBS)
Date & Time of Death		21.04.2016 at 2.14 p.m.

## 12) Smt. Sangita Kavthekar, Solapur - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Place of Death	(Health Facility Pvt. or Govt/Home/on the way to hospital)	Civil Hospital, Solapur
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pulse, BP, HP, fitness opinion)</li> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	<ul style="list-style-type: none"> <li>• Pulse 80/min</li> <li>• BP 110/80 mm Hg</li> <li>• Count taken</li> <li>• Tubectomy done successfully no of complication during surgery</li> </ul>
Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, symptoms after complications</li> </ul>	<ul style="list-style-type: none"> <li>• Paient shifted to civil Hospital Solapur after giddiness &amp; slurred speech after consulting operated surgeon</li> </ul>
Cause of Death	<ul style="list-style-type: none"> <li>• Underlying / Primary Cause of Death</li> <li>• Opinion as per Hospital were death has occurred</li> </ul>	Head injury as per PM Report
PM Report	<ul style="list-style-type: none"> <li>• PM done Yes/No</li> <li>• If Yes, Confirmed cause of death as per PM Report</li> <li>• Mention IMP findings of PM Report</li> </ul>	Yes
QA Report	<ul style="list-style-type: none"> <li>• Date of Meeting held</li> <li>• Minutes of meeting done YES/NO</li> <li>• Cause of Death</li> <li>• Observations</li> <li>• Suggestions for improvement</li> <li>• Approved to pay ex-gratia to legal heirs (50,000- or</li> </ul>	Yes

## 12) Smt. Sangita Kavthekar, Solapur - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
	2,00,000/-)	
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	Yes
Compensation given	Mentions details about RTG's or Cheque No. to legal heirs (50,000 or 2,00,000/-)	FPMS Advice No. C 031615703877, Date 3.6.2016 Rs. 50,000/-
Action Taken	<ul style="list-style-type: none"> <li>• If any one is formed to be negligent (Mention what actions are taken)</li> </ul>	No Not Negligence Found
Remedial action initiated for correction		

## Annexure – 12. Death Notification Form

**Instructions:** The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the district quality assurance committee (DQAC) within 24 hours of

1	Date of this report (D/M/Y)	21/04/2016
2	Date of death (D/M/Y)	21/04/2016
3	Name of the deceased	Mrs. Sangeeta Basappa Kavthekar
4	Age	26 Yrs
5	Sex	Female/Male : Female
6	Address of the deceased	A/p – Goddyal, Tal – Jankhande, Dist.
7	Name of husband/father	Basappa (Basavraj) Sangappa Kavthekar
8	Where procedure performed (specify the name of the site) (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>• Camp: PHC Jeur, Tal- Akkalkote</li> <li>• PP Center.....</li> <li>• District Hospital : Solapur</li> <li>• Medical College.....</li> <li>• Accredited Private/NGO Facility</li> </ul>
9	Type of procedure A. Female Sterilization (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>• Postpartum.....</li> <li>• Minilap : YES</li> <li>• Laparoscopy.....</li> <li>• Any Other.....</li> </ul>
	B. Male Sterilization (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>• Conventional.....</li> <li>• NSV.....</li> </ul>
	C. Other with MTP/CS,etc (P) <i>Tick the option</i>	Yes/No..... If yes, give details.....
10	Date of sterilization procedure	D/M/Y : 20/04/2016
11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s), beginning with the initial	On dt. 20.4.2016 tubectomy done at PHC Jeur. Patient was alright then next day dt. 21.4.2016 at 9 a.m. patient had fever with rigors, Symptomatic treatment given but after consulting with operationally surgeon patient was referred to civil hospital, Solapur at 11 a.m. 21.4.2016
12	Cause of death	As per PM notes cause of death "Head Injury" however Visera Preserved for chemical analysis
13	Contributing factor, if any	No

14	Postmortem examination performed?	Yes/No : Yes
15	Name and designation of surgeon who performed the sterilization	Dr. Menthe S.S. (MO PHC Chapalgaon)
16	Name and Institution where death occurred	Civil Hospital, Solapur Premises
17	Name and designation of reporting officer	Dr. Karajkhede A.S. (MO PHC Jeur)

Name: Dr. Karajkhede A.S.

Designation MO PHC Jeur

Date .....

Signature

.....

**Fill this soft copy with information and also send scanned sign copy of this annexure.**



## Annexure - 13 (Proforma for Death following Sterilization)

**Instructions:** The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available,

1	Date of this report (D/M/Y) Type of Institution where the death occurred (P) <i>Tick the option</i>	22/04/2016 <ul style="list-style-type: none"> <li>• Camp: PHC Jeur, Tal Akkalkot</li> <li>• PPCentre.....</li> <li>.....</li> <li>• PHC/CHC.....</li> <li>.....</li> <li>• District Hospital : Solapur</li> <li>• Medical College</li> </ul>
2	Name of the person filling out the report Designation <i>Signature</i>	Dr. Menthe S.S. Medical Officer
3	Date of Sterilization (D/M/Y)	20/04/2016
4	Location where the procedure was performed (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>• Camp: PHC Jeur, Tal Akkalkot</li> <li>• PPCentre.....</li> <li>.....</li> <li>• PHC/CHC.....</li> <li>.....</li> <li>• District Hospital : Solapur</li> </ul>
5	Type of surgical approach (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>• Minilap: YES</li> <li>• Laparoscopy.....</li> <li>.....</li> <li>• Post-Partum Tubectomy.....</li> </ul>
6	Date of death	21/04/2016
7	Time of death	1.45 P.M.

### Client Details

8	Name	Mrs. Sangeeta Basappa Kavthekar
9	Age	26 yes
10	Sex	Female/Male : Female

11	Spouse Name	Basappa (Basavraj) Sangappa Kavthekar
12	Address	A/p Goddya, Tal- Jamkhandi, Dist. Basavakalyan
13	Relevant past medical history	1 & Half month PNC
14	Pertinent postoperative physical and laboratory findings	

**Sterilization**

15	Timings of procedure (Females only) as per standard (P) Tick the option	<ul style="list-style-type: none"> <li>• Upto 7 days postpartum.....</li> <li>• Interval(42 days or more after delivery or</li> </ul>
16	Type of anaesthesia (P) Tick the option	Local with Sedation
17	Endotracheal Intubation	Yes/No : No
18	List all anaesthetic agents, analgesics, sedatives and muscle relaxants	Time given : 9.15 a.m. Drug Name Dosage Route: Inj, Xylocaine 2%, 5cc Sub Cutaneous
19	Vital signs during surgery	Time : 11.15 a.m. BP 110/80 mm Hg Pulse 80/ min Resp Rate : 10/min
20	Duration of surgery	Time of starting : 11.30 am Time of closure : 12 a.m. closure 30 min Total Time spent: 30 min.
21	Vital signs after surgery	Time 12.30 p.m. BP 110/80 mm Hg Pulse 80/ min Resp Rate: 10/min
22	Emergency equipments/ drugs available in facility as per	Available
23	Overall Comments	Tubectomy done successfully
24	Name and signature of	Dr. Menthe S.S. (MO PHC Chapalgaon)

Name **Dr. Menthe S.S.**

Designation : **MO PHC Chapalgaon**

Date .....

## 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.....

### Details of the deceased

1	Name	Mrs. Sangeeta Basappa Kavtheka
2	Age	26 yrs
3	Sex	Female/Male : Female
4	Name of Spouse (his or her age)	Bassapa (Basavraj) Sangappa Ka
5	Address of the deceased	A/p Goddyaal, Tal – Jamkhandi, D
6	Number of living children( with details concerning age and sex)	1.10 yrs female 2.3 yrs male 3.1 m
7	Whether operation was performed after delivery or otherwise	1 & half month PNC
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	12.3.2016 PHC Jeur Normal Awm
9	Whether tubectomy operation was done with MTP	No
10	Whether written consent was obtained before the operation	D/M/Y : 20/04/2016
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	Yes at PHC Jeur

### Details of operations

12	Place of operation	PHC Jeur
13	Date and time of operation (D/M/Y)	20/04/2016 at 11.30 a.m.
14	Date and time of death (D/M/Y)	21/04/2016 at 2.00 p.m.
15	Name of surgeon	Dr. Menthe S.S.
16	Whether surgeon was empanelled or	Yes/No : YES
17	If the operation was performed at a camp who primarily screened the	YES

18	Was the centre fully equipped to handle any emergency complications	Yes/NO : YES
19	Number of clients admitted and number of clients operated upon on	12
20	Did any other client develop complications? If so, give details of	No

### Anaesthesia/Analgesia/Sedation

21	Name of the Anaesthetist, if present	Yes , Dr. Menthe S.S.
22	Details of anesthesia drugs used	Inj. Xyocaine 2 %
23	Types of anesthesia/analgesia/sedation	Local
24	Post-operative complications (according to sequence of events)	Fever & rigors
	A. Details of symptoms and signs	Fever & rigors
	B. Details of laboratory and other investigations	Refer to Civil Hospital, Solapur
	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	As per Indoor Paper

### Details of Death Audit

25	Cause of death (Primary Cause)	Head Injury & Viscera preserved
26	Has postmortem been done? If yes,	Yes
27	Whether first notification of death was sent within 24 hours	Yes/No : YSE If not, give reasons.....
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	Dr. A.P. Patil DRCHO Solapur
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes/No : YES
30	What factors could have helped to prevent the death?	24 hrs supervision or monitoring relatives.

31	Were the sterilization standards established by GOI followed?	Yes/No : 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	Close monitoring by health staff & relatives
35	Action proposed to be taken	Health education of patient and relatives suspected complications and care period

**Name Dr. A.P. Patil**  
**DRCHO**

**Designation**

**Date .....**  
**.....**

**Signature**

**Note:** If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.

# District Insurance Sub-Committee Report of FP

## Sterilization Death

Deat of Holding Dist. Insurance Sub-committee Meeting Dt. 5.7.2016

Name of Deceased : Smt. Sangeeta Basappa Kavthekar Age: 26 yrs  
resident of A/p Gaddyal, Tal Jankhandi, Dist. Bagalkot

Date & Time of Admission 20/04/2016 Date & time of Operation  
20/04/2016 at 11.30 a.m.

Place of Operation : PHC Jeur

g) PHC Hospital                      b) RH,SDH                      c) Woman

d) District Hospital              e) Corporation Hospital      f) Medical  
College

g) Govt. Hospital              h) Any Other (Specify.....)

o) Pvt. Nursing Home (Accredited/ Non accredited) : Accredited

Type of Operation : Minilap

(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with  
Laparoscopic TL, Conventional /NSV)

Date, Time & Place of Death : 21/04/2016 at 2.00 p.m.

Dist. Insurance Sub-committee Meeting is conducted on dt.  
5/7/2016 under the Chairmanship of Dr. Pattanshetty M.R. &  
following members were present.

Sr. No.	Name of Members	Designation
1	Dr. Pattanshetty M.R.	Civil Surgeon (Chairperson)

2	Dr. Kurudkar D.V.	Gynecologist
3	Dr. Velurkar	Surgeon
4	Dr. Pushpa Agarwal	Anesthetist
5	Dr. Aadki Jayanti	MO
6	Dr. Shitalkumar Jadhav	(DHO) Member Secretary
7	Dr. Kavita Chandak	MO
8	Dr. Pandit G.A.	Prof. of Pathology

Dist. Insurance Sub-committee is of opinion regarding the cause of Sterilization Death as per following Findings :

Pre-operative Care :

Pluse : 80/min      BP : 110/80 mm Hg      PA : NAD  
PV : NAD              RS : Clear                      CBS : -

Pre-operative Investigation :

HB : 10 gm      Blood Sugar : NIL              Urine Albuin: NIL

Operative Procedure : (Mention if any Complication had happend)  
Under local anesthesia abdomen was opened in layers, Bilateral tubes identified legated cut and crushed and then abdomen closed in layers.

Post Operative Care :

Pluse : 110/80 mmHg      BP: 80/ min  
RS Clear                      CBS : -

Date of Discharged : Patient was taken to civil Hospital by Medical officer himself for expert treatment and investigations.

After Complication time of referral : 21/04/2016 at 12.30 p.m.

Place of Referral : Civil Hospital, Solapur

Symptoms before referral : Giddiness, Slurred Speech

Time , Date & Name of Institutes where patient is admitted :

21/04/2016 at 12.30 p.m. referred to Civil Hospital, Solapur



Treatment Given : At PHC T. Ciplox 1 BD, T. Pem 1 tabs, T. Rantac 1 BD

Described Complications : Giddiness, Slurred Speech

Time, Place of Death : on 2 p.m. at Civil Hospital Solapur Premises

Cause of Death : Death may be due to Intracranial Hemorrhage

Cause of Death as per P M Report : Head Injury however viscera preserved for chemical analysis, organs sent to Histopathological examination and samples kept for microbiological examination.

## Observations & Suggestions

Sr. No.	Observations	Suggestions
1	c/o Headache, Vommiting, surrounded speech, from today morning	Close Montoring by H.W./MO & relatives at least for 72 hrs is required & suspected should be clinically confirmed
2	Delay in patient referred from medical college	Emergency patient attended by a MO, THO should be treated immediately inspite of dispute in relatives Dept.

Dist. Insurance Sub-committee Meeting is held on to investigate FP Sterilization Death & is on opinion that Mrs. Sangeeta Basavraj Kavthekar death is following Tubectomy operation

This death is attributable / non attributable to family planning sterilization operation. (If Death is attributable than Ex-Gratia financial assistance of Rs.2,00,000/- is recommended following legal heirs of deceased

- 1) Basappa S. Kavatekar (Rs. 50,000/- paid)
- 2) Bhagyashree B. Kavatekar (Rs. 50,000/-)
- 3) Bharatraj B. Kavatekar (Rs. 50,000/-)

4) Bairappa B. Kavatekar (Rs. 50,000/-)

(10 yrs female, 3 yrs male, 1 month male find)

through RCH PIP Year 2016-17 as per G.R. dt. 18.7.2016 as patient expired within One day after TL sterilization operation in PHC Jeur, Tal Akkalkot

hospital from District Integrated Society Solapur under revised Family Planning Indemnity Scheme

Signatures & Designation of Chairman & all Members

## 13) Smt. Sunita Shikhare, Yawatmal - Brief case History of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Name of Deceased	Male / Female - Female	Smt. Sunita Santosh Shikhare
Age		25 yrs
Address		
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	PHC Akola Bazar, Tal. Yawatmal
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	Minilap
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	POST PARTEM
was written consent taken	Yes/ No	YES
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	Local
Name of Anesthetist	<b>Mention Qualification</b>	MBBS
Date of Operation	(Whether Camp/ Fixed day Static) ( <b>Mention No. of cases operated &amp; Sr. No. of this patient</b> )	26/08/2016
Name of Surgeon		DR .MANIK GHORSADE
Qualification of Surgeon	(Trained or Not) ( <b>Mention no. of surgeries performed</b> )	MBBS
Date & Time of Death		Dt. 27.08.2016 at 12.10 a.m.
Place of Death	(Health Facility Pvt. or Govt/Home/on the way to	Vasantrao Naik Medical College & Hosp, Yawatmal

## 13) Smt. Sunita Shikhare, Yawatmal - Brief case History of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
	hospital)	
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pulse, BP, HP, fitness opinion</li> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	BP-110/80 Pulse-68/ min Pre medication-inj T.T given  no  GC -poor BP-110/80 pulse _68/min
Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, symptoms after complications</li> </ul>	<ul style="list-style-type: none"> <li>• VNGMC yawatmal 26/8/2016 at 3.15pm</li> <li>• Convulsions and unconscious</li> </ul>
Cause of Death	<ul style="list-style-type: none"> <li>• Underlying / Primary Cause of Death</li> <li>• Opinion as per Hospital were death has occurred</li> </ul>	the cause of death can be given after the histopathological and chemical analysis
PM Report	<ul style="list-style-type: none"> <li>• PM done Yes/No</li> <li>• If Yes, Confirmed cause of death as per PM Report</li> <li>• Mention IMP findings of PM Report</li> </ul>	Yes No Opinion as to the cause of death can be given after the histopathological and chemical analysis report
QA Report	<ul style="list-style-type: none"> <li>• Date of Meeting held</li> <li>• Minutes of meeting done YES/NO</li> <li>• Cause of Death</li> <li>• Observations</li> <li>• Suggestions for improvement</li> <li>• Approved to pay ex-gratia to legal heirs (50,000- or 2,00,000/-)</li> </ul>	YES 26/9/2016 Yes the cause of death can be given after the histopathological and chemical analysis report yes Rs 2,00,000/-

### 13) Smt. Sunita Shikhare, Yawatmal - Brief case History of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	
Compensation given	Mentions details about RTG's or Cheque No. to legal heirs (50,000 or 2,00,000/-)	2,00,000/-
Action Taken	<ul style="list-style-type: none"><li>If any one is formed to be negligent (Mention what actions are taken)</li></ul>	enquiry committee report submitted
Remedial action initiated for correction		

## Annexure – 12. Death Notification Form

**Instructions:** The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the district quality assurance committee (DQAC) within 24 hours of death. The information is to be provided mandatorily.

1	Date of this report (D/M/Y)	27/08/2016
2	Date of death (D/M/Y)	27/08/2016
3	Name of the deceased	Mrs Sunita Santosh Shikhare
4	Age	25 years
5	Sex	Female
6	Address of the deceased	At post Yedashi Tq Kalamnuri Dist Hingoli
7	Name of husband/father	Mr Santosh Nagorao Shikhare
8	Where procedure performed (specify the name of the site) (P) Tick the option	<ul style="list-style-type: none"> <li>• Camp...PHC Akola Bazar Family Planning Camp...</li> <li>• PP Center... ..</li> <li>• District Hospital.....</li> <li>• Medical College.....</li> <li>• Accredited Private/NGO Facility.....</li> </ul>
9	Type of procedure A. Female Sterilization (P) Tick the option	<ul style="list-style-type: none"> <li>• Postpartum YES</li> <li>• Minilap YES</li> <li>• Laparoscopy.....</li> <li>• Any Other.....</li> </ul>
	B. Male Sterilization (P) Tick the option	<ul style="list-style-type: none"> <li>• Conventional.....</li> <li>• NSV.....</li> </ul>
	C. Other with MTP/CS,etc (P) Tick the option	No. If yes, give details.....
10	Date of sterilization procedure	D/M/Y.....26...../...08...../...2016...
11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s), beginning with the initial	

12	Cause of death	Opinion as to the cause of death can be given after the histopathological and chemical analysis report
13	Contributing factor, if any	
14	Postmortem examination performed?	Yes
15	Name and designation of surgeon who performed the sterilization	Dr Manik Ghorsade Medical Officer PHC Madani tq Babhulgaon Dist Yavatmal
16	Name and Institution where death occurred	VNGMC Yavatmal
17	Name and designation of reporting officer	Dr Beg MO PHC Akola Bazar Tq Yavatmal

**Name:** ..... **Designation**  
.....

**Date** ..... **Signature**  
.....

**Fill this soft copy with information and also send scanned sign copy of this annexure.**



## Annexure - 13 (Proforma for Death following

**Instructions:** The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available,

1	Date of this report (D/M/Y) Type of Institution where the death occurred (P) Tick the option	27.../.....08...../...2016..... . • Camp..... ..... • PPCentre..... ..... • PHC/CHC..... .....
2	Name of the person filling out the report Designation <i>Signature</i>	Dr.Beg Medical officer phc. Akolabazar Tq.dist.yavatmal
3	Date of Sterilization (D/M/Y)	26/08/2016
4	Location where the procedure was performed (P) Tick the option	• Camp..... ..... • PPCentre..... ..... • PHC/CHC... phc. Akolabazar Tq.dist.yavatmal • District Hospital..... • Medical College
5	Type of surgical approach (P) Tick the option	• Minilap yes • Laparoscopy..... • Post-Partum Tubectomy..... • Conventional
6	Date of death	27/08/2016
7	Time of death	12.10 am

### Client Details

8	Name	Sunita santosh shikhare
9	Age	25
10	Sex	Female

11	Spouse Name	Santosh Nagorao Shikhare
12	Address	At yedshi Tq.kalnmuri dist. hingoli
13	Relevant past medical history	no
14	Pertinent postoperative physical and laboratory findings	

## Sterilization Procedure

15	Timings of procedure (Females only) as per standard (P) Tick the option	<ul style="list-style-type: none"> <li>• Upto 7 days postpartum.....</li> <li>• Interval(42 days or more after delivery or Abortion (p)</li> <li>• With Abortion, Induced or spontaneous</li> <li>◆ Less than 12 weeks.....</li> <li>◆ More than 12 weeks.....</li> </ul>
16	Type of anaesthesia (P) Tick the option	<ul style="list-style-type: none"> <li>• Local with sedation.....(p).....</li> <li>• Local with</li> </ul>
17	Endotracheal Intubation	No.....
18	List all anaesthetic agents, analgesics, sedatives and	Time given Drug Name Dosage Route
19	Vital signs during surgery	Time...11.15am to 1135 am BP.....110/80.....Pulse...72.../m.....Res
20	Duration of surgery	Time of starting...11.15.....am Time of closure.....11.35.....am Total Time spent.....20
21	Vital signs after surgery	Time 11.40 am BP 108/80.....Pulse...74/m... Resp Rate16/m
22	Emergency equipments/ drugs available in facility as	Available
23	Overall Comments	No any complication related to minilap sterilization operation during surgery
24	Name and signature of	Dr. Manic Ghorsade

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

Date .....

## Annexure - 14 (Proforma for Conducting Audit of Death)

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

### Details of the deceased

1	Name	Sunita santosh shikhre
2	Age	25
3	Sex	Female
4	Name of Spouse (his or her age)	Santosh nagorao shikhre
5	Address of the deceased	At.Edshi Tq.Kalmnury dist yavatmal
6	Number of living children( with details concerning age and sex)	1 boy child 2 girl child
7	Whether operation was performed after delivery or otherwise	After delivery
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	22/06/2016 Phc akolabazar normal Lade staff nurse
9	Whether tubectomy operation was done with MTP	no
10	Whether written consent was obtained before the operation	Yes D/M/Y...25./...08.../...2016
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	Phc akolabazar
13	Date and time of operation (D/M/Y)	26/08/2016 time 11.15 to 11.35
14	Date and time of death (D/M/Y)	27/08/2016 time 12.10am
15	Name of surgeon	Dr. Manik Ghorsde
16	Whether surgeon was empanelled or	Yes
17	If the operation was performed at a camp who primarily screened the	Medical Officer Phc Akolabazar

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 - 4 Operated - 4
20	Did any other client develop complications? If so, give details of	no

**Anaesthesia/Analgesi**

21	Name of the Anaesthetist, if present	No
22	Details of anesthesia drugs used	xylocine
23	Types of anesthesia/analgesia/sedation	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**

25	Cause of death (Primary Cause)	
26	Has postmortem been done? If yes,	yes
27	Whether first notification of death was sent within 24 hours	Yes/No..... ..... If not, give
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	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)	yes
33	Additional Information	
34	Recommendations made	
35	Action proposed to be taken	

**Name** ..... **Designation**  
.....

**Date** ..... **Signature**  
.....

**Note:** If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.

# District Insurance Sub-Committee Report of FP Sterilization Death

Deat of Holding Dist. Insurance Sub-committee Meeting 26/09/2016

Name of Deceased : Smt... SUNITA SANTOSH SHIKHARE Age: 25 yrs  
resident of at.edshi tq kalmnuri dist.hingoli

Date & Time of Admission 25/08/2016 Date & time of Operation 11.15 TO 11.35

Place of Operation PHC AKOLABAZAR

h) PHC Hospital                      b) RH,SDH                      c) Woman

d) District Hospital              e) Corporation Hospital      f) Medical College

g) Govt. Hospital              h) Any Other (Specify.....)

p) Pvt. Nursing Home (Accredited/ Non accredited)

Type of Operation : MINILAP

(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)

Date, Time & Place of Death : 27/08/2016 TIME 11.15-11.35 AM

Dist. Insurance Sub-committee Meeting is conducted on dt. 26-09-2016 under the Chairmanship of ..... & following members were present.

Sr. No.	Name of Members	Designation in the Committee (Chairperson/Vice Chairperson/Convener/Member Secretary/Member)	
1	Hon.DEEPAK SINGLA	Chairperson	CHIEF EXECUTIV

2	DR.K.Z.RATHOD	Convener	DISTRICT HEALTH
3	DR.P.S.CHAVHAN	Convener	DISTRICT RCH O
4	DR.WARADE	Member	GYNOGOLOGYS
5	DR.NISHANT CHAVHAN	Member	SURGEON VMGM
6	DR.PATWARDHAN	Member	ANASTETIC VMG
7	DR.HINGWE	Member	PATHOLOGYST V
8	DR.T.G.DHOTE	Secretary	CIVIL SURGEON HOSPITAL YAVAT

Dist. Insurance Sub-committee is of opinion regarding the cause of Sterilization Death as per following Findings :

**Pre-operative Care :**

Pluse .....68/m..... BP .....110/80..... PA ...not palpable  
 PV ...normal RS ...normal CBS- not done

**Pre-operative Investigation :**

HB .....9.4.. Blood Sugar -nil. Urine Albuin -nil

**Operative Procedure : (Mention if any Complication had happend)**

.....  
 .....

**Post Operative Care :**

Pluse ...68..... BP 110/80  
 RS -16/m CBS not- done ..

Date of Discharged : .....

After Complication time of referral 26/08/2016 time...3.15...pm

Place of Referral VNGMC MEDICAL COLLEGE YAVATMAL

Symptoms before referral convulsions

.....  
.....  
Time , Date & Name of Institutes where patient is admitted

.....  
**Vngmc medical college yavaymal**

Treatment Given : O2 inhalation

Inj. Hestach ,Inj- Dopamine 40mg Iv8 to 10 drops /m Inj. Driphylline 2ml Iv stat Inj  
Dexmethazone 2ml Iv stat intubation done

Described Complications

.....  
.....  
.....

Time, Place of Death Vngmc medical college, yavaymal .....27/08/2016 12.10 am

Cause of Death the cause of death can be given after the histopathological and  
chemical analysis

Cause of Death as per P M Report the cause of death can be given after the  
histopathological and chemical analysis

## Observations & Suggestions

Sr. No.	Observations	Suggestions
1	Anaphylaxis shock may be due to antibiotic injection	Give antibiotic injection after sensitivity test
2	District civil surgeon Dr. Dhote give suggestion	After TL surgery only Iv. Cifran, Inj Gentamicyn ,Inj metronidazole bd for 3 days
3	Tl patient consent form was fill up	All concern should follow strict guidelines for op. consent / check list / post of monitoring .
4	Tl patient case paper was fill up	After discharge -follow up by telephonically within 24 to 48 hours



5	Lap -TL patient was done pre operative process under by dr beg mo Phc Akolabazar	DFP-SUB COMMITTEE has recommended that in this case under revised family planning indemnity scheme (FPIS),2,00,000/-to be paid through RCH PIP district integrated society yavatmal to patients legal heirs 3 child and husband
---	--	---

Dist. Insurance Sub-committee Meeting is held on to investigate FP Sterilization Death & is on opinion that ..... death is following minilap operation

This death is attributable / non attributable to family planning sterilization operation. (If Death is attributable than Ex-Gratia financial assistance of Rs. 2,00,000/- is recommended following legal heirs of deceased sunita santosh shikhre through RCH PIP Year 2016 as per G.R. dt. 18.7.2016 as patient expired within 1 day after minilap sterilization operation in phe akolabazar tq dist yavatmal hospital from District Integrated Society yavatmal under revised Family Planning Indemnity Scheme

Signatures & Designation of Chairman & all Members

## 14) Smt. Swati Ringe, Hingoli - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Name of Deceased	Male / Female	Swati Manchak Renge
Age		28
Address		At.Post Kali Tal. Mahagaon Dist. Yavatmal
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	PHC Wakodi
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	Minilap
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	Interval Sterilisation 7 month After Delivary
was written consent taken	Yes/ No	Yes
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	Local
Name of Anesthetist	<b>Mention Qualification</b>	Dr. U.P. Rangdal M.B.B.S.
Date of Operation	(Whether Camp/ Fixed day Static) ( <b>Mention No. of cases operated &amp; Sr. No. of this patient</b> )	09/11/2016
Name of Surgeon		Dr. U. P. Rangdal
Qualification of Surgeon	(Trained or Not) ( <b>Mention no. of surgeries performed</b> )	Trained
Date & Time of Death		20/11/2016 Time 8.00 pm
Place of Death	(Health Facility Pvt. or	GMC Nanded

## 14) Smt. Swati Ringe, Hingoli - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
	Govt/Home/on the way to hospital)	
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pulse, BP, HP, fitness opinion</li> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	<ul style="list-style-type: none"> <li>• P.R.-76/min.,BP-120/80mmHg.HB-9.8gm%</li> <li>• portwin-30mg.Phenergam-25mg.Atropin-0.6mg by modified pomeyaya method bilaterat tubal ligation done.</li> <li>• No complication</li> <li>• PR-7/min.BP 116/78 mmHg.,PA- soft non tender</li> </ul>
Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, symptoms after complications</li> </ul>	<ul style="list-style-type: none"> <li>• on 12/11/2016 at 7.30 pm patient reffered GH Hingoli at GH Hingoli patient treated at Septicemia for two days.On 13/11/2016 patient Reffered GMC Nanded for further management at GMC Nanded patient kept in ICUon Dated 15/11/2016 patient shock put on dopamine and intubated and kept died due to cardiorespiratory assent.</li> <li>• symptoms -fever,lose motion and nousea,</li> </ul>
Cause of Death	<ul style="list-style-type: none"> <li>• Underlying / Primary Cause of Death</li> <li>• Opinion as per Hospital were death has occurred</li> </ul>	Opinion reserved Ater PM Examination

## 14) Smt. Swati Ringe, Hingoli - Brief case history of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
PM Report	<ul style="list-style-type: none"> <li>• PM done Yes/No</li> <li>• If Yes, Confirmed cause of death as per PM Report</li> <li>• Mention IMP findings of PM Report</li> </ul>	Yes Opinion reserved Ater PM Examination
QA Report	<ul style="list-style-type: none"> <li>• Date of Meeting held</li> <li>• Minutes of meeting done YES/NO</li> <li>• Cause of Death</li> <li>• Observations</li> <li>• Suggestions for improvement</li> <li>• Approved to pay ex-gratia to legal heirs (50,000- or 2,00,000/-)</li> </ul>	13/12/2016 Yes Opinion reserved Ater PM Examination  Approved 2,00,000/-
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	Yes
Compensation given	Mentions details about RTG's or Cheque No. to legal heirs (50,000 or 2,00,000/-)	Yes
Action Taken	<ul style="list-style-type: none"> <li>• If any one is formed to be negligent (Mention what actions are taken)</li> </ul>	Not done
Remedial action initiated for correction		Every patient should be investigated including CBC,Urine P/s,LFT,KFT,abdominal pelvic USGto on any infection and also HBsAg.,HIV, Testing

## Annexure – 12. Death Notification Form

**Instructions:** The Medical Officer (MO) at the institution where the death occurred fill out this form and notifying the convener of the district quality assurance committee within 24 hours of death. The information is to be provided mandatorily.

1	Date of this report (D/M/Y)	21/11/2016
2	Date of death (D/M/Y)	20/11/2016
3	Name of the deceased	Swati Manchak Renge
4	Age	28
5	Sex	Female
6	Address of the deceased	At post Kali Tal. Mahagaon Dist. Yavatmal
7	Name of husband/father	Manchak Pandurang Renge
8	Where procedure performed (specify the name of the site) (P) Tick the option	<input checked="" type="checkbox"/> PHC -Wakodi
9	Type of procedure A. Female Sterilization (P) Tick the option	<input checked="" type="checkbox"/> Minilap
	B. Male Sterilization (P) Tick the option	<input type="checkbox"/> NIL
	C. Other with MTP/CS,etc (P) Tick the option	Yes/No <input checked="" type="checkbox"/>
10	Date of sterilization procedure	09/11/2016
11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s), beginning with the initial identification of the problem	Patient had Operated at phc Wakodi on 09/11/2016 for tubal ligation. After started c signs of nousea fourthen vomiting and lose m... Civil Hospital Hingoli on 12/11/2016 and then from there r... treatment copies are attached along with it.
12	Cause of death	Opinian Reserved
13	Contributing factor, if any	Nil
14	Postmortem examination performed?	Yes
15	Name and designation of surgeon who performed the sterilization	Dr. U.P. Rangdal
16	Name and Institution where death occurred	GMC Nanded
17	Name and designation of reporting officer	Dr. M.N. Pathan Medical Officer,PHC- Wakodi

Name: ..... Designation

.....

Date .....

Signature

.....

**Fill this soft copy with information and also send scanned sign copy of this annexure.**

## Annexure - 13 (Proforma for Death following Sterilization)

**Instructions:** The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available, shall be

1	Date of this report (D/M/Y) Type of Institution where the death occurred (P) Tick the option	24/11/2016 •Medical College Hospital- Nanded  .Govt. Medical Collage and Hospital Nanded .Vishnupuri Nanded
2	Name of the person filling out the report Designation Signature	Dr. U.P. Rangdal (RMO)
3	Date of Sterilization (D/M/Y)	09/11/2016.
4	Location where the procedure was performed (P) Tick the option	•PHC Wakodi
5	Type of surgical approach (P) Tick the option	•Minilap
6	Date of death	20/11/2016
7	Time of death	8.00pm

### Client Details

8	Name	Swati Manchak Renge
9	Age	28
10	Sex	Female
11	Spouse Name	Manchak Pandurang Renge
12	Address	At post Kali Tal. Mahagaon Dist. Yavatmal
13	Relevant past medical history	Not Significant
14	Pertinent postoperative physical and laboratory findings	O/c fair,atfebrile,No Pallorictesus,oedeme PR-7 8/min. BP-120/80mm/g S/E- CNS- consions,well CVS- S1S2Nomumur RS- No any added source PA – Soft non tenbder HIV- Non Reactive Urine-Nil UPT- Negetive UR- 0.80mm%

### Sterilization

15	Timings of procedure (Females only) as per standard (P) Tick the option	•Interval(42 days or more after delivery or abortion)7 month after Delivery
16	Type of anaesthesia (P) Tick the option	•Local without sedation..... •Local with sedation     √ •Spinal/Epidural/General.....
17	Endotracheal Intubation	No
18	List all anaesthetic agents, analgesics, sedatives and muscle relaxants	Inj. Xylocaine -5 ml Inj.Pentasocine-30 mg inj.phenorgan 25 mg inj.Atropine-0.6 mg
19	Vital signs during surgery	BP 120/80 mg Pulse 76/min. 18/min. Rate.....
20	Duration of surgery	Time of starting 1.30 am Time of closure 1.45.pm Total Time spent 15min/hrs
21	Vital signs after surgery	Time.....BP 110/76 mmg Pulse 76/min Resp Rate 18/min.
22	Emergency equipments/ drugs available in facility as per standards	Availabal
23	Overall Comments	After Surgery Gc fair afebrile PR 76/min BP-110/76mmg CNS- consions well oriented CVS –NAD PA- Soft and non tender
24	Name and signature of operating	Dr. U. P. Rangdal

Name-Dr. U. P Rangdal

Designation Medical Officer Retired

Date 24/11/2016



## Annexure - 14 (Proforma for Conducting Audit of Death)

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

### Details of the deceased

1	Name	Swati Manchak Renge
2	Age	28
3	Sex	Female
4	Name of Spouse (his or her age)	Manchak Pandurang Renge
5	Address of the deceased	At Kali tal Mahagaon Dist Yavatmal
6	Number of living children( with details concerning age	1 male – age 4 yr ,2 male- age-2 yr,1 female 7 month child
7	Whether operation was performed after delivery or	7 month after Delivery
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the	---
9	Whether tubectomy operation was done with MTP	No
10	Whether written consent was obtained before the operation	D/M/Y 08/11/2016
11	Whether the operation was done at a camp or as a fixed day static procedure at the	Fixced Day Sheduled

### Details of operations

12	Place of operation	PHC Wakodi Tal Kalamnuri Dist Hingoli
13	Date and time of operation	09/11/2016 1.30 to 1.45 pm
14	Date and time of death	20/11/2016 ,8.00pm
15	Name of surgeon	Dr. U. P Rangdal
16	Whether surgeon was	Yes
17	If the operation was performed at a camp who primarily	Dr.M. N.Pathan

18	Was the centre fully equipped to handle any emergency	Yes
19	Number of clients admitted and number of clients operated	Admitted 24 Operated-24 cases
20	Did any other client develop complications? If so, give	No

### Anaesthesia/Analgesi

21	Name of the Anaesthetist, if	DR. U.P. Rangdal
22	Details of anesthesia drugs	Ing. Lignocaine 1 % for Local
23	Types of anesthesia/analgesia/sedation	Analgesia Ing, fortuin 30 mg ,ing- Atropin-0.6 mg Ing Pheraregan 25 mg
24	Post-operative complications (according to sequence of	Fever,nousea,vomiting and Loose motion
	A. Details of symptoms and signs	Fever,nousea,vomiting and Loose motion
	B. Details of laboratory and other investigations	HB 9.8 gm.Platcount 140000 ,TLC 15500/mn,TLC 8100/mn
	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	In phc wakodi after Sterilsation-10/11/2016 GcFair afertile,No pollar,ocdene,PR-76/min BP-116/78mmHg,11/11/2016,Ing.Gentamycine 80mg,ing-cipro,Tab-PCM,Tab Rantac,Inj-Ondensetron ,Metro,12/11/2016, Metro vDNS

### Details of Death Audit

25	Cause of death (Primary Cause)	Opinion reserved after vicera report
26	Has postmortem been done? If	Yes
27	Whether first notification of death was sent within 24	Yes
28	Details of the officers from District Quality Assurance Committee (DQAC) who	Dr. H.P. Tummod(CEO),Dr, D.M. Dhanve DHO, Dr. Akash Kulkarni CS, Dr. Pawar Anes.DR. Ramesh Kute
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes

30	What factors could have helped to prevent the death?	L and T Should follow strict guideline for per-op consent/check up intrapoperative post operative monitoring
31	Were the sterilization standards established by	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**  
.....

**Note:** If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.

# District Insurance Sub-Committee Report of FP Sterilization

## Death

Deat of Holding Dist. Insurance Sub-committee Meeting 13/12/2016  
Name of Deceased : SmtSwati Manchak Renge Age: 28 yes resident of  
At Kali Tal. Mahagaon Dist. Yavatmal.

Date & Time of Admission 08/11/2016 Date & time of Operation-  
09/11/2016 Time-1.30pm

Place of Operation -PHC Wakodi

- i) PHC Hospital                      b) RH,SDH                      c) Woman  
d) District Hospital              e) Corporation Hospital      f) Medical College  
g) Govt. Hospital              h) Any Other (Specify.....)  
q) Pvt. Nursing Home (Accredited/ Non accredited)

Type of Operation : Minilap

(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)

Date, Time & Place of Death : 20/11/2016 at GMC Nanded Time-8.00pm.

Dist. Insurance Sub-committee Meeting is conducted on dt.13/12/2016 under the Chairmanship of Hon. CEO ZP Hingoli & following members were present.

Sr. No.	Name of Members	Designation
---------	-----------------	-------------

1	Dr. H.P. Tummod	C.E.O. Z.P. Hingoli
2	Dr. D.M. Dhanve	D.H.O. Z.P.Hingoli
3	Dr. Akash Kulkarni	C.S. G.H.Hingoli
4	Dr. S.R. Runwal	D.R.C.H.O Z.P.Hingoli
5	Dr.Rodge	Medical Officer G.H.Hingoli
6	Dr.Ramesh Kute	Medical Officer (Gyn.)
7	Dr. Namdev Pawar	Medical Officer (Anesthesia.)

Dist. Insurance Sub-committee is of opinion regarding the cause of Sterilization Death as per following Findings :

Pre-operative Care :

Pulse -76/min... BP 120/80mmHg PA soft  
PV -- RS -Non CBS /CVS-NAD

Pre-operative Investigation :

HB 9.8gm.Blood Sugar ---- Urine Albuin ---

Operative Procedure : (Mention if any Complication had happend)

She was admitted on 8/11/2016 at 12.00noon, Her pulse Rate 76/min., BP 120/80mHG. on Dated 9/11/2016 at 1.30 pm Dr. U.P. Rangdal done minilap by modified Pomeroy's method local anesthesia by using Xylocaine 1 % 5ml.

Sedation Inj. Prtropin 30 mg, Phenerhan-25mg, Atropin 0.6mg

Post Operative Care :

Pulse -76/min. BP - 116/78mmHg

RS NAD CBS /CVS-NAD

On 12/11/2016 at 7.30pm Patient referred to GH Hingoli for fever, loss motion, at GH Hingoli She was treated as a case of o/clo Septicemia On Day 13/11/2016 She was referred to GMC Nanded Date of Discharged : Patient not Discharge to the Hospital

After Complication time of referral 12/11/2016 Time-7.30 pm

Place of Referral -Grant Medical Collage Nanded

Symptoms before referral- Nonsea, Fever, loose motion

Time , Date & Name of Institutes where patient is admitted -

12/11/2016 ,7.30pm referred to GH Hingoli, 12/11/2016 to

13/11/2016 treated at GH Hingoli, On 13/11/2016 patient referred to

GMC Nanded w.e.f. 13/11/2016 to 20/11/2016 patient was treated at

GMC Nanded was kept in ICU on severe anemia ,respiratory failure.

**Treatment Given :** In phc wakodi after Sterilsation-10/11/2016

GcFair afertile, No pollar, ocdene, PR-76/min BP-

116/78mmHg, 11/11/2016, Ing. Gentamycine 80mg, ing-cipro, Tab-

PCM, Tab Rantac, Inj-Ondensetron ,Metro, 12/11/2016, Metro vDNS

500ml ing-Gentamycin, Ondensetron, Tab Rantac. ing-cefoperazono 1

gm , 14/11/2016 , 4 Bottle Blood

Transfusion 15/11/2016 ing.lapic 4.5 gm, ing

**In GMC Naded-13/11/2016-inj-monocef, metrogyl, inj-**

Gentamycin, Inj-Rantac, Inj-febrinil

metro, ing.Genta, oflox, faleiap, manitol, pante, sylate, 16/11/2016

ing.meropenin popamne 400mg

metro, ing.Genta, oflox, faleiap, manitol, pante, sylate, 17/11/2016 blood

transfusion ing.meropenin popamne 400mg

metro, ing.Genta, oflox, faleiap, manitol, pante, sylate, 18/11/2016

ing.meropenin popamne 400mg  
 metro,ing.Genta,oflox,faleiap,manitol,pante,sylate,19/11/2016 ing-  
 lasix 20mg,ingsodabicarb 100ml,ing pantop 40 mg,ing Dobstamine  
 250 mg,ventilator Support,20/11/2016 ing  
 Atropin,adsenaline,efferlin,sodasicard,adrenaline,effeorlin,sodabicarb  
 DC Shock 200,CPR-30.2 8.00 pm patient declare died.

**Described Complications** Septicemia,Severse  
 anemia,Thrombocytopenia,Respiratory failure

**Time, Place of Death** 20/11/2016 at 8.00 pm GMC Nanded

**Cause of Death** Opinion reserved viscera report awaited

**Cause of Death as per P M Report** -as per above

### Observations & Suggestions

Sr. No.	Observations	Suggestions
1	While DQAC meeting it was told by Dr. Pathan MO PHc Wakodi work done by Dr. Pathan Pt.Was admitted on 8/11/2016 at phc Wakodi	Proper investigation and clinical health checkup and fitness for surgery
2	On 9/11/2016 minilap TL done by Dr, Rangdal U.P.	Surgeon should be reexamined the patient and then taken for minilap.
3	On 11/11/2016 Patient complained nousea fever,,oose motion for the same she was reffered to GH Hingoli on	Follow up to be done by surgeon tephonically to medical officer after Surgery

	12/11/2016	
4	w.e.f 12/11/2016 to 13/11/2016 she was treated at GH Hingoli as TL Septicemia and referred to GMC Nanded on 13/11/2016 wef 13/11/2016 to 20/11/2016 she was treated GMC Nanded and died on 20/11/2016 at 8.00 pm	L and T Should follow strict guideline for per-op consent/check up intrapoperative post operative monitoring
QAC has recommended that in this case under revised Family Planning Indemnity Scheme FPIS Rs, 200000/- to be paid through RCH PIP District integrated society Hingoli Spouse and children		

Dist. Insurance Sub-committee Meeting is held on to investigate FP Sterilization Death & is on opinion that minilap death is following sterilization operation

This death is attributable / non attributable to family planning sterilization operation. (If Death is attributable than Ex-Gratia financial assistance of Rs.200000/ is recommended following legal heirs of deceased Smt Swati Manchak Renge through RCH PIP Year 2016-17 per G.R. dt. 18.7.2016 as patient expired within 7 days after Minilap sterilization operation in PHC Wakodi

hospital from District Integrated Society Hingoli under revised Family Planning Indemnity Scheme

Signatures & Designation of Chairman & all Members



## 15) Smt. Alimun Shaikh, Latur - Brief case History of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Name of Deceased	Male / Female - Female	Smt. Alimun Shadul shaikh
Age		23 year
Address		At.post. Wadwal tq. Chakur Dist. latur
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	Government Medical College & Hospital Latur
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	Minilap
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	Post Partum
was written consent taken	Yes/ No	Yes
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	Complication occurs after sedation local anesthesia not given. Complication occurs after sedation only.
Name of Anesthetist	<b>Mention Qualification</b>	MBBS
Date of Operation	(Whether Camp/ Fixed day Static) ( <b>Mention No. of cases operated &amp; Sr. No. of this patient</b> )	8/12/2016
Name of Surgeon		Dr. Ramsetty C.S.
Qualification of Surgeon	(Trained or Not) <b>(Mention no. of surgeries</b>	MBBS

## 15) Smt. Alimun Shaikh, Latur - Brief case History of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
	performed)	
Date & Time of Death		10/12/16 ,8:30 am
Place of Death	(Health Facility Pvt. or Govt/Home/on the way to hospital)	Govt. Medical College, Latur
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pulse, BP, HP, fitness opinion</li> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	<p>Client was willing to undergo minilap sterilization so admitted at PHC Janwal along with 6 other clients. Preoperative examination done on 07/12/2016. Preoperative Examination done by Dr. Sawant D.K. on 7/12/16 Following preoperative findings noted-PR-84/min, BP 160/106 Hb-8.4gm/dl and Surgeons opinion advised. After receiving written consent of client.</p> <p>On 08/12/2016 she was examined by surgeon and ordered by him for preoperative sedation Inj. Atropine 0.6 mg., Inj. Pentazocin 30 mg., Inj. Phenargan 50 mg. given by intramuscular route.</p>
Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, symptoms after complications</li> </ul>	<p>Client was willing to undergo minilap sterilization so admitted at PHC Janwal along with 6 other clients. Preoperative examination done on 07/12/2016 after receiving written consent of client.</p> <p>On 08/12/2016 she was examined by surgeon and ordered by him for preoperative sedation Inj. Atropine 0.6 mg., Inj. Pentazocin 30 mg., Inj. Phenargan 50 mg. given by intramuscular route.</p>

## 15) Smt. Alimun Shaikh, Latur - Brief case History of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
		<p>After 20 minutes she was c/o difficulty in breathing ,on examination her B.P.was 180/104 mm/hg.tachycardia, bilateral crepts heard on auscultation. Inj.Deriphylline.2cc, Inj.Dexona.2cc given IM. Tab. Nefidepine 5 mg given sublingually and client shifted to Government Medical College, Latur, at 10 am on 08/12/2016 by PHC. Ambulance along with team of Medical Officer and health staff with necessary medication assistance for further treatment client reached GMC Latur at 10:45 am. after receiving treatment at ICU GMC Latur clinet was died at 8;10 am on 10/12/2016</p>
Cause of Death	<ul style="list-style-type: none"> <li>• Underlying / Primary Cause of Death</li> <li>• Opinion as per Hospital were death has occurred</li> </ul>	As per GMC Dr cause of death can't given so advised postmortem
PM Report	<ul style="list-style-type: none"> <li>• PM done Yes/No</li> <li>• If Yes, Confirmed cause of death as per PM Report</li> <li>• Mention IMP findings of PM Report</li> </ul>	Autopsy done at GMC Latur at 4:00PM TO 6:30 PM on 10/12/2016.In their provisional cause of death certificate following findings mentioned. Significant autopsy findings- Brain-congested and oedamatus, Heart-shows multiple petechieal haemorrhage over epicardium, Lungs-both lungs heavy, congested, oedematous and firm in consistency, on c/s early red hepatisation changes seen, Left kidney-atrophic with multiple depressed scars with subcapsular haemorrhages, Left adrenal gland -

## 15) Smt. Alimun Shaikh, Latur - Brief case History of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
		show parenchymal haemorrhage. Viscera is preserved for chemical analysis and histopathological examination. Final opinion reserved pending till. accessory examination report are made available
QA Report	<ul style="list-style-type: none"> <li>• Date of Meeting held</li> <li>• Minutes of meeting done YES/NO</li> <li>• Cause of Death</li> <li>• Observations</li> <li>• Suggestions for improvement</li> <li>• Approved to pay ex-gratia to legal heirs (50,000- or 2,00,000/-)</li> </ul>	<p>YES - 23/01/2007</p> <p>Yes</p> <p>Pulmonary edema due to allergic reaction of Pentazocine .</p> <p>After Inj. Pentazocine patient C/o breathlessness with bilateral crepts</p> <p>Take necessary precautionary measures before, during and after Minilap</p> <p>Yes</p>
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	Yes
Compensation given	Mentions details about RTG's or Cheque No. to legal heirs (50,000 or 2,00,000/-)	50000/-
Action Taken	<ul style="list-style-type: none"> <li>• If any one is formed to be negligent (Mention what actions are taken)</li> </ul>	Primafacie patient should be rejected, BP 160/104 urine sugar albumin positive
Remedial action initiated for correction		All MOs are directed to take necessary precautionary measures before, during and after Minilap

## Annexure – 12. Death Notification Form

**Instructions:** The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the district quality assurance committee (DQAC) within 24 hours of death. The

1	Date of this report (D/M/Y)	10./12/2016
2	Date of death (D/M/Y)	10/12/2016
3	Name of the deceased	Smt. Alimun Shadul Shaikh
4	Age	23 yrs
5	Sex	Female
6	Address of the deceased	At. Post.Wadwal,Tq,Chakur,Dist.Latur
7	Name of husband/father	Shri.Shadul Nazir Shaikh.
8	Where procedure performed (specify the name of the site) (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>• Camp...P.H,C.Janwal,Tq.Chakur.</li> <li>• PP Center.....</li> <li>• District Hospital.....</li> <li>• Medical College.....</li> <li>• Accredited Private/NGO Facility.....</li> </ul>
9	Type of procedure A. Female Sterilization (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>• Postpartum.....</li> <li>• Minilap...Operation withheld as complication occurred after sedation before starting of procedure.</li> </ul>
	B. Male Sterilization (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>• Laparoscopy.....</li> <li>• Conventional.....</li> <li>• NSV.....</li> </ul>
	C. Other with MTP/CS,etc (P) <i>Tick the option</i>	No..... If yes, give details.....
10	Date of sterilization procedure	08/12/2016
11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s), beginning with the initial	Client was willing to undergo minilap sterilization so admitted at PHC Janwal along with 6 other clients.Preoperative examination done on 07/12/2016 after receiving written consent of client. On 08/12/2016 she was examined by surgeon and ordered by him for preoperative sedation Inj.Atropine
12	Cause of death	Autopsy done at GMC Latur at 4pm to 6:30 pm on 10/12/2016 and in their provisional cause of death
13	Contributing factor, if any	Not mentioned.
14	Postmortem examination performed?	Yes
15	Name and designation of surgeon who performed the sterilization	

16	Name and Institution where death occurred	
17	Name and designation of reporting officer	

**Name:** ..... **Designation**  
.....

**Date** ..... **Signature**  
.....

**Fill this soft copy with information and also send scanned sign copy of this annexure.**

## Annexure - 13 (Proforma for Death following Sterilization)

**Instructions:** The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available, shall be forwarded with this report to the convener of the DOAC

1	Date of this report (D/M/Y) Type of Institution where the death Occurred (P) Tick the option	10/12/2016.  • Medical College Hospital Gov. Medical College Latur Gov. Medical College Latur Latur
2	Name of the person filling out the report Designation Signature	Dr. Chakurkar B.H. Medical Officer PHC Janwal Tq Chakur
3	Date of Sterilization (D/M/Y)	8/12/2016
4	Location where the procedure was performed (P) Tick the option	• PHC Janwal Tq Chakur
5	Type of surgical approach (P) Tick the option	• Minilap.....
6	Date of death	10/12/2016
7	Time of death	8:10 am

### Client Details

8	Name	Smt. Alimun Shadul Shaikh
9	Age	23 years
10	Sex	Female
11	Spouse Name	Shadul Nazir Shaikh
12	Address	At.post Wadwal tq.Chakur Dist.Latur
13	Relevant past medical history	None
14	Pertinent postoperative physical and laboratory findings	Operative Procedure not done as complication occurs before operative

### Sterilization

15	Timings of procedure (Females only) as per standard (P) Tick the option	• Interval(42 days or more after delivery or abortion)
----	--	--

16	Type of anaesthesia (P) Tick the option	<ul style="list-style-type: none"> <li>Local with sedation- complication occurs after sedation local anesthesia not given.complication occurs after sedation only.</li> </ul>
17	Endotracheal Intubation	Yes done at govt.medical collage Latur.
18	List all anaesthetic agents, analgesics, sedatives and muscle relaxants	Time given 9:20am of all below sedative drugs. Drug Name 1) inj.Atropine –0.6 mg
19	Vital signs during surgery	Surgery not done.
20	Duration of surgery	Surgery not done.
21	Vital signs after surgery	Surgery not done.
22	Emergency equipments/ drugs available in facility as per standards	Available
23	Overall Comments	Complication occurred prior to surgery after sedation.
24	Name and signature of operating	Surgery not done.

Name .....

Designation .....

Date .....



## Annexure - 14 (Proforma for Conducting Audit of Death)

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

### Details of the deceased

1	Name	Smt.Alimun Shadul Shaikh
2	Age	23 year
3	Sex	Female
4	Name of Spouse (his or her age)	Sri.Shadul Nazir Shaikh
5	Address of the deceased	At-post-Wadwal tq chakur Dist.latur
6	Number of living children( with details concerning age	1) Female child aged about 2 years. 2) Male baby aged about 2 months.
7	Whether operation was performed after delivery or	Surgery not done.
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the	Surgery not done.
9	Whether tubectomy operation was done with MTP	Surgery not done.
10	Whether written consent was obtained before the operation	Yes, 7/12/16
11	Whether the operation was done at a camp or as a fixed day static procedure at the	Surgery not done.

### Details of operations

12	Place of operation	Surgery not done.
13	Date and time of operation	Surgery not done.
14	Date and time of death	10/12/2016 8:10 Am.
15	Name of surgeon	Dr.Ramshette C.S. (Surgery not done).
16	Whether surgeon was	Yes
17	If the operation was performed at a camp who primarily	Surgery not done.

18	Was the centre fully equipped to handle any emergency	Yes
19	Number of clients admitted and number of clients operated	7 Admitted clients out of which 6 clients operated on the day of surgery.
20	Did any other client develop complications? If so, give	No.

## Anaesthesia/Analgesia

21	Name of the Anaesthetist, if	no
22	Details of anesthesia drugs used	TL was posted under local anaesthesia but to this pt. Complication occurred before
23	Types of anesthesia/analgesia/sedation	Sedation- 1) inj.Atropine –0.6 mg intramuscular 2) Inj.Phenargan-50 mg
24	Post-operative complications (according to sequence of	Surgery not done.
	A. Details of symptoms and signs	Surgery not done.
	B. Details of laboratory and other investigations	Surgery not done.
	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	20 mints After Sedation as complication occurs inj. Deriphylline 2 cc IM, inj. dexona 2 cc IM, tab. Nefidipine 5mg given sublingually and client shifted to

## Details of Death Audit

25	Cause of death (Primary Cause)	Autopsy done at GMC Latur at 4:00PM TO 6:30 PM on 10/12/2016.In their provisional cause of death certificate following findings mentioned.Significant autopsy findings-Brain-congested and oedamatus,Heart-shows multiple petechial haemorrhage over epicardium,Lungs-both lungs heavy,congested,oedematous and firm in consistency ,on c/s early red hepatisation changes seen,Left kidney-atrophic with multiple depressed scars with subcapsular haemorrhages,Left adrenal gland-show peronechymal haemorrhage Viscera is
26	Has postmortem been done? If	Yes.(Provisional death certificate attached herewith)

27	Whether first notification of death was sent within 24	Yes
28	Details of the officers from District Quality Assurance Committee (DQAC) who	DQAC Members
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes/No.....Yes.....
30	What factors could have helped to prevent the death?	Prima facie patient should be rejected, BP 160/104 urine sugar albumin positive.
31	Were the sterilization standards established by	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	After complication related sedative details were given/informed to Asistan Food department , Latur by PHC. A on 9/12/2016-use of sedative medic sulphate Batch no. AT6S1 Exp.date Batch no.EASA6004 Exp.date-June no.MKR0025 exp.date July 2018 : Janwal returned back to him and stop of medication since that day(9/12/201
34	Recommendations made	
35	Action proposed to be taken	

Name ..... Designation .....  
Date ..... Signature .....

**Note:** If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.

## District Insurance Sub- Committee Report of FP Sterilization

### Death

Date of Holding Dist. Insurance Sub-committee Meeting 23/01/2017

Name of Deceased : Smt Alimun Sadul Shaikh Age: 23 years resident of At Post Wadwal Taluka Chakur Dist. Latur

Date & Time of Admission 07/12/2016 Date & time of Operation Not Done

Place of Operation Planned at PHC Janwal

j) PHC Hospital                                      b) RH,SDH                                      c) Woman

d) District Hospital                              e) Corporation Hospital    f) Medical College

g) Govt. Hospital                              h) Any Other (Specify.....)

r) Pvt. Nursing Home (Accredited/ Non accredited)

Type of Operation : Planned Minilap

(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)

Date, Time & Place of Death : 10/12/2016, 08.10 am, GMC Latur

Dist. Insurance Sub-committee Meeting is conducted on dt. 23/01/2017 under the Chairmanship of HON. CEO ZP LATUR & following members were present.

Sr. No.	Name of Members		Designation
1	Shri Maheshkumar Meghmale	CEO	President
2	Shri S G Navale	DHO	Co-ordinator
3	Dr Dhudhal	CS	Secretary
4	Dr Gore Suhas	MOH	Member
5	Dr Kapse P S	ADHO	Co-ordinator
6	Dr Saundale	MS	udgir Member
7	Dr Deshpande	Surg	. Udgir, Member
8	Dr Chamle K B	Anesthetist	WH Member
9	Dr Gurude	Path.	WH Member
10	Dr Deshmukh L K	MS	Babhalgaon Member Physician

Dist. Insurance Sub-committee is of opinion regarding the cause of Sterilization Death as per following Findings :

Pre-operative Care :

Pluse: 84/min BP: 160/104 mm PA: Soft

PV: NAD RS: NAD CNS: NAD

Pre-operative Investigation :

HB: 8.4gm % Urine Sugar: -- Urine Albuin : Present

Operative Procedure : (Mention if any Complication had happend)

Operation not done

On 08/12/2016 she was examined by surgeon and ordered by him for preoperative sedation Inj.Atropine 0.6 mg.,Inj.Pentazocin 30 mg.,Inj.Phenargan 50 mg.given by intramuscular route.

After 20 minutes she was c/o difficulty in breathing ,on examination her B.P.was 180/104 mm/hg.tachycardia,bilateral crepts heard on auscultation.Inj.Deriphylline.2cc,Inj.Dexona.2cc given IM.Tab.Nefidepine 5 mg given sublingually and client shifted to Government Medical College,Latur.at 10 am on 08/12/2016 by Phc.Ambulance along with team of Medical Officer and health staff with necessary medication assistance for further treatment client reached GMC Latur at 10:45 am.after receiving treatment at ICU GMC Latur client was died at 8;10 am on 10/12/2016

Post Operative Care :

Pluse ..... BP .....

RS ..... CNS .....

Date of Discharged : ...NA.....

After Complication time of referral :10.00 am on 08/12/2016

Place of Referral : PHC Janwal

Symptoms before referral :

c/o difficulty in breathing ,on examination her B.P.was 180/104 mm/hg.tachycardia,bilateral crepts heard on auscultation.

Time , Date & Name of Institutes where patient is admitted : GMC Latur

08/12/2016 11.00 am

Treatment Given :

.....  
.....  
.....

Described Complications

.....  
.....  
.....

Time, Place of Death: GMC Latur on 10/12/2016 at 8.10 am

Cause of Death : Final opinion reserved pending till accessory examination reports are made available.

Cause of Death as per P M Report : Autopsy done at GMC Latur at 4pm to 6:30 pm on 10/12/2016 and in their provisional cause of death certificate (Death information report) following findings mentioned.Significant Autopsy

Findings-

Brain-Congested and oedematous, Heart-Showed multiple patechial haemorrhages over epicardium, Lungs-Both Lungs heavy congested oedematous and firm in consistency,On c/s early red hepatization changes seen, Left Kidney-Atrophic with multiple depressed scars with subcapsular haemorrhages, Left Adrenal Gland-Shows Parenchymal haemorrhage.

Viscera is preserved for Chemical Analysis and Histopatological Examination.

Final opinion reserved pending till accessory examination reports are made available.

## Observations & Suggestions:

Sr. No.	Observations	Suggestions
1	Patients BP 160/104 mm/hg	Must be rejected.
2	Urine Sugar, Positive	Investigation of BSL Fasting, PP Must.
3	Urine Albumin	Kidney function test must.
		After drug reaction patient must be intubated
		Oxygen supplementation, artificial respiration needed,
		Inj. Hydrocort, Aminophylline needed

Dist. Insurance Sub-committee Meeting is held on to investigate FP Sterilization Death & is on opinion that Client Smt. Alimun Shadul Shaikh's death is following Complication of sedation before Minilap operation.

This death is attributable to family planning sterilization operation. Ex-Gratia financial assistance of Rs. 150000/- is recommended to the legal heirs of deceased through RCH PIP Year 2016-17 as per G.R. dt. 18.7.2016 as patient expired after sedation before sterilization operation in PHC Janwal from District Integrated Society Latur under revised Family Planning Indemnity Scheme



## Signatures & Designation of Chairman & all Members

Dr. Gurude V G	Dr. Chamle K.B.	Dr. Saundale D.K.	Dr. Deshpande S.S.	Dr. Kapse P S
Dr. Deshmukh L K				
Pathologist	Anesthetist	Gynecologist	Surgeon	ADHO
Physician				
WH Latur	WH Latur	SDH Udgir	SDH Udgir	Latur
RH Babhalgaon				

Dr. Navale S G	Dr. Dhudhal K.H.
DHO Latur	CS Latur

## Quality Assurance Committee report of TL Death

Date of holding the Quality Assurance Committee meeting -23/01/2017

Name of the deceased : Smt. Alimun Sadul Shaikh

Resident of: Wadwal Tq. Chakur Dist. Latur

Date & Time of Admission: 07/12/2016 Time: 5.00 pm

Place of Admission: PHC Janwal Tq. Chakur Dist. Latur

Death, Time, Place of Operation: Operation Procegar 08/12/2016 at 9.00 am PHC  
Janwal Tq. Chakur

Type of Operation : Minilap TL

Date, Time and Place of Death: 10/12/2015 at 8.10 am on GMC Latur

The Quality Assurance Committee Meeting is conducted on 23/01/2017 at 2.00 pm under the Chairmanship

of Shri Maheshkumar Meghmale CEO ZP Latur

Following Member were present:

Sr. No.	Name of Members	Designation
1	Shri Maheshkumar Meghmale	CEO President
2	Shri S G Navale	DHO Co-ordinator
3	Dr Dhudhal	CS Secretary
4	Dr Gore Suhas	MOH Member
5	Dr Kapse P S	ADHO Co-ordinator
6	Dr Saundale	MS udgir Member
7	Dr Deshpande	Surg. Udgir, Member
8	Dr Chamle K B	Anesthetist WH Member
9	Dr Gurude	Path. WH Member
10	Dr Deshmukh L K	MS Babhalgaon Member Physician

The Committee is of the opinion regarding the cause of sterilization death.

Pre-op.Care: Patient was seen on 07/12/2016 Dr. Sawant D K

Pre-op.Care: Pulse:-----

B.P.: -----

Pre-op. investigation :

H.B.: 8.5 gm%

Urine : Nil

Smt. Alimun Sadul Shakih

Inj. Phenargan 50 mg, Inj. Fortwin 30 mg, Inj. Atropine 0.6 mg.

On date 08/12/2016 Smt. Alimun Sadul Shakih given sedation Inj. Phenargan 50 mg, Inj. Fortwin 30 mg, Inj. Atropine 0.6 mg.

20 mints After Sedation as complication occurs inj. Deriphylline 2 cc IM, inj. dexona 2 cc IM, tab. Nefidopine 5mg given sublingually and client shifted to GMC,Latur at 10 Am on 8/12/2016 by PHC Ambulance along with team of medical officer and health staff with necessary medication, assistance for further treatment ,afterwards received treatment at ICU at GMC Latur client was died at 8:10 am on 10/12/2016.

Dist. Insurance Sub-committee Meeting is held on to investigate FP Sterilization Death & is on opinion that Smt. Alimun Shadul Shaikh death is following Complication of sedation before Minilab operation.

This death is attributable to family planning sterilization operation. Ex-Gratia financial assistance of Rs. 200000/- is recommended to legal heirs of deceased 2 Child

through RCH PIP Year 2016-17 as per G.R. dt. 18.7.2016 as patient expired within 30 days before sterilization operation in PHC Janwal from District

District Integrated Society Latur under revised Family Planning Indemnity Scheme

## Signatures & Designation of Chairman & all Members

Dr. Gurude Kapse Pathologist Physician WH Latur RH Babhalgaon	Dr. Chamle Dr. Deshmukh Anesthetist WH Latur	Dr. Saundale Gynecologist SDH Udgir	Dr. Deshpande Surgeon SDH Udgir	Dr. ADHO Latur
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Dr. Navale S G  
DHO Latur

Dr. Dhudhal  
CS Latur

Shri Maheshkumar Meghmale  
CEO Latur

## 16) Smt. Kalpana Ghavane, Latur - Brief case History of Death Case

Point	Choose Options from following & follow guidelines to fill information Column	Information
Name of Deceased	Male / Female - Female	Smt.kalpana Vikas Ghavne
Age		26 year
Address		Wadmurmbi tq devni dist.latur
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	Rural Hospital devni
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	Minilap
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	Interval Sterilization( <b>Mention No of days after MC Period</b> )
was written consent taken	Yes/ No	Yes
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	Local
Name of Anesthetist	<b>Mention Qualification</b>	---
Date of Operation	(Whether Camp/ Fixed day Static) ( <b>Mention No. of cases operated &amp; Sr. No. of this patient</b> )	Fixed day Static 7/12/16
Name of Surgeon		Dr.Reddy G.K.
Qualification of Surgeon	(Trained or Not) ( <b>Mention no. of surgeries performed</b> )	MBBS and Trained 20000 surgeries performed.
Date & Time of Death		15/12/16 at 10:00am
Place of Death	(Health Facility Pvt. or Govt/Home/on the way to hospital)	on the way to hospital
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pulse, BP, HP, fitness opinion</li> </ul>	<ul style="list-style-type: none"> <li>• BP125/80Pulse 76.Resp24/min fit for</li> </ul>

## 16) Smt. Kalpana Ghavane, Latur - Brief case History of Death Case

Point	Choose Options from following & follow guidelines to fill information Column	Information
	<ul style="list-style-type: none"> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	<p>tubectomy Time given 9:15</p> <ul style="list-style-type: none"> <li>• Drug Name Inj.Atropine 0.6 mg, Inj. Fortwin 30 mg, inj.phenergan 50mg. Dosage Route all intra muscular</li> </ul> <p>NO Normal</p>
Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, symptoms after complications</li> </ul>	<ul style="list-style-type: none"> <li>• On 7 day 13/12/16 Pt. Discharged after postoperative examination and removal of stitches.</li> <li>• On 15/12/16 she had c/o sudden onset of breathlessness chest pain, fainting sweating .</li> </ul>
Cause of Death	<ul style="list-style-type: none"> <li>• Underlying / Primary Cause of Death</li> <li>• Opinion as per Hospital were death has occurred</li> </ul>	Probably death of Kalpana Vikas Gavhane was due to pulmonary embolism, which is know complication of surgery of tubectomy.
PM Report	<ul style="list-style-type: none"> <li>• PM done Yes/No</li> <li>• If Yes, Confirmed cause of death as per PM Report</li> <li>• Mention IMP findings of PM Report</li> </ul>	No
QA Report	<ul style="list-style-type: none"> <li>• Date of Meeting held</li> <li>• Minutes of meeting done YES/NO</li> <li>• Cause of Death</li> <li>• Observations</li> <li>• Suggestions for improvement</li> <li>• Approved to pay ex-gratia to</li> </ul>	<p>23/1/2017</p> <p>Yes</p> <p>As per opinion of DISC committee members death of Kalpana Vikas Gavhane was due to pulmonary embolism, which is know complication of surgery of tubectomy.</p>

## 16) Smt. Kalpana Ghavane, Latur - Brief case History of Death Case

Point	Choose Options from following & follow guidelines to fill information Column	Information
	legal heirs (50,000- or 2,00,000/-)	200000/-
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	Yes
Compensation given	Mentions details about RTG's or Cheque No. to legal heirs (50,000 or 2,00,000/-)	PFMS of 50000/-
Action Taken	<ul style="list-style-type: none"> <li>If any one is formed to be negligent (Mention what actions are taken)</li> </ul>	----
Remedial action initiated for correction		-----

## Annexure – 12. Death Notification Form

**Instructions:** The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the district quality assurance committee (DQAC) within 24 hours of death. The

1	Date of this report (D/M/Y)	27/12/2016
2	Date of death (D/M/Y)	15/12/2016
3	Name of the deceased	Smt.Kalpana Vikas Gavane
4	Age	26 year
5	Sex	Female
6	Address of the deceased	At.post.wadmurambi tq.Devni Dist.latur
7	Name of husband/father	Shri.Vikas Bhanudas Gavane
8	Where procedure performed (specify the name of the site) (P) Tick the option	Fix day schedule RH Devni
9	Type of procedure A. Female Sterilization (P) Tick the option	• Minilap
	B. Male Sterilization (P) Tick the option	----
	C. Other with MTP/CS,etc (P) Tick the option	----
10	Date of sterilization procedure	07/12/2016
11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s), beginning with the initial identification of the problem until the occurrence of death. Whenever possible record the time and date of each incident.( Use an appropriate additional sheet of paper if more space is required.	<p>Pt was admitted on 06/12/2016 willing to undergo tubectomy sterilization ,operated on 07/12/2016 by Dr. Reddy G.K. T.H.O Devni. Pt.was comfortable 7 days in Ward received routine treatment.</p> <p>On 13/12/2016 morning around 8 am stitches were removed stitches were dry pt doesn't have any complaints, Pt.was comfortable so discharged at 10 am with medicines and asked to come for follow up.</p> <p>On 15/12/2016 pt. had sudden sudden onset of breathlessness chest pain, fainting attack, sweating as per information of Dr.Surshetty pt. called him for these complaints and Dr.Surshetty told the pt. to come to the Hospital for</p>
12	Cause of death	As per my opinion death of Kalpana Vikas Gavane,may be attributed by tubectomy operation .Final opinion can be given by DQAC



13	Contributing factor, if any	
14	Postmortem examination performed?	No..... .....
15	Name and designation of surgeon who performed the sterilization	<b>Dr. Reddy G.K. T.H.O Devni.Z.P.Latur</b>
16	Name and Institution where death occurred	-----
17	Name and designation of reporting officer	<b>Dr.D.V.Pawar. Medical Superintendent. R.H.Devni,Dist.Latur.</b>

Death notification form filled by MS RH Devni who got Primery report from THO Dr.G.K.Reddy Devni dist.latur

Name: . **Dr.D.V.Pawar. Medical Superintendent. R.H.Devni,Dist.Latur.** Designation ...

Date .27/12/2016.

Signature .....

## Annexure - 13 (Proforma for Death following Sterilization)

**Instructions:** The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available, shall be forwarded with this report to the convener of the DQAC.

1	Date of this report (D/M/Y) Type of Institution where the death Occurred (P) Tick the option	20/1/17. CHC Rural Hospital Devni Tq.Devni
2	Name of the person filling out the report Designation	Dr.Reddy G.K. THO Devni tq Devni Dist.Latur
3	Date of Sterilization (D/M/Y)	7/12/16
4	Location where the procedure was performed (P) Tick the option	CHC
5	Type of surgical approach (P) Tick the option	•Minilap
6	Date of death	15/12/16
7	Time of death	10:30.am

### Client Details

8	Name	Smt.Kalpana Vikas Ghavane
9	Age	26 year
10	Sex	Female
11	Spouse Name	Shri. Vikas Bhanudas Ghavane
12	Address	Wadmurambi tq Devni Dist.Latur
13	Relevant past medical history	Claint had not suffered any disease
14	Pertinent postoperative physical and laboratory findings	Nil

### Sterilization

15	Timings of procedure (Females only) as per standard	•Interval(42 days or more after delivery or abortion)
----	--	---

16	Type of anaesthesia (P) Tick the option	• Local with sedation
17	Endotracheal Intubation	no
18	List all anaesthetic agents, analgesics, sedatives and muscle relaxants	Time given 9:15 Drug Name Inj. Atropine 0.6 mg, Inj. Fortwin 30
19	Vital signs during surgery	Time 10:10... BP 125/80 Pulse 76 Resp 24/min
20	Duration of surgery	Time of starting 10:10 am Time of closure 10:30 am Total Time spent 20 min
21	Vital signs after surgery	Time 11 am BP 130/80 Pulse 74 Resp Rate 22/min
22	Emergency equipments/ drugs available in facility as per standards	Available
23	Overall Comments	As per government said norm client was normal physically and clinically found to
24	Name and signature of operating	

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

Date .....

## Annexure - 14 (Proforma for Conducting Audit of Death)

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

### Details of the deceased

1	Name	Smt.kalpana Vikas Ghavane
2	Age	26 year
3	Sex	Female/Male.....
4	Name of Spouse (his or her age)	Shri.Vikas bhanudas ghavane
5	Address of the deceased	Wadmurmbi tq Devni dist latur
6	Number of living children( with details concerning age and	Femal child 8 year old ,male child 3 year.
7	Whether operation was performed after delivery or	intervel
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the	-----
9	Whether tubectomy operation was done with MTP	NO
10	Whether written consent was obtained before the operation	6/12/2016
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	fixed day static

### Details of

12	Place of operation	RH Devni
13	Date and time of operation	7/12/16 at 10 am
14	Date and time of death (D/M/Y)	15/12/16 10:00am
15	Name of surgeon	Dr.Reddy G.K.
16	Whether surgeon was empanelled	Yes
17	If the operation was performed at a camp who primarily screened	Yes

18	Was the centre fully equipped to handle any emergency	Yes
19	Number of clients admitted and number of clients operated upon	five clients admitted and operated too.
20	Did any other client develop complications? If so, give details	No

### Anaesthesia/Analgesi

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

### Details of Death

25	Cause of death (Primary Cause)	As died after sudden onset of
26	Has postmortem been done? If	No
27	Whether first notification of death was sent within 24 hours	No
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the	Death was reported to dist.on 27/12/2016 and reported to state 27/12/16 .
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	Yes DQAC
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 .....**

**Note:** If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.

# **District Insurance Sub-Committee Report of FP Sterilization Death**

Date of Holding Dist. Insurance Sub-committee Meeting .....23/01/2017.....

Sr. No.	Name of Members	Designation
1	Shri Maheshkumar Meghmale	CEO President
2	Shri S G Navale	DHO Co-ordinator
3	Dr Dhudhal	CS Secretary
4	Dr Kapse P S	ADHO Co-ordinator
5	Dr Saundale	MS udgir Member
6	Dr Deshpande	Surg. Udgir, Member
7	Dr Chamle K B	Anesthetist WH Member
8	Dr Gurude	Path. WH Member
9	Dr Deshmukh L K	MS Babhalgaon Member Physician

Name of Deceased : Smt Kalpana Vikas Gavane Age: 26 yrs resident of Wadmurambi Tq,Devni,Dist.Latur.

Date & Time of Admission ...06/12/2017. Date & time of Operation ...07/12/2016.

Place of Operation ... RH Devni.....

- k) PHC                                  b) RH,SDH                                  c) Woman Hospital  
d) District Hospital                  e) Corporation Hospital                  f) Medical College  
g) Govt. Hospital                      h) Any Other (Specify.....)  
s) Pvt. Nursing Home (Accredited/ Non accredited)

Type of Operation : Minilap

Date, Time & Place of Death : ... On-way to hospital at Wadmurambi

Dist. Insurance Sub-committee Meeting is conducted on dt. .... under the Chairmanship of ..... & following members were present.

**Dist. Insurance Sub-committee is of opinion regarding the cause of Sterilization Death as per following Findings :**

## **Pre-operative Care :**

Pluse .....78/min BP ...130/60 mm/hg... PA ...soft....

PV .....NAD. RS ...NAD. CBS ...NAD

## **Pre-operative Investigation :**

HB ...9.5 gm% Blood Sugar ...Nil Urine Albuin Nil.

## **Operative Procedure :** (Mention if any Complication had happend)

.....No complication during operative procedure

**Post Operative Care :**

Pluse ...70/min.. BP ...110/70 mm/hg..

RS ...NAD.. CBS ...NAD...

**Date of Discharged :** 13/12/2016

After Complication time of referral ...15/12/2016 at 9:30am

Place of Referral -Dr.Surshette Hospital Devni

Symptoms before referral -On 15/12/16 she had c/o sudden onset of breathlessness chest pain, fainting sweating .

Time , Date & Name of Institutes where patient is admitted --Not admitted

Treatment Given : --Not applicable

Described Complications -- On 15/12/16 she had c/o sudden onset of breathlessness chest pain, fainting sweating

Time, Place of Death -15/12/2016 at 10:30 am

Cause of Death -- Pulmonary Embolism following Minilap surgery

Cause of Death as per P M Report ---P.M Not done

## Observations & Suggestions

Sr. No.	Observations	Suggestions

Dist. Insurance Sub-committee Meeting is held on to investigate FP Sterilization Death & is on opinion that Client Smt. Kalpana Vikas Gavane death is following complication after discharge of patient of Minilap operation. This death is attributable to family planning sterilization operation. Ex-Gratia financial assistance of Rs. 150000/- is recommended to the legal heirs of deceased through RCH PIP Year 2016-17as per G.R. dt. 18.7.2016 as patient expired after sedation before sterilization operation in



RH Deoni from District Integrated Society Latur under revised Family Planning Indemnity Scheme

Signatures & Designation of Chairman & all Members

Dr. Gurude V G	Dr. Chamle K.B.	Dr. Saundale D.K.	Dr. Deshpande S.S.
Dr. Kapse P S	Dr. Deshmukh L K		
Pathologist	Anesthetist	Gynecologist	Surgeon
ADHO	Physician		
WH Latur	WH Latur	SDH Udgir	SDH Udgir
Latur	RH Babhalgaon		

Dr. Navale S G	Dr. Dhudhal K.H.
DHO Latur	CS Latur

### Quality Assurance Committee report of TL Death

Date of holding the Quality Assurance Committee meeting -23/01/2017

Name of the deceased : Smt. Kalpana Vikas Gavane

Resident of: Wadmurambi Tq. Deoni Dist. Latur

Date & Time of Admission: 06/12/2016 Time: 5.00 pm

Place of Admission: RH Deoni Tq. Deoni Dist. Latur

Death, Time, Place of Operation: Operation 07/12/2016 at 9.00 am RH Deoni Tq.

Deoni

Type of Operation : Minilap TL

Date, Time and Place of Death: 15/12/2016 at 10.30 am on Way to Hospital

The Quality Assurance Committee Meeting is conducted on 23/01/2017 at 2.00 pm

under the Chairmanship

of Shri Maheshkumar Meghmale CEO ZP Latur

Following Member were present:

Sr. No.	Name of Members	Designation
1	Shri Maheshkumar Meghmale	CEO President
2	Shri S G Navale	DHO Co-ordinator
3	Dr Dhudhal	CS Secretary
4	Dr Gore Suhas	MOH Member
5	Dr Kapse P S	ADHO Co-ordinator
6	Dr Saundale	MS udgir Member
7	Dr Deshpande	Surg. Udgir, Member
8	Dr Chamle K B	Anesthetist WH Member
9	Dr Gurude	Path. WH Member
10	Dr Deshmukh L K	MS Babhalgaon Member Physician

The Committee is of the opinion regarding the cause of sterilization death.

Pre-op.Care: Patient was seen on 06/12/2016 Dr. Gavane S. N.

Pre-op.Care: Pulse: 70

B.P.: 110/75

Pre-op. investigation :

H.B.: 9.5 gm%

Urine : Nil

Smt. Kalpana Vikas Gavane

Inj. Phenargan 50 mg, Inj. Fortwin 30 mg, Inj. Atropine 0.6 mg.

On date 07/12/2016 Smt. Kalpana Vikas Gavane given sedation Inj. Phenargan 50 mg, Inj. Fortwin 30 mg, Inj. Atropine 0.6 mg.

Patient was admitted on 06/12/2016 willing to undergo tubectomy sterilization ,operated on 07/12/2016 by Dr. Reddy G.K. T.H.O Devni. Pt.was comfortable 7 days in Ward received routine treatment.

On 13/12/2016 morning around 8 am stitches were removed stitches were dry pt doesn't have any complaints, Pt.was comfortable so discharged at 10 am with medicines and asked to come for follow up.

On 15/12/2016 pt. had sudden sudden onset of breathlessness chest pain, fainting attack, sweating as per information of Dr.Surshetty pt. called him for these complaints and Dr.Surshetty told the pt. to come to the Hospital for treatment.pt.had history of sudden chest pain, fainting attack, sweating, fall in home and she became unconscious. Patient brought by relatives to Dr.Surshrttes Shashwat Multispecialty Hospital, Devni for treatment, Dr. Surshette examined pt and declared her brought dead and advised relatives to shift her to government hospital for post mortem examination. But relatives refused to do so and they took the dead

Dist. Insurance Sub-committee Meeting is held on to investigate FP Sterilization Death & is on opinion that ..... death is following Minilap operation

This death is attributable / non attributable to family planning sterilization operation. (If Death is attributable than Ex-Gratia financial assistance of Rs. 200000/- is recommended following legal heirs of deceased 2 Child

through RCH PIP Year 2016-17 as per G.R. dt. 18.7.2016 as patient expired within 30 days after sterilization operation in .....

hospital from District Integrated Society ..... under revised Family Planning Indemnity Scheme

Signatures & Designation of Chairman & all Members

Dr. Gurude Kapse Pathologist Physician WH Latur RH Babhalgaon	Dr. Chamle Dr. Deshmukh Anesthetist WH Latur RH Babhalgaon	Dr. Saundale Gynecologist SDH Udgir	Dr. Deshpande Surgeon SDH Udgir	Dr. ADHO Latur
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Dr. Navale S G DHO Latur	Dr. Dhudhal CS Latur	Shri Maheshkumar Meghmale CEO Latur
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## 17) Smt. Prabhavati Khulkhule, Nanded - Brief case History of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Name of Deceased	Male / Female - Female	Smt. Prabhavati Ashok Khulkhule
Age		28 yr
Address		Old Kautha,Nanded
Place of Operation	Type of Facility (PHC/CHC/DH/Medical college/ Accredited PVT/NGO Facility)	Vithai Hospital, Nanded
Type of Operation	(Minilap, Laparoscopic TL, LSCS with TL, MTP with Minilap, MTP with Laparoscopic TL, Conventional /NSV)	Minilap
When Surgery was performed	Post Partum ( <b>Mention No. of days after delivery</b> ) / Interval Sterilization ( <b>Mention No of days after MC Period</b> )/ If done after MTP specify <b>mention trimester 1st or 2nd</b> )	1 <sup>st</sup> Trimeter MTP
was written consent taken	Yes/ No	Yes
Type of Anesthesia	(Spinal/ General / Local) <b>Mention drugs used with doses</b>	General
Name of Anesthetist	<b>Mention Qualification</b>	MBBS,D.A.
Date of Operation	(Whether Camp/ Fixed day Static) ( <b>Mention No. of cases operated &amp; Sr. No. of this patient</b> )	17/09/2016
Name of Surgeon		Dr.Shridhar S.Allurkar
Qualification of Surgeon	(Trained or Not) ( <b>Mention no. of surgeries performed</b> )	MBBS,DGO
Date & Time of Death		Dt. 18.09.2016
Place of Death	(Health Facility Pvt. or Govt/Home/on the way to hospital)	Vithai Hospital, Nanded

## 17) Smt. Prabhavati Khulkhule, Nanded - Brief case History of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
Brief procedure history	<ul style="list-style-type: none"> <li>• Preoperative Examination (Pulse, BP, HP, fitness opinion)</li> <li>• pre medication</li> <li>• operative details</li> <li>• Any complication during operation Yes/ No (If yes Mention details)</li> <li>• Post operative examination</li> </ul>	<ul style="list-style-type: none"> <li>• P-76/Min ,Bp-110/70 mmhg,RR-16/ min Reqator</li> <li>• Inj.Vawiset 2CCI.V./Inj. Rantor 2CCI.V.</li> <li>• Inj.Glycopyrolate 0.4 mg/Inj.Fortwin 30mg</li> <li>• Inj.Midazolam 2mg-I.V.</li> <li>• No.</li> <li>• BP-70/ min Bp-100/70 mmhg</li> </ul>
Sequence of complications events	<ul style="list-style-type: none"> <li>• If patient is shifted to another hospital for complication (Mention details about time, Place, treatment given, investigations done)</li> <li>• mentions signs, symptoms after complications</li> </ul>	<ul style="list-style-type: none"> <li>• After tonic-Clonic Convulsions Emergency Management Done.</li> <li>• Inj. Eptoin 300 mg I.V. slowly.</li> <li>• Inj.Marnitol 100 ml</li> <li>• Inj.Atropino 0.6 mg</li> <li>• Inj.Primawat 200 mg</li> <li>• 17/09/2016 at 3:45 pm,Allurkar Hospital</li> </ul>
Cause of Death	<ul style="list-style-type: none"> <li>• Underlying / Primary Cause of Death</li> <li>• Opinion as per Hospital were death has occurred</li> </ul>	PM report awaited.
PM Report	<ul style="list-style-type: none"> <li>• PM done Yes/No</li> <li>• If Yes, Confirmed cause of death as per PM Report</li> <li>• Mention IMP findings of PM Report</li> </ul>	Yes PM report awaited.
QA Report	<ul style="list-style-type: none"> <li>• Date of Meeting held</li> <li>• Minutes of meeting done YES/NO</li> <li>• Cause of Death</li> <li>• Observations</li> </ul>	29/09/2016 Yes PM report awaited. -- Approved

## 17) Smt. Prabhavati Khulkhule, Nanded - Brief case History of Death Case

Point	Choose Options from following & follow guidelines to fill information Coloumn	Information
	<ul style="list-style-type: none"> <li>• Suggestions for improvement</li> <li>• Approved to pay ex-gratia to legal heirs (50,000- or 2,00,000/-)</li> </ul>	
Death attributable	As per GR dt. 18.7.2016 death attributable or Not (Yes/No.)	No.
Compensation given	Mentions details about RTG's or Cheque No. to legal heirs (50,000 or 2,00,000/-)	Legal heirs not submitted heir certificate.
Action Taken	<ul style="list-style-type: none"> <li>• If any one is formed to be negligent (<b>Mention what actions are taken</b>)</li> </ul>	--
Remedial action initiated for correction		--

## Annexure – 12. Death Notification Form

**Instructions:** The Medical Officer (MO) at the institution where the death occurred is responsible for filling out this form and notifying the convener of the district quality assurance committee (DQAC) within 24 hours of death. The

1	Date of this report (D/M/Y)	09/12/2016
2	Date of death (D/M/Y)	18/09/2016
3	Name of the deceased	Smt.Prabhavati Ashok Khulkhule
4	Age	28 yr
5	Sex	Female
6	Address of the deceased	Old Kautha,Nanded
7	Name of husband/father	
8	Where procedure performed (specify the name of the site) (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>Accredited Private Hospital- Allurkar Hospital &amp; Maternity Home,Vazirabad Nanded</li> </ul>
9	Type of procedure A. Female Sterilization (P) <i>Tick the option</i>	<ul style="list-style-type: none"> <li>Minilap</li> </ul>
	B. Male Sterilization (P) <i>Tick the option</i>	
	C. Other with MTP/CS,etc (P) <i>Tick the option</i>	Yes If yes, give details-Twins 8 wk pregnancy.
10	Date of sterilization procedure	D/M/Y 17/09/2016
11	Describe in detail what happened in chronological order. Include all symptoms and signs and describe all actions taken during the course of addressing the complication (s), beginning with the initial identification of the problem until the occurrence of death. Whenever possible record the time and date of each incident.( Use an appropriate	Patient for MTP & Tubectomy performed.Post Op.-3 hrs patient had owe episode of Tonic-clonic Convulsions.Emergency management done and patient shifted to ICU for further care on day – 2 in evening patient expired at 5:30 pm.
12	Cause of death	PM report awaited.
13	Contributing factor, if any	PM report awaited.
14	Postmortem examination performed?	Yes
15	Name and designation of surgeon who performed the sterilization	Dr.Shridhar A.Allurkar(MBBS,DGO)



16	Name and Institution where death occurred	Vithai Hospital,Dostor Lane,Nanded.
17	Name and designation of reporting officer	MOH,NWCMC,Nanded.

Name: ..... Designation .....

Date ..... Signature .....

**Fill this soft copy with information and also send scanned sign copy of this annexure.**

## Annexure - 13 (Proforma for Death following Sterilization)

**Instructions:** The surgeon who performed the sterilization operation shall fill out this form within 7 days of receiving intimation of the death from the MO in charge (I/C) of the centre where the death occurred. Copies of the records and the autopsy report and other pertinent information if available, shall be

1	Date of this report (D/M/Y) Type of Institution where the death Occurred (P) <i>Tick the option</i>	• Accredited private Allurkar Hospital & Maternity Home, Vazirabad Nanded
2	Name of the person filling out the report Designation <i>Signature</i>	Dr. Shridhar S. Allurkar
3	Date of Sterilization (D/M/Y)	17/09/2016
4	Location where the procedure was performed (P) <i>Tick the option</i>	• Accredited private... Allurkar Hospital & Maternity Home, Vazirabad
5	Type of surgical approach (P) <i>Tick the option</i>	Minilap
6	Date of death	18/09/2016
7	Time of death	5:30 pm

## Client Details

8	Name	Smt.Prabhavati A.Khulkhule
9	Age	28yr
10	Sex	Female
11	Spouse Name	Shri.Ashok Ramrao Khukhule
12	Address	Old Kautha,Nanded
13	Relevant past medical history	--
14	Pertinent postoperative physical and laboratory findings	<ul style="list-style-type: none"> <li>• Post OP.-P-76/Min ,Bp-110/70 mmhg,RR-16/min Req.Patient</li> </ul>

## Sterilization

15	Timings of procedure (Females only) as per standard (P) Tick the option	<ul style="list-style-type: none"> <li>• With Abortion, Induced or spontaneous</li> <li>◆ Less than 12</li> </ul>
16	Type of anaesthesia (P) Tick the option	General
17	Endotracheal Intubation	No
18	List all anaesthetic agents, analgesics, sedatives and muscle relaxants	Time given-17/09/2016 ,12:45 pm Drug Name Dosage Route – 1) Inj.Fulsed 2 mg I.V.
19	Vital signs during surgery	Time-12:45 pm,BP-110 mmhg,Pulse 80/min,Resp
20	Duration of surgery	Time of starting-17/09/2016, 12:45 pm Time of closure-17/09/2016 ,01:45
21	Vital signs after surgery	Time-1:10 pm,BP-110/700mmhg,Pulse-70/min, Resp
22	Emergency equipments/ drugs available in facility as per standards	Available
23	Overall Comments	--
24	Name and signature of operating	Dr.Shridhar S.Allurkar

**Name** ..... **Designation** .....

**Date** .....

## Annexure - 14 (Proforma for Conducting Audit of Death)

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

### Details of the deceased

1	Name	Smt.Prabhavati A.Khulkhule
2	Age	28yr
3	Sex	Female
4	Name of Spouse (his or her age)	Shri.Ashok Ramrao Khukhule
5	Address of the deceased	Old Kautha,Nanded
6	Number of living children( with details concerning age and sex)	Male-01(7yrs) Female-01(5yrs)
7	Whether operation was performed after delivery or otherwise	After MTP
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	-NA-
9	Whether tubectomy operation was done with MTP	Yes
10	Whether written consent was obtained before the operation	D/M/Y-17/09/2016
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	At Private Accredited Hospital

### Details of operations

12	Place of operation	Allurkar Hospital & Maternity
13	Date and time of operation (D/M/Y)	17/09/2016 12:45 pm
14	Date and time of death (D/M/Y)	18/09/2016 5:30 pm
15	Name of surgeon	Dr.Shridhar S.Allurkar
16	Whether surgeon was empanelled or	No
17	If the operation was performed at a camp who primarily screened the	-NA-

18	Was the centre fully equipped to handle any emergency complications	Yes
19	Number of clients admitted and number of clients operated upon on	One
20	Did any other client develop complications? If so, give details of	-NA-

### Anaesthesia/Analgesia/

21	Name of the Anaesthetist, if present	Dr.Shailesh S.Kulkarni
22	Details of anesthesia drugs used	Anaesthesia note attached
23	Types of anesthesia/ analgesia/ sedation	General + L.A.
24	Post-operative complications (according to sequence of events)	Papers Attached
	A. Details of symptoms and signs	Papers Attached
	B. Details of laboratory and other investigations	Papers Attached
	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	Papers Attached

### Details of Death Audit

25	Cause of death (Primary Cause)	P.M.Report awaited
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	
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	
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** .....

**Note:** If any member of the SQAC/DQAC has performed the operation, he/she should recuse himself/ herself from the proceedings of this audit.

# District Insurance Sub-Committee Report of FP Sterilization

## Death

Deat of Holding Dist. Insurance Sub-committee Meeting 29/09/2016  
Name of Deceased : Smt Prabhavati A.Khulkhule Age: 28 yrs resident  
of Old Kautha,Nanded

Date & Time of Admission 17/09/2016 11:00 sm Date & time of  
Operation 17/09/2016 12:45 To 1:10 pm Place of Operation Allurkar  
Hospital And Maternity Home,Vazirabad Nanded.

t) Pvt. Nursing Home (Accredited)

Type of Operation : Minilap

Date, Time & Place of Death : 18/09/2016 5:30 pm Vithai  
Hospital,Nanded.

Dist. Insurance Sub-committee Meeting is conducted on dt.  
29/09/2016 under the Chairmanship of Dr.Vijay KAndewad &  
following members were present.

Sr. No.	Name of Members	Designation
1	Dr.Vijay Kandewad	Civil Surgeon,Nanded
2	Dr.A.G.Malshetwar	Representative Of DHO Nanded
3	Dr.Jamdade	HOD Surgery Dept.GMC,Nanded
4	Dr.Annawar	HOD Annesthesia Dept. GMC,Nanded
5	Dr.Deshpande	HOD GMC,Nanded
6	Dr.Dr.D.N.More	RMO,Nanded
7	Dr.Toshniwal	MOH,NWCMC,Nanded



Dist. Insurance Sub-committee is of opinion regarding the cause of Sterilization Death as per following Findings :

Pre-operative Care :

Pluse 80/min BP 110/70 mmhg PA .....

PV ..... RS 16/min CBS .....

Pre-operative Investigation :

HB 10.1 gm% Blood Sugar ..... Urine Albuin- Nil

Operative Procedure : (Mention if any Complication had happend)

Under general anesthesia,lithotomy,position given,parts painted and draped.Serial dialation of cx done upto 10 mm hegors dialator.All products of conception aspirated with MVA syringe,check curettage done ,patient made to supine position.Abdomen painted and draped.Local anesthesia inj.Xylocaine 2% given at incision site.Abdomen opened by minilap incision.Both tubes identified,clamped,cut and ligted by modified Palmeroy's method.No active bleeding,after confirming mop and instrument count abdomen closed in layers with vicryl.Rectus sheath sutured with vicryl.Skin suture subcat sterile dressing done.

Post Operative Care :

Pluse 88/min BP 110/70 mmhg

RS 10/min CBS .....

Date of Discharged : .....

After Complication time of referral 17/09/2016 4:00 pm

Place of Referral – Vithai Hospital

Symptoms before referral – Patient had episode of tonic-

Time , Date & Name of Institutes where patient is admitted-

17/09/2016 4:30 pm Vithai Hospital Doctor lane Nanded.

Treatment Given : Case Paper Attached

Described Complications

.....  
.....

Time, Place of Death - 18/09/2016 Vithai Hospital, Doctor Lane  
Nanded

Cause of Death – PM Report awaited.

Cause of Death as per P M Report – PM Report awaited.

Dist. Insurance Sub-committee Meeting is held on to investigate FP Sterilization Death & is on opinion that the TL death is following sterilization operation payment of the full amount of Ex-Gratia legal heirs of deceased Smt.Prabhavati A.Khukhule through RCH PIP Year 2015-16 as per G.R. dt. 18.7.2016 as patient expired within 2 days after Minilap TL sterilization operation in Allurkar Hospital And Maternity Home, Vazirabad Nanded from District Integrated Society Nanded under revised Family Planning Indemnity Scheme

Signatures & Designation of Chairman & all Members