

Office of the West Bengal Clinical Establishment Regulatory Commission

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Case Reference: INT/PAB/2024/004

Present: Justice Ashim Kumar Banerjee (Retired), Chairman

Dr. Makhan Lal Saha

Sri Sutirtha Bhattacharya

Dr. Maitrayee Banerjee,

Smt. Madhabi Das.

Mr. Gourav KediaComplainant

- Versus-

Mission Hospital, Durgapur and Health World Hospital, Durgapur

.....Respondent

Heard on: January 29, 2024.

Judgment on : May 13, 2024



BACKDROP

Patient Rammi Kedia was in the family way. She was under follow-up of Dr. Subarna Ganguly and Dr. Debasish Bhattacharya. On September 1, 2023, Rammi, accompanied by her husband Shri Gaurav Kedia, visited Dr Debasish Bhattacharya for conducting an Ultrasound when Dr Bhattacharya advised admission at Mission Hospital, Durgapur as according to Dr Bhattacharya, Rammi required a premature delivery of her child that might need Neonatal Intensive Care that would be available at Mission Hospital.

Dr. Bhattacharya contacted Mr. Paltan Roy, representative of the CE and arranged for her admission. Gaurav Kedia and Rammi reached Mission Hospital at 10 a.m. on the said day directly from the chamber of Dr. Bhattacharya. Dr. Ranjit attended Rammi in the Emergency and provided necessary treatment to control her blood pressure that was on the decline. Gaurav Kedia contacted Paltan Roy who assured that all arrangement for admission would be made at Mission Hospital however, **according to Gaurav Kedia, Rammi was kept in the Emergency unattended during such critical period when she started deteriorating. In such distressed situation, Mr. Ankur Kedia, the younger brother of Gaurav contacted**



Dr. Satyajit Bose of Mission Hospital however, Dr. Bose did not respond to the call and suggested Dr. Aritra to take up the case.

Fact remains, despite her critical condition Mission Hospital refused to admit her.

In such situation, Gaurav Kedia arranged an Ambulance for his wife and she was rushed to Health World Hospital, Durgapur. They reached there at 11.45 a.m.

At Health World, the patient was admitted at Emergency at 12 p.m. Gaurav Kedia requested for gynecological consultation that was refused and he was asked to contact the OPD. Pertinent to note, in Emergency, the patient's condition worsened when her ECG report would show abnormality that was at 12.15 noon. Till 2 p.m she was kept at the Emergency without any admission. At 2 p.m she was admitted and Ultrasound was done that would reveal ruptured Uterus. Dr. Debraj Mondal contacted the patient's family and counselled them. The patient was moved to the OT. She was operated upon when she gave birth to a girl child. The child was sent to NICU At 3.30 p.m. Gaurav Kedia was asked to complete admission process for the child. Rammi was shifted to ICU. However, she breathed her last at about 6.15 p.m. on the same day.

COMPLAINT

Gaurav Kedia filed the complaint before us vide letter dated December 28, 2023 that was received by us on January 2, 2024 and was registered as INT/PAB/2024/004.

RESPONSE

Both the hospitals being Mission Hospital and Health World Hospital submitted their response.

According to Mission Hospital, they did not admit the patient as new born might require NICU that Mission did not have. According to the response dated January 8, 2024 sent by Mission Hospital, the patient arrived at September 1, 2023 at 10.10 a.m. She was there till 11.14 a.m. In the Emergency the patient party was informed about unavailability of bed in NICU. The patient was resuscitated at Emergency with IV fluid. Emergency physician informed the consultant pediatrician on duty about the emergent requirement of NICU. However that could not be arranged. The patient's relatives were accordingly informed when they left for another establishment.

The incident happened at 33 weeks of gestation.



By subsequent communication dated January 29, 2024 Mission Hospital informed, the patient was seen by Dr. Rajib Patel, MBBS(3 years fellowship training in Emergency Medicine), Dr. Tania Anand, MBBS, Dr. Kausani Mondal, MBBS.

HEALTH WORLD

Health World submitted their response vide mail dated January 10, 2024. According to them, patient had a history of 33 weeks pregnancy with pain abdomen for last two days. She had a previous history of Cesarean delivery during her last pregnancy. Her expected date was October 20, 2023. She was referred from a private hospital. The patient arrived at Emergency when she was conscious having her blood pressure at 100/70, pulse 130 bpm having Spo2 at room air @ 99 %. She was complaining of pain abdomen and on examination she was taken for urgent USG that revealed single intrauterine gestation corresponding to a gestational age of 33 weeks 06 days, grossly compromised biophysical profile of the fetus- oligohydramnios, fetal bradycardia. She was immediately taken to OT. General anesthesia was given. Surgery started with immediate effect. On opening abdomen, gross hemoperitoneum was seen. Fetus was floating inside the Uterus. Girl child delivered at 3.22 p.m. and weighing 1.955 kg.

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She was handed over to the Pediatrician and ultimately transferred to NICU. Patient was shifted to ICU and was put on ventilation where she breathed her last at 6.15 p.m.

By a subsequent mail dated January 31, 2024 HealthWorld informed, the surgery was done by Dr. Debraj Mondal, MS(Obg), DNB(Obg), Dr. Mithun Biswas, MBBS, DA (Anaesthesiology), Dr Debasish Giri, MD (Anesthesiology), Dr. Sabyasachi Mukherjee, Registrar (Pedia).

HEARING

We heard the complaint on January 29, 2024 and ultimately reserved our judgment. We also requested both the CEs to share the details of the treating team that was done by both the CEs as referred to above.

At the hearing apart from our esteemed medical members, Dr. Runa Bal, HOD, Gynecology, Obstetrician of NRS Medical College, Kolkata was present with us on our request to assist us as an expert.

RIVAL CONTENTIONS

Gaurav Kedia narrated his ordeal referred to above.

Dr Partha Pal, Medical Director, represented Mission Hospital. According to Dr. Pal, the patient was not registered before that date. She was sent only

on that day by Dr Debasis Bhattacharya through Mr. Paltan Ray. The Emergency team examined the patient and observed that the baby might need NICU. Despite best efforts, they could not arrange for NICU and as such, counselled the patient family about such situation. The patient family, being satisfied, left the CE for another hospital. She was there for about one hour when basic medical service was given to the patient at the Emergency.

Dr. Ranjan Mukherjee, represented Health World Hospital. He shared the medical records pertaining to the patient's treatment. According to them, the patient reached at 11.45 a.m. in a critical condition. She was immediately taken to the OT after Ultrasound examination. She was operated under general anesthesia and the girl child was born uneventfully. The patient was shifted to ICU and due care was taken. Despite treatment, the patient breathed her last at 6.15 p.m. on the same day.

EXPERT VIEW

Our esteemed member Dr. M.L. Saha evaluated the medical records and gave his opinion that is extracted below:-

"Ms Ramani Kedia was a post CS pregnancy. She was under care of Dr Debashis Bhattacharya at Ranigunj Nursing home. As per record Dr

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Bhattacharya has seen her on 17.2.23., 17.5.23 , 30.5.23., 11.6.23, 8.7.23., 5.8.23 and on 21.9.23.

Foetal echocardiography was done on 1.7.2023., which was normal

On her last visit on 1/9/23 at Ranigunj nursing home the gynecologist Dr D .Bhattacharya noted foetal heart rate of 160/min. Uterine contraction +. Scar thinned . Patient was advised Inj Betnesol and Inj MgSO4 and the patient was referred to Mission Hospital at Durgapur. Dr Bhattacharya informed Mr Paltan, the area coordinator of Mission Hospital, for her admission at Mission Hospital The patient relatives also contacted Mr Paltan before arrival to Mission Hospital.

Patient arrived at Mission Hospital around 10am and was seen by EMO at ER. Apart from a bill no record of emergency treatment at Mission Hospital is found in the record provided. It appears that the patient was having hypotension and was given Inj Noradrenaline. There is no Record to suggest that patient was seen by an obstetrician at Mission Hospital nor any USG was done. As there was no bed available at NICU for the newborn patient was denied admission at Mission hospital. Patient left Mission hospital after about an hour around 11.14am and was taken to Health World Hospital.



Patient arrived at Health world Hospital at 12 noon, seen by EMO at 12.20pm(as per record at ER sheet) and underwent different investigations. There is no record to suggest that patient was seen by an obstetrician at ER of Health World Hospital before admission. Patient was admitted at Health world Hospital around 2pm after USG was done. One note in BHT revealed that patient was discussed with Dr Debraj Mondal and Planned for urgent LUCS and treatment was prescribed. Advised for arranging blood and FFP.. USG done at Health world hospital revealed ruptured uterus with intraperitoneal bleeding. Dr Debraj signed the consent form at 3 pm for undertaking the high risk surgery. Dr D. Mondal saw the patient at 3.05 pm and noted his observation and advised for immediate laparotomy got the high risk paper signed at 3.15pm and operation started after that

Patient underwent surgery by Dr Debraj Mondal- LUCS followed by subtotal hysterectomy. Operation note revealed ruptured uterus with massive hemoperitoneum. After delivery of the baby, noted uterine apoplexy with broad ligament hematoma with posterior wall rupture and decision taken for hysterectomy . Consent was taken from her husband for hysterectomy. During the operation patient had an episode of cardiac arrest and patient could be revived on table, postoperatively patient was in



refractory hypovolemic shock and developed another episode of cardiac arrest at ICU after shifting there and declared dead at ICU at 6.30pm.

The complainant submitted that the patient was seen by Dr Bhattacharyya on 1.9.23. and after conducting a diagnostic USG he referred the patient to Mission Hospital Durgapur for premature delivery and also told that the newborn will require NICU care. Dr Bhattacharyya contacted one Mr Paltan Roy a representative of Mission Hospital, Durgapur for her admission.

During transit from Ranigunj the patient condition deteriorated and patient attended Mission Hospital on 1.9.23 at 10.00.am. Patient was seen by EMO Dr Ranjit. Patient was in hypotension and she was administered Inj Noradrenaline.

Primary treatment was done at Mission Hospital for her low blood pressure and she was given Inj Norad for low blood pressure. The complainant contacted Mr Paltan Roy and he assured him that arrangement has been made for her admission at Mission Hospital

She was treated at ER of Mission Hospital for about an hour and she was refused admission as there was no Bed available at NICU as this was a case of premature delivery. Patient husband alleged that she was left



unattended at Mission hospital ER. They tried to contact Mr Stayajit Bose of Mission Hospital. Dr Bose did not respond and suggested to contact Dr Aritra via a whats app message. In spite of their request patient was not admitted at Mission Hospital.

Patient was taken to health world Hospital by an ambulance and they reached at Health World Hospital around 11.45am and was seen by EMO. Patient was not seen by Obstretician at ER in spite of request by the complainant and they were asked to go to OPD. Her ECG report was abnormal and she was admitted at 2pm at Health World Hospital and under went all investigations including USG. The complainant alleged that he was not apprised about the severity of the condition of his wife before operation. In spite of arrival at 12pm she was not admitted till 2pm. Her husband alleged that he was not apprised about the severity of the operation by the doctor.

After LUCS the baby was transferred to NICU and the complainant completed the formalities for NICU admission.

The patient was transferred to ICU where she succumbed to death.

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Reply by Mission Hospital

Patient since deceased Ramani Kedia arrived at Mission Hospital on 1.9.23 at 10.10 am and left at 11.14 am. Patient was seen by ED physician Dr Rajeev Patel. The statement says that patient was conscious, oriented but complained of uneasiness, no associated PV bleed, no abdominal pain and no sustained uterine contraction. Dr Tirtha Mukherjee and Dr P Pal submitted that the area health coordinator Mr Paltan was informed by Dr D. Bhattacharyya around 8.40am regarding referral of this patient to Mission Hospital. 10 minutes before arrival to mission Hospital patient relatives also apprised Mr Paltan regarding their arrival to mission hospital. At emergency patient was resuscitated and BP recorded as 90/60mmHg and pulse rate of 104/min.

Patient was denied admission as there was no availability of NICU bed at Mission Hospital at that point of time as the premature delivery required a NICU bed for the new born.. EMO informed the concerned pediatrician regarding requirement of a NICU bed.

Dr Pal and Dr Mukherjee also submitted that timing of delivery needs to be balanced with maternal risk and benefits of fetal risk. Decision analysis suggest that in 33 weeks of gestation the case is to be managed where



optimal ability to handle the neonate is present. At that point of time taking into consideration well being of both the mother and the child and in good faith the patient was transferred to other hospital with reasonable clinical stability.

Patient relatives arranged a bed at another hospital and left Mission Hospital.

Reply by Dr Dhriti Sundar Dutta Dy Medical Supdt. Of Health World Hospital

Patient since deceased Ramani Kedia came to emergency with 33 weeks of pregnancy with pain abdomen of 2 days duration. She was referred from Ranigunj with uterine contraction and thinning of cesarean scar. She was earlier refused admission at another hospital.

On arriving at ER patient vitals recorded was stable with a blood sugar of 354mg/dl. She was taken for urgent USG fetus along with that all relevant investigations and ECG was done. The USG report revealed grossly compromised biophysical profile of the fetus and there was evidence of scar dehiscence in the anterior myometrium with significant maternal hemoperitoneum. Sonologist Dr P.P.Som informed the consultant obstetrician Dr Debraj Mondal about the report and patient was



immediately shifted to Operation room. Blood and FFP requisition was done and patient was taken up for operation.

Operative finding revealed gross hemoperitoneum , fetus seen floating inside the uterus within the sac. Baby delivered at 3.22pm (Girl baby weighing 1.955kg) and was handed over to pediatrician for resuscitation. There was scar rupture and there was a broad ligament hematoma.. Posterior wall of the uterus was given away and resulted in massive hemoperitoneum There was placenta accreta. Uterus showed signs of uterine apoplexy and closure was not possible. Decision taken for hysterectomy by the physician. During subtotal hysterectomy patient developed one episode of cardiac arrest and resuscitation was done. Due to massive bleeding 3 units PRBC and 4 units of FFP transfusion was done. Hemostasis was secured. After the operation patient was shifted to ICU. After sometime patient has another episode of cardiac arrest and could not be resuscitated and declared dead at 6.15pm.

Patient was admitted at 2.04pm and died at 6.15pm and duration of stay at the hospital was approximately 4 hours. The treatment offered was as per medical protocol and all the advice of physician were followed.



Observation and Comments:-

- *Ramani Kedia since deceased was a case of high risk post CS pregnancy was under regular follow up of Dr D Bhattacharyya at Raniganj. On 1.9.23. at 33 weeks of pregnancy in view of impending scar rupture patient was referred to Mission Hospital Durgapur and the area Coordinator of Mission Hospital Mr Paltan was apprised by the concerned Obstetrician for admission of this patient for premature delivery. Mr Paltan assured admission at Mission Hospital. Accordingly patient arrived at Mission Hospital on 1.9.23 at 10am. Patient was seen by EMO and in view of hypotension patient was administered Inj Noradrenaline. As it as a case of premature delivery and newborn would require NICU care, they refused admission of the patient at Mission Hospital as no NICU bed was available.*
- *There has been serious lapses on the part of the Mission Hospital in managing this patient. This was a high risk pregnancy and in the instant case both mother and the fetus were at high risk. The Mission hospital did not assess the mother properly on arrival at ER and no Obstetrician examined her at the morning hours to assess*

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the maternal condition. After one hour she had to leave the Hospital. USG at Mission Hospital would have revealed that there has been already rupture of uterus and massive bleeding in abdominal cavity. Saving the life of the mother would have been more prudent than thinking about NICU care for the new born. Valuable 5 hours had elapsed between arrival at Mission Hospital and LUCS done at Health World Hospital. In view of massive hemorrhage, patient had cardiac arrest during surgery on table and later on the patient succumbed to death because of refractory hypovolemic shock and another episode of cardiac arrest. Saving the life of the mother should have been given priority by the Mission Hospital. More so the Mission Hospital Coordinator Mr Paltan was informed well ahead at 8.40am in the morning for her admission at Mission Hospital and he assured her admission at Mission Hospital.

- Mission Hospital should have been more proactive in managing this patient.*
- Patient arrived at Health World Hospital at 12 noon as per record and the EMO has seen the patient at 12.20. and the process for investigation started at health World Hospital. In spite of request by*

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the relatives the patient was not seen by Obstetrician immediately after arrival Dr Debraj Mondal Obstetrician saw the patient at 3pm almost 3 hours after arrival at Health World Hospital. Although the LUCS and hysterectomy was done at Health World Hospital the patient could not be saved due to refractory hypovolemic shock. The team of Doctors at health World Hospital had taken all the measures required for treating this patient. The whole incident happened at the peak hospital working hours and not at late night. The USG study took 2 hours to be done and obstetrician took 3 hours to first see the patient after arrival. In view of the urgency of this patient things should have been done more faster at health World Hospital. The obstetrician had taken an informed consent from patient relatives regarding the high risk of the operation including the life risk of mother and the fetus. So this is not true that the relatives were not apprised about the criticality of the operation.”

Our medical expert Dr. Runa Bal also gave her opinion on evaluation of the medical records that is extracted below:-



“On 1.9.23, the deceased patient, Saturday Rammi Kedia, along with her husband, visited The Mission Hospital, Durgapur around 10 am with hypotension (detailed reports not available) as per advice of a Gynaecologist(Dr Debashis Bhattacharya) of Raiganj. But the said Hospital did not admit her (Post CS pregnancy, EDD 20.10.23). The said Hospital did administer Noradrenaline injection as per the patient's husband, which substantiate further that the patient might be in acute emergency condition.

Subsequently, the unfortunate patient was referred to and was admitted to the Health World Hospital of Durgapur on the same day at 12.20 pm with pain abdomen (for last 2 days). She had tachycardia and hypotension at that time of admission. She underwent USG, ECG and other investigations. She underwent LUCS at 3.22 pm. On laparotomy, she had hemoperitoneum, scar rupture and also placenta accreta. Subtotal Hysterectomy was done. Unfortunately, She expired on the same day at 6.15 pm.

My observations

- 1. The Mission Hospital should have admitted such patient and have some measures to tackle such emergent situations.*
- 2. It was noted that at the second Hospital, Health World Hospital of*



Durgapur, only one Gynaecologist was there at the operation theatre and it is utterly difficult for a sole Gynaecologist to manage a case of Placenta accreta in a Post CS pregnancy”.

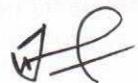
OUR VIEW

We heard the parties at length. Our esteemed member Dr. M.L. Saha evaluated the entire medical records. So was Dr. Runa Bal, expert appointed in this matter.

It is almost an accepted protocol in a case of a like nature, the doctors should have given preference to the life of the mother than the child. Here it was not followed.

Dr Debasis Bhattacharya, under whom the patient was getting required treatment during the gestation period advised immediate admission at Mission Hospital. He, himself, talked to the area coordinator, Mr. Paltan Roy and explained the situation to him. Mr. Roy received the patient and assured her husband, the complainant above named that the admission would be done. Yet, the CE refused admission on the ground that the NICU would not be available.

Dr Saha, categorically pointed out, had there been an USG done at mission hospital the rupture uterus followed by internal bleeding could have



surfaced. Mission did not venture for the same. No Gynecologist was consulted. The patient was kept for about more than an hour practically without treatment that the patient required at that moment. If the USG had been done and the patient had been taken for surgical intervention, the life of the patient could have been saved. Mission did not venture for the same resulting in deterioration of the patient.

In Health World, the Gynecologist should have seen the patient right at the Emergency. Such request was turned down and the patient was asked to attend OPD. Ultimately when the situation became out of control, USG was done and the patient was taken for a LUCS which was too late. Child could be saved, not the mother.

We hold both the CEs liable for hospital negligence.

We direct payment of compensation of Rs. 10,00,000/- against mission hospital.

In Health World, the patient got required treatment at much belated stage. Child could be saved but not mother. We direct payment of Rs 5,00,000/- by Health World.

The complaint is disposed of accordingly.



Sd/-

(ASHIM KUMAR BANERJEE)

We agree,

Sd/-

Dr. Makhan Lal Saha – Member

Sd/-

Dr. Maitrayee Banerjee,

Sd/-

Sri Sutirtha Bhattacharya

Sd/-

Smt. Madhabi Das.

Authenticated
[Signature]

Secretary
West Bengal Clinical Establishment
Regulatory Commission

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