THE WEST BENGAL CLINICAL ESTABLISHMENT REGULATORY COMMISSION.

Present: Justice Ashim Kumar Roy, Chairperson.

Dr. Makhan Lal Saha, Member.

Dr. Gopal Krishna Dhali, Member.

Dr. Debasis Bhattacharya, Member.

Dr. Madhusudan Banerjee, Member.

Dr. Maitrayee Banerjee, Member.

COMPLAINT ID: BIR/2017/000129.

Mr. Rajendra Prasad Bhandari.....Complainant.

-versus-

The Mission Hospital.....Respondents.

Date of judgment: 7th March, 2018.

J U D G M E N T.

In his letter of complaint against Durgapur Mission Hospital (hereinafter referred to as '*the said hospital*'), the complainant, Rajendra Prasad Bhandari alleged as follows,

The mother of the complainant, Parbati Bhandari, aged about 63 years on March 27, 2017 was admitted at '*the said hospital*' with various medical problems. After her staying there for 9 days, since there was no improvement and bill amount was escalating day by day on April 5, 2017, the complainant was forced to get her discharged and on the same day readmitted her at Siuri Sadar Hospital. On April 8, 2017 she expired. At *the said hospital* without any surgery he was charged Rs. 2,21,149 only on account of bed charge, tests, medicines and doctor fees. On March 27, 2017, March 28,

2017 & April 4, 2017, no doctor attended her, and she was not undergone any surgery still *the said hospital* charged 2 consultation fees on each day on account of Dr Deepak Kumar. In the bill group wise summary before March 30, 2017 no charge was levied on account of medical equipment charges but in the final bill on that account Rs.350 per day was charged from March 28, 2017 to April 5, 2017 for 9 days. On April 4, 2017, the complainant informed the authority of the *said hospital* _ that on the next day i.e. on April 5, 2017 he shall take discharge of her mother and on the next day at around 12.30 she was discharged but against the bill dated April 5, 2017 charges were levied on account of various tests.

However, in a said letter of complaint, no allegation of deficiency in service has been made and his case is one of overbilling.

2. Immediately upon receipt of the complaint, notice was issued against the said hospital seeking their reponse to the allegation made against it and to supply the bed head ticket and the copy of the bills.

3. The hospital initially filed its response in online contending as follows,

Patient Late Mrs. Parbati Bhandari, 63years/Female was diagnosed as a case of encephalopathy, hypercalcemic, sepsis, acute on CKD, CAD with poor LV function, Parathyroid adenoma with hypokalemia in a know case of DMN HTN, was admitted on 27/03/2017 and was discharged on risk bond on 05/04/2017 at the The Mission Hospital Durgapur under the department of Critical care and Nephrology. Patient was clinically unstable and was admitted in critical care for 9 days. Patient had bed sore due to prolonged immobilization. Major investigations workup: NCCT Brain, NCCT Neck, PTH hormone assay, 25 OHD3 Myeloma workup, USG Neck, ECG, Echo, daily ABG review, Electrolyte and calcium monitorin. Treatment Modality:1. Haemodialysis calcium fee. 2. IV antibiotics (Broad spectrum) 3. IV Calcitonin 4. IV albumin 5. IV Zoledronic acid 6.

Parenteral nutrition 7. Cardio, Neuro, Critical care, General surgery review 8. Bed sore care a) Patient was reviewed by Critical care team, Nephro team on all days in the critical care units (attachmebnt 1) b) Medical equipment used was ripple mattress (attachment 1) c) on 5th April 2017 Na+, K+, Urea, Creatinine, Hb, TLC and ABG review was done.

4. During the hearing of the case, the parties were directed by the Commission to present their respective cases in the form of affidavits.

5. The complainant although in his letter of complaint confined only to overbilling but in his affidavit, made further allegations:

a) The complainant filed a further submission on 27/11/2017 with the allegation of negligence by the hospital in the treatment of Melena. During the first two hearing, he could not know anything about the treatment of Melena from the clinical establishment and came to know during third hearing that hospital became aware of Melena only on 4/4/2017 from which her mother was suffering. This is not a fact because Doctor had informed him for the first time about Melena on 31/3/2017 in HDU. He also raised the following questions:

1. For which symptoms the USG of whole abdomen was conducted?

2. If Melena was noticed only on 4/4/2017, why no note was written on the issue in the case summary noting at 11.55pm?

There was negligence by the hospital in treatment of Melena. In addition to it the following issues are to be ascertained.

a) There is huge gap between provisional bill and final bill.
b) There is apparent discrepancies between the number of fees of the doctors and number of consultation note in the bed head ticket.

c) In the provisional bill no consultation charge was levied up to 29-3-2017 but in the final bill the consultation fees for 29-3-2017 was added.

In addition to above various allegation about the billing was brought but the same is not detailed and vague.

6. In its affidavit, *the said hospital* in detail dealt with the case of the complainant and contended as follows:

Mrs. Parbati Bhandari aged 63 years, Female came to the Emergency Department on 27/03/2017 at 3.20 pm with complaint of, viz. altered mental status and involuntary passage of urine for last 7 days. There was history of urinary tract infection for 10/14 days back.

Patient was a known case of T2DM, HTN, CKD. At the time of presentation patient's vitals were as follows:

i) HR- 110/min

ii) BP- Non recordable

iii) RR- 21/min

iv) SpO_2 – 92% on room air

v) CBG – 302 mg/dl with GCS – E3V3M5

The patient initially resuscitated at Emergency with intravenous fluid and Inotropic support. To find the cause of Altered sensorium CT Brain done which showed cerebro cerebellar atrophic changes. After initial resuscitation patient shifted to Intensive care unit with provisional diagnosis of Uraemic Encephalopathy with Urinary tract infection in a case of T2DM, CKD. In Intensive Care IV antibiotics, antacid and other supportive medications including inotropes continued as per patient's need.

The Initial Lab investigations showed:

i) TLC- 13000

ii) Urea- 62

iii) Creatinine – 3.7

iv) Potassium – 2.4

v) Calcium – 15.5

Correction of Dyselectrolytemia done. Even after adequate hydration and medical management Hypercalcaemia did not improve. To find out the cause Hypercalcaemia a battery of test including blood and radiological investigation carried out (Vitamin D -25 Hydroxy, Vit D-1, 25 Dihydroxy, PTH level, USG whole abdomen, USG Neck).

a) USG whole abdomen revealed bilateral renal parenchymal disease

b) USG Neck revealed – Hypoechoic lesion in left thyroid gland

c) Echo – CAD

d) Global Hypokinesia

e) Mild LV Systolic Dysfunction

f) Mild MR

In view of failure of medical management decision of Haemodialysis was taken to correct Hypercalcemia. In due course of time ionotropic support of the patient stopped and patient improved partially. The renal parameters revealed improving trend. Irrespective of continued supportive medical management on 4th April, 2017 patient developed melena for which blood product transfusion given, total parental nutrition initiated and Gastro opinion sought. During her whole stay patient was treated in a multidisciplinary approach including Department of Nephrology, Neurology, Cardiology, General Surgery, Gastroenterology and critical Care Team. Finally, the patient was discharged on risk bond on 05/04/2017.

It was further added,

I. The responsibility for management of patients admitted in Critical care was shared between the critical care team and the primary attending unit team.

II. During total of 9 days stay, in Critical care unit patient was reviewed and examined both by the Critical Care Team and the Nephrology Team which was evident from the case file.

III. There was no extra charges levied on the billing segment and that has been duly certified by the billing department.

IV. Counselling, adequate information had been furnished by the doctor and members of his team to enable the patient's family to make a balanced decision

V. Patient relatives had been disclosed about the nature, substantial risk and the adverse consequences in the course of the treatment. The same has been reflected in the several pages of the BHT

Page No. – 18 guarded prognosis

Page No. – 21 Vulnerable consent

Page No. – 23 High risk consent

Page No. – 5 Case summary 31/03/2017

Page No. – 6 Case summary 02/04/2017

Page No. – 37 Informed consent

Patient was being treated as a case of refractory hypercalcemia. In such cases the common causes to be ruled out are malignancy, Hyperparathyroidism, Vit.-D intoxication and aggressive medical management for severe hypercalcemia.

The major investigations workup: NCCT Brain, NCCT Neck, PTH hormone assay, 25 OHD3 Myeloma workup, USG Neck, ECG, Echo, daily ABG review, Electrolyte, Calcium and KFT monitoring.

Treatment modality:

a) Haemodialysis calcium free
b) IV antibiotics
c) IV calcitonin
d) IV albumin
e) IV Zoledronic acid
f) Parenteral nutrition
g) Cardio, Neuro, Critical Care, General surgery review
h) Bed sore care

In reference to repeated PTH assay it was done since the most probable clinical diagnosis with severe calcemia (with calcium level 16.4) was malignancy and as the PTH value was not collaborating with the clinical presentation it was repeated twice in the best interest to confirm the diagnosis. Primary Hyperparathyroidism generally does not present with such high calcium values.

It is also to be noted that PTH assays are not standardized and generally clinical decision is based on the trend of the values in repeated test.

Regarding charges of Blood components was as per National Blood Transfusion Council guideline by Ministry of Health and family welfare, Govt. of India. The copy of the guidelines is annexed hereto and marked Annexure-2.

The security deposit received is refundable after replacement of 50% of Blood product issued. Patient party had been counseled about the same by the billing department.

As per the medical condition the patient was advised for ripple mattress hence it was provided. As per hospital tariff schedule the ripple mattress charges is Rs.350/- per day, hence from the day of connection up to disconnection the patient party was charged.

It was charged at the time of final bill because the disconnection date cannot be anticipated beforehand.

Furthermore, it is stated that this information was given in the " Interim Bill" from the 1st day for the sake of patient knowledge.

Patient was discharged on risk bond and on the day of discharge patient was clinically unstable hence the supportive management including routine investigations was continued till the patient was in the hospital.

The cost of investigation on the day of discharge was amounting to Rs.3176/- against ABG, Serum Calcium, Urea, Creatinine, Sodium, Potassium, TLC, Haemoglobin.

7. The Commission with the active participation of the members having medical back ground in depth carefully studied the case of the complainant and the response of the Clinical Establishment and the materials on record are very carefully considered. Now, having regards to above, the Commission come to the following conclusions:-

a) The patient had background disease of type 2 diabetes, Hypertension and chonic kidney disease.

b) The altered sensorium with involuntary urinatroin in the case of CKD with high Serum Calcium 15mg or above is more likely due to hypocalcaemia than urenic encephalopathy (Harrison's Text Book of medicine 18th edition).

c) The patient responded with IV Saline, Calcitonin and one single haemodialysis (calcium free) within 3-4 days time negates malignancy as underlying Cause.

d) Suspicions of (L) Parathyroid adenoma in CKD could have been associated with Secondly hyperparathyroidism as adaptive response (vide Harrisons Text Book of internal medicine).

e) Associated left ventricular dysfunction (EF 42%) is an added risk factor for morbidity and even mortality.

f) There is no evidence to show Dr Deepak Kumar has charged professional attendance fees on 27/3/2017, 28/3/2017 and 4/4/2017.

g) Billing of Ripple mattress (medical equipment Rs 350/- each day) for 9 days is not inappropriate.

h) Prognostic severity of the patient has been initiated to the relative number of times without any objection.

i) Charges of packed RBC matches as per Government rules and regulations.

8. Having regards to above in our opinion the case against the Clinical Establishment is not established and accordingly this complaint stands dismissed.

Sd/-
Justice Ashim Kumar Roy
Chairperson

Sd/-
Dr. Makhan Lal Saha, Member.

Sd/-
Dr. Gopal Krishna Dhali, Member.

Sd/-
Dr. Debasis Bhattacharya, Member.

Sd/-
Dr. Madhusudan Banerjee, Member.

Sd/-
Dr. Maitrayee Banerjee, Member.

Authenticated

7/3/2018.

Secretary
W.B.C.E.R.C.
Kolkata-1