

**THE WEST BENGAL CLINICAL ESTABLISHMENT
REGULATORY COMMISSION.**

Present: Justice Ashim Kumar Roy, Chairperson.

Dr. Sukumar Mukherjee, Member.

Dr. Madhusudan Banerjee, Member.

COMPLAINT ID: KOL/2018/000325.

Mr. Avanish Kumar Singh.....Complainant.

-versus-

I.Q. City Narayana.....Respondents.

Date of judgment: 5th December, 2018.

J U D G M E N T.

The present case was registered against I.Q. City Medical College and Hospital at Bijra Road, Durgapur on a letter of complaint made before the Commission by one Avanish Kumar Singh. According to the complainant, his grandfather Lalji Singh was admitted at I.Q. City Medical College and Hospital and he underwent a surgery for fracture of neck femur on 23.12.2018 and was discharged on 27.12.2018. The patient was readmitted in the same hospital on 29.12.2018 with respiratory distress and discharged from operative side. It was diagnosed that he might have preoperative joint infection and respiratory infection with multi drug resistant, Klebsiella pneumoniae. Subsequently, the father of the complainant died on 07.01.2018 at Durgapur Steel Plant Hospital.

It is the specific case of the complainant that the I.Q. City Narayana Multi Specialty Hospital was lacking in proper sterilization of the patient ward and OT as also mechanical instrument and due to that coupled with unhygienic condition of the said hospital, led her father to acquire infection and as a result, he died.

After filing of the letter of complainant the complainant filed his complaint in the form of affidavit as directed by the Commission.

2. In their reply, the clinical establishment denied all the allegations made against it and more particularly the allegation that due to unhygienic condition and lack of sterilization, the father of the complainant acquired infection and consequently, sepsis and died.
3. We have very carefully gone through the respective cases of the parties and the literature submitted by the complainant and the report of the Hospital Infection Control Committee as also the medical records of the patient.
4. From perusal of the aforesaid document, we find that Mr. Lalji Singh 75 years male father of Mr. Amarendra Singh MRN No 17561712190018 was admitted in IQ City Medical college and Hospital on 20/11/2017, at 01.02 p.m with a diagnosis of leg fracture neck femur with background illness of old Cerebrovascular accident with right sided hemi paresis, T2 Diabetes mellitus and hypertension. He was in multiple home medications like Eption, Frisium, Pacifere, Glycomet. He was planned for bipolar hemi-arthroplasty. High risk consent was taken from his son. Sri Amarendrasingh on 22/12/2018 (BHT P14). Surgery was performed on 23/12/2018 with modular bipolar hemiarthroplasty (Johnson & Johnson). Post operatively the patient was stable and without any complication. The patient was discharged on 27/12/2017 with post-operative advice and home care and necessary follow up in OPD. He was readmitted on 29/12/2017 at 10.54 PM with respiratory distress, discharge from operative site when BP was 149/86 Resp 24/mm RBS 144 SpO2 91% and wheezes and repititation in chest. He was diagnosed to have preoperative joint infection and respiratory infection with multi drug resistant klebsiella pneumoniae. The patient was shifted to ICU at 12.30 a.m on 30/12/2017.

However, the son of the patient expressed his inability to bear the expenses of the said hospital and hence he took the decision to shift the patient to Durgapur Steel Hospital for affordable cost of treatment or free service.

5. As noted hereinabove it is the specific case of the complainant that according to the Microbiology Laboratory of the I.Q. City Narayana Multi Specialty Hospital dated 29.12.2017 that his grandfather had heavy growth of klebsiella pneumonia and it is further found that the sample which shows such growth, was collected on 27.12.2017 and he was there from 20.12.2017 to 27.12.2017. Therefore, it is evident that his grandfather was infected with klebsiella pneumonia at .Q. City Narayana Multi Specialty Hospital which led to his death.

6. Now, having considered the case of the respective parties and with the valuable opinion of the medical members of the Commission, the Commission observed as follows,

a. The hospital infection control committee has shown that ICU room, wall culture, aci culture from OT, anesthesia machine on 19/12/17, 22/12/17, 17/01/2018 does not show any bacterial growth.

b. During post operative period on first admission it is claimed no evidence of wound infection. In fact the patient was discharged in stable condition.

c. On Second admission, the hospital was not given the opportunity for further treatment for klebsilla infection as he stayed for 24 hours.

d. As per published literature, klebsiella has become an important pathogen in hospital setting causing nosocomial infection without breaks of 20%, where the problem of antibiotic resistance is typically magnified (MA woods J. of clinical and experimental pathology 2015). Prevalence of klebsiella pneumonia among isolates was determined in different studies in (Nigeria 64.2%) followed by India (33.9%) and Denmark (17.4%). The important risk factors include higher age group, duration of hospital stay and impaired immunity like association with Diabetes, CKD etc.

e. However, the patient died in Durgapur Steel Hospital on 07.01.2018. In the death certificate it is mentioned that he died of Septicemia but no reference has been made about multidrug resistant klebsiella pneumoniae as a causal agent.

7. The Commission is, therefore, of unhesitant opinion that there is no deficiency in patient care service on the part of the Clinical Establishment taking into account the hospital infection control committee reports dated 19.12.2017, 22.12.2017 and 17.01.2017 and the source of infection is unidentified.

In the result, the case stands closed and disposed of.

Sd/-
Justice Ashim Kumar Roy
Chairperson.

Sd/-

Dr. Sukumar Mukherjee, Member.

Sd/-

Dr. Madhusudan Banerjee, Member.

Authenticated

ARSHAD HASAN WARSI
WBCS (Ex)

Secretary
W. B. C. E. R. C.