

Office of the West Bengal Clinical Establishment Regulatory Commission

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Case Reference: ID-SPG/2018/000302

**Present: Justice Ashim Kumar Banerjee (Retired), Chairman
Dr. Sukumar Mukherjee,
Dr. Gopal Krishna Dhali
Dr. Madhusudan Banerjee.
Dr. Debasis Bhattacharya,**

**Sk Firdous Podirhati.....Complainant
- Versus-**

**Woodlands Multispeciality Hospital Limited
.....Respondent**

**Heard on: May 30, 2018, July 11, 2018, September 12,
2018, June 20, 2019, August 22, 2019, September 18, 2019
and November 11, 2019**

Judgment on: January 9, 2020.

On January 5, 2018 the complainant above named raised his grievance as against the CE above named alleging lack of proper nursing care of his father who was admitted in the Clinical Establishment Woodlands Multispeciality Hospital Ltd. (hereinafter described as “CE”), resulting in bed sore within 10 days of admission in ICU. At the time of making of the complaint, the patient

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was undergoing treatment at the Clinical Establishment. He subsequently died on February 2, 2018, after almost 4 months of hospital stay.

The facts would reveal, Sk Hannan, male patient aged about 63 years was admitted in Fortis Hospital. He was shifted to the CE above named for better care under the preferred choice of Dr. Pahari Ghosh, the treating physician. The patient had several co-morbidities like hyper tension, T2DM, peripheral sensory neuropathy and chronic obstructive lung disease at the time of admission. The complaint would relate to lack of nursing care resulting in bed sore after his admission in the Clinical Establishment. Pertinent to note, at the time of shifting from Fortis he did not have any bed sore at all as would reveal from the medical records. During his four months of stay at the hospital for the period from September 8, 2017 to February 2, 2018, the patient was all throughout admitted in ICU. Initially, he was in bed no B-5 second floor where ill treatment and/ or lack of treatment were complained of. Subsequently the patient was shifted to the upper floor. The complainant did not have any grievance about the nursing care at the upper floor, however, the bed sore which occurred during his stay at second floor could not be healed up despite efforts being made at a later stage.

The matter came up for hearing on the above mentioned dates. Initially it was heard for about four days by my predecessor. From the records, I find, the present case was having a distinctive feature where the treating doctor/physician had been supporting the complainant. In fact, the treating physician appeared before the Commission and made submission in support of the contention of the



complaint. However, the scenario completely changed before me when despite, the matter being adjourned on his ground, Dr. Ghosh chose to remain absent. Hence, we had to hear the matter afresh in absence of Dr. Ghosh.

We have heard the complainant. He categorically submitted, his complaint would relate to lack of nursing treatment at the second floor and he had no grievance against the doctors treating the patient as also the nursing care that was given to the patient while at the upper floor ICU. We called the concerned nurses who were on duty. We also called for the nursing duty roster to have an idea whether there was any dedicated nursing staff for the patient. We are satisfied, there was no dedicated nursing staff during the crucial period. It is true, the patient was in immobile condition. It is also true, he was in a comatose stage all throughout for four months of stay at Clinical Establishment. He came in such a state from Fortis where there was no sign of bed sore. Hence, the Clinical Establishment is under obligation to satisfy us as to how this could happen and that too, without being noticed by the nursing staff.

Mr. Mainak Bose, Learned Counsel appearing for CE with all his eloquence, tried to impress us, all care and caution were taken, the records, however, would not conclusively suggest so. In course of hearing, we also invited the renowned endocrinologist Dr. Subhankar Chowdhury to join us at the hearing. Dr. Chowdhury also examined the medical records along with our panel medical members. We are constrained to note, the Hospital Authority at the appropriate stage did not take adequate care and caution to prevent such bed sore particularly in the case of a patient of the like nature. Our medical expert



would opine, such bed sore was not the only cause of the death. The opinion of Dr. Sukumar Mukherjee our esteemed panel member and Dr. Subhankar Chowdhury being relevant herein are extracted as below:-

Dr. Sukumar Mukherjee

"The patient Sk Hannan aged 63 years (since deceased) was admitted on 08.03.2017 in the second floor Intensive Care Unit B5 at Woodlands Hospital with a diagnosis of intracerebral hemorrhage (ICH) with intraventricular extension (IVH). He was first admitted at Fortis hospital and then brought to Woodlands multispeciality hospital for better care via emergency department with deeply unconscious state under the preferred choice of Dr. Pahari Ghosh. The patient had severe comorbidities like hypertension, T2DM, peripheral sensory neuropathy and chronic obstructive lung disease at the time of admission. His Serial Glasgow Coma scale between 08 October 2017 and 16th October 2017 score around 3/15 as noted by Dr Arup Halder Pulmonologist in his observation. He was in mechanical ventilation at the time of admission and remained so till the time of death on 02.02.2018 at 9:25 p.m (almost 4 months Hospital stay). He was at high risk of post stroke complication including pressure or bed sores. He did not have any pressure sores at the time of admission but he remained at high risk of developing pressure sores soon or later. This is the main issue of the complaint. Actually, the established pressure sore was observed only on 21st October 2017 about 12 days after admission as 8/10/2017.



In view of this background preventive care of bed sores have been done with risk assessment of Braden scale score and it was found to be 8 out of scale of 6-23. Hence the score carries higher risk like lower than 6 or its closeby. Based on lower score of 8 on assessment following steps have been taken as below:

- a. Provision of pressure redistribution mattress on and from 9 October 2017 (Nimbus bed one day after admission)*
- b. Back care turning and repositioning are done almost regularly.*
- c. Incontinence management with / Fobey's catheter was done.*
- d. Nutritional supplement with continuous Ryle's tube feeding, oral albucare care, IV albumin have maintained.*
- e. Application for moisturizer for dry skin has been done also.*

However, the barrier to preventive measure were aging skin, comatose state without any spontaneous mobility, febrile state with persistent systemic sepsis, prolonged hospitalization, recumbency. The collaborative care of established pressure sores was done as per protocol without any lasting success.

In summary, the evolution and persistence of pressure scores in spite of protocols care is not the only cause of death but may be contributory for morbidity despite reasonable effort to combat it."

Dr. Subhankar Chowdhury

Opinion: Main complaint was regarding lack of proper nursing care in ICU, including inadequate number of nurses, purportedly leading to



development of bedsores within 10 days of admission that eventually contributed to death of the patient Sk. Hannan.

There was no doubt that the patient had multiple co-morbidities even at admission. Allegation of understaffing of ICUs was examined based on the records provided by the Hospital. While there were some shortages in nursing personnel in 1 or 2 shifts, by and large the numbers looked acceptable. Nursing charts suggested reasonable care. However, the hospital would be well advised to better document skin care including photographs/ videos of bed sores over time, of course, with appropriate permission.

However, it was unacceptable that the ICU charges did not provide for an air mattress, which was apparently charged separately.

Demise of one's father is obviously sad and having to stay in a hospital for months is not easy for the patient or the family.

In the present instance, a direct cause and effect relationship could not be established between the alleged deficiencies in service of the hospital and the eventual outcome of the treatment provided there.



On perusal of the medical records and on going through the expert opinion, we are unanimous of the view, the Clinical Establishment was guilty of negligence due to lack of nursing care during the patient's stay at the second floor ICU. One of the experts would observe, bed sore was not the only cause of death. Even if we ignore such observation, the negligence on the part of the Clinical Establishment qua bed sore, is apparent and cannot be brushed aside.

We impose a penalty of Rs. 5,00,000/- We also direct the Clinical Establishment to deduct the treatment cost on bed sore from the bill raised on the complainant for treatment of patient.

We are told, the bill is outstanding to a substantial extent. The penalty so directed above and the discount that is directed to be given, should be adjusted accordingly against the outstanding dues. A fresh bill may be raised on the complainant with copy to the Commission.

The Clinical Establishment would be free to take appropriate step for realization of the balance amount in accordance with law.

The complaint is disposed of accordingly.

Sd/-

ASHIM KUMAR BANERJEE

We agree,

Sd/-


Dr. Sukumar Mukherjee

Authenticated
ARSHAD NASAN WARSI
WBCS (Ex)
Secretary
West Bengal Clinical Establishment
Regulatory Commission
&
Joint Secretary
Health & F.W. Department

Sd/-
Dr. Gopal Krishna Dhali

Sd/-
Dr. Madhusudan Banerjee

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