

**MINUTES OF THE DISTRICT INDEMNITY SUB COMMITTEE MEETING HELD ON .10.2019 AT
CONFERENCE HALL, COLLECTORATE TIRUVANNAMALAI.**

Roc.No. 11256/2018/LIF2

Date: .10.2019

Sub: Family Welfare Programme - District Family Welfare Bureau, Tiruvannamalai
- Family Planning Indemnity Scheme - District Indemnity Sub Committee
Meeting - held on 17.10.2019 at Conference Hall, District Collectorate,
Tiruvannamalai - Review & Forwarding of 5 failure case for the year 2019-20
- Placed before Sub Committee - Minutes of the Meeting - Regarding.

Ref: G.O.Ms.No.33,Health and Family Welfare (R) Department, Dated 03.02.2014.

The District Indemnity Sub Committee meeting was held on .10.2019 at Conference Hall, Collectorate, Tiruvannamalai to review of 5 (Five Only) failure cases. The following members are participated.

1	Thiru K.S.Kandasamy, IAS., District Collector, Tiruvannamalai.	Chair Person
2	Dr.S.Suganthi, MBBS., Joint Director of Health Services, Tiruvannamalai.	Member Secretary
3	Dr. A.S.Anbarassi, MBBS., DPHM., Deputy Director of Medical and Rural Health Services and Family Welfare, District Family Welfare Bureau, Tiruvannamalai	Convenor
4	Dr.M.S.Kavitha, MD., OG., Project Officer, Post Partum Project Govt Medical College and Hospital, Tiruvannamalai	Nodal Officer
5	Dr.J.Arumaikannu, MD., OG., Chief Gynaecologist, (empanelised) Govt Medical College and Hospital, Tiruvannamalai.	Member
6	Dr.Anbazhagan, Chief Surgeon, (empanelised) Govt Medical College and Hospital, Tiruvannamalai.	Member
7	Dr.M.Vijayasankar, MD., Chief Anaesthetist Govt Medical College and Hospital, Tiruvannamalai.	Member


The convener has submitted 5 failure cases for the year 2019-2020 to the District Family Planning Indemnity Sub Committee Members so as to enable them to review and forwarding to claim forms to settle to the beneficiaries.


The following were observed by the Sub Committee:


1. Confidential report should be attached each failure claims.
2. In case of second Family Planning Operation Case Sheet must be enclosed. Without production of confidential report and case sheet, the claim should be rejected summarily in future.
3. Proper operation notes should be attached for re-sterilization cases and the reason for failure of first sterilization should be recorded in the notes.
4. All columns in claim forms should be filled.
5. Heading of Re-sterilization should be mentioned in every case sheet.
6. Case sheet should be written in legible manner and FW operation Diagram should be incorporated in the contents of the case sheet.
7. In, Ectopic Pregnancy, Salpingectomy should be done in affected side and also in other side.
8. Abbreviation should be avoided in case sheet.
9. Each short Term (within one Year) failure cases should be analyzed by DISC (District Indemnity Sub-Committee) members by technically and logically. In that case analysis report should be discussed with Chairman of the DQAC (District Quality Assurance Committee Short term failure occurs in three or more times done by the same Doctor / Medical Officer necessary training should be given to them immediately or inform to SQAC (State Quality Assurance Committee) accordingly.
10. Fimbrectomy Procedure should not be done for re-sterilization. If done, explain in what basis fimbriectomy done by the Surgeon. It should be mentioned in the case sheet.
11. Re-sterilization preferably may be done by Minilaprotomy.
12. In 2nd Case Sheet the word "**Resterilization**" should be mentioned.
13. In case of Plain TAT done as Second Surgery, the Second Surgery should be mentioned as Resterilization not as Plain TAT.
14. The Claim forms and all other related documents especially Case Sheet and Sterilization Certificate and type of Operation done (i.e. name of operation with full form not mentioned as short form) should be checked by the Medical Officers before sending it for approval to this Office.
15. Fembrictomy should not be done during reesterilization. If done explain in what basis fembrictomy done by the surgeon. It should be mentioned in the case sheet.
16. Ultra Sound Scan report is an important document for failure claim. It should be kept as clear documents for failure cases.
17. In sterilization Certificate, date of operation performed should be clearly mentioned.
18. All documents related to Second Surgery i.e 2nd case sheet, proof of failure, 1st operation certificate, case summary and type of operation done as 2nd surgery should be clear and legible one.
19. Term PS should be used when sterilization is combined with MTP. The Puerperal Steralization should be conducted within 7 days from the date of delivery.


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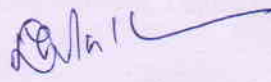
20. Aadhar No., place of sterilization and date should be collected from the acceptors to easy follow up.
21. Operation notes of the each Family Welfare operation should be mentioned in case sheet by the Doctor who preformed Family Welfare operation otherwise the claim will be summarily rejected in future.



Dr.J.Arumaikannu, MD., OG.,
Empanelled Gynecologist (Member)
Chief Gynaecologist,
Govt Medl College Hospital, Tiruvannamalai

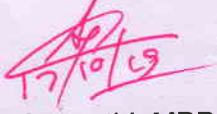

Dr.Kavitha, MD., OG.,
Project Officer, Post Partum Project
Govt. Medl College Hospital, Tiruvannamalai


Dr.A.S.Anbarassi, MBBS, DPHM.,
Convener/
Deputy Director of Medical and Rural Health
Services & Family Welfare,
District Family Welfare Bureau
Tiruvannamalai


District Collector
Tiruvannamalai.


for
Dr.Anbazhagan,
Empanelled Surgeon (Member)
Chief Surgeon,
Govt Medl College Hospital, Tiruvannamalai


Dr.M.Vijayasankar, MD., DA
Chief Anaesthetist
Govt. Medl College Hospital, Tiruvannamalai


Dr.S.Suganthi, MBBS.,
Member Secretary
Joint Director of Health Services,
Tiruvannamalai

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