

Post-operative Management issues

5.10 There appeared to be a lack of paediatric nursing input and probably junior medical staff input at BRI; and, on the ITU at the BRI, a noticeable absence of Paediatric Cardiological input. In particular, there appeared to be little evidence that echocardiograms were ever done on the BRI ITU.

5.11 It was difficult to determine who took either medical or nursing responsibility for directing the management of patients on the ITU and particularly as applied to the management of paediatric patients. In general, intensive care appeared to have been fragmented and insular in approach. There was failure to anticipate clinical problems, delayed response to post-operative problems and failure to involve other team members.

5.12 It appeared that the quality of nursing and physiotherapy at the Children's Hospital was excellent, whereas the reviewers considered that, had there been more obvious paediatric nursing involvement at the BRI, bereavement care could perhaps have been better.

Pathology issues

5.13 Some of the pathology reports did not appear to answer questions that the reviewers were asking in relation to the death of a patient. The reviewers questioned whether there was sufficient exchange of information between the clinicians and the pathologists.

5.14 All of the above comments suggested that the whole group of Cardiologists, Cardiac Surgeons, Nurses, Technicians, Paramedical staff and Pathologists were not functioning adequately as a team. Most reviewers considered that the split site was a major contributing factor.