Response to Sentinel Event Report Form

By J. Patel – Director of Surgery

Desmond Bramich:

UR No. 086644

There are two parts of the report form. First part deals with the care of the patient DB. Second part addresses the issue of ventilated patient in ICU. This response primarily deals with the patient issue. Issues of ICU, ventilated patients and elective surgical cases have been responded verbally to Dr. Keating.

The sentinel event report form for the care of Mr. Bramich is based on mis-information, mis-representation, and personal bias. Hopefully this response will clarify some of the issues.

Followings are the facts of the case:

1. Patient was on Dr. Gaffield's service.
2. I was asked to review the chest x-ray of the patient at 1600, which revealed a whiteout of the left chest suggesting either intra-pleural or intra-pulmonary haemorrhage.
3. The discussion between Dr. Gaffield and I was primarily based on the best management of the patient. Discussion was also directed to the need for possible surgical intervention. It was decided that it was crucial to define the injuries to come to the decision regarding surgical intervention. Only way to further define intra thoracic process is to do a CT scan.
4. It was discussed that at this stage he did not require any surgical intervention since we do not have source and location of the bleeding. (Not that patient does not require thoracic surgeon.
5. Decision to transfer the patient to Brisbane was made by Dr. Carter without consultation with the primary surgeon. This was after 1600 hours and not at 1430 hours as the report states.
6. The transfer to Brisbane was never denied by either Dr. Gaffield or me.

7. It was Dr. Gaffield's feeling and opinion that he does need to get a CT scan to define the injuries before discussing the case with a surgeon at Brisbane. He had communicated this plan with ICU NUM.
8. The CT scan was arranged between 1600 and 1630 hours. It was not necessary to delay the emergency case of perforated bowel since there was more than one anaesthetist available to accompany the patient to x-ray suite.
9. When patient return from CT he was quite unstable with refractory hypotension.
10. Later that evening we got a phone call from Brisbane that even though transfer was accepted they did not have a bed available. Till bed becomes available rescue team would not able to come to Bundaberg.
11. We also received phone call from a thoracic surgeon. After discussing the case with PHO he suggested that in his opinion patient will not benefit from any surgical intervention.
12. Rescue team did leave to retrieve the patient later that evening without realizing that no bed was available for the patient. Another phone call from PA hospital confirmed that since rescue team is on its way they will manage to find bed for the patient.
13. When rescue team arrived patient was too unstable and pronounced deceased.
14. Complete medical review of the case has been performed by me, Dr. Gaffiled and Dr. Carter; and it has been reported that the patient was managed appropriately and he died from his injuries which were confirmed by the post-mortem findings.