STATEMENT OF JENNIFER ANN WHITE of address known to the Queensland Nurses' Union of Employees

Qualifications and experience

1. I am a Registered Nurse licensed to practise in Queensland and have been registered since 1974.

2. I have been employed at the Bundaberg Base Hospital in the operating theatres as a registered nurse since August 1986. In 1990 I was promoted to the position of Nurse Unit Manager of the Operating Theatres ("the theatres") which I held until August 2004 when I rescinded the position. I am now employed as an acting level 2 registered nurse in the operating theatres.

Patient names

3. In this statement, in the interests of protecting the privacy of patients and the feelings of patients' family and friends, I have referred to patients according to a key devised by my lawyers which I have sighted and which I understand is to be supplied by my lawyers to the Bundaberg Hospital Commission of Inquiry on a confidential basis.

Background Information

4. As the Nurse Unit Manager of the theatres I was responsible for managing the operating theatre complex by ensuring the theatres were adequately staffed, adequate supplies available, prepared rosters, yearly budgets and the business plan. I was required to provide monthly reports on the budget to the Director of Nursing, supervise nursing staff, liaise with medical staff and coordinate the operating theatre lists to mention just a few of my responsibilities.

5. From about 2000 onwards, it was an unstable time in the theatres due to the Director of Surgery and the staff surgeon positions not being permanently filled. There was a series of locums filling both these positions on a short term

basis ranging from three weeks to 12 months. This resulted in a lack of medical leadership in the theatres which impacted adversely on my position as Nurse Unit Manager.

6. In or about January/February 2003, I was informed at a Heads of Department meeting that two American surgeons were coming to Bundaberg Base Hospital and that they were on a 12 month contract. At that time both the Director of Surgery and Staff Surgeon positions were open.

My dealings with Dr Patel as Nurse Unit Manager of the Operating Theatres

7. When Dr Patel arrived in about April 2003 I was not given a copy of his curriculum vitae or any information about his credentials or surgical expertise. Previously, when other surgeons had commenced at Bundaberg Base Hospital, I had been provided with information about the surgeons. This, however, did not occur on every occasion that a surgeon commenced at the hospital.

8. About two weeks after he had commenced, Dr Patel told me that he had been given the Director of Surgery position. He was laughing when he told me this. I was surprised by his announcement given that his skills were unknown by the executive management. There had been no opportunity to assess his surgical technique.

9. I observed that Dr Patel was rude to nursing staff and junior medical staff. He had a habit of talking constantly about himself, about how good he was and in a loud voice. He used bullying tactics to make sure that his emergency cases were done before anyone else's regardless of whether his were more urgent or not.

10. I experienced problems with him when he performed procedures after hours which finished late. It is a requirement that the on call staff have a ten hour

break between rostered shifts. There were occasions when the on call staff worked late and were called in for an emergency in the early hours of the morning and not available to commence their rostered shift in the morning due to fatigue leave. We were only funded to run three theatres and as there were no replacement staff one scheduled session would have to be rescheduled or delayed. Dr Patel had a problem with this and always insisted that his session commence. This practice of Dr Patel annoyed the consultants from other specialties and they expressed their frustration to me.

11. Dr Patel liked to have an entourage of people wherever he went which included when he was operating. It was not uncommon for him to have a principal house officer, an intern and a medical student scrubbed to assist him in a procedure. This made it difficult for the scrub nurse to anticipate the surgeon's needs and blocked off their visibility. His stocky build also made it difficult for the nurses to see around him when he was at the operating table.

12. In about June 2003, at the Theatre Management Meeting, attended by Dr Keating, Dr Patel, Dr Carter, Karen Smith Elective Surgery Coordinator and myself. Dr Patel raised the idea of conducting a staff satisfaction survey. Dr Patel agreed to develop, undertake, and correlate the results of the survey. The survey was to be completed by both nursing and medical staff.

13. I had concerns about the questions in the survey. I did not consider the questions had any relevance to improving workplace function or satisfaction. The survey had not been designed for Bundaberg Base Hospital operating theatres it was just something he took off the computer. I believe that he undertook the survey to undermine my position as Nurse Unit Manager in the Operating Theatres.

14. In September 2003, he reported back the results of the survey to the Theatre Nursing Staff Unit Meeting. Prior to the meeting, Dr Patel told me that it was not necessary for me to attend. I became even more concerned that he was trying to undermine my position and divide the nursing staff.

15. I informed the Director of Nursing and/or the Assistant Director of Nursing of his intention to the hold the meeting in my absence. It was my expectation that either one of them would attend in the circumstances but they did not.

16. I did not attend the meeting and none of the nursing staff reported to me the content of the meeting.

17. The results of the survey were reported back to the Theatre Management Meeting in or about September 2003. Dr Patel recommended that a late shift be trialled Monday and Thursday evenings. There was staff opposition to this proposal because we were not being provided with additional staff it was merely a shifting of hours. It went to the District Manager Peter Leck for approval because of the penalty rates for evening shift. He referred it to Jenny Kirby Manager DQDSU. It was never approved.

Wound Dehiscence

18. I attended monthly meetings of ASPIC Surgical Services meeting. The Director of Surgery, Director of Anaesthetics, the Nurse Unit Managers from ICU, Day Surgery, Surgical ward, Operating Theatres and Pre-admission Clinics attended these meetings. On occasions the District Manager and Manager for DQDSU would attend.

19. In April 2004 at the ASPIC meeting Nurse Unit Manager of the Surgical Ward Di Jenkins raised her concerns about the increased number of patients suffering from wound dehiscence. Dr Patel and Dr Keating laughed at Di Jenkins for raising her concerns. Dr Patel became angry and suggested that nurses

including those present needed to have some education to understand what constitutes a wound dehiscence.

20. In my experience two factors should be investigated regarding wound dehiscence. The two factors are firstly the surgeons technique and/or secondly the suture material. I was aware that Dr Patel often allowed junior inexperienced doctors to close the wound. I ruled out the possibility of defective suture material because I had not received any complaints from other surgeons.

21. After general discussion it was decided that Di Jenkins would research the definition of wound dehiscence, conduct a chart audit and prepare a report. As part of this project, I was to supply her with data on the number of patients who return to theatre for treatment of wound dehiscence.

22. At the June 2004 meeting, it was suggested by Dr Patel to use the ICD-10 Code for identifying wound dehiscence. It is a standardised code. Dr Patel also commented that "*if you do a lot of operations you will have an increased likelihood of wound dehiscence*" or words to this effect. It was decided that the collecting of data in relation to wound dehiscence would be referred to Jenny Kirby Manager of DQDSU. Di Jenkins continued to collect her own data from the patients' records.

23. At the July 2004 meeting, wound dehiscence was again an agenda item for discussion. Toni Hoffman queried whether adverse event forms had been completed for patients suffering from wound dehiscence, as part of risk management. I was not aware of any forms that had been completed from the OperatingTheatres. It was decided at this meeting that adverse event forms would be completed in relation to wound dehiscence.

24. I was not present at the August 2004 meeting.

25. As I was no longer the Nurse Unit Manager of the theatres I was not present at the September or October 2004 meeting, when the Wound Dehiscence Report prepared by Di Jenkins and the Wound Dehiscence Indicator report prepared by Jenny Kirby were tabled. I noted from the minutes of the meeting that there was no real outcome to this issue and the item was removed from the agenda.

Incidents concerning Dr Patel

26. On 14 May 2003 I was advised by one of the nursing staff in theatre of an incident concerning Dr Patel. He had performed a gastroscopy on a patient of Dr Kingston who was booked for an epididymectomy. He performed the gastroscopy procedure on this patient by mistake as he did not check the identity of the patient prior to commencing the procedure. I immediately notified the Director of Nursing in writing of the incident.

27. It is my understanding that the patient was advised that a procedure was performed on him without his consent and that Dr Kingston did perform the surgery for which he had consented on the same day.

28. In or about June 2003, I received a frantic telephone call from Dr Patel advising me that there had been a motor vehicle accident at Mon Repos approximately 13 kms from Bundaberg. He reported that there were passengers trapped in the vehicle and he required equipment for limb amputation. I responded to his request by gathering the equipment together. Shortly after, Dr Patel arrived at the theatres dressed in full scrub attire and accompanied by two Principal House Officers, two Interns and two medical students who were also dressed in scrub attire. They came to collect the equipment to take it to the accident site. I decided that a nurse should also accompany to look after the equipment. They left the theatre complex. Soon after they left the accompanying nurse returned

to the theatres and told me that the retrieval team was not necessary as the passengers had been freed from the vehicle and were on their way to the hospital. It was at this point that I realised that Dr Patel had forgotten to request an anaesthetist to accompany them and also had not taken any anaesthetic equipment or drugs.

29. On reflection I considered his response to this incident to be entirely inappropriate. It was as if he was in a MASH unit and he paid no regard to the fact that there is an emergency disaster plan and in my opinion he was setting a dangerous precedent of attending crash sites which was not appropriate.

Executive Management

30. During my time as Nurse Unit Manager of the theatres I did not receive any complaints or incident reports from the nursing staff about Dr Patel's surgical ability. It is my observation that nurses tend not to criticise doctors because of the possibility of reprisal. Unfortunately, in this environment it is rare for a nurse's opinion to prevail of that of a doctor. I did receive verbal complaints about his bullying and intimidating behaviour. I had witnessed him being unnecessarily demeaning to his junior medical staff and to the nursing staff. I did not approach him or complain to management about his behaviour because I did not have any support from management in particular, the Director of Nursing and Director of Medical Services.

31. It was extremely difficult for me as the Nurse Unit Manager to gain face to face access either the Director of Nursing or the Director of Medical Services to voice my concerns and those of the nursing staff. The Director of Nursing was not amenable to me coming and seeing her without an appointment. On a number of occasions she cancelled appointments I had made to see her. In my view, when problems arose like this I needed to talk to the Director of Nursing

straight away not a week later because by then other issues arose and everyone had moved on. I did not believe that it was appropriate to deal with these matters by way of an email. I felt isolated and unsupported.

32. I had ongoing problems with workloads in the theatres. The amount of surgical procedures performed had increased without an increase in nursing staff. I prepared a Business Plan for 2003/2004 detailing my staffing needs for that period. The Business Plan was submitted to the Director of Nursing and none of the issues were addressed. On 26 May 2004 I sent an email to the Director of Nursing Linda Mulligan outlining the problems I was experiencing with staff levels. I needed to increase the number of nursing staff to match the increase in workload. The Director of Nursing did not even have the courtesy to acknowledge receipt of my email and of course, she did not respond to the concerns I raised.

33. I did not have direct access to the Director of Medical Services from the time Dr Keating commenced because his commencement coincided with the commencement of elective surgery program and the employment of an elective surgery coordinator who liaised with the Director of Medical Services.

34. In April 2004, I was called to the office of the Director of Nursing Linda Mulligan where I was presented with a grievance which had been lodged by one of the registered nurse's in theatre together with a letter from her detailing the allegations against me. I was completely shocked that she had elevated the grievance into an investigation about workplace behaviour when it had to do with my management actions. I was told that I was not to talk to any of my colleagues about the investigation which made me feel isolated. She did not even approach me to talk about the nurse's grievance and it appeared that she did not take into account my unblemished record of 18 ½ years of service at the

hospital. I felt it was an extremely heavy handed approach to resolving a grievance of this nature. Despite the fact that the allegations against me were not substantiated I was required to attend mediation with the nurse. In my view, mediation should have been the first port of call not a measure of last resort.

35. I rescinded the position of Nurse Unit Manager of the Operating Theatres in August 2004 citing personal reasons. The reason I rescinded this position was because I was exhausted and frustrated that my concerns about workloads I expected to manage were ignored and that there was no support shown to me by management.

My dealings with Dr Patel from August 2004 onwards

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36. On 1 October 2004 Dr Patel performed an abdo-perineal resection for villous adenoma on P70. I scrubbed for the procedure and this was my first opportunity to observe Dr Patel's technique as a scrub nurse because I was no longer working as the Nurse Unit Manager. I found for most of the procedure that he had poor exposure, he did not use packs/sponges to protect healthy organs and tissues from retractors. He excised and removed the affected bowel in a very rough manner. He did a lot of blunt dissection and literally dragged the bowel out. So he did not ligate bleeders or use a diathermy to minimise blood loss. There was no identification of ureters, bladder and urethra.

37. The resected bowel was sent away for histology. The histology report revealed "no invasive neoplasm, no neoplastic invasion, lymph nodes all negative".

38. I am aware that this patient has ongoing bladder problems which require ongoing treatment at the Bundaberg Base Hospital.

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39. This patient had had a previous right colectomy and was admitted to the Bundaberg Base Hospital to have the remainder of her cancerous bowel removed.

40. On 11 February 2005, I was the scrub nurse for this procedure and Dr Patel was the surgeon. He accidentally cut the bowel making a 3-4 cm incision in the healthy bowel. Dr Patel was unaware of this until the intern alerted him to it. This concerned me because it was an obvious accidental incision which he could not possibly have missed. He repaired the incision and continued with the procedure. He then allowed the intern to perform a hand anastomosis of the bowel. In my view it was entirely inappropriate to allow an intern to perform a hand anastomosis as it requires a considerable degree of expertise. The consequence for the patient if it is not performed properly is that the anastomosis will leak causing infection.

41. This patient returned to theatre on 20 February 2005 for an exploratory laparotomy resulting in the draining of abscesses and a loop ileostomy. This was performed by Dr Gaffield. When the patient was re-opened I was shocked at the horrible state of the patient's bowel. It was obvious that she had had a very large bowel leak with widespread infection and abscess formation. The peritoneal cavity was irrigated and large drains were inserted.

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42. This patient had previously been operated on by Dr Patel for an abdominal perineal resection on 24 January 2005 when he accidentally nicked the patient's bladder. I was not involved in this procedure. Clinical nurse Karen Smith scrubbed for this procedure. After the procedure, she told me that she was shocked at how rough Dr Patel's surgical technique was.

43. On 28 April 2005, this patient returned to theatre and underwent a flexible cystoscopy by Dr Anderson. I scrubbed for this procedure. Dr Anderson told me that this patient had undergone an abdo-perineal resection by Dr Patel and his ongoing urinary problems were as a result of the complications from that surgery. When he performed the flexible cystoscopy Dr Anderson reported in the patient's notes that he found a dead end in his urethra. This patient is now required to have a permanent supra pubic catheter so that he can pass urine.

General Observations of Patel

44. As the scrub nurse, I observed Dr Patel perform approximately four laparoscopic cholecystectomies. I noticed that in each case he had difficulty in delivering the gall bladder out without spilling any bile into the peritoneal cavity. It appeared to me that he was not at all concerned about bile spilling in this way because he would be irrigating the peritoneal cavity with saline before closure. He also did not cannulate the common bile duct or perform any x-ray intra- operatively.

45. I also observed that he used an exceptional number of gastric and bowel staples during procedures. When I was the Nurse Unit Manager, I was required to report monthly to management about the increased expenditure relating to clinical disposables.

46. There were concerns raised by medical staff about Dr Patel's technique performing colonoscopies. It was rumoured that he did not know how to perform a colonoscopy because he required the assistance of an intern or medical resident to hold the controls whilst he manoeuvred the scope. Because of his technique these patient's were at risk of a bowel perforation which in fact occurred on a number of occasions.

Complaint against Dr Carter

47. I was involved in an incident with Dr Carter on or about [date/s] when he was rude to me. I documented my complaint against him and took the complaint to the acting Director of Nursing Toni Hoffman. She suggested that we take our complaint to Cathy Fritz Human Relations Manager for advice as to how to best deal with it. We presented the complaint to Ms Fritz and she responded "you two are senior nursing staff members, grow up and go back and speak to Dr Carter". I was quite incensed by her response. Some time later, I did speak to Dr Carter about my complaint and we reached a compromise.

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Signed: Jennifer Ann White

Date: 31.5.05

I **Jennifer Ann White** do solemnly and sincerely declare that the content of this my statement for the Bundaberg Hospital Commission of Inquiry (this declaration being at the foot of the last page of the statement comprising 12 pages) is true and correct to my knowledge and belief and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

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JENNIFER ANN WHITE

Declaration Taken By:

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Lawyer

Date: 31.5.2005