Ex 508

STATEMENT OF KAREN LOUISE JENNER 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 1998.

2. I hold a Bachelor of Nursing from the Queensland University of Technology which was awarded in 1998.

3. I am currently employed on a fulltime basis as a level one registered nurse in the Intensive Care Unit ("ICU") at the Bundaberg Base Hospital. I have held this position since September 2003. From April to September 2003 I was employed as a registered nurse at the Bundaberg Base Hospital in the Surgical Ward. Prior to this I was employed as a registered nurse at the Holy Spirit Northside Hospital and North West Private Hospital.

Patient names

4. 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.

Dr Patel

5. In or about early August 2004 I was rostered to work in the ICU on a day shift. I recall that I was assigned to look after a new admission to Bay 7 of the ICU. The patient was very unwell but conscious. To the best of my knowledge this patient was not under the care of Dr Patel. Sometime in the afternoon Dr Patel approached me at the bedside of this patient and proceeded to tell me in a loud voice about the autopsy results concerning another patient

by the name of P11. P11 was a patient who died in the ICU in July 2004. Dr Patel told me that the autopsy results showed that there was 300 mls of blood in the pericardial cavity. I interrupted him at this point to tell him that I was on a day off when P11 died but he insisted that I was there and continued to tell me more details of the autopsy, for example, that the drain inserted was not big enough. I again interrupted him to tell him that I was not on when P11 died. He said words to the effect that he had done all he could do and that it was the drain that was not big enough. I turned my back to him and he walked away. He did not persist with the conversation further.

6. I was surprised that Dr Patel had approached me in front of a conscious patient to discuss in a loud voice the autopsy results concerning another patient. I considered this to be entirely inappropriate and unprofessional. During the shift I reported this incident to another registered nurse in the ICU but I cannot now recall to whom I reported it.

7. I was approached in or about October 2004, by registered nurse Karen Stumer of the ICU requesting that I provide a written statement of the incident which I have referred to above in paragraph 5. She told me that the Nurse Unit Manager was collecting information about Dr Patel's practice and asked for any incidences concerning Dr Patel to be put in writing so that they could be given to the Executive Management. I prepared a written statement and gave it to registered nurse Karen Stumer who gave it to the Nurse Unit Manager Toni Hoffman. It is my understanding that Toni Hoffman provided my statement to management. Attached and marked KJ1 is a copy of the written account of the incident prepared by me.

8. I also included in my statement that Dr Patel was prone to being indiscreet by discussing his personal opinions of other doctors and nurses in a loud voice in places where he could be heard by patients, visitors and other staff. One incident I can recall related to the care of one of Dr Patel's ventilated patients in the ICU. I cannot now recall the name of the patient or the date/s when the patient was in the ICU. I recall that I was rostered to work two consecutive day shifts and cared for the same patient on both days. I was present on the first day when a conversation took place between Dr Patel and Dr Berens, the anaesthetist in charge of the Intensive Care Unit on those particular days. The two doctors arrived at a decision to commence nasogastric tube feedings. These feeds were commenced according to the nasogastric feed protocol. Then on the following morning, I informed Dr Patel that the patient had not been tolerating the nasogastric feeds and that they had been turned off. Dr Patel responded by saying that it was a silly idea of Dr Berens to commence the feeding and completely dissociated himself from the decision when in fact the decision had been jointly made. I considered his comments about Dr Berens to be inappropriate because it was a decision which he agreed with and it is not uncommon for patients to have problems tolerating nasogastric feeds. If I had not been present the day before and been privy to their conversation then his comments had the potential of undermining my confidence in the clinical decisions of Dr Berens.

9. Another problem experienced by the nursing staff in the ICU was the difficulty dealing with the conflicting orders given by Dr Patel and the doctor in charge of the ICU regarding the care of ventilated patients. It was not uncommon for Dr Patel to change the orders given by the doctor in charge of

the ICU when he conducted his morning rounds. It was common for Dr Patel to come in early before the doctor in charge commenced duty. This presented a problem for the nursing staff as they were unsure about whose orders should be followed.

10. It is my understanding that the ICU is a level one unit which means that patients who require ventilation for more than 48 hours should be transferred to a tertiary facility for management. I cared for two patients, P36 and P20, who both required ventilation post operatively because of sepsis. Both these patients were ventilated beyond the 48 hours and it is my recollection that they were ventilated for about 2-3 weeks prior to being transferred. The only reason they were eventually transferred was that the beds were needed for someone else. They were both Dr Patel's patients.

Medical Management in the ICU

11. I was particularly frustrated by the medical management of P36 as there was very little direction provided to the nursing staff for his care by doctors except on the days when Dr Berens was on duty. When he was not on duty the medical care of P36 did not seem to progress, for example, Dr Berens indicated that P36 needed a tracheostomy and it was not followed up by other medical staff until Dr Berens came back on duty.

13. In February 2005, I received a telephone call at my home from Cheryl Miller, administrative assistant to the Director of Nursing Linda Mulligan, asking me if I would attend an interview with a team from Queensland Health who was enquiring into whether or not Dr Patel should be investigated. I indicated that I was prepared to attend the interview. The team from Queensland Health consisted of the Chief Health Officer Dr Gerry Fitzgerald and Ms Sue Jenkins.

14. On 14 February 2005, I attended an interview conducted by Ms Sue Jenkins where I voiced my concerns about Dr Patel. I was accompanied at this interview by officials of the Queensland Nurses Union Vicki Smyth and Judith Simpson. At the conclusion of the interview, I was informed by Ms Jenkins that I would be advised of the decision regarding whether or not Dr Patel was to be investigated.

Bullying and Intimidation by Management

15. On 23 March 2005 I was rostered to work a day shift in the ICU. When I arrived for work I was informed by registered nurse Jan Marks that a letter detailing complaints about Dr Patel had been leaked to the local Member of Parliament Rob Messenger and that he had read it out in Parliament the day before. She heard about it on the radio on her way to work. Nurse Unit Manager Toni Hoffman, who was also on duty and the Acting Director of Nursing Deanne Walls arranged a meeting with all the nurses who provided complaints to Ms Hoffman about Dr Patel. Before the meeting commenced Ms Hoffman voiced her concern to me that the media may try and contact the nurses as our names appeared on the bottom of her letter of complaint which

was the letter read out in Parliament. To my surprise, Deanne Walls came to the ICU accompanied by the District Manager Peter Leck. At no time were we advised that the District Manager would be attending the meeting. I can recall that Toni Hoffman, Jan Marks, Karen Stumer, Karen Fox and Vivian Tapiolas were also present. There may have been other nurses present but I cannot now recall all those present at the meeting. Deanne Walls initially spoke to us about the incident of the letter being leaked to the Member of Parliament and then handed over to the District Manager. He said that the incident amounted to a breach of patient confidentiality. That he had it on good sources that the letter was leaked by an intensive care nurse and proceeded to berate us by threatening us with the Code of Conduct, that it would be instant dismissal, that we had caused a rift between doctors and nurses, ruined team work and that the intensive care nurses would be viewed in a different light by the general public and other health practitioners and that the person responsible could not be trusted. When he finished speaking he quickly up and left denying us a right of reply. I was frustrated as I had never met Mr Leck previously and he had not offered any support to me concerning my complaint about Dr Patel. It was belittling that he came down to the ICU unannounced, poured out a tirade, gave us no opportunity to respond and left. It was extremely disappointing that he spoke to us about patient confidentiality and the Code of Conduct as if we were ignorant of these matters when in fact I am well aware of my professional and ethical responsibilities as a registered nurse and employee of Queensland Health.

16. After the District Manager left the meeting, Deanne Walls continued to talk to us about the Code of Conduct and agreed with the points made by the District

Manager. Ms Hoffman then informed Deanne Walls about the concerns raised by us regarding Dr Patel. It was obvious that she was not aware of all the details. She then softened her stance toward us. As she was relieving in the Director of Nursing position and came from Rockhampton she had not been fully briefed as to the extent of the complaint. She offered her support and advised us to try and stick together.

17. A week or so later, I noticed that a flyer had been posted at the desk in the ICU inviting staff of the Bundaberg Base Hospital to attend a meeting with the Minister for Health Mr Nutall, the Director General of Queensland Health Dr Buckland and the District Manager Mr Leck. I also received notification of the meeting on my Queensland Health email address. My initial thoughts about the purpose of the meeting was that in view of the serious complaints about Dr Patel, these senior people would initiate, without doubt, a full inquiry into his conduct and use this meeting to announce their decision.

18. I attended the meeting which was held on 7 April 2005 in the staff dining room at the Bundaberg Base Hospital. I cannot now recall the precise words spoken by each of the presenters but I do recall that we were told that the report compiled by Dr Gerry Fitzgerald would not be made public because Dr Patel had left Australia and returned to America, and that he had been denied natural justice which meant he could not reply to allegations made against him. I responded by calling out from the back of the dining room that Dr Patel could reply to the allegations from America. I recall that Dr Buckland said that he supported his staff one hundred percent and would not tolerate his staff being tried by the media and being denied natural justice. During question time I asked Dr Buckland "*if he supports his staff one hundred percent then*

where is the support for the nurses who made the multiple formal complaints about Dr Patel and just because one letter was leaked did not mean that the nurses were not entitled to his support also" or words to this effect. I cannot recall the exact answer he gave

Dr Qureshi

20. In relation to other medical practitioners, I had concerns about Dr Tariq Qureshi. On 10 December 2003, I was assigned to care for a patient P13. She had been admitted to the ICU because she had been suffering from seizures. At handover I was told that she made an allegation against Dr Qureshi the

night before in the Emergency Department alleging that as she was waking up from a seizure Dr Qureshi had his hands down the front of her shirt. We were told at handover that he was not to be involved in her care at all. Later that morning Dr Qureshi entered the ICU and P13 called to me to make sure that Dr Qureshi would not approach her. I reassured her that he was not to come anywhere near her. He left the ICU soon after.

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Signed: Karen Louise Jenner

Date: 19th May 2005.

I, Karen Louise Jenner, 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 9 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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Karen Louise Jenner

Declaration Taken By:

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Lawyer

Date: 19/5/05.

KJ 1

RE: DR. PATEL

I was working in ICU looking after a patient in bay seven, when Dr Patel came over and started discussing [redacted] autopsy results (that had taken place that day) with me over the top of this conscious patient. He was convinced that I had cared for the patient and was telling me about the results. I informed him that I did not know the patient. He then finished the report and moved away. The problem that I have with this is that Dr Patel was discussing confidential patient details over the top of another patient who was aware and no doubt concerned about her own problems without thinking about another patient's autopsy.

I have had found that Dr Patel is prone to be indiscreet in discussing his personal opinions of other doctors and nursing staff (very loud). I have heard Dr Patel agree with the ICU consultant with regard to NG feeding a patient who had had abdominal surgery. The next morning when he was informed that the patient had not tolerated his NG feed, he informed me that it was a "silly" idea of the consultants yesterday to even consider feeds (once again very loudly).

Karen Jenner ICU

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