

(139)

QUEENSLAND

COMMISSIONS OF INQUIRY ACT 1950

BUNDABERG HOSPITAL COMMISSION OF INQUIRY

STATEMENT OF PATRICK DAMIEN MARTIN

1. I, **PATRICK DAMIEN MARTIN**, Coordinator, Sexual Health Clinic, of c/- Bundaberg Base Hospital, Bourbong Street, Bundaberg, acknowledge that this written statement by me dated July 2005 is true to the best of my knowledge and belief.
2. This statement is made without prior knowledge of any evidence or information held by the Inquiry which is potentially adverse to me and in the expectation that I will be afforded procedural fairness should any adverse allegation be raised against me.

Qualifications and Experience

3. In 1983 I commenced with Queensland Health (QH) as a student nurse at the Bundaberg Base Hospital (Hospital).
4. Since that time, I have been intermittently employed by QH in various nursing and management roles, both in a substantive and acting capacity.
5. In 2001, I was appointed substantively as Coordinator of the Sexual Health Clinic for the Central Zone and for the Bundaberg Health Services District, located at the Hospital, and I currently hold this position.
6. My professional qualifications including the following:
 - Diploma of Teaching from Xavier Teachers College in Brisbane;
 - Certificate in Nursing (General) from the Hospital;
 - Bachelor of Nursing from Queensland University of Technology (QUT);
 - Graduate Diploma in Health Promotion from QUT;
 - Masters in Health Science (Health Services Management) from QUT.
7. Attached and marked **PM-1** is a copy of my curriculum vitae.

Acting Director of Nursing Role

8. From 15 December 2003 to 7 March 2004 and again from 25 October 2004 to 31 October 2004 I performed the role of Acting Director of Nursing (A/DON) for the Hospital.

9. During my time as A/DON, I was responsible for the day to day management of nursing at the executive level and I reported to the District Manager of the Bundaberg Health Services District, Mr Peter Leck. My role also involved me liaising with other directors in the executive, such as the Director of Surgery, Director of Community Health, Director of Community Services, the Director of Mental Health Services and the Director of Medical Services.
10. I was also responsible for coordinating the nursing budgets and in assisting to address complaints nurses and patients may have had in relation to the workplace or their treatment at the Hospital, respectively, amongst many other nursing related management tasks.

Patient Complaints

11. I recall dealing with a number of patient complaints during my period as A/DON. When I received a complaint from a patient regarding treatment from the nursing staff, I would have asked the staff member who was notified of the complaint to complete an incident report form detailing the incident as reported to them. The complainant would be contacted in order to acknowledge receipt of the complaint. Once investigated and resolved the complainant would be contacted to advise of the outcome. Paperwork was forwarded to the District Quality and Support Unit (DQSU) to address the issues raised in the complaint. Depending on the level of seriousness of the findings, the DQSU would have given me feedback in relation to any nursing practices that needed attention. My understanding of this process was gained from inservice undertaken by DQSU when implementing the new forms.

Nursing Complaints

12. During my time as A/DON, I did receive several new nursing complaints. I was also involved with progressing the complaints that existed when I commenced acting as A/DON.
13. I recall that sometimes I would receive details of disagreements that had occurred between nurses and between doctors and nurses.
14. When I received a new complaint, usually in the course of addressing the complaint I would talk to the parties to obtain the facts, then I usually delegated, to either the Assistant Director of Nursing or the Nurse Unit Manager, the task of investigating the complaint in detail. I gained my understanding of this from information received from DQSU when seeking advice regarding the process.
15. I understand then the investigator (the Assistant Director of Nursing or the Nurse Unit Manager) would create a report of the findings and a meeting would be arranged with the investigator to review the findings and discuss strategies required to remedy the situation.
16. Part of the paperwork included a section that could be used to implement this process. This form was created by the DQSU. To my recollection, the form was aimed at information gathering to enable the matter to be thoroughly investigated.

I assume that once the investigation had been completed the DQSU would enter information on a database for statistical purposes, however, I am not completely certain what transpired with the paperwork after it was sent back to the DQSU.

17. My understanding of the process was that it was not a punitive process, it was a process aimed at learning the facts of the situation and assisting to remedy the situation to an outcome that is deemed appropriate by both parties. I saw the implementation of this format as the organisation's attempts to develop a learning environment.

Meetings attended whilst A/DON

18. During my time as A/DON I was committed to attending at and participating in the following meetings:

- Performing rounds of the wards once every two days, with the Assistant Director or Nursing performing the rounds on the alternate day and reporting back any issues;
- Meeting with the Assistant Director of Nursing, once a week;
- Meeting with the Nurse Unit Managers of Medical Ward, Surgical Ward, Children's Ward, Bundaberg Family Unit, Emergency Medicine, Pre-Admission, Intensive Care Unit, Day Surgery and Acute Areas, once a month;
- Emergency Department Staff meetings;
- Executive meetings, such as Leadership Management Meetings, each Monday;
- District Consultative meetings – which addressed union issues. These meetings occurred around once a month;
- District Health Council meetings – which occurred once a month with Executive Directors and other elective members of the Board;
- Executive Services monthly meetings which included all Senior Medical Directors and the Executive;
- Leadership and Management Finance Committee meetings, once a month;
- After Hours Nurse Managers meetings, once a month;
- Adhoc meetings, for example, union organised meetings and work unit meetings.

19. Some nursing staff were more outspoken than others, but there were did not appear to be any real interpersonal communication difficulties as such. I cannot recall any mention of Dr Patel at these meetings.

Discussions with Renal Section Nurses

20. I recall on 10 February 2004, nurses Robyn Pollock and Lindsay Druce came to see me to discuss their concerns about the complication rate Dr Patel seemed to have with inserting Tenekhoff catheters into patients. I made some notes as to the conversation I had with them. My notes do not suggest that the complications discussed were in relation to Dr Patel but it is my recollection the complications with

the insertion of the catheters was to do with Dr Patel. Attached and marked **PM-2** is a copy of the file note I made in relation to this meeting.

21. I recall at the meeting of 10 February 2004 Ms Druce and Ms Pollock informed me that in relation to the Peritoneal Dialysis (PD) patients there were currently 7 at the Hospital, and that optimally, 10 to 12 patients can be on PD. I recall Ms Druce and Ms Pollock said that 6 patients who had Tenekhoff catheters inserted in the recent past had infections with 4 catheters having to be repositioned. I recall Nurses Druce and Pollock also stated that a patient had died as a result of a perforation of a sub vena cava during a permacath insertion, presumably performed by Dr Patel. I do not now recall the name of the patient who the Nurses said had died as a result of this procedure.

22. The Nurses also reported that catheters were moving in situ and "flipping under the liver". I do not recall what the Nurses meant by "flipping under the liver" but I recall inferring from this comment that the catheters were not securely positioned.

23. In addition, I recall the Nurses had said that even though they physically marked on patients the position where the catheter is to be inserted, Dr Patel often ignored these markings.

24. I recall the Nurses raised with me the possibility of someone from the "Baxter Group" providing an inservice to renal staff in relation to what I assumed to be the correct insertion of the catheters. Robyn Pollock suggested it may have been a good opportunity for the Baxter Group's representative to provide some product inservice to staff, including Dr Patel.

25. On 10 February 2004 I do not recall receiving a document from either Ms Druce or Ms Pollock setting out any statistics in relation to the catheter complications. In fact I do not recall receiving any documentation from the Nurses at this meeting. All information received by me from Ms Druce and Ms Pollock was verbal information. Ms Druce and Ms Pollock may have been referring to a document or some notes during the meeting but I do not recall being shown or given a copy of any notes or document at this meeting.

26. Once that meeting occurred, I recall on 10 February 2004 that I immediately went to Dr Darren Keating, Director of Surgery, to discuss the concerns the Nurses had raised with me. Dr Keating had an open-door policy, and so I felt comfortable immediately attending his office to raise the concern.

27. I recall I relayed the conversation I had with the nurses, in particular in relation to the insertion of catheters by Dr Patel and the death of the patient. I recall Dr Keating wanted data in relation to Dr Patel's adverse events for renal procedures compared to his non-adverse events. I infer that a general comparison of Dr Patel's clinical outcomes for renal procedures was required because it appeared, from what the nurses had said, he was experiencing problems with the Tenekhoff catheter insertions as well as with the insertion of the permacath. Dr Keating then said words to the effect, 'If they want to play with the big boys, then they need to provide the evidence and bring it on'.

- It is my general impression that Dr Keating wanted the allegations with statistical evidence in writing before he approached Dr Patel so that, when approached, Dr Patel could respond to specifics. I infer that 'it' meant further data or evidence that needed to be gathered.
28. On 10 February 2004 I sent an email to Ms Pollock noting the outcome of my meeting with Dr Keating. Attached and marked **PM-3** is a copy of the email I sent to Ms Pollock. I did not send an email to Ms Druce as I believed that Ms Pollock would pass on the message to her. I also recall discussing with Ms Hoffman and Ms Aylmer the meeting I had with Dr Keating as they were relevant stakeholders as well. The 'big boys' comment was relayed then. I believe they, Ms Hoffman and Ms Aylmer, may have mentioned it to Ms Druce and Ms Pollock.
 29. At the time of sending this email, I recall I might have considered raising the issues with Peter Leck at my usual weekly Heads of Department meeting. However, after my meeting with Dr Keating, Dr Keating had requested further information. I relayed this request to Ms Pollock. Ms Pollock did not express any concerns with gathering such information or to clarify what information was required. Therefore, I took it that the nurses were collating the data and would get it to me when they could, as I knew they were busy. At no time did I become aware of an 'impasse' where the nurses felt they could not provide the information. I had no reason to conclude the nurses were not gathering the evidence.
 30. In the email attached and marked **PM-3**, where I say 'I need to see stats ...', I recall the information requested would have been Dr Keating's request, as I do not recall having any opinion as to whether the information given to me by Ms Druce and Ms Pollock was sufficient to warrant an investigation or otherwise.
 31. In the email attached and marked **PM-3**, where I say 'I guess it is really up to us whether we want to progress this with Dr Patel himself in light of your findings ...', I recall thinking it was something the nurses, Dr Keating and myself would have decided in collaboration once the nurses' findings were received. I would have felt that approach as being an appropriate one to take.
 32. The issue in the second half of the email, attached and marked **PM-3**, relates to the Renal Action Plan for the Wide Bay. Before my appointment as Acting DON, my predecessor, Ms Beryl Callinan, was collaborating with Corporate Office and local staff about formulating a Renal Action Plan. I think part of the plan was a review of clinical services, including increasing opportunities for home dialysis and therefore requiring a lesser number of chairs in the Renal Units. I note in the email I requested Ms Pollock provide me with a budget and staffing workings considering 10 peritoneal dialysis chairs and 8 peritoneal dialysis chairs. At the time of my departure as Acting DON, I had not received this information.
 33. I recall Mr Dan Bergin, Zone Manager for the Central Zone, which is comprised of several Health Services Districts, including Bundaberg, was involved in overseeing the Renal Action Plan.

34. On 18 February 2004, I recall sending an email to Ms Pollock requesting a meeting with me to give 'the low down on renal services for Dan Bergin'. It was my intention to gather information relating to the Renal Action Plan which was being implemented across the zone. Attached and marked PM-4 is a copy of the email sent by me on 18 February 2004.
35. It was not my intention to discuss the catheter complications of Dr Patel raised by Ms Druce and Ms Pollock at the meeting mentioned in the email of 18 February 2004. This is because in my view the catheter complications and the implementation of the Renal Action Plan for the Central Zone were two separate issues. In any event, I was of the belief that Ms Druce and Ms Pollock were gathering the relevant information in relation to the catheter issue, to present to me to discuss with Dr Keating.
36. After conveying the 'play with the big boys' statement of Dr Keating, nothing more was said to me in detail about this. From time to time, however, Ms Aylmer and Ms Hoffman at different times would refer to the comment in an offhanded way. To my recollection, if the comment was used, it would always be made as a 'throwaway' line not requiring any particular response from me.
37. It was never specifically made known to me that the nurses felt that the comment was holding them back from approaching management or that they felt defeated in any way.
38. Around the time when the allegations against Dr Patel became a media issue, I recall Ms Aylmer brought the comment of Dr Keating up again.
39. Given it was part of the Dr Patel allegations in the media that nurses perceived management was inaccessible, only then did I get the impression that the nurses saw this comment as a driving wedge between nurses and management. Upon realising the significance of this comment, in light of the allegations, I took immediate steps to correct the perception of Gayle Aylmer of this comment.
40. I recall saying to Ms Aylmer words to the effect that 'it was my impression that Dr Keating was not presenting nurses with a challenge. He was merely conveying that he needed more data before he could act'. Had I known the perception of the nurses sooner in relation to this comment, I would have taken steps to correct it.
41. I understand, from sources I cannot now recall, that after I originally spoke to the nurses regarding Dr Keating's request for data, the nurses did provide that data. However, this would have been provided after my role as A/DON came to an end. I understand that this data was received by Dr Peter Miach and taken to Dr Keating by Dr Miach.

My contacts with Dr Patel

42. I cannot recall the exact date when I first met Dr Patel or became aware of him.

43. My contact with Dr Patel was confined to short conversations of a passing nature. I recall at one time Dr Patel asked what I did at the Hospital. I recall saying that I was the Coordinator of the Sexual Health Clinic at the Hospital. I recall Dr Patel said that he had knowledge or experience in the area of sexual health, and he said that he could come to be available to do some teaching workshops in relation to that area, if I required.
44. I did not take him up on this offer. I recall sensing early on that something was amiss, nothing clinical, but something within Dr Patel's personality. Therefore, considering the substance of that first conversation, I did not go out of my way to make myself known to Dr Patel.
45. I recall going into work to catch up with work on Australia Day 2004. I recall at that time Dr Patel was complaining that a patient in the women's unit was not prepared on time to go to x-rays. I recall Dr Patel had threatened to resign. It was my observation that it was difficult to attract and retain surgeons to the Hospital and, in fact, to most regional hospitals.
46. I recall, from my general observation and conversations with staff in the wards, that Dr Patel was prone to regular outbursts, resulting in him threatening resignation.
47. In my general observation, the outbursts would often not be justified. For example, in the case of the female x-ray patient, I understand from conversations with x-ray staff at the time whose names I cannot now recall, that whilst the nurses were busy, the prep was within the parameters for the timing for preparing the patient for the procedure. In my view, in this instance, Dr Patel had overreacted as the preparation was within the parameters for the procedure.
48. At the time this issue of the complications with the catheters was raised, I was dealing with a number of other major issues in nursing. For example, I was dealing with a paediatric ward co-allocation that was being met with some resistance from nursing staff. Also, I was in the process of reviewing the clinical services in the pre-admission clinic. Further, there was an industrial issue in relation to an officer in the Mental Health Unit that was required my attention. This was in addition to my ongoing commitment to attend the various committee meetings and attending to my day to day correspondence. I recall overall for me it was a very unsettled time trying to cope with my new acting role.
49. Prior to 10 February 2004, when the nurses from the Renal Unit came to me regarding the catheters, I had received no formal complaints about Dr Patel.
50. All that was being said of Dr Patel was what I would term as idle gossip and was no different to the gossip that other surgeons might have been the subject of from time to time.


51. I recall after my time as A/DON, ICU nurse Toni Hoffman became A/DON for approximately three weeks. I recall giving Ms Hoffman a detailed handover and significant briefings as to the issues that were on foot in the Director of Nursing role.

Emails in Statement of Ms Hoffman

52. I recall on or around 25 February 2004 I received an email from Toni Hoffman, which appears as attachment **TH-9** to Ms Hoffman's statement and is attached and marked **PM-5** to this statement. I recall Peter Leck, District Manager of the Bundaberg Health Services District, would look at trend reports on a daily basis. For example, if nursing hours were in excess of those planned, Mr Leck required details for the use of the further nursing resources. I would then request this information from the relevant Nurse Unit Manager or After Hours Nurse Manager.
53. My only recollection for the reason behind this email may be that on this occasion it appears that there was an overrun in the nursing hours and Mr Leck would have asked me to clarify the reason for this with the Nurse Unit Manager of the ICU, who was at the time Ms Hoffman.
54. The email of 25 February 2004 from Ms Hoffman to me appears to provide an explanation as to the reasons for using the extra nursing resources at that time.
55. I do not specifically recall taking this information to Mr Leck, although I have no reason to believe that I did not.
56. I do not recall the outcome of this query in relation to nursing hours.
57. On or around 30 July 2004, I recall receiving an email from Ms Hoffman. This email is **TH-17** to Ms Hoffman's statement and is attached and marked **PM-6** to this statement. At this time, I was no longer A/DON and I had returned to my substantive position. I recall Ms Hoffman was seeking advice on some documentation she had compiled regarding the alleged complication rate of Dr Patel. It is my recollection that Ms Hoffman was planning on submitting this information to Dr Keating for his consideration, and she was seeking assistance as to the best form of presentation of the information to Dr Keating.
58. I recall Ms Hoffman wanted to present the information in a form that would effectively communicate her message to Dr Keating in order to prompt and appropriate response from Dr Keating.
59. I recall sending the email, that is **TH-17** in Ms Hoffman's statement, to Ms Hoffman. It is my recollection that nursing has a different communication approach to that of the doctors. It is my recollection that doctors respond more favourably to objective data rather than to an emotive approach which is not backed up by sufficient evidence.

60. I recall that some nursing staff would occasionally go to Dr Keating directly to address concerns they may have with any medical issues or in regards to their reporting, if he was their line manager.
61. On or around 22 October 2004, I recall being sent a copy of an email from Ms Hoffman that is attachment **TH-36** to Ms Hoffman's statement. This email is attached to this statement and marked **PM-7**. However, I do not recall receiving a copy of the report that was the subject of the email and I do not recall Ms Hoffman speaking to Mr Leck regarding issues for ventilated patients in the ICU. As Ms Hoffman appears to have gone directly to Mr Leck in relation to the issues she had in relation to the ventilated patients, I had no knowledge of and no involvement in these issues, and cannot recall being asked to take any action in relation to these concerns.
62. I generally recall over time, commencing many years ago and well before the current administration, that a feeling amongst staff began to develop that their concerns were generally not being considered and that there was a growing sense that complaining or raising issues was a futile exercise as the perception was that nothing ever changed.

Signed at Bundaberg on 6 July 2005.


.....
Patrick Martin
Coordinator, Sexual Health Clinic
Bundaberg Base Hospital

RESUME***Personal Information***

Name: Patrick Damien Martin
Address:
Telephone:
Interests: Reading, history, study and travel

Education

1974-75 Senior Certificate, St Mary's Christian Brothers' College, Toowoomba

1976-78 Diploma of Teaching, Xavier Teachers' College, Brisbane
Trinity College, London, Theory of Music, Grade III
Trinity College, London, Speech and Drama, Grades VI, VII, VIII Theory and Practice (with Merit)

1983 Bachelor of Educational Studies (incomplete), University of Queensland

1983-86 Certificate of Nursing (General), Bundaberg Base Hospital

1991-92 Bachelor of Nursing, Queensland University of Technology

1993-94 Graduate Diploma in Health Promotion, Queensland University of Technology

2000-03 Master of Health Science (Health Services Management - major), Queensland University of Technology

Employment

- 2001-Present** Zonal Coordinator-HIV/Sexual Health/HCV, North/North West Central Zone, Bundaberg Health Service District
- (Mid December 2003-March 2004 Acting District Director of Nursing Services, Bundaberg Health Service District)*
- (March 2003-June 2003 and September 2003-mid December 2003 Acting Director of Community Health Services, Bundaberg Health Service District)*
- 1998-01** Acting Program Manager, Central Public Health Unit Network, Hervey Bay
- 1996-98** Department of Defence, Registered Nurse, 2 Field Hospital, Brisbane
- Bundaberg Health Service District, Registered Nurse, Department of Emergency Medicine
- 1995-96** The Prince Charles Health Service District, Clinical Nurse, Sexual Health Services
- Mater Public Hospital, Registered Nurse, Operating Theatre, South Brisbane
- Queensland Health Corporate Office, Policy Officer (AO5), Positive Parenting Program
- 1995** Wide Bay Regional Health, Acting Director of Regional Community Nursing Services and Special Projects
- Princess Alexandra Hospital Brisbane, Registered Nurse, Neurology/Neurosurgery
- 1993-94** Queensland AIDS Council, Health Promotion Project Manager
- 1991-92** Queensland Health, Registered Nurse, Eventide Home for the Aged, Dementia Unit, Brighton
- Princess Alexandra Hospital Brisbane, Registered Nurse, Spinal Injuries Unit
- 1990-91** Mater Private Hospital, Registered Nurse, Operating Theatre, Bundaberg

St. Vincent's Public Hospital Sydney, Registered Nurse,
Operating Theatre

AMP Society National Office, Health and Safety Nurse,
Sydney

1987-90

Concierge Clerk, Regent Hotel, Sydney

Front Desk Cashier/Receptionist, Hotel Intercontinental,
Sydney

Royal Prince Alfred Hospital Sydney, Registered Nurse,
Orthopaedics, Accident and Emergency, Diagnostic and
Interventional Radiology, General Surgical/Medical

1986-87

Princess Alexandra Hospital Brisbane, Registered Nurse,
Spinal Injuries Unit

1983-86

Bundaberg Base Hospital, Student Nurse

1983

Catholic Education Office Diocese of Rockhampton,
Teacher Year Seven, St John's School, Gladstone

1980-82

Catholic Education Office Diocese of Rockhampton,
Teacher Years Two and Three, St Mary's School,
Bundaberg

1979

St Edmund's Christian Brothers' College, Teacher Year
Four, Ipswich

PM-2

FD pts - 7 currently (one ? back to paino)
(optimally 10-12 pts can be on FD)

Fenkoff - 6 recent post op infections (4 have had to be repositioned) 7th died as a result of perforation of ^{sup. vena cava} ~~subclavian~~ during a permacath insertion)

Blowing bulges. Catheter marking in situ (flipping unadvised). Marking op. sites - ignored

Waiting times increasing.

Booster could provide insurance.

Fistula

Neurologists

From: Paddy Martin
To: Robyn Pollock
Date: 2/10/04 5:18pm
Subject: Meeting

Hi Robyn

I spoke with Darren shortly after you left this afternoon and explained your concerns. I'll also speak with Peter Leck, however, the long and short of it is that I need to see some stats regarding procedures undertaken by Dr Patel highlighting all renal related cases uneventful vs the number of adverse events which have occurred as a result of an intervention. If you could provide some information regarding procedure as well then that would be helpful, ie, insertion of Tenkoff Catheter, Fistula etc. I guess it is really up to us whether we want to progress this with Dr Patel himself in light of your findings. Something to bear in mind anyway.

Secondly, the ugly business that we discussed before you went on holidays. As I say, it is inevitable that the number of chairs we have will be decreased by the end of the Financial Year. We need to start planning for this now so we are prepared. Could you provide me with your budget and staffing workups considering 10 chairs and 8 chairs. If you could have this over within the next two weeks we can review.

Cheers

P

PM-4

From: Paddy Martin
To: Robyn Pollock
Date: 2/18/04 8:46am
Subject: Re: meeting

Good O. How about 1430 after the big Level 345 meeting?

>>> Robyn Pollock 02/18/04 08:45am >>>

Patrick, How dose this afternoon suit any time after 2pm. Robyn

>>> Paddy Martin 17/02/2004 16:45:56 >>>

When's good for us to get together so you can give me the lowdown on Renal Services for Dan Bergin??

P

PM-5

Toni Hoffman - ICU on Saturday

Page

From: Toni Hoffman
To: Paddy Martin
Date: 25/02/2004 1:16pm
Subject: ICU on Saturday

TH9

Dear Patrick,

On Saturday an elective apronectomy was done on a patient, ^{P50} for whom they knew an ICU bed would be required + - ventilation, The ICU already had one ventilator and 4 other patients. Mrs Broome would have been their 6th patient. They had 3 staff rostered. Larka Fenton was called in. They had 2 other admissions from DEM. They were 18hrs under for that shift, 9 hrs 46 under for the evening and 6 for the night, On Sun am they were 7 hrs under. Jan Marks came in on her day off on Sat night, and Ann-Marie Soderstrom deployed here on the Sun am. They had 3 ventilated patients on Sunday AM. Two were transferred out. I imagine the AHNM tried as hard as they could to obtain more staff but were unable to do so. ICU may have been unable to take ^{P50} on OT until more staff were obtained. Apart from being told it was a very busy weekend, and the decision to go ahead with an elective apronectomy on a pat with multiple medical problems, I have not been informed of any other issues that occurred and the staff have not complained to me of the workload. In ICU we accept that we will have busy periods where staff will work under and there will be corresponding times when the opposite will occur. If the situation was dangerous or unsafe, I believe the staff would have informed me before now, even with such terrible hours,

R/ Toni

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

w

Toni Hoffman - Re: for your opinion,

TH17

From: Paddy Martin
To: Toni Hoffman
Date: 30/07/2004 1:28pm
Subject: Re: for your opinion,

Wow Love, that's all pretty heavy. It's very good though. My experience with Darren is to stick to facts and figures and not to be emotive. He absolutely turns off emotive approaches. Quotes percentages and figures to him and he responds much more favourably.

Anyway, I'm baaaaaackkk!

>>> Toni Hoffman 07/30/04 01:01pm >>>

for your opinion,
Hol Bol

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

Patricia's response to
how Darren would
respond to my
statement

W

PM-7

Toni Hoffman - Confidential correspondence

Page 1

TH36

From: Toni Hoffman
To: Peter Leck
Date: 22/10/2004 4:24pm
Subject: Confidential correspondence

Dear Peter,

Please find attached my conversation in Writing concerning Dr Patel. I will send up all of the documentation I have from the other staff with another copy of this to you and Linda on Monday.

Thanks Toni

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

Toni Hoffman NUM
ICU/CCU
PO Box 34
Bundaberg Q 4670
Ph: 07 4150 2311
Fax: 0741 50 2319

CC: Linda Mulligan; Paddy Martin

W