STATEMENT OF ROBYN POLLOCK of address know to the Queensland Nurses' Union of Employees

Qualifications and experience

1. I am a Registered Nurse licensed to practise in the State of Queensland. I have been registered since 1981.

Patient names

2. 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

3. I am employed by Queensland Health as the Nurse Unit Manager ("NUM") (NO3) of the Renal Unit at the Bundaberg Base Hospital ("BBH"). I have been in the Renal Unit for 9 years. I was the Nurse in Charge of Renal Services (NO2) from March 1998 until 4 March 2002 when the position was upgraded to NO3 Nurse Unit Manager. I have held this position since that time.

4. The Renal Unit has 7.3 full-time nursing staff who care for the haemodialysis and peritoneal dialysis patients. The unit also provides a follow up service for transplant recipients.

5. In my role as NUM I am responsible for coordinating Renal Services for Bundaberg and surrounding districts. My responsibilities include; coordination of patient care activities, allocation and rostering of staff, budget preparation and cost control, provision of human and material resources for Renal Services, managing activities related to the provision of safe patient care, and participation in multidisciplinary review of patient care, management protocols and patient outcomes. I also am a member of the Queensland Consultative Forum for Renal Nurses, which meets quarterly.

6. The physician for the Renal Unit is Dr Peter Miach. I report to Deeane Walls, the Director of Nursing. Dr Patel was the general surgeon the Unit used to place Tenckhoff and Central Venous Dialysis catheters during the period from August to December 2003. Inserting these two types of catheters involves completely different procedures. At the time Dr Patel was the only surgeon who placed catheters for the Renal Unit. He also did smaller procedures as needed by for the Renal Unit's patients.

First contact with Patel

7. Not long after Dr Patel arrived he came to the Renal Unit to indicate his availability as a surgeon to place catheters. He would then frequently visit and spend time in my office not only to discuss patients, but other personal matters. The staff knew that if he was there for any length of time they were to call my office phone to say I was needed as I felt uncomfortable having these discussions.

"Doctors don't have germs"

8. This friendly interaction with Dr Patel changed dramatically after I reported an incident that was reported to me by Carolyn Waters, Joanne Turner and Lynette Yeoman. All three nurses are core permanent staff in the Renal Unit and report to me. The three nurses came to me on the morning of 25 November 2003. I remember this date because one of my staff members had just returned from maternity leave the day before. They came to me as a group to discuss Dr Patel's handling of two renal patients earlier that morning. They recounted the following incident to me.

9. Dr. Patel had come to the Renal Unit as we had two patients that had blood flow problems with their central lines which meant their dialysis treatment was not effective. Dr Patel was to going to gauge the patency of these catheters, that is, he was going to test blood flow through the catheters. This is done by placing a guide wire into the central venous catheter, which exits from the side of the neck, midway between collar bone and ear of the patient. The insertion of a guide wire itself is often enough to dislodge any blockages and encourage blood flow.

10. The two patients, P56 and P57 were placed side by side on beds and equipment was set up on two trays in between the beds. To begin with, he didn't wash his hands. I believe out of the three nurses, it was Joanne Turner who requested that he wash his hands. He responded "Doctor's don't have germs". One of the nurses, I am not sure who, said "Well, could you please wear gloves". He did comply with this request. Caroline Waters walked off in disgust at this stage and did not witness anything further.

11. Both patients had the sealed clear dressing that covers their catheter taken off by the nursing staff. Dr Patel physically examined both patients without washing his hands or changing gloves between each patient's examination. Accessing the central lines, according to protocol, is meant to be a sterile procedure as you have direct contact with the patient's blood. The patients are immunosuppressed because of their chronic renal disease, so great care needs to be taken to maintain a sterile environment. Both of the central lines in these patients went directly into their internal jugular vein. During the procedure the bungs covering the catheters were removed and remained off. From an infection control point of view this increases the risk of infection or contamination, and it is normal for bungs to be replaced promptly. The nursing staff had to replace the bungs after the procedure.

12. At one stage during the procedure, Dr Patel reached for a drug (Urikinase) drawn up in a syringe which had been used on one patient and was on that patient's instrument tray and went to use it on the other patient. The nurses stopped him from doing this and they moved the two instrument trays further away from each other so it would be difficult to use instruments and materials from one patient's tray on the other patient. Dr Patel seemed put out and said "I'm doing you a favour". He finished the procedure and left the unit.

13. I advised the three nurses to fill out an incident form, which they did. I also advised that they document in the patients notes what had happened. I emailed Gail Aylmer, the Infection Control Nurse, about this incident, see email dated 25 November 2003, (attached and marked **RP1**). Gail contacted Dr Darren

Keating's secretary to make a time to discuss these issues with Dr Keating. Gail and myself went to see Dr Keating on 27 November 2003.

14. At the meeting I recounted what had happened in the Renal Unit. Gail also raised other staff complaints that had come to her from other areas regarding Dr Patel's practice. Dr Keating listened to what we had to say, but said that until we had data to support how often the infections were occurring and how many infectious episodes there were in Dr Patel's patients, it was difficult for him to intervene in Dr Patel's practices. He did say that he would speak to Dr Patel about the incident in the Renal Unit.

15. Dr Keating provided feedback to Gail, I believe by email, of his discussion with Dr Patel. Dr Patel had denied that the procedures had been conducted the way the nurses had described. Gail responded to Dr Keating that the nurses did not agree with Dr Patel's version, see email dated 3 December 2003 from Gail Aylmer to Dr Darren Keating, (attached and marked **RP2**).

16. From that point in time onward Dr Patel did not speak to me directly. He would discuss issues through another nurse or would walk in and then out of the Renal Unit if only I was there. He no longer came by my office for chats and to speak to me about his personal life.

Death of patient P30 17 December 2003

17. Around November 2003 my concerns were growing as to the number of complications our peritoneal dialysis patients were experiencing. I was aware from my meeting on the 27 November 2003 regarding Dr Patel's poor infection control practice that Dr Darren Keating needed data to support any concern we had. I approached Lindsay Druce, the Renal Unit's Peritoneal Dialysis Nurse, on her return from maternity leave. We discussed the problems the patients were experiencing and how to approach collecting data on their complications. Lindsay then began to research her patients.

18. However, my concerns escalated when one of our patients died on 17 December 2003 whilst having surgical intervention for migration of a catheter. During this

procedure, as well as re-siting the Tenckoff catheter, Dr Patel placed a central line in P30. The central line was placed because P30 still needed to be dialysed and the Tenckoff catheter would be unable to be used for two weeks after being re-sited due to the risk of infection and leakage. There would have been no need for P30 to have this second procedure, that is, the placing of the central line, if his catheter had not migrated after the original placement procedure, which was done by Dr Patel on 14 November 2003.

19. The coroner investigated this patient's death. The findings were that P30 died as a result of a haemopericardium, this was due to P30's thoracic veins being perforated during the procedure undertaken by Dr Patel on 17 December 2003.

"Dr Patel is not to operate on my patients"

20. After P30's death I was in the Renal Unit with Lindsay Druce and Dr Miach. We were discussing P30's death and Dr Miach said he did not want Dr Patel touching his patients again. We then discussed what we were going to do because Dr Miach was shortly to go on a lengthy period of leave and there was no other surgeon at the BBH that did these operations. Dr Miach's response was, "If I have to send them to Brisbane, so be it".

21. Dr Miach has at other times reiterated this position. I was the minute taker at the Medical Clinical Services Meeting in June 2004. This meeting was after Dr Miach had returned from leave. The meeting was attended by Level 3 nurses and Dr Miach. He informed the group that "Dr Patel is not to operate on my patients" and then said to me "Don't minute that".

22. On 29 January 2004 Dr Miach left taking 10 weeks of leave, to return mid-April. Dr Miach went on leave with orders not to let Dr Patel insert any catheters, and these patients were to go to Brisbane. Two doctors were to replace Dr Miach while he was overseas. Dr Miach told me that he had informed one of the replacements Dr Martin Knapp, a nephrologist, "to keep Dr Patel away from the renal patients". However, he had never met the other replacement. Dr Cochrane a nephrologist, as Dr Cochrane was recruited by Dr Darren Keating. I

do not know but I assume that Dr Cochran was aware of the situation with Dr Patel at this time.

23. At this time I was very concerned as to how we were going to manage the Peritoneal Dialysis Service and its future in Bundaberg.

24. While Dr Miach was on leave, we had to make alternative arrangements for a patient P55 who needed a catheter placed. Brisbane refused to treat this patient. My understanding was that Brisbane felt that Bundaberg had the services of a surgeon who could do the procedure. I don't know the specifics of the discussion with Brisbane, but it would have been negotiated between the Registrar, Dr Toby Gardner, and the renal Registrar at the Royal Brisbane.

25. Dr Cochran is not a surgeon, however, he told me that he could do the catheter placement procedure. Dr Cochran informed me that he had not performed this operation for many years, but felt that there was no other option available at the time. The patient's condition was worsening and it was imperative that the catheter was placed soon.

26. Dr Cochran spoke to Dr Widjertne, an obstetrician, and explained the politics surrounding Dr Patel and the renal patients. Dr Widjertne then agreed to assist. Lindsay Druce and I went to Theatre on 2 February 2003 with Dr Cochran

27. This solution was not ideal and the outcome was not satisfactory. During the procedure Dr Cochran perforated the bladder of the patient. Dr Cochran was put into this position because Dr Miach had said Dr Patel was not to operate on this patient. I was extremely concerned as to how we were going to manage the Peritoneal Dialysis Service.

"Peritoneal Dialysis Catheter Placements – 2003"

28. In January 2004, Lindsay Druce completed her report on the patients undergoing peritoneal dialysis. The one page report is headed "Peritoneal Dialysis Catheter Placements – 2003" (attached and marked **RP3**). Lindsay had compiled this report with information she had gleaned from going through all of the patients' files, from a physical examination of the patients as they came in, and from data

on the patients she had access via the POET system, which is the database maintained by Baxter Health Care.

29. While I was on leave and before Dr Miach went on his long period of leave, Lindsay discussed her analysis with Dr Miach and showed him the POET reports. I was on leave from 30 December 2003 until the 2 February 2004. On my return from leave, Lindsay asked to discuss her findings with me, see the email dated 4 February 2004 from Lindsay Druce (attached and marked **RP4**). We had an informal meeting where we discussed the report. Lindsay had investigated problems occurring with the catheters, including internal migration of catheters, external catheter positioning, infection rates and the severity of the infection. In summary, the only doctor placing catheters during this period was Dr Patel, Dr Patel had inserted catheters in 6 patients and all 6 of the patients experienced complications.

30. As Dr Miach was on leave and Brisbane had refused our patients, as noted above in paragraph 24, I felt that something should be done. I emailed Patrick Martin, Acting Director of Nursing, about our concerns and suggested we have a meeting to discuss the peritoneal dialysis data. Lindsay Druce, Patrick Martin and myself attended a meeting on 10 February 2004. Both Lindsay and myself spoke about the findings summarised in the one page report (attached and marked **RP3**). Patrick was very responsive and supportive and felt we were justifiably concerned. He said that he would speak to Darren Keating.

31. Patrick spoke to him that afternoon and got back to me via email that same day, (attached and marked **RP5**). While I was pleased Patrick had raised our concerns with Dr Keating, the email suggested to me that Dr Keating still needed more information, despite six cases being documented. I wasn't convinced that the issue would be investigated.

32. A week later Patrick Martin contacted me to arrange a meeting with regards to another matter (attached and marked **RP6**). I was to provide him with information on Renal Services as he was meeting with Dan Bergen regarding the Central Zone Renal Management Plan. During this meeting we discussed Dr

Keating's request for more data with regards to the catheter placement complications. I asked him why Dr Keating would want more data when we had already provided data and "What more proof did he need?" He had no reply and we left the discussion there.

33. In mid-February the position was that Dr Miach was still overseas, Dr Patel was not to operate on our patients, Brisbane would not accept our patients, Dr Cochran had unfairly taken on the responsibility of placing a catheter, and Dr Keating was requiring more evidence to back up my concerns. I felt this was becoming a desperate situation. It was at this time that Lindsay Druce and I arranged to speak to Baxter Healthcare Pty Ltd.

Peritoneal Dialysis Access Program

34. Baxter Healthcare Pty Ltd is a medical supply company used by Queensland Health. They provide the almost all of the fluids which are used in peritoneal dialysis. The representative from Baxter Healthcare, Brian Graham, is very approachable. He is a clinical specialist, a registered nurse and Baxter's Renal Product Specialist in Queensland. I have found him to be incredibly supportive and we have an excellent working relationship.

35. I had spoken to Brian about some of the problems we were experiencing as early as December 2003. I had been to a Renal Collaborative meeting in Brisbane and then to the Baxter dialysis unit at Greenslopes where Brian and I had discussed issues with the peritoneal dialysis program. In December 2003 Brian came to Bundaberg for a planned visit. Brian and I were standing at the end of the nurses' station near the fax machine discussing support that Baxter could offer us to help with peritoneal dialysis issues, and the complications our patients were experiencing. He suggested that Baxter could offer to assist with training needs of surgical staff on catheter placement. He said that he would approach Dr Miach with regards this.

36. Dr Patel came into the renal unit as Brian and I were speaking and I introduced them to each other. Brian informed Dr Patel that Baxter would be happy to provide support and or education with regards to catheter placement technique.

Dr Patel responded by saying "You can fly me down to Brisbane, put me up somewhere nice, take me out to dinner and then we can discuss this". Brian replied by saying that he felt that this wouldn't be appropriate.

37. As mentioned above, I went on Annual Leave from 30 December 2003 until 2 February 2004. On my return Lindsay and I again were involved in discussions with Brian Graham. In March Dr Patel was again involved with one of our patients and Brian was aware of this, see email dated 8 March 2004 from myself to Brian Graham, (attached and marked **RP7**). About this time Brian told us of a program that Baxter was running in Western Australia. The program involved patients being fitted with catheters privately with Baxter funding any extra cost. When Dr Miach returned from leave in mid-April and Brian discussed the Baxter proposal with him.

38. Baxter emailed Dr Miach the proposal, which was forwarded onto Lindsay and myself by email on 29 April 2004 (attached and marked **RP8**). We all felt we were finally making some headway.

39. Dr Miach took the proposal to the Executive sometime in May. I am not aware of how this was pitched to the Executive, but I got the impression that all were in agreement as I became aware that Dr Miach was organising a meeting of all interested parties, see email dated 11 May 2004 from Lindsay Druce to Brian Graham (attached and marked **RP9**) and an email dated 24 May 2004 forwarded to me from Brian (attached and marked **RP10**).

40. On 15 June 2004 a round table meeting was held on the ground floor conference room of the Friendlies Hospital. All interested parties were represented. Present at the meeting were:

- Lindsay Druce, Dr Miach, Dr Darren Keating and myself from the Bundaberg Base Hospital. I believe that Linda Mulligan was invited but gave her apologies.
- Brian Graham, Trevor Barnett and Donna Williams from Baxter Healthcare

- Dr Brian Thiele, Dr David Merefield, both doctors privately operating out of rooms at the Friendlies and Alan Cooper (CEO of Friendlies), and

- Dr Terry Hanelt from Fraser Coast Health Service

41. A general discussion was held on how the program would run. At the end of the meeting Trevor Barnett indicated that they would put a formal offer together on how the program would run. I assume that the offer was signed off by Queensland Health sometime in June – July 2004. I have never seen the contract. The only documentation I have seen from Executive regarding the Peritoneal Dialysis Access Program is a letter on Queensland Government letter head dated 9 September 2004 from Dr Darren Keating to Mr Trevor Barnett apparently accepting the offer made by Baxter Healthcare Pty Ltd., (attached and marked **RP11**).

42. While Dr Keating's letter is dated 9 September 2004, on 17 August 2004 the first catheter was inserted under the Baxter program at the Friendlies. Since 17 August 2004 we have had no patient complications from catheter placement procedures.

43. At November 2004 meeting of the Renal Consultative Forum at the PA, Brian Graham was an invited speaker. He spoke about services that Baxter could provide and the Baxter Access Program. During round table discussion at the end of the meeting, a Rockhampton NUM, Annette Gilham, raised the issue of Rockhampton wanting to access the program and said that Queensland Health had stopped it because there was a conflict of interest. After hearing this I began to doubt whether our program had been approved by Queensland Health. I got up at this meeting and in response to Annette Gilham said "We are doing it". I then said to the meeting that I did however have reservations as to whether Queensland Health had actually approved the program or whether it was done at the local level. I suggested to the forum that the Rockhampton Nurse Manager contact our Executive at the BBH and ask who had sought Queensland Health's approval.

Meetings with management: 2000

Meetings with management: Level 3 Extraordinary meeting, 23 March 2005

48. The last week before I went on leave for Easter, I attended a meeting held in the conference room outside of the Executive offices. I assumed that the meeting was to discuss the media release of the Dr Patel issue following it being mentioned in

Parliament. I was notified by email that attendance was mandatory. I was a few minutes late to this meeting. There were about 15 Level 3 nurses present. I arrived to see Peter Leck standing addressing the group. He was visibly angry and upset. He was saying that he knew that it was a nurse that was responsible for the leak. One of the nurses said "How do you know it was a nurse?" He said that he had heard it from numerous sources – two to three people had confirmed it was a nurse. He was not shouting but his tone was severe. He said that a review team had been working on a report and a nurse had gone behind our backs and released this information before the report was released and they would be reprimanded. He went on to say that it was a breach of the code of conduct and confidentiality and it was "being handled".

49. I wanted to say "If management had handled this matter appropriately and dealt with the complaints about Patel back when they were made, you wouldn't be in this position now", but I didn't because I felt intimidated. I don't feel the nursing staff are supported or valued by the Executive. I felt chastised after he left, and I hadn't done anything wrong. I was very concerned for whoever had sent the letter to Mr Messenger. I felt that if it was known who leaked the letter, that person would lose their job. Mr Leck didn't come out and say that directly, but he used the term "reprimanded", which to me meant they would lose their job.

50. After Mr Leck had left, the meeting became very loud, Deanne Walls tried to manage this and placate everyone. She said this is a time to support each other and it could be the beginning of a very trying time.

Dr Tarik Queshri

51. Around November 2003 I was aware that there had been problems with the behaviour of Dr Tarik Queshri. There had been incidents where staff members had complained about his inappropriate behaviour. From these complaints I was of the understanding that the Executive were well aware of these complaints, yet Dr Queshri was allowed to remain in the employ of the hospital.

52. I became aware from discussions with some of the nurses and doctors on the medical ward that Dr Queshri was to have an escort when he saw female patients.

RP

As a Level 3 nurse and the head of the Renal Unit I received no memo or official direction from the Executive about a decision that this doctor needed an escort with female patients, it just became generally known.

53. I became aware that one of our renal patients, P23, was sexually assaulted by Dr Tarik Queshri when she was an inpatient on the medical ward. P23 first approached Lyn Yoeman while Lyn was walking through the ward. Lyn was a familiar face from the Renal Unit where this patient had spent quite a bit of time.

54. P23 then spoke to one of my nurses, Lindsay Druce. Lindsay assisted P23 to report the incident and then Lindsay spoke to me about the incident. This was sometime in November 2003. When I spoke to Dilys Carter, the Nurse Unit Manager for the medical ward where P23 was assaulted, I was told by Dilys that the incident form reporting the assault had been given by the After Hours Nurse Manager to Caroline Kennedy (Assistant Director of Nursing). I do not know where the incident report went to from there.

55. P23 is still a patient in the Renal Unit. I have a good rapport with this patient and recently, after it was announced that an Inquiry into the BBH was to take place, I spoke to her about the incident and asked whether she had been approached by management to discuss what had happened to her. She told me that she still had not received any feedback from the Executive with regards to this matter.

.....

Signed: ROBYN POLLOCK

Date: 25/05/05

I **Robyn Pollock** 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 14 pages) is true and correct to the best of 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.*

.....

ROBYN POLLOCK

Declaration Taken By:

.....

Lawyer

Date: 25-5-2005

" RP1 "

From: Robyn Pollock
To: Gail Aylmer
Date: 25/11/2003 11:48am
Subject: Doctors don't have GERMS

Gail, We had the delightful Dr Patel here today attemtping to fix a central dialysis catheter. The nursing staff are always very strict with usinf aseptic technique accessing these catheters, sterile gloves etc. The nursing staff mentioned to Dr Patel as he was about to access one of these lines the nedd for sterile gloves, handwash. He refused stating"Doctors hands don't have germs". This just isn't good enough! what can we do. Robyn

('GAIL contacted Barbara KEATING re: issues - for MEETING FOR discussion 27/11/03)

= V. Olsen, S. Delaney } J. TURNER, C. WATTERS, L. YEOMANS

"RP2"

From: Gail Aylmer
To: Keating, Darren
Date: 3/12/2003 3:37pm
Subject: Renal

hi Darren
I spoke to Robyn in renal about your meeting with Dr Patel. She and the 3 staff members that witnessed the situation obviously do not agree with Dr Patel's version of the situation, however they are pleased you have spoken to him about this.
Just FYI because I think it should be noted, Dr Patel visited the unit today and said that he has "had enough of renal and he wasn't going to do it anymore".

Gail Aylmer
Infection Control CNC
Bundaberg Health Service District
Bundaberg Base Hospital
PO Box 34
BUNDABERG Q 4670
Ph: 4150 2273
Fax: 4150 2309

Peritoneal Dialysis Catheter Placements - 2003

Patient	Surgeon	Date Catheter Placed	Date of Catheter Problem	Catheter Problem	Outcome	Catheter Position	Infection
P8	Patel	15/08/2003	19/09/2003	Migration	Surgical intervention	upwards	chronic exit-site infection & peritonitis
P19	Patel	3/12/2003		Migration	Deceased prior to catheter repair	side-upwards	
P24	Patel	30/09/2003	4/11/2003	Infection Catheter Position	MRSA treated with IV Vancomycin	side-upwards	exit-site infection MRSA
P31	Patel	19/09/2003		Infection Catheter Position	Peritonitis treated as in-patient with IP AB's	upwards	chronic exit-site infection serratia
P30	Patel	14/11/2003	16/12/2003	Migration	Surgical intervention - Died	side-ways	
P45	Patel	6/10/2003	18/11/2003	Impaired Outflow Drainage	Surgical intervention - Hernia repair performed privately	side-ways	nil to date

x6 Peritoneal Dialysis Catheter Placed 2003

11 RP3 11

"RP4"

From: Lindsay Druce
To: Robyn Pollock
Date: 4/02/2004 12:18pm
Subject: Peritoneal Dialysis Services

Dear Robyn,
Could I arrange an appointment to see you regarding the following issues I have with the Peritoneal Dialysis Service:
Cessation of 'Peritoneal Dialysis catheter placement' at Bundaberg Base Hospital due to recent high number of adverse catheter related events.Discuss an alternative 'clinical area to perform Peritoneal Dialysis' when the Peritoneal Dialysis bay is being used for Haemodialysis patients.Discuss the use of the Peritoneal Dialysis bay as an Isolation area for Haemodialysis patients.With Regards
Lindsay Druce
Clinical Nurse

COPY

M1-05-1367 (1)

REFIND

~~DM05~~

"RP5"

(51)

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

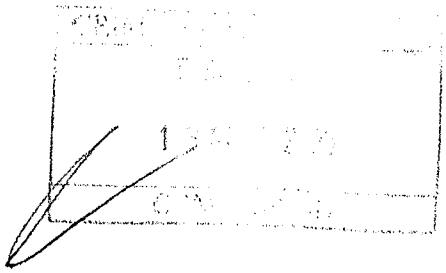
Hi Robyn

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



c/d to Darren Keating @ the time.

CMC CLASSIFICATION	
( )	Highly Protected
( )	Protected
( )	In-Confidence
( )	Unclassified
Initials:.....	
Date:...../...../.....	
Reg No: DM05/01807	

'RP6'

From: Robyn Pollock
To: Paddy Martin
Date: 18/02/2004 11:18am
Subject: Re: meeting

No problemo!! Robyn

>>> Paddy Martin 18/02/2004 8:46:18 >>>
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

"RP7"

From: Robyn Pollock
To: brian_graham@baxter.com
Date: 8/03/2004 9:51am
Subject: Re: Hervey Bay patient - Access Issues

Brian, The general surgeon(that pig of a man, you met here who can't place a tenckhoff!!!), declotted the graft on Saturday morning. Surprise, surprise it re-clotted that evening. The plan is to send her to Brisbane, the poor lady hasn't been dialysed since last Wednesday. I spoke to her this morning, I can't find any reason why she couldn't do PD if she had to. Almost anuric, waiting for her bloods from this morning, she's about 3kgs over, no oedema! I have told the team she needs to be transferred to Brisbane, she should be dialysed forst however, I feel. Thanks for all your help, you truly are the best rep in the world! Robyn

>>> <brian_graham@baxter.com> 6/03/2004 18:51:08 >>>
Robyn

I was just thinking about that patient from Hervey Bay with the Access problems.

How did they present and what did the Nephrologist do with them? Did they get transferred to Brisbane?

Talk with you soon.

Regards

Brian J Graham
Renal Product Specialist (QLD)
Baxter Healthcare Pty Ltd
25 Murdoch Circuit
ACACIA RIDGE QLD 4110
PH: +61 7 3273 7300
FAX: +61 7 3273 7232
MOBILE: 0417 265 859
E-MAIL: Brian_Graham@baxter.com

Our "NEW" Customer Service Number: 1300 789 646

Visit us at our websites:
www.baxterhealthcare.com.au
www.kidneydirections.com

"EXTRANEAL: PD Prescriptions from Day 1"

"RP8"

From: <brian_graham@baxter.com>
To: <Robyn_Pollock@health.qld.gov.au>, <Lindsay_Druce@health.qld.gov.au>
Date: 29/04/2004 5:03pm
Subject: Baxter Healthcare Pty Ltd - Catheter Access Program

Robyn / Lindsay

Please find attached the original email that I sent to Dr Peter Miach.

I shall talk with you soon in relation to the program. Alternatively, please contact me if you require any further information.

Regards

Brian J Graham
Renal Product Specialist (QLD)
Baxter Healthcare Pty Ltd
25 Murdoch Circuit
ACACIA RIDGE QLD 4110
PH: +61 7 3273 7300
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"European APD Outcome Study: Anuric PD Patients - APD & EXTRANEAL"

----- Forwarded by Brian Graham/SHS/SP/Baxter on 29/04/2004 04:48 PM -----

Brian Graham
29/04/2004 04:47 PM
To: peter_miach@health.qld.gov.au
cc:
Subject: Baxter Healthcare Pty Ltd - Catheter Access Program

Dear Dr Miach

Thank you for speaking with me this morning in relation to Baxter Healthcare's Catheter Access Program for Bundaberg / Hervey Bay.

As per your request, below I have provided you with an informal overview of the program.

The aims of the program include:

To provide a value added service to Renal Units and Patients.
Enable timely commencement of treatment resulting in improved clinical outcomes. Gorriz J.L et al. (2002). "Spanish Multi-Centre Study - Prognostic Significance of Unplanned Start Dialysis".
Provide a dedicated resource eg: Surgeon - Theatre access
Viable Peritoneal Dialysis catheters

The Program at a Glance:

Public patient identified for Peritoneal Dialysis (PD) Catheter placement.
Public patient admitted to designated Private Hospital.
PD catheter placed in theatre by surgeon and anaesthetist.
Patient then discharged (Same day case or Overnight stay)
Patient then followed up by referring Renal Unit.

Baxter Healthcare will cover the cost of :
Private Hospital Bed Accommodation for 1 night
Theatre Costs for the procedure
Pharmacy related cost for the patient admission

Medicare will pay 75 per cent of the Medicare Schedule fee for services and procedures provided by the surgeon / anaesthetist. If the nominated practitioners (Surgeon / Anaesthetist) charges more than the Schedule fee, Baxter Healthcare will pay any charges in excess of the scheduled fee (The GAP).

There is NO cost to the patient.

I look forward to speaking with you next week to identify the stakeholders.

Baxter Healthcare will need to have an understanding of the total costs of the program (eg: GAP's, Private Hospital Accommodation fees etc) to ensure the program is a viable option for Baxter and for your Renal Service. I will attempt to ascertain the costs for the private hospital before we speak next week.

If the program is viable for both parties, Trevor Barnett (Regional Manager Baxter Healthcare - Queensland) and myself will visit Bundaberg on Tuesday, 11th May 2004 to meet with yourself and the stakeholders, and formally present the program for discussion.

If you require further information on the Catheter Access Program prior to our meeting, please do not hesitate to contact me on 0417 265 859.

I look forward to your reply.

Regards

Brian J Graham
Renal Product Specialist (QLD)
Baxter Healthcare Pty Ltd
25 Murdoch Circuit
ACACIA RIDGE QLD 4110
PH: +61 7 3273 7300
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Our "NEW" Customer Service Number: 1300 789 646

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www.baxterhealthcare.com.au
www.kidneydirections.com

"European APD Outcome Study: Anuric PD Patients - APD & EXTRANEAL"

"RP9"

From: Lindsay Druce
To: "brian_graham@baxter.com".SMTP.CORPORATE-SYSTEMS
Date: 11/05/2004 12:02pm
Subject: Catheter Access Program

Dear Brian,
Found out Dr Miach has contacted Alan Copper (CEO-Friendleys Private Hospital) Dr Brian Thiele and Director of Medical Services Dr Terry Hanelet in writing re: Catheter program. He has sent letters and info re:program and has requested a time we can all get together.
Regards
Lindsay

"RP10"

Renal Product Specialist (QLD)
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----- Forwarded by Brian Graham/SHS/SP/Baxter on 24/05/2004 05:55 AM -----

Brian Graham
18/05/2004 06:32 AM

To: peter_miach@health.qld.gov.au
cc:
Subject: Dates for Baxter Catheter Access Meeting - Bundaberg

Dr Miach

Thank you for your call on Thursday morning in relation to the Baxter Catheter Access Program for Bundaberg and Hervey Bay region.

As promised, I have listed possible dates for our initial meeting to discuss the program. Are you able to indicate which of the following dates is suitable for the relevant stakeholders to meet in Bundaberg?

I will then make the arrangements with Trevor Barnett (Regional Manager QLD - Baxter Healthcare), Donna Williams (Territory Manager - Baxter Healthcare), and myself to be at this meeting.

The prospective dates are as follows:

Tuesday Mornings (0900 - 1200hrs):

15th June 2004
22nd June 2004

Thursdays

10th June 2004
17th June 2004
24th June 2004

Alternatively, if these days are not suitable, please suggest other possible dates for this meeting.

I look forward to your reply.

"RP11"

Queensland Government

Executive Services
Bundaberg Health Service District

Enquiries: Dr Darren Keating
Telephone: 4150 2210
Facsimile: 4150 2029
Our Ref: DK:jaw

9 September 2004

Mr Trevor Barnett
Regional Manager – QLD
Baxter Halthcare Pty Ltd
PO Box 6122
ACACIA RIDGE DC QLD 4110

Dear Mr Barnett

RE: Baxter Tenchoff Access Programme

I write in reply to your letter dated 21st June 2004. Please accept my apologies for the delayed reply. I am please to accept the offer as outlined, on behalf of Bundaberg Health Service District.

As discussed at the meeting, Dr Miach understood that in the unlikely event of the Tenchoff Catheter requiring repositioning or revision the Baxter programme would also cover such instances. Would you please confirm this understanding?

Bundaberg Health Service District would be happy to commence the programme as soon as possible. Dr Miach and/or Ms Robyn Pollock Nurse Unit Manager Renal Unit are your initial points of contact.

Yours sincerely

Dr Darren Keating
Director of Medical Services

Copy: Dr Peter Miach
Ms Robyn Pollock