

SUPPLEMENTARY STATEMENT OF THERESA WINSTON of c/-Hervey Bay Hospital, Hervey Bay, Queensland

I, Theresa Winston, Nurse Unit Manager of Surgical Unit, Hervey Bay Hospital, Hervey Bay, Qld 4655 in the State of Queensland, state as follows:

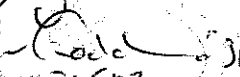
1. I have previously signed a statement dated 4 July 2005. I set out my qualifications and experience as a registered nurse in that statement, together with a description of my role as Nurse Unit Manager of the Surgical Unit at Hervey Bay hospital.

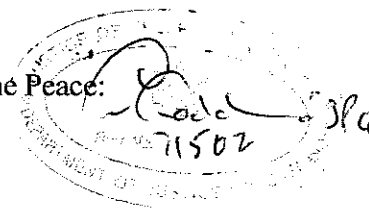
2. I wish to respond to a number of matters raised in evidence before the present Commission of Inquiry by Drs Krishna and Sharma concerning the Review of Orthopaedic Health Care in the Fraser Coast Region:
 - (a) *From the transcript of Dr Krishna, paragraph 36: My concerns were with the nursing staff in the ward, including the Unit Manager who almost never participated in ward rounds despite requests being made. This resulted in communication defects with regard to patient management plans and resulted in medical officers being blamed for lack of communication.*

I have been the Nurse Unit Manager (NUM) of the surgical unit since 1998. It has always been my practice to go with the Doctors on their ward round where possible. This enables me to update them with any new information about the patients, to hear what they are saying to the patients so if need be I can explain again at a later date, but also enable me to communicate to other staff any

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changes to the management of that patient. On the surgical unit we have two separate disciplines consisting of a Surgical team and an Orthopaedic team. If both teams start their ward rounds at the same time it is not possible to go with both. On the whole the surgical team has the larger number of patients and it is with these Doctors I would mainly go with. At the beginning of the day when the Orthopaedic doctors arrived on the ward, I would go through the patients on their list with them and tell them of any changes which may have occurred throughout the night or if I had anything more specific to tell them. If I was particularly concerned about a patient I would make sure that I left the Surgical team to be with the Orthopaedic team when they saw that particular patient.

Dr Naidoo was aware of the difficulty I had with doing the ward rounds and twice a week he would do his ward rounds at a later time when I was then able to go with the Orthopaedic team. He would start at 09.00 – 09.30hrs. If I was not available then another member of the nursing staff went.

(b) *Currently I always ensure a nurse is available for all ward rounds and there has been no problem since.*

Dr Krishna has not been working as part of the Orthopaedic team since February 2005. He was working for as an RMO for the Medical team for some time and when we had medical patients on our unit I do not recollect Krishna ever asking me or a member of staff to be available for a ward round.

(c) *Statement from Dr Sharma, paragraph 23: Ms Gail Plint, nominee of the surgical unit nurse manager, told one of the SMOs that she was very sorry about what had been written in the Review and that*

what she submitted was not her views but had been written by someone else.

I had only a few days notice to attend the interview and already had a prior engagement which I could not cancel. I had no information as to what the review was about except that it was looking at services throughout the Fraser Coast Health Service. I was not even sure that it was specifically related to Orthopaedic services although I had heard that an orthopaedic review was to take place at some time. I gave my apologies to Terry Hanelt and he said that if I couldn't go I had to send a replacement. Gail Plint was working that day and so I asked her if she would go in my place. I told her I was not sure what sort of questions were going to be asked but outlined some of the issues I had re the orthopaedic services should questions be asked regard this.

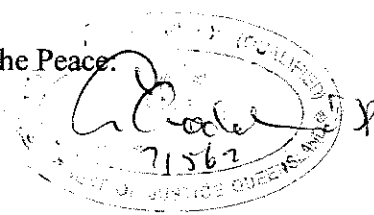
(d) Statement from Dr Sharma, paragraph 24: I would like to point out that the nurse unit manager would always complain about others and labeled every other person as hopeless. As nurse unit manager she would never attend our ward rounds or allocate any other nurse. They would try to extract information from RMOs and then blame us for having poor communication skills.

I am not sure that I label every other person as hopeless, but I do expect a reasonable standard from all staff working within the unit. I would expect on a ward round that the Doctors would review the patients medication chart, their fluid balance chart, observation chart and write in the patients medical records. I would also expect them to talk to the patient and examine them in relation to the operation. Dr Krishna and Dr Sharma did not encourage the RMOs working under them to write in the patients' notes as they went around. They would write on a piece of paper and then transcribe it at some stage later in the morning. This was not always helpful to Allied Health staff e.g.,

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physiotherapists who might come around early in the morning but not know what a patient's mobility status was as nothing documented in the chart. Often I would have to point out to the Doctors that the patients had not been written up for the normal antibiotics or were still on antibiotics when the normal protocol was that they should have completed them. This is just one example.

I believe I have explained about the attendance of ward rounds above.

I know that several of the RMOs were not happy working as a member of the Orthopaedic team, not saying that this was necessarily because of Dr Sharma or Dr Krishna, but just that there was little cohesiveness within the team. It would be automatic for me to ask the RMO about patient issues first rather than going to the PHO or SMO; this I would do with any discipline. The problem was that some of the time the RMO themselves could not say what the management plan was.

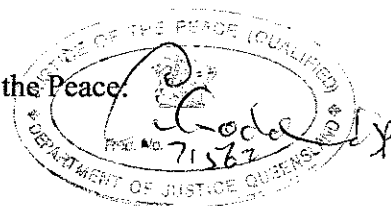
- (e) *Statement from Dr Sharma, paragraph 24: From the beginning of this year a nurse did attend our ward rounds and hence knew first hand about patient plans. I do not know why this was not done before.*

At the beginning of the year Dr Kwon came to work with the Orthopaedic team. I explained to Dr Kwon some of the problems I had been experiencing. My management of ward rounds was no different to what it had been previously. When Dr Kwon did a round which was again usually after the surgical team had finished their round, I went with the orthopaedic team. If Dr Kwon was not doing a round I tried to split myself between the two teams as previously I had done. Dr Kwon had also told to me that if I was not able

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to go around with Dr Sharma or Dr Krishna, then he had told them that at the end of the round they were to find me and let me know of any changes to patient management. This did not happen. When Dr Kwon was doing a ward round Dr Sharma and Dr Krishna certainly improved the way that they reviewed the patient.

Theresa Winston

Signed: Theresa Winston

Date: 7-10-05

I Theresa Winston do solemnly and sincerely declare that the content of this my statement for the Queensland Public Hospitals Commission of Inquiry (this declaration being at the foot of the last page of the statement comprising 5 pages) is true and correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

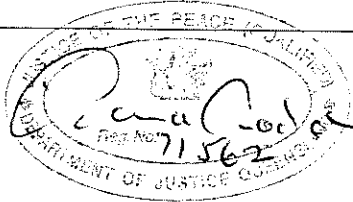
Theresa Winston

Theresa Winston

Declaration Taken By:

Paula Goddard

Lawyer/Justice of the Peace/Commissioner for Declarations



Paula Goddard JP (Qual)

Signature:

Theresa Winston

Justice of the Peace:

