

OATHS ACT 1867
STATUTORY DECLARATION

QUEENSLAND

TO WIT

I, **Lourdes Wong**, c/o Roberts & Kane Solicitors, level 4, 239 George St, Brisbane in the State of Queensland do solemnly and sincerely declare that:

The following statement is provided in response to a notice I received from the Barrett Adolescent Centre Commission of Inquiry requiring me to give information in a written statement in regard to my knowledge of matters set out in the Schedule annexed to the notice.

Response to Schedule of Questions

1. Outline your professional qualifications and provide a copy of your current or most recent curriculum vitae.

- (a) I hold registration to practise as a Registered Nurse with the Nursing and Midwifery Board of Australia.
- (b) I was first registered to practise psychiatric nursing in 1985 after completing psychiatric nurse training at Wolston Park Hospital. Prior to this I was an enrolled nurse.
- (c) I did not nurse from 1987 to 1999 which resulted in my registration lapsing.
- (d) In 1999 I undertook a 3 month reentry program at The Park in order to regain my registration to practise as a nurse.
- (e) Since regaining my registration I have continued to practise as a nurse at The Park in a number of areas including the Barrett Adolescent Centre (BAC).
- (f) Attached and marked [[QNU.001.009.0014]] is a copy of my curriculum vitae.

Signed: 

EMPLOYMENT AT THE BARRETT ADOLESCENT CENTRE

2. The Commission understands that you held the role of Registered Nurse at the Barrett Adolescent Centre (BAC) until January 2014. If so, please outline and explain:

(a) the period you held this position;

i. I was employed as a Registered Nurse (RN) at the BAC from April 2007 to January 2014.

(b) the basis and by whom you were employed;

i. I was employed as a RN on a permanent full time basis to work night duty in the BAC.

(c) your key responsibilities in this position, including whether these responsibilities changed over the period of your employment;

i. The key responsibilities of a RN was to provide direct nursing care to adolescents experiencing mental health problems which included:

- (1) participating in handover;
- (2) at the commencement of the shift, reviewing patient caseload and planning the shift to ensure continuity of patient care;
- (3) completing all relevant patient assessments;
- (4) working in collaboration with the nursing team;
- (5) initiating emergency response when required and following emergency procedures under instruction;
- (6) educating, informing, counselling and supporting patients, families, other care providers and support services;

Signed: 

(7) safely administering medication as prescribed; and

(8) working with clients to assist in the management of activities of daily living.

ii. The key responsibilities of a RN did not change during my period of employment.

iii. On some occasions I worked as the team leader of the night shift which included additional responsibilities of allocating staff, writing up the handover book and reporting to the After Hours Nurse Manager.

(d) the nature of your employment/appointment and provide copies of your job description and employment contract/appointment documentation.

i. I was employed on a permanent full time basis to work night duty from 11 pm to 7 am.

3. How many shifts did you carry out per week?

(a) The rosters for the BAC were prepared on a fortnightly basis. I worked 10 shifts per fortnight.

(b) On occasions I worked overtime during the day shift.

4. What were the reporting systems in place at the BAC during your employment? To who did you report?

(a) I reported all patient concerns to the Clinical Nurse (CN) or team leader on night shift. If I was the team leader, I reported to the After Hours Nurse Manager for The Park.

(b) I gave an oral handover report to the incoming staff on the morning shift.

5. What record systems did you use to record the carrying out of your tasks?

(a) I recorded an entry in the patient’s clinical record at least once a shift.

(b) When I was team leader of the night shift I would update the handover book.

Signed: 

(c) During the night shift I recorded medications given, observations of patients and visual observations on the designated forms.

(d) I was not a care coordinator for any patients therefore I did not prepare weekly summaries or enter data on to CIMHA.

6. What on average was the number of patients for whom you provided care?

(a) There was no patient allocation on night duty.

(b) It was usual for two RNs to be rostered on a night shift unless more staff were required to perform constant observations. We worked as a team during the shift to provide care to all the patients in the BAC.

7. Describe how you went about your care of BAC patients on a day to day basis.

(a) At the start of the night shift, I received a verbal handover from the previous shift.

(b) I then read the handover book and clinical notes to gather further information so as to review the patient caseload.

(c) As a RN I followed the direction of the CN or team leader throughout the shift.

(d) During night shift, most of the patients are sleeping so my attention was generally given to those patients who were having difficulty sleeping or self-harming. If a patient self-harmed it usually occupied most of our time.

(e) Visual observations of all patients were performed every 30 minutes. Medications were given to patients as required.

(f) I recorded entries in the patients' progress notes documenting my involvement in their care.

(g) At the end of the shift, I gave verbal handover to the next shift.

Signed: 

8. Describe the state of the BAC facilities during the period of your employment at the BAC.

- (a) The BAC facilities were in good condition and repairs were attended to straight away.
- (b) The layout of the BAC building was sufficient to care for the adolescent patients.

9. Describe your experience and observations of the operations and management of the BAC during the time of your involvement or employment.

- (a) When I started in the BAC in 2007 I was familiar with the place having worked there on occasional shifts over the past years. The staff knew me which made it easy for me.
- (b) In 2007 when I started in the BAC the unit was well run under the leadership of NUM Peter Howard. The unit was well staffed with a balance of experienced and inexperienced nurses.
- (c) I recall discussions about the BAC facility being moved to Redlands but cannot now recall when these discussions started. I had made a decision that I would not move to the new facility in Redlands as it was too far for me to travel. I recall about one half of the staff were prepared to move to Redlands.
- (d) I believe there was a decline in the nursing management of the BAC after NUM Howard left. He was replaced by NUM Risto who left the position for reasons unknown to me.
- (e) After NUM Risto left there was a series of staff acting in the NUM position starting with RN Sue Daniel, then RN Graham Dyer, RN Vanessa Clayworth then RN Alex Bryce. This was a problem for the nursing leadership of the unit as they were unable to properly lead due to being only temporarily appointed.
- (f) I noticed that there was an increase in the number of inexperienced nurses working in the BAC. I cannot recall when this trend started.

Signed: 

- (g) The medical staffing of the BAC remained constant until Dr Saddler was terminated and replaced by Dr Brennan in late 2013. This was a potentially destabilising event for the BAC patients and staff but Dr Brennan was very well received and proved to be a very good replacement. She was more involved with the patients than Dr Sadler.
- (h) When the announcement was made that the BAC was to close the staff were worried about losing their jobs. I still cared a lot about the well-being of the patients and their future well-being but the job insecurity affected me psychologically. I was preoccupied with this.
- (i) After the closure announcement some allied health staff left the BAC to work elsewhere.
- (j) To the best of my knowledge, the teaching staff remained unchanged.

CLOSURE OF THE BAC

10. When did you first become aware of the intention to close the BAC?

- (a) I first became aware of the possibility that the BAC may close after the announcement was made that the BAC would not be relocating to Redlands. I believe this announcement was made in 2012 after there was a change of government.

11. How was the closure decision communicated to staff of the BAC?

- (a) I do not know how the closure decision was communicated to staff of the BAC.
- (b) I heard about it from my colleagues. As I worked night shifts, I was somewhat removed from the communications concerning the unit. It was usual for me to hear about operational things from other staff members.
- (c) I recall that senior management of the WHHS held a couple of meetings at the BAC in November and December 2013 to discuss the closure of the BAC. I attended a meeting in November 2013.

Signed: 

12. Were the staff of the BAC offered any explanation or reason for the decision to close the BAC? If so, what were the bases of the closure decision as communicated to staff of the BAC?

- (a) I don't recall there being an explanation or reasons given for the decision to close the BAC.
- (b) I recall that the staff speculated that the decision to close was due to the BAC building being old and situated close to a forensic mental health facility.

13. Were you consulted about the intention to close the BAC and were your views or opinions sought in relation to the likely impact of the closure? If so, did you voice those concerns, and if so, how, when and to whom?

- (a) I was not consulted about the intention to close the BAC and my views or opinions were not sought about the likely impact of the closure.

14. Did you have any concerns regarding the closure of the BAC? If so, did you voice those concerns, and if so, when and to whom?

- (a) I was generally concerned about where the patients would be placed because the BAC was the only facility in Queensland to cater for adolescents with long term mental health issues.
- (b) I informally discussed my concern with other colleagues at the BAC. There was limited opportunity to voice concerns when on night duty.

CLOSURE DATE

15. When did you first become aware of the January 2014 closure date?

- (a) I do not recall when I first became aware of the January 2014 closure date.

16. How was the closure date communicated to staff of the BAC?

- (a) I don't believe the actual closure date was communicated to the staff. I was aware

Signed: ... 

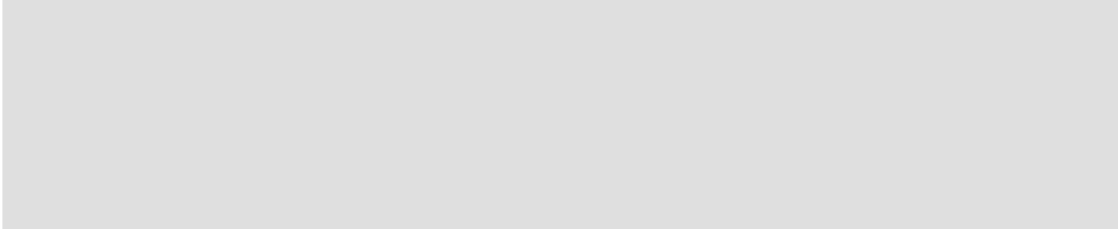
that there was a view to it closing in January 2014 but no date was given.

17. Were you consulted about the closure date? If so, what was the nature and extent of your input?

(a) I was not consulted about the closure date.

18. Did you have any concerns regarding the January 2014 closure date? If so, did you voice those concerns, and if so, how, when and to whom?

(a) I remained concerned about whether suitable placements could be found for some of the patients.

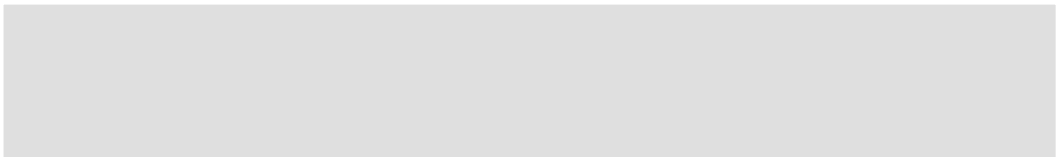
(b) 

TRANSITION ARRANGEMENTS

19. The Commission understands that you became the case coordinator for ■. If so, please outline and explain:

(a) **The circumstances in which you were appointed as ■'s case coordinator;**

i. I am not aware of being appointed care coordinator for ■.

ii. 

iii. 

Signed: 

(b) Your duties and responsibilities in this capacity;

- i. It was not practical for me to be appointed as a care coordinator for any of the BAC patients because I worked night shift and was not present to attend weekly case conferences and other relevant meetings which were held during the day.

(c) The period for which you acted as ■'s case coordinator; and

- i. I was not ■'s care coordinator.

(d) Any communication you had with ■ and/or ■'s parents regarding the closure of the BAC and/or the transition arrangements.

- i. I had no communication with ■ or ■'s parents regarding the closure of the BAC or the transition arrangements.

20. Were you involved in the care of any other BAC patients who were part of the transition arrangements? If so, explain the nature and extent of your involvement.

- (a) I was involved in the care of all the BAC patients who were part of the transition arrangements.
- (b) My involvement in the care of the patients remained unchanged during the transition time.

21. Were you involved in the development or implementation of the transition arrangements for any BAC patients, including ■, associated with the closure of the BAC? If so, please outline and explain:

- (a) **the nature and extent of your involvement, including the period for which you were involved;**
 - i. I was not involved in the development or implementation of the transition arrangements for the BAC patients associated with the closure of the BAC.

Signed: 

(b) the transition arrangements in which you were involved and for whom those arrangements were made;

i. I was not involved in the transition arrangements for any of the BAC patients.

(c) whether there was an administrative or other deadline imposed for the transition arrangements;

i. Apart from being told the BAC would close in January 2014, I was unaware of any administrative or other deadline imposed for the transition arrangements.

(d) whether you consulted with patients, their families or carers about the transition arrangements and, if so, the details of the consultation;

i. I did not consult with patients, their families or carers about any transition arrangements.

(e) whether the transition arrangements were tailored to the individual needs of and care requirements of individual patients;

i. I was not involved in the transition arrangements and therefore do not know whether they were tailored to the individual needs and care requirement of individual patients.

(f) how the transition arrangements took into consideration patient care, patient support, patient safety, the health of each patient, the education/vocational needs of each patient, the housing or accommodation needs of each patient, service quality and the needs of the families of each patient;

i. I was not involved in the transition arrangements and therefore do not know how the transition arrangements took into consideration the matters set out above.

Signed: 

(g) the challenges (if any) associated with developing and implementing transition arrangements.

- i. I was not involved in the transition arrangements and therefore do not know the challenges associated with developing and implementing transition arrangements.

22. Did you maintain contact or do you continue to have any involvement with any of your former patients or their families, carers or friends following the closure of the BAC? If so, please outline and explain the nature and extent of this contact and/or involvement.

- (a) I did not maintain contact or have any involvement with any of my former patients or their families, carers or friends following the closure of the BAC.

23. What were your observations of the effect of the closure on the patients of the BAC, their families, carers, friends and staff of the BAC?

- (a) The decision to close the BAC understandably upset the patients and staff. Many of the patients worried about where they would go. The staff were also worried about where the patients would be placed.
- (b) The staff held concerns about their future employment.
- (c) On night shift I did not have any contact with the family of BAC patients so I am not well placed to comment on the effect of the closure on the families.

24. What provision (if any) was made for the re-deployment or redundancy of staff of the BAC as a result of the closure decision?

- (a) I was a permanent employee so efforts were made by the WMHHS to find alternative employment for me. This was not the case for the casual or contract staff.
- (b) I recall that senior management of the WMHHS had two meetings with the BAC staff. At the meetings we were told to apply for positions with other hospitals or within WMHHS.

Signed: 

- (c) In early January 2014 I was told that senior management of WMHHS wanted to talk to the permanent employees about possible job offers. I turned up at a meeting with the Chief Executive Lesley Dwyer, the Director of Nursing Julie Gotts, Peter Howard (not sure of his position) and a human resources representative. I didn't realise at the time, that the meeting was actually a job interview.
- (d) I was subsequently advised by Ms Gotts that I had secured a job in the Mental Health Unit at Ipswich Hospital.
- (e) I was not keen to accept this offer as I did not want to undertake the extra travel to Ipswich Hospital. I spoke to Will Brennan, the Director of Nursing at The Park, about this. He suggested that I accept the offer and then apply for transfer at level which I did.
- (f) To date I am still working at Ipswich Hospital.

25. What (if any) support was offered or provided to you and any other staff of the BAC (to your knowledge) between the announcement of the closure decision on 6 August 2013 and the closure of the BAC in January 2014? Did you feel supported?

- (a) During the meetings with management we were told to contact them if we had a concern.

26. Describe your experience with the operation and management of the BAC following the announcement of the closure decision, including, but not limited to, the implementation of the transition arrangements.

- (a) I believe that the management and clinical staff of the BAC did their best to support the patients and their families following the announcement of the closure decision.

Signed: 

GENERAL


27. Explain any other information or knowledge (and the source of that knowledge) that you have relevant to the Commission’s Terms of Reference.

(a) At this stage I have no other information to provide relevant to the Commission’s Terms of Reference.

28. Identify and exhibit all documents in your custody or control that are referred to in your witness statement.

(a) A copy of my curriculum vitae is exhibited to my statement at [[QNU.001.009.0014]]. I have referred to no other documents in my statement.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.


.....
Lourdes Wong

Taken and declared before me at Brisbane this 22nd day of December 2015


.....
Judith Simpson, Solicitor

RESUME

Lourdes Wong

CURRENT ROLE

Qualification: Registered nurse

From: February 2014 to the present

Organisation: Acute Mental Health, Ipswich

PREVIOUS ROLES

Classification: Registered nurse on night shift

From: April 2007 to January 2014

Organisation: Barrett Adolescent Centre

Classification: Registered nurse-Casual Pool on day and night shift

From: July 2005 to March 2007

Organisation: All areas of the The Park- mental health services

Classification: Registered Nurse on day and night shift

From: September 2001 to February 2005

Organisation: Clark in John Oxley-Cassowary Medium Secure

Key Responsibilities

*To provide evidence base nursing care and documentation to facilitate quality patient outcomes in accordance with the national safety and quality health service standards and organisational policies and procedures.

*Complete handovers, review caseloads and plan the shifts accordingly at the commencement of shifts to ensure continuity of patients care.

*Complete all relevant patient assessments.

EXHIBIT 140

- *Act as a care coordinator for a group of allocated consumers
- *Work in collaboration with the nursing team to ensure safety and quality in health care.
- *Participate in multi-disciplinary teams and liaise with other professionals and agencies to effectively coordinate patient care.
- *Initiate emergency response when required and follow emergency procedures and instruction.
- *Safely administer medication as prescribed.
- *Prepare work environment, check equipment and work within standards and procedures to ensure a safe and patient focused working environment.
- *Educate, inform, counsel and support the patients and their families, other care providers, and support services.
- *Comply with the requirements of workplace health and safety, equal employment opportunity and anti-discrimination practices and behaviours in the work environment.

EDUCATION

Enrolled Nurse- Mater Hospital Brisbane: 1979-1982

Registered Nurse-Wolston Park Psychiatric Hospital: 1982-1985