

# Entry Permit Holder Report

SafeWork SA

Application ID 19729217

Entry Permit Holder	
<b>Full Name:</b>	Edward Grue
<b>Permit Number:</b>	ET-22-05258
<b>Union Represented:</b>	South Australian Salaried Medical Officer Association (SASMOA)
Worksite Entered	
<b>Business Name:</b>	Flinders Medical Centre
<b>Industry:</b>	Other SA Health
<b>Address:</b>	Flinders Drive, Bedford Park SA
<b>Date workplace entered:</b>	1/7/24

## I Edward Grue am of the opinion that the PCBU has contravened the WHS legislation relating to:

	Alleged Contravention	More information	Was the contravention rectified?
PCBU Alleged Contravention 1	Not maintaining safe systems of work	I reviewed the ED dashboard prior to leaving to travel to FMC and it showed 78 patients had commenced treatment (cap of 63), with 34 admitted patients waiting for an inpatient bed, 10 patients had been waiting between 12 and 24 hours and there were 11 expected ambulance arrivals. I spoke to doctors on duty in the ED and was advised that: <ul style="list-style-type: none"><li>there had been a total of 104 patients before 3.30pm and this had reduced slightly to 97 at that time (ED capacity is 51).</li></ul>	No

		<ul style="list-style-type: none"> <li>there was a total of 38 admitted patients in the ED when the morning shift had started and a Code Yellow had been called by the ED at 9am ( I understood this to be in addition to the FMC and statewide Code Yellows) due to high volume of patients, the high acuity of the patients and the need to move patients out of the ED.</li> <li>as part of the Code Yellow ED staff had requested “smoothing” (i.e. ambulances to be redirected) but 3 hours later there had still been no response from the SALHN Executive.</li> </ul>	
PCBU Alleged Contravention 2	Not maintaining safe systems of work	<p>At 2 pm ED staff were advised that there was smoothing to Noarlunga Hospital but this is not what is understood as smoothing as Noarlunga does not take acute patients (“you can’t send Cat 1’s and Cat 2’s to Noarlunga!”). It was felt that despite the nature of the situation the concerns being escalated were “not taken seriously”.</p> <ul style="list-style-type: none"> <li>there was currently 30 admitted patients in the ED with only 1 bed allocated and only 15 beds had been allocated over the previous 4 to 5 hours and the lack of patient flow was resulting in significant bed block</li> <li>ED staff had been advised at one point that 13 patients would be moved but only 5 or 6 patients were moved.</li> <li>there had been no Executive seen in the ED but they had been contacted</li> <li>no additional beds had been opened in endoscopy and had been told that there would be 3 extra beds in CT.</li> <li>ED staff had seen an email that had been sent thanking the “commitment of teams” and that there should be “heightened vigilance on patient flow”</li> </ul>	No
PCBU Alleged Contravention 3	Not maintaining safe systems of work	<ul style="list-style-type: none"> <li>a SAAS patient had been diverted to Calvary</li> <li>staff are feeling unsafe and some are visibly upset and feel that seriousness of the situation is not</li> </ul>	No

		<p>understood by the administration because there are patient lives at risk when unable to access the care they need when there are life threatening presentations.</p> <ul style="list-style-type: none"> <li>• an example of a patient who had been in the ED since the night before had a cardiac event and resuscitation occurred in the corridor.</li> <li>• another example is a STEMI patient seen in RAP chair.</li> <li>• staff feel like going from crisis to crisis and that patient care is compromised</li> <li>• examples of admitted patients being in the ED for up to 29 hours and this is in addition to whatever length of time the patient waited in the waiting room.</li> <li>• can't get to patients in the WR who need ED because of the admitted patients with some patients waiting up to 9 ½ hours before being seen.</li> <li>• unable to do core business and trainee medical officers not getting training and supervision they should expect.</li> </ul>	
PCBU Alleged Contravention 4	Not maintaining safe systems of work	<ul style="list-style-type: none"> <li>• TMOs don't want to work at FMC because of the situation and there are insufficient TMOs (e.g. RAH has better staffing and seen as more desirable place to work), and not the right levels of skills and experience. In theory there are enough FACEMs but don't have enough registrars according to ACEM Guidelines. For example, should have 4 registrars but have none (although have one SMP). TMOs doing more nights because not enough and there are shifts with no TMOs with resus skills.</li> <li>• FACEMs working past end of shift because unable to leave with one example of working until 5am (5 hours post end of 9 hour shift) with concern about safety driving home in such circumstances.</li> <li>• patients in corridors and airlocks with ED staff doing unsafe things to get patients off the ramp because the ramp is where the focus is</li> </ul>	No

		<p>and examples of patients having critical treatments in inappropriate spaces (e.g. infusions in corridors)</p> <ul style="list-style-type: none"> <li>doctors were told that the IMT meeting went for 5 minutes</li> </ul>	
PCBU Alleged Contravention 5	Not maintaining safe systems of work	<ul style="list-style-type: none"> <li>ED staff are reducing working hours and going part-time, more taking sick leave</li> <li>situation described a “soul destroying” and doctors worried that they will need to stop caring as a self-preservation technique, reporting being concerned about what is happening with patients “on my watch”, difficulty sleeping and ruminating with family members reporting how stressed they appear, watching colleagues becoming less engaged or becoming bitter and angry.</li> <li>FMC needs to do whatever it takes to increase the numbers of registrars including paying suitable locums (or offer locum rates as incentives) and invest in TMOs who are willing to work in the ED.</li> <li>lack of alternative pathway into hospital except via ED (often talked about but no action taken to establish a reception area for alternative)</li> <li>ED seen as causing trouble and perception of adversarial relationship with Exec.</li> <li>concern resus rooms almost full and significantly over census, escalations occurring later than they should</li> </ul>	No
PCBU Alleged Contravention 6	Not maintaining safe systems of work	<ul style="list-style-type: none"> <li>concern about impact on junior doctors and can't leave at end of shift if ED feels unsafe</li> <li>increased incidents and complaints</li> <li>patients being seen in chairs or in the WR (can't discuss confidential health matters in WR) and care delivery is being compromised</li> <li>turnaround times for scanning is too long and additional radiology resources need to be triggered earlier (currently only triggered when 20 waiting)</li> </ul>	No

		<ul style="list-style-type: none"> <li>concern ED takes on most of the risk and operates 7 days per week but not supported by the rest of the hospital and there are no programs to improve working relationships with inpatient teams to create a positive bonding culture</li> <li>concern that Cat 1's are the new Cat 2's but high acuity and lack of space slows down the ED</li> <li>when seeing patients in the WR and discharging them from the WR can't examine properly</li> </ul>	
PCBU Alleged Contravention 7	Not maintaining safe systems of work	<ul style="list-style-type: none"> <li>concerned about lack of airway trained medical staff overnight or when large number of patients (120 patients and only one airway trained doctor).</li> <li>medical staff experiencing cognitive fatigue and some not coping/experiencing burn out and having higher sick leave, and when not at work taking a long time to recover/recuperate</li> <li>Noarlunga Hospital told not to transfer patients to FMC and this impacts how staff at NHS cope.</li> <li>risk averse nursing homes transferring patients to hospital when should remain at the home.</li> <li>concern about restrictions on teaching and training and accreditation risk with College and lack of supervision of TMOs.</li> <li>concern that situation is "new normal" and doesn't want to blame but a lack of whole of hospital approach makes it feel like the culture is ED vs Exec which is frustrating</li> </ul>	No
PCBU Alleged Contravention 8	Not maintaining safe systems of work	<p>The PCBU advised that:</p> <ul style="list-style-type: none"> <li>there was no risk tolerance in aged care sector.</li> <li>smoothing wasn't possible because of concerns from CALHN and NALHN who were also experiencing high demand.</li> <li>trying to address the issue of sub-acute patients as this is impacting flow</li> <li>if have more flow can move patients out of ED sooner.</li> </ul>	No



		<ul style="list-style-type: none"><li>• since mid-March have instituted Code Yellow and implemented a number of initiatives</li><li>• working with government to create more beds and acknowledge extra beds will need to have workforce</li><li>• inpatient teams finding it equally challenging, including with shortages of TMOs and variable skills and experience, and have been seeing more patients per team</li><li>• since January have an additional 100 inpatient beds and 50 outsourced beds (total 150) with focus on diversion strategies such as sending patients to Calvary and Flinders Private Hospital (FPH is also full).</li><li>• IMT meeting twice per day.</li></ul> <p>on 2/7/24 PCBU undertook to provide a response once concerns assessed</p>	
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