Entry Permit Holder Report

SafeWork SA

Application ID 20494858

Entry Permit Holder	
Full Name:	Edward Grue
Permit Number:	ET-22-05258
Union Represented:	South Australian Salaried Medical Officer Association (SASMOA)
Worksite Entered	
Business Name:	Flinders Medical Centre - Emergency Department
Industry:	Other SA Health
Address:	FLINDERS DRIVE, BEDFORD PARK, SOUTH AUSTRALIA, 5042
Date workplace entered:	21/10/24

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	SASMOA was contacted by members concerned about overnight staffing in the Flinders Medical Centre Emergency Department and I exercised my right of entry at approximately 1am on 21/10/24. At 12.13am I reviewed the SA Health Emergency Department Dashboard. This showed that the FMC ED with a capacity of 63 patients was in white (total number of patients in ED is greater than or equal to 125% of total beds) with a total of 84 patients, 70	No

		having commenced treatment and 14 waiting to be seen, with 3 expected arrivals. The average waiting time was 109 minutes and FMC ED was identified by the dashboard as “very busy”. The dashboard showed 2 Cat. 1’s, 29 Cat. 2’s, 32 Cat. 3’s and 7 Cat. 4’s. Of the 14 patients waiting to be seen 9 had been waiting less than 2 hours, 3 were waiting between 2 and 4 hours and 2 patients had been waiting between 4 and 6 hours.	
PCBU Alleged Contravention 2	Not maintaining safe systems of work	The SA Health website states that when a hospital is at capacity it “has processes in place to be able to continue to function safely and effectively during periods of high demand”. At the time of inspection, there were still 79 patients in the ED with 20 waiting to be seen. There were 2 Cat 1 patients and 16 Cat 2’s. I was advised that “staffing is bad” and that there were 10 doctors rostered to the ED overnight and all were present (i.e. no sick leave). Of the doctors rostered on overnight there were two registrars (commenced Fellow Australian College Emergency Medicine Training Program), one Training Stage 2 who was in charge of the Department and a Training Stage 1 (commenced February) working in the paediatric area. The other 8 doctors had varying experience and skills and there was an intern. the FMC ED is one of the busiest in South Australia, with approximately 85,000 - 90,000 attendances per year.	No
PCBU Alleged Contravention 3	Not maintaining safe systems of work	The Australasian College for Emergency Medicine Guidelines “Constructing a sustainable emergency department medical workforce” provides a framework for establishing and maintaining a sustainable emergency medicine workforce for an	No

		emergency department focusing on level of expertise, minimum numbers of medical practitioners per shift and contextual factors. The Guideline requires an ED with 80,000 – 90,000 attendances each year to staff a night shift with 4 doctors with Advanced skills present, 3 with Intermediate and 3 Basic (with a emergency medicine specialist available on call). Advanced skills would include registrars with Training Stage 4 and 3 skills and experience. The FMC ED night shift roster was not compliant with the ACEM Guideline and I was advised during the inspection that it never is.	
PCBU Alleged Contravention 4	Not maintaining safe systems of work	I was also advised that the resus bays were full and the doctors tried to maintain appropriate oversight of this area there are times when doctors are left unsupported in the resus area while the more senior doctors deal with other matters in the Department. If the senior doctors stay in the resus area then the Department “is in a mess” as the senior doctor is required to support other team members (others can’t sign ECGs etc.). That night the longest patient wait had been approximately 6 hours. Doctors were concerned it was difficult to have good oversight of the paediatric and ambulatory areas. The doctors in ambulatory had responsibility for 14 patients and were very junior and the doctor in paediatric was a junior ACEM trainee	No
PCBU Alleged Contravention 5	Not maintaining safe systems of work	Doctors indicated they were unable to take their meal breaks and if the senior doctor did they were concerned the ED would be “unsafe” if they did so. A doctor indicated that the most they could expect to be able to do is step out of the Department to get a coffee and return immediately during the entire shift. A number of the doctors I spoke to stated they were concerned the Department was “unsafe” but that they had no choice because this was how the Department was staffed	No

		overnight. I was advised in the past a senior registrar used to cover each area of the ED. Doctors stated that occasionally they are supported by a senior registrar on night shift but that this was often not the case. I was advised that there was a significant cognitive load for doctors, particularly the registrar, and it was not uncommon for more junior doctors to queue up to speak to them. There were constant interruptions and the intern required supervision also, which was challenging.	
PCBU Alleged Contravention 6	Not maintaining safe systems of work	In addition to the ED itself the ED short stay unit (EDSSU) also fell under the supervision of the registrar (this included 12 beds with 13 admitted patients). The ACEM Guidelines state that "specific staffing needs for EDSSUs should be considered separately from those of the main ED. Additional medical staff to the minimum numbers provided in section 6 should be rostered if the ED is supporting an EDSSU. Doctors indicated that due to the acuity of patients being seen it was important to have support of senior registrars and to not have this support was "really unsafe". The escalation process was to the senior registrar in charge and that while doctors were in charge of areas they had to recognise their limitations and seek help as appropriate. The difficult in accessing senior registrar support led to delays in decision making and delays in seeking imaging. While the night shift led to fatigue and driving home after an exhausting shift was a worry the primary concern was the risk of	No
PCBU Alleged Contravention 7	Not maintaining safe systems of work	adverse events overnight due to lack of senior support. Doctors indicated that the registrars were very helpful but they had responsibility for the whole ED and that working outside the acute area there was an expectation they would be able to work independently and seek advice	No

		when necessary, but that there was a concern the staffing levels were not safe, especially the risk in paediatric. The situation was contrasted to the day shift where there would be a Consultant in each area. I was told it would be great if the ACEM Guideline was followed as there would be able to be registrar cover in all areas. Doctors indicated that there is a significant cognitive load if they are working as the only airways trained doctor on shift. Doctors indicated that the roster indicating where in the ED they would be working was provided the Thursday or Friday of the week before the shift. There was a lack of discussion about how individuals were allocated to the different areas of the ED for night s	
PCBU Alleged Contravention 8	Not maintaining safe systems of work	shift and about how the doctors skills were seen. This was particularly so in the paediatric area where seniority and experience was important. Doctors reported colleagues being rostered in the paediatric area alone overnight but this still occurring. Examples of PGY2s being alone in ambulatory during a night shift were reported. Doctors were concerned that areas of the ED feel “unsafe” because of an inability to access support and concern about the possibility of being criticised when there was an adverse event. The possibility of being blamed or having judgement criticised was very demotivating as it isn’t acceptable to say there wasn’t support, but doctors didn’t know how they could voice their concerns. Junior doctors needed certain decisions reviewed so they could be confident. The situation was compared to an example of having two senior registrars on night shift where more junior staff can access more immediate support.	No
PCBU Alleged Contravention 9	Not maintaining safe systems of work	Given the above, I believe that the employer is not complying with its primary duty of care to ensure the health and safety of doctors working in	No

		the FMC ED and other persons (i.e. patients), in particular the provision and maintenance of safe systems of work s.19(3)(c) and, s. 19(3)(f) the provision of any information, training, instruction or supervision that is necessary to protect all persons from risks to their health and safety. Having discussed the matter with the PCBU representative, I am advised the PCBU has taken the concerns on notice and is working on a response to the issues that have been raised. The PCBU and SASMOA have discussed how this matter can be progressed and continue to explore options.	