

Entry Permit Holder Report

SafeWork SA

Application ID 19531573

Entry Permit Holder	
Full Name:	Bernadette Mulholland
Permit Number:	ET-22-03868
Union Represented:	South Australian Salaried Medical Officers Association (SASMOA)
Worksite Entered	
Business Name:	Royal Adelaide Hospital Emergency Department
Industry:	Other Health
Address:	1 Port Road Adelaide
Date workplace entered:	13/05/2024

I Bernadette Mulholland 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	At approx. 8.30 AM the EPH entered the RAH ED there was ongoing access block - there were 51 admitted patients waiting to leave the ED to go to a ward bed. There are only 69 cubicles. Drs were distressed due to ongoing overcrowding and access block. There was ongoing ramping. The Drs had reached out to the Executive On Call during the weekend about the crisis and told "what do you expect its mother's day weekend" and declined to provide help or attend. When asked to	No

		<p>attend the hospital the Executive said he was being bullied.</p> <p>EPH told a number of patients had slept overnight in the waiting room. A number of patients not seen after 9 hours. The EPH saw patients sleeping in the waiting room who had been provided with linen.</p> <p>The RAH ED Drs called a Code Yellow and this was not implemented or escalated by the Executive/Administration</p> <p>The RAH ED was managing the problems of the entire hospital</p> <p>Gave rise to psychosocial issues for doctors and impacts on patient care and safety.</p>	
PCBU Alleged Contravention 2	Not maintaining a safe work environment	<p>There were 51 patients waiting for a bed blocked in the RAH ED many were mental health (MH) patients. All East Wing cubicles in the area were housing MH Patients. Longest MH patient waiting for a bed was 95 hours. Total time that MH pts spent currently in the ED had spent was 966 hrs or 40 days. Many had stayed longer than 24 hours or much longer. There were 26 patients - the Drs stated if each MH patient stayed only 12 hours the ramp would be fixed.</p> <p>Some MH patients had been placed in seclusion area with 1 being in seclusion greater than 24 hours.</p> <p>There were at least 15 security guards visible.</p> <p>Patients in the waiting room still not seen after 9 hrs. 3 patients had been on ramp for 5 hours. Resus area full.</p> <p>Access block had been like this for a week continuously in Code White - paralysis within the hospital - the whole of State the same</p>	No

PCBU Alleged Contravention 3	Inadequate monitoring of the health of workers and the conditions at the workplace	<p>The EPH noted there were 69 cubicles (no one in chairs in the ED) doctors and clinicians clearly distressed by the state of the ED and overcrowding, access block and ramping. Workers sought support from the PCBU (Executive On Call) was not provided when asked to attend to view site and assist the PCBU representative said this was bullying.</p> <p>Doctors requested a Code Yellow (internal disaster) as there was no capacity left in the hospital not implemented.</p> <p>This led to ongoing psychosocial issues for workers and patient safety and care issues.</p> <p>The PCBU did not reach out to the Drs and provide assistance.</p> <p>There was no assistance provided by the PCBU to patients required to camp out in the waiting area, workers provided blankets to assist patients staying in the waiting room overnight.</p> <p>No space or plan to assist the workers</p>	No
PCBU Alleged Contravention 4	Inadequate facilities or access to facilities	<p>The EPH met with the PCBU Reps told</p> <ul style="list-style-type: none"> - no bed capacity in the State - not sufficient MH beds - the CALHN does not have the right number of MH beds or the right MH beds e.g. PICU beds -MH patients at RAH ED are very acute need access to acute beds - not enough provided by CALHN - most MH patients had been in RAH ED great than 24 hrs some 2-3 days because not enough acute MH Beds - there are staff shortages including in MH - there were MH patients in the RAH ED from other LHN catchments that should go to these LHNs -ICU bed access has improved -there had been a problem with Code Yellow access -smoothing to the North 	No



		<p>-demand in the ED is the same what has changed is patient acuity - getting patients to beds including MH Pts but more Pts keep coming through the door - there is a surge of highly acute unwell patients</p> <p>SASMOA was provided the attached MH data pursuant to S118 by PCBU - the document clearly demonstrates increasing MH patients and MH admissions and not enough beds or staff</p>	
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