

Entry Permit Holder Report

SafeWork SA

Application ID 19728910

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:	Lyell McEwin Hospital
Industry:	Other SA Health
Address:	HAYDOWN ROAD, ELIZABETH VALE, SOUTH AUSTRALIA, 5112
Date workplace entered:	1 July 2024

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	When I arrived on site I saw that there were a significant number of patients in the Waiting Room (WR). I was advised that: <ul style="list-style-type: none">• there were 59 patients in the WR and a total of 121 in the ED in total (over double the ED capacity of 60 beds);• nursing staff were working double shifts due to staffing issues;• 2 patients had deteriorated significantly in the WR after lengthy periods waiting to be seen (one after 5 hours and the other after 8 hours)	No

		<ul style="list-style-type: none"> in relation to the patient who had waited 5 hours before deteriorating in the WR, it was reported that the patient had a brain bleed, required intubation and transfer to RAH (doctors were very concerned about the outcome for this patient) another patient required insulin infusion in the WR. doctors were concerned about patients deteriorating in the WR and there had been 2 in the preceding 2 hours and the concern was that this would increase given the length of time patients were waiting before being seen and commencing treatment 	
PCBU Alleged Contravention 2	Not maintaining safe systems of work	<ul style="list-style-type: none"> doctors were concerned that ED staff were not coping, including junior medical staff, that they were practicing “waiting room medicine” because of the crisis in our hospitals and this could potentially be putting the careers of doctors at risk even though they are trying their best in an unacceptable situation. inpatient teams under enormous pressure and this impacting interpersonal interactions there was an example provided of a patient being transferred to the LMH from Calvary Central Districts Hospital via the ED who did not require ED involvement. contact had been made with Damian Heffernan to request “smoothing” away from LMH it was understood there were issues in the Modbury Hospital ED because they were down 2 doctors concern that due to the situation patients with serious matters in the WR were not being identified there had been nurses visibly upset and “in tears” and doctors were feeling “very frustrated” by the situation 	No
PCBU Alleged Contravention 3	Not maintaining safe systems of work	<ul style="list-style-type: none"> junior doctors were having to see patients very quickly with the concern that patient issues could be missed because doctors were having to rush. 	No

		<ul style="list-style-type: none"> • EPH was told that the LMH ED “is not a nice place to work in when [doctors] are asked to do more and more”. • doctors had said that the LMH ED “had the worst bed block they had seen” when compared to other hospitals. • ED staff are expected to manage despite the situation being not acceptable and were “providing the best care we can” • an unwell patient had fallen in the ED and a lack of nursing staff was considered to have contributed to this incident. • the situation in the LMH ED “is as bad as it was the UK’s National Health Service during COVID” • the ED had 32 admitted patients leading to significant “bed block” including patients who had spent up to 43 hours in the ED. 	
PCBU Alleged Contravention 4	Not maintaining safe systems of work	<ul style="list-style-type: none"> • because the ED is so stretched patients were having to wait many hours, there were incidents like falls, patients in the WR were unable to be seen in the ED because of the number of admitted patients (and the expectation that admitted patients are managed by ED staff rather than by inpatient teams). • staff morale significantly impacted and high level of “background stress” affecting all staff • junior doctors acting at higher level trying to support patients, inpatient wards are very busy also, doctors unable to take meal breaks, and access to training and supervision impacted. • a provisional improvement notice issued in relation to oxygen cylinders hasn’t resulted in any improvement. • there was general disarray/chaos and major corridors were crowded/blocked. • there was anger about the current SA Health advertising campaign regarding EDs, including the 	Yes

		reference to “we will be here when you need us” which was described as “bull****”.	
PCBU Alleged Contravention 5	Not maintaining safe systems of work	<ul style="list-style-type: none"> • there was also concern about communication from the CEO of NALHN thanking staff for their efforts but advising that the Code Yellow was continuing and the focus was encouraging patients to find alternative care options – the ED are treating real actual patients and not “imaginary patients who aren’t really sick” • the ambulance offload area is for all practical purposes being used like a ward space. • nurses had contacted Safework SA with their concerns about lack of staff • there were long delays on the ramp (although not huge numbers of ambulances ramped) • there was difficulty contacting inpatient teams to refer patients because pressure they were under. • difficulty having MedSTAR response as available crews were fully deployed. • Not uncommon for patients to be on the floor in the WR or curled up in a corner. 	No
PCBU Alleged Contravention 6	Hindering or obstructing the EPH to exercise a right while at the workplace	<p>The PCBU advised that the Executive “on call” was relatively junior (I was unable to identify who this was) but that arrangements had been made to move an extra 4 patients and the CEO was returning to the hospital and they were working to identify more beds that were “green to go”. I was able to speak with the CEO when they arrived on site at the ED and briefly advised of concerns communicated to me and they advised they would work with ED staff and the NOC.</p> <p>The PCBU emailed the EPH on 2 July 2024 stating the health system remains under pressure and there is a statewide Code Yellow. The PCBU accused the EPH of potentially causing "a risk to clinical care created as a result of the visit to the ED last</p>	No



		night ". This was considered to be an attempt to intimidate the EPH and those working in the LMH ED. This was reported to Safework SA.	
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