

From: [REDACTED]
To: [transferofcare](#)
Subject: Ramping
Date: Monday, 25 September 2023 7:26:14 PM

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On Monday afternoon the 7th August we had cause to call an ambulance to take my mother to the RHH. Firstly, I would like to afford the ambulance staff my utmost gratitude for their care and concern for my mother, and myself.

Upon arrival at RHH, the driver was not able to actually park at Emergency. My mother was taken in with one officer, whilst the other moved the ambulance to another area. Why this is an issue is that because paperwork and handover had to be done, given the other officer had to park elsewhere, no one, (for that period) was able to be with my mother in the corridor.

From the corridor, Mum (aged 82) was then taken to the 'ramping area' of the hospital. There was only one bed left free across the whole space. It was afforded to Mum because of her age and reason for admission. This meant other patients who had also arrived directly by ambulance had to remain in the corridor, including a mother and her infant. It was four hours before Mum was moved into emergency. Over that period I bore witness to the incredibly frustrating waste of themselves, as a crucial health care resource, the ambulance staff feel occurs when ramping happens. Members have to be there knowing that patients are waiting for ambulances to arrive to help them, but are not able to be staffed because staff are sitting at the RHH 'ramped'.

It might also be worth noting that despite the very best efforts of staff at RHH, times spent in the Emergency Dept, because of the shortage of beds in other areas of the hospital, are far longer than is acceptable for anyone, patients or staff. Hearing the conversations the various 'Navigators' had to have over the near 24 hours we were in Emergency during Mum's previous admission, and then witnessing the wrangling that had to occur so that a bed could be allocated to her on this second admission (in Emergency proper for five hours) made the letters to the editor I had read about all this, way too real.

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