Department of Health

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Tasmanian Government

[redacted]

Ms Fiona Murphy
Secretary
Select Committee on Transfer of Care Delays (Ambulance Ramping)
transferofcare@parliament.tas.gov.au

Dear Ms Murphy

**Subject: Provision of data requested by Select Committee**

I refer to your letter dated 6 October 2023, requesting a range of data to assist the House of Assembly Select Committee on Transfer of Care Delays (Ambulance Ramping) to understand transfer of care delays in Tasmania.

Please find attached responses to a majority of the questions asked.

With regard to question 8, 9, 10 and 13, these relate to areas of complexity where significant review is required. This work is ongoing and I anticipate a response to these questions will be provided to you by 30 November 2023.

Yours sincerely

[redacted]

Kathrine Morgan-Wicks
Secretary

10 November 2023

Enc:

[redacted]

**Question 1**

**The annual percentage of patients subject to 15 minute and 30 minute 'offload delay' results by hospital and in total (state-wide) - from 2015-16 to 2022-23 (inclusive).**

**Table 1a: Percentage of patients arriving by ambulance - where transfer of care was more than 15 minutes (%)**

| Year | RHH | LGH | NWRH | MCH | All hospitals |
|---|---|---|---|---|---|
| 2015-16 | 9.9 | 9.9 | 5.9 | 6.3 | 9.0 |
| 2016-17 | 15.6 | 7.0 | 10.1 | 9.5 | 11.8 |
| 2017-18 | 29.6 | 21.2 | 7.0 | 8.2 | 21.9 |
| 2018-19 | 33.7 | 24.9 | 4.6 | 5.2 | 24.3 |
| 2019-20 | 31.2 | 30.3 | 9.6 | 7.3 | 25.8 |
| 2020-21 | 33.8 | 38.6 | 22.5 | 14.9 | 32.0 |
| 2021-22 | 42.6 | 40.9 | 21.5 | 14.2 | 36.3 |
| 2022-23 | 48.0 | 44.6 | 21.3 | 13.2 | 39.8 |

**Table 1b: Percentage of patients arriving by ambulance - where transfer of care was more than 30 minutes (%)**

| Year | RHH | LGH | NWRH | MCH | All hospitals |
|---|---|---|---|---|---|
| 2015-16 | 6.2 | 6.8 | 3.1 | 3.6 | 5.7 |
| 2016-17 | 10.7 | 4.7 | 5.5 | 5.0 | 7.7 |
| 2017-18 | 23.5 | 15.8 | 3.7 | 4.6 | 16.6 |
| 2018-19 | 27.9 | 18.8 | 1.5 | 2.6 | 19.1 |
| 2019-20 | 24.4 | 24.3 | 4.9 | 3.8 | 19.8 |
| 2020-21 | 25.7 | 31.9 | 14.3 | 10.2 | 24.5 |
| 2021-22 | 34.3 | 34.9 | 13.2 | 8.9 | 28.9 |
| 2022-23 | 40.4 | 37.8 | 13.4 | 8.2 | 32.6 |

*Notes:*

1. *Table 1a presents a measure of the percentage of patients experiencing transfer of care delay. The first 15 minutes from arrival at an emergency department is treated as routine transfer of care and any period of time exceeding those 15 minutes as delay. For example, in 2022-23 for all hospitals 39.8% of patients arriving by ambulance experienced transfer of care delay, which is equivalent to saying that 60.2% were transferred within 15 minutes.*

**Question 2**

**The 25th percentile, median, 75th percentile and 90th percentile wait times for patients subject to ramping, by hospital, from 2015-16 to 2022-23 inclusive.**

**Table 2a: Patients subject to transfer of care delay - 25th percentile time from arrival at the emergency department until transfer of care (minutes)**

| Year | RHH | LGH | NWRH | MCH | All hospitals |
|---|---|---|---|---|---|
| 2015-16 | 25 | 27 | 22 | 23 | 25 |
| 2016-17 | 27 | 26 | 23 | 22 | 26 |
| 2017-18 | 34 | 30 | 22 | 23 | 31 |
| 2018-19 | 40 | 31 | 19 | 23 | 34 |
| 2019-20 | 34 | 35 | 21 | 22 | 32 |
| 2020-21 | 31 | 39 | 24 | 27 | 32 |
| 2021-22 | 37 | 43 | 24 | 25 | 35 |
| 2022-23 | 43 | 42 | 24 | 24 | 38 |

**Table 2b: Patients subject to transfer of care delay - 75th percentile time from arrival at the emergency department until transfer of care (minutes)**

| Year | RHH | LGH | NWRH | MCH | All hospitals |
|---|---|---|---|---|---|
| 2015-16 | 62 | 68 | 50 | 55 | 62 |
| 2016-17 | 67 | 66 | 54 | 50 | 64 |
| 2017-18 | 110 | 95 | 51 | 46 | 101 |
| 2018-19 | 141 | 93 | 36 | 45 | 123 |
| 2019-20 | 122 | 113 | 49 | 48 | 113 |
| 2020-21 | 112 | 144 | 62 | 68 | 113 |
| 2021-22 | 143 | 159 | 60 | 59 | 136 |
| 2022-23 | 188 | 150 | 63 | 59 | 161 |

**Table 2c: Patients subject to transfer of care delay - 90th percentile time from arrival at the emergency department until transfer of care (minutes)**

| Year | RHH | LGH | NWRH | MCH | All hospitals |
|---|---|---|---|---|---|
| 2015-16 | 95 | 108 | 76 | 78 | 96 |
| 2016-17 | 100 | 105 | 83 | 95 | 98 |
| 2017-18 | 171 | 154 | 86 | 69 | 162 |
| 2018-19 | 217 | 147 | 56 | 73 | 196 |
| 2019-20 | 189 | 191 | 77 | 78 | 184 |
| 2020-21 | 175 | 239 | 97 | 99 | 188 |
| 2021-22 | 225 | 258 | 92 | 86 | 224 |
| 2022-23 | 302 | 250 | 97 | 92 | 271 |

*Note: The figures in Table 2c are likely to moderately overestimate the time from arrival until transfer of care (see general caveat for transfer of care data).*

**Question 3**

The percentile at which patients are ramped for a period greater than five hours, six hours, and seven hours for each major hospital - from 2015-16 to 2022-23 (inclusive). e.g. *Patients at the LGH waiting for longer than five hours are in the 93rd percentile*

**Table 3a: Patients subject to transfer of care delay - percentile at which time from arrival at the emergency department until transfer of care is within 5 hours**

| Year | RHH | LGH | NWRH | MCH | All hospitals |
|---|---|---|---|---|---|
| 2015-16 | 100 | 100 | 100 | 100 | 100 |
| 2016-17 | 100 | 99 | 100 | 96 | 99 |
| 2017-18 | 99 | 99 | 100 | 100 | 99 |
| 2018-19 | 97 | 99 | 100 | 99 | 98 |
| 2019-20 | 98 | 97 | 99 | 100 | 98 |
| 2020-21 | 98 | 94 | 100 | 100 | 97 |
| 2021-22 | 96 | 93 | 100 | 100 | 96 |
| 2022-23 | 90 | 94 | 100 | 100 | 92 |

**Table 3b: Patients subject to transfer of care delay - percentile at which time from arrival at the emergency department until transfer of care is within 6 hours**

| Year | RHH | LGH | NWRH | MCH | All hospitals |
|---|---|---|---|---|---|
| 2015-16 | 100 | 100 | 100 | 100 | 100 |
| 2016-17 | 100 | 100 | 100 | 97 | 100 |
| 2017-18 | 100 | 99 | 100 | 100 | 100 |
| 2018-19 | 98 | 99 | 100 | 100 | 99 |
| 2019-20 | 99 | 98 | 99 | 100 | 99 |
| 2020-21 | 99 | 96 | 100 | 100 | 98 |
| 2021-22 | 98 | 96 | 100 | 100 | 98 |
| 2022-23 | 94 | 96 | 100 | 100 | 95 |

**Table 3c: Patients subject to transfer of care delay - percentile at which time from arrival at the emergency department until transfer of care is within 7 hours**

| Year | RHH | LGH | NWRH | MCH | All hospitals |
|---|---|---|---|---|---|
| 2015-16 | 100 | 100 | 100 | 100 | 100 |
| 2016-17 | 100 | 100 | 100 | 98 | 100 |
| 2017-18 | 100 | 100 | 100 | 100 | 100 |
| 2018-19 | 99 | 100 | 100 | 100 | 99 |
| 2019-20 | 99 | 99 | 99 | 100 | 99 |
| 2020-21 | 100 | 98 | 100 | 100 | 99 |
| 2021-22 | 99 | 97 | 100 | 100 | 99 |
| 2022-23 | 96 | 98 | 100 | 100 | 97 |

*Notes:*

1. *The first 15 minutes from arrival at an emergency department is treated as routine transfer of care and any period of time exceeding those 15 minutes as delay. Accordingly, patients subject to transfer of care delay are those where the time until transfer of care is more than 15 minutes.*
2. *Where less than 100, the figures in Tables 3a, 3b, and 3c may underestimate the percentile of patients with a time until transfer of care that is less than the specified number of hours (see general caveat for transfer of care data).*

**Question 4**

**The total number of patients subject to ramping annually, and the total number of hours these patients were ramped for, by hospital, from 2015-16 to 2022-23 (inclusive).**

**Table 4a: Patients subject to transfer of care delay**

| Year | RHH | LGH | NWRH | MCH | All hospitals |
|---|---|---|---|---|---|
| 2015-16 | 2 026 | 1 192 | 322 | 286 | 3 826 |
| 2016-17 | 3 224 | 855 | 620 | 419 | 5 118 |
| 2017-18 | 6 432 | 2 736 | 440 | 376 | 9 984 |
| 2018-19 | 7 640 | 3 382 | 318 | 232 | 11 572 |
| 2019-20 | 6 966 | 4 246 | 702 | 257 | 12 171 |
| 2020-21 | 8 496 | 5 815 | 2 051 | 494 | 16 856 |
| 2021-22 | 10 815 | 6 109 | 1 921 | 620 | 19 465 |
| 2022-23 | 12 193 | 6 552 | 1 727 | 635 | 21 107 |

**Table 4b: Hours of transfer of care delay (hours)**

| Year | RHH | LGH | NWRH | MCH | All hospitals |
|---|---|---|---|---|---|
| 2015-16 | 1 216 | 823 | 143 | 134 | 2 316 |
| 2016-17 | 2 064 | 591 | 316 | 318 | 3 289 |
| 2017-18 | 7 346 | 2 709 | 217 | 166 | 10 438 |
| 2018-19 | 11 267 | 3 233 | 88 | 105 | 14 694 |
| 2019-20 | 8 719 | 5 395 | 344 | 112 | 14 570 |
| 2020-21 | 9 664 | 9 360 | 1 204 | 313 | 20 542 |
| 2021-22 | 15 974 | 10 734 | 1 073 | 343 | 28 125 |
| 2022-23 | 24 301 | 10 975 | 1 048 | 350 | 36 674 |

*Notes:*

1. *The the first 15 minutes from arrival at an emergency department is counted as routine transfer of care and any period of time exceeding those 15 minutes as delay. Accordingly, patients subject to transfer of care delay are those where the time until transfer of care is more than 15 minutes.*
2. *As noted in the general caveats, data presented may vary from previous reporting due to review and improvements in calculation methods as part of end of financial year reporting. This includes a correction to LGH data where two locations where previously incorrectly included in transfer of care delay data, which had a significant impact on hours ramped.*

**Question 5**

**The annual average time taken between paramedic crews arriving at hospital and being available for another callout, by hospital, from 2018-19 to 2022-23 (inclusive)**

**Table 5: Average time between paramedics arriving at hospital and being available for another callout (minutes)**

| Year | RHH | LGH | NWRH | MCH | All hospitals |
|---|---|---|---|---|---|
| 2019-20 | 56.2 | 46.4 | 37.7 | 35.6 | 48.9 |
| 2020-21 | 57.3 | 54.0 | 47.1 | 46.2 | 53.9 |
| 2021-22 | 66.2 | 61.1 | 46.0 | 45.4 | 59.8 |
| 2022-23 | 61.8 | 60.1 | 41.9 | 41.1 | 56.5 |

**Question 6**

**Regarding Emergency Services Computer Aided Dispatch (ESCAD) triage categories P0 and P1 patient transport only - the annual average time taken between paramedic crews arriving at hospital with such patients and being available for another callout, by hospital - from 2018-19 to 2022-23 (inclusive)**

**Table 6: Average time between paramedics arriving at hospital with a priority 0 or priority 1 patient, and being available for another callout (minutes)**

| Year | RHH | LGH | NWRH | MCH | All hospitals |
|---|---|---|---|---|---|
| 2019-20 | 57.4 | 47.9 | 40.5 | 36.8 | 50.8 |
| 2020-21 | 58.0 | 55.8 | 48.7 | 47.4 | 55.3 |
| 2021-22 | 66.7 | 62.1 | 47.5 | 46.6 | 61.1 |
| 2022-23 | 62.9 | 61.8 | 43.4 | 41.3 | 58.2 |

**Question 7**

**Annual average 'activation time' for ESCAD P0 and P1 graded ambulance calls, by region (south, north, north-west) - from 2018/19 to 2022/23 (inclusive).**

**Table 7: Average priority 0 and priority 1 patient activation times, by region**

| Year | South | North | North West | All regions |
|---|---|---|---|---|
| 2019-20 | 4.3 | 4.4 | 3.8 | 4.2 |
| 2020-21 | 4.6 | 3.9 | 3.5 | 4.2 |
| 2021-22 | 4.4 | 3.1 | 2.7 | 3.7 |
| 2022-23 | 4.7 | 3.7 | 2.8 | 4.0 |

**Question 11**

**A list of all reviews, studies, investigations, surveys, and analysis conducted by the government and/or government consultants into ramping, its causes, or its effects at a systemic level - including the date conducted and a brief description of the work and its findings.**

A scan undertaken in the time available has identified the following relevant systemic-level reviews.

| Year | Review | Description | Findings |
|---|---|---|---|
| 2012 (released 2017) | Monaghan Review | Review of Royal Hobart Hospital Emergency Department patient flow process, including interface with greater hospital and ramping practices. | • Lack of engagement in emergency access reform throughout inpatient areas<br>• Divide between the ED and the inpatient wards<br>• 51 recommendations. |
| 2014 | The Commission on Delivery of Health Services in Tasmania | A report to the Australian Government Tasmanian Government Health Ministers on improving the sustainability of the Tasmanian health system. | • Hospital overcrowding, resulting in reduced patient flow, access block and overcrowded emergency departments, is a key issue facing the Tasmanian Healthcare system.<br>• A lack of available hospital beds due to admission and discharge processes may be contributing to access issues. |
| 2014 | *One State, One Health System, Better Outcomes* reform program | The Tasmanian Government's *One State, One Health System, Better Outcomes* reform program focussed on the four major hospitals and defining their roles within the health system. Documents and consultation papers associated with the reforms included a Green Paper, Green Paper supplements, a Green Paper Issues Paper and a White Paper. | • Most of the causes of access block and ED overcrowding are outside the control of the ED. These include such factors as the access to diagnostics (imaging and pathology), delays in admission processes, lack of available appropriate inpatient beds and suboptimal inpatient discharge practice.<br>• System wide process changes are required in order to achieve significant improvement in ED performance. |

| Year | Review | Description | Findings |
|---|---|---|---|
| 2016 | Staib, Sullivan and Timms Review | Review of access to emergency care at the Royal Hobart Hospital and Launceston General Hospital.<br><br>The Review was initiated to inform the Tasmanian Government's *Patients First* initiative (described below). | • RHH and LGH have significant access block.<br>• Difficult ED–inpatient interface and delayed discharged were limiting access to inpatient beds<br>• Lack of clearly defined accountabilities for patient flow<br>• Cultural and process barriers impeding improvements<br>• 16 recommendations. |
| 2016 | *Patients First* | A Tasmanian Government Initiative to manage demand in Emergency Departments and improve whole-of-hospital patient flow at the Royal Hobart and Launceston General Hospitals. | • 19 actions, including developing and implementing:<br>o a list of unacceptable "red flag" events in EDs<br>o transparent, published principles for ED care<br>o Clinical Initiative Nurses<br>o Psychiatric Emergency Nurses at the RHH<br>o Enhanced role of Paramedics |
| 2017 | Review of Ambulance Tasmania | A review of Ambulance Tasmania's clinical and operational services. | • Irrespective of the service model employed by Ambulance Tasmania, there will be periods in which excess demand on either EDs or the ambulance service which will impact upon the smooth flow of patients into and out of the hospital system.<br>• There should be shared clinical governance of the patient's journey into emergency departments by both Ambulance Tasmania and emergency departments. |
| 2019 | Report of the Auditor-General | Analysis of the performance of Tasmania's four major hospitals in the delivery of the emergency department services. | • The incidence and duration of transfer of care delays across Tasmania's four major hospitals increased significantly between 2012-13 and 2017-18.<br>• The delays reflect the combined impact of the growing number and complexity of ED presentations, ongoing access block to inpatient beds and limited bed capacity, particularly at the RHH.<br>• Delays are also due to long-standing practices and behaviours within hospitals contributing to dysfunctional silos, poor coordination between inpatient areas and EDs, and the lack of a whole-of-hospital approach to improving patient flow. |

| Year | Review | Description | Findings |
|---|---|---|---|
| 2019 | Newnham and Hillis – Towards Outstanding Care at the Royal Hobart Hospital | An external review of patient access at the Royal Hobart Hospital. | • The RHH suffers from extreme access block. This leads to high rates of ambulance ramping.<br>• There are many contributors to access block. First and foremost, the RHH carries an undue burden on health care for the whole of Hobart, with an excessive demand on the ED.<br>• Leadership and governance changes have resulted in a loss of vision and the development of a "tribal" culture. This has led to an absence of a shared sense of risk across the organisation and impairs attempts to improve access and flow. |
| 2019 | Royal Hobart Hospital – Access Solutions | A compendium of occasional papers providing an overview of the issues impeding patient flow and access in the health system, to inform the Access Solutions Meeting on 19 June 2019 called by the Minister for Health and the Australasian College for Emergency Medicine. | • Provided a summary of past reviews, noting common findings included:<br>○ access block and overcrowding are system issues, not merely ED problems, and causes and solutions largely reside outside the ED, requiring a system-wide and whole-of-hospital approach.<br>○ The delay in accessing inpatient beds due to a 'difficult ED-inpatient interface' and delayed discharges that are reducing access to inpatient beds and is commonly identified as the main impediment to timely care.<br>○ Common barriers to moving patients out of the ED include poor access to inpatient beds due to inflexible systems or inadequate planning, inadequate specific bed numbers to cater for special needs, overreliance on intensive care/ high dependency beds, or delays in discharging patients to post-acute facilities and the community. |

**Question 12**

**Broken down by year and by hospital, the number of patients who have died while ramped - from 2018-19 to 2022-23 (inclusive).**

The Department of Health records data, including date and time of death, for patients that die in hospital, including the Emergency Department.

Separately, the movement of patients between locations is administered through the TrakED emergency department information system.

A review of these two datasets over the period 2018-19 to 2022-23 has not identified any instances where the time of a patient's death is recorded as prior to transfer of care occurring.

This is consistent with how emergency departments operate. In situations where a patient significantly deteriorates (such as going into cardiac arrest) in the offload delay area, they are generally transferred to a resuscitation area or other part of the ED. If that patient is subsequently pronounced deceased by medical staff, that will occur, and be recorded, in that location.

**Question 14**

**The following data for each month, starting with August 2019 and finishing in August 2023:**

**a) Average time spent at hospital by paramedics (by hospital)**
**b) Percentage of patients subject to ramping (by hospital)**
**c) Median and 90th percentile ambulance response times (by region).**

**Table 14a: Average time between paramedics arriving at hospital and being available for another callout (minutes)**

| Month | RHH | LGH | NWRH | MCH | All hospitals |
|---|---|---|---|---|---|
| Aug-19 | 58.7 | 49.0 | 36.3 | 34.0 | 50.2 |
| Sep-19 | 56.4 | 49.0 | 35.7 | 37.0 | 49.3 |
| Oct-19 | 55.6 | 52.3 | 38.1 | 37.3 | 50.1 |
| Nov-19 | 59.9 | 43.9 | 35.9 | 36.8 | 49.5 |
| Dec-19 | 55.4 | 46.4 | 35.8 | 35.5 | 48.1 |
| Jan-20 | 57.8 | 42.6 | 36.8 | 36.1 | 48.3 |
| Feb-20 | 58.8 | 41.9 | 37.8 | 35.1 | 48.5 |
| Mar-20 | 53.3 | 43.6 | 36.4 | 35.6 | 46.0 |
| Apr-20 | 46.3 | 49.2 | 40.1 | 33.1 | 46.8 |
| May-20 | 49.3 | 47.8 | 43.9 | 68.3 | 48.0 |
| Jun-20 | 53.8 | 44.2 | 41.4 | 35.6 | 48.2 |
| Jul-20 | 53.7 | 52.1 | 40.4 | 37.5 | 50.2 |
| Aug-20 | 54.6 | 50.6 | 44.4 | 39.9 | 51.1 |
| Sep-20 | 56.9 | 51.6 | 44.4 | 38.7 | 52.4 |
| Oct-20 | 49.9 | 52.5 | 43.5 | 36.5 | 49.2 |
| Nov-20 | 56.7 | 51.2 | 45.2 | 44.0 | 52.6 |
| Dec-20 | 58.2 | 49.3 | 46.7 | 44.1 | 52.9 |
| Jan-21 | 56.5 | 54.1 | 45.9 | 43.4 | 53.2 |
| Feb-21 | 58.1 | 58.1 | 50.2 | 46.8 | 56.0 |
| Mar-21 | 63.4 | 59.7 | 51.0 | 51.2 | 59.2 |
| Apr-21 | 57.4 | 51.8 | 54.1 | 48.1 | 54.5 |
| May-21 | 61.9 | 56.7 | 50.2 | 46.9 | 57.2 |
| Jun-21 | 59.7 | 60.6 | 48.9 | 55.1 | 57.7 |
| Jul-21 | 66.5 | 58.1 | 50.6 | 49.9 | 60.0 |
| Aug-21 | 67.6 | 59.4 | 44.2 | 45.8 | 59.7 |
| Sep-21 | 57.5 | 60.6 | 47.2 | 43.9 | 55.5 |
| Oct-21 | 59.8 | 61.8 | 45.0 | 46.5 | 56.8 |
| Nov-21 | 60.3 | 52.4 | 43.5 | 43.8 | 54.1 |
| Dec-21 | 63.6 | 54.3 | 46.7 | 45.0 | 56.8 |
| Jan-22 | 64.9 | 55.1 | 46.5 | 44.3 | 57.4 |
| Feb-22 | 68.6 | 64.1 | 46.0 | 41.9 | 61.4 |
| Mar-22 | 68.7 | 68.4 | 46.3 | 42.4 | 62.8 |

| Month | RHH | LGH | NWRH | MCH | All hospitals |
|---|---|---|---|---|---|
| Apr-22 | 72.8 | 59.7 | 44.6 | 45.1 | 62.3 |
| May-22 | 68.5 | 69.7 | 44.7 | 48.1 | 63.4 |
| Jun-22 | 76.2 | 70.0 | 46.2 | 47.2 | 67.2 |
| Jul-22 | 77.2 | 66.4 | 50.7 | 44.3 | 67.0 |
| Aug-22 | 59.7 | 67.9 | 47.7 | 44.8 | 58.7 |
| Sep-22 | 61.2 | 64.8 | 42.6 | 46.9 | 57.9 |
| Oct-22 | 62.6 | 63.3 | 39.9 | 41.7 | 57.6 |
| Nov-22 | 70.3 | 54.5 | 41.8 | 41.2 | 59.1 |
| Dec-22 | 70.5 | 62.7 | 41.9 | 38.8 | 61.0 |
| Jan-23 | 57.4 | 55.6 | 38.7 | 38.8 | 52.5 |
| Feb-23 | 56.3 | 51.2 | 40.4 | 39.5 | 50.9 |
| Mar-23 | 57.4 | 58.4 | 42.3 | 41.9 | 53.9 |
| Apr-23 | 54.2 | 52.6 | 38.8 | 38.2 | 50.1 |
| May-23 | 56.5 | 59.2 | 40.1 | 38.2 | 53.0 |
| Jun-23 | 59.6 | 66.2 | 36.8 | 39.4 | 55.9 |
| Jul-23 | 64.6 | 57.3 | 39.7 | 39.5 | 56.2 |
| Aug-23 | 63.7 | 54.2 | 41.1 | 39.1 | 55.4 |

**Table 14b: Percentage of patients arriving by ambulance - where transfer of care was more than 15 minutes (%)**

| Month | RHH | LGH | NWRH | MCH | All hospitals |
|---|---|---|---|---|---|
| Aug-19 | 33.6 | 35.2 | 7.9 | 6.3 | 27.4 |
| Sep-19 | 33.3 | 44.2 | 11.1 | 8.7 | 30.7 |
| Oct-19 | 35.2 | 43.6 | 12.3 | 9.4 | 31.0 |
| Nov-19 | 35.6 | 32.5 | 7.0 | 9.3 | 27.7 |
| Dec-19 | 31.4 | 31.5 | 4.4 | 9.7 | 25.4 |
| Jan-20 | 36.9 | 22.6 | 11.5 | 9.3 | 26.4 |
| Feb-20 | 38.7 | 16.1 | 10.7 | 4.7 | 24.7 |
| Mar-20 | 27.5 | 24.0 | 8.4 | 5.2 | 21.3 |
| Apr-20 | 7.7 | 24.7 | 5.7 | 0.0 | 14.4 |
| May-20 | 19.6 | 31.7 | 11.4 | 0.0 | 22.6 |
| Jun-20 | 29.2 | 23.8 | 14.7 | 2.1 | 24.2 |
| Jul-20 | 27.6 | 40.4 | 10.9 | 2.5 | 27.3 |
| Aug-20 | 28.0 | 37.9 | 17.6 | 2.6 | 28.1 |
| Sep-20 | 35.5 | 38.3 | 26.4 | 8.4 | 33.7 |
| Oct-20 | 24.3 | 39.4 | 16.1 | 4.7 | 27.0 |
| Nov-20 | 31.3 | 36.7 | 17.0 | 7.0 | 29.5 |
| Dec-20 | 32.4 | 29.5 | 18.3 | 9.0 | 27.6 |
| Jan-21 | 32.3 | 36.0 | 20.2 | 10.0 | 29.8 |
| Feb-21 | 37.3 | 42.5 | 25.9 | 16.1 | 35.2 |
| Mar-21 | 43.1 | 46.5 | 28.9 | 26.0 | 40.1 |
| Apr-21 | 36.4 | 33.9 | 33.0 | 16.9 | 33.5 |
| May-21 | 38.7 | 37.7 | 26.9 | 14.4 | 34.2 |

| Month | RHH | LGH | NWRH | MCH | All hospitals |
|---|---|---|---|---|---|
| Jun-21 | 38.4 | 45.1 | 29.1 | 30.1 | 37.9 |
| Jul-21 | 44.9 | 37.9 | 30.8 | 18.8 | 38.3 |
| Aug-21 | 48.3 | 48.2 | 15.1 | 14.0 | 39.8 |
| Sep-21 | 40.2 | 46.8 | 20.8 | 14.2 | 36.5 |
| Oct-21 | 40.7 | 47.1 | 17.1 | 13.1 | 36.4 |
| Nov-21 | 39.7 | 33.5 | 18.4 | 13.4 | 32.4 |
| Dec-21 | 38.7 | 31.9 | 21.1 | 9.1 | 31.6 |
| Jan-22 | 40.1 | 25.4 | 25.3 | 18.6 | 31.8 |
| Feb-22 | 41.1 | 37.1 | 21.4 | 7.4 | 33.8 |
| Mar-22 | 43.6 | 47.2 | 21.3 | 16.4 | 38.7 |
| Apr-22 | 44.1 | 35.6 | 19.5 | 13.8 | 35.3 |
| May-22 | 42.5 | 44.1 | 21.9 | 15.7 | 37.4 |
| Jun-22 | 47.5 | 53.9 | 25.3 | 15.0 | 43.0 |
| Jul-22 | 52.0 | 49.4 | 29.7 | 19.1 | 44.6 |
| Aug-22 | 43.9 | 52.4 | 25.7 | 17.6 | 41.0 |
| Sep-22 | 47.8 | 43.0 | 21.4 | 19.1 | 39.7 |
| Oct-22 | 46.0 | 47.5 | 19.3 | 12.7 | 39.4 |
| Nov-22 | 51.4 | 27.0 | 22.0 | 8.4 | 36.4 |
| Dec-22 | 51.5 | 43.1 | 15.2 | 7.5 | 39.6 |
| Jan-23 | 43.6 | 39.2 | 13.2 | 6.6 | 34.7 |
| Feb-23 | 45.8 | 38.9 | 16.8 | 12.1 | 36.4 |
| Mar-23 | 49.0 | 43.3 | 27.0 | 18.9 | 41.2 |
| Apr-23 | 45.8 | 38.5 | 20.1 | 13.2 | 37.2 |
| May-23 | 48.4 | 53.0 | 27.3 | 12.7 | 43.3 |
| Jun-23 | 51.0 | 59.5 | 15.9 | 11.0 | 44.1 |
| Jul-23 | 51.1 | 48.2 | 24.6 | 13.8 | 42.5 |
| Aug-23 | 52.8 | 43.6 | 20.9 | 11.3 | 41.7 |

*Note: Table 14b presents a measure of the percentage of patients experiencing transfer of care delay. The first 15 minutes from arrival at an emergency department is treated as routine transfer of care and any period of time exceeding those 15 minutes as delay.*

**Table 14c(1): Median ambulance response time by region, priority 0-1 (minutes)**

| Month | South | North | North West | All regions |
|---|---|---|---|---|
| Aug-19 | 14.3 | 13.9 | 12.7 | 13.9 |
| Sep-19 | 13.9 | 14.0 | 11.8 | 13.5 |
| Oct-19 | 13.9 | 14.9 | 12.7 | 13.8 |
| Nov-19 | 13.8 | 13.9 | 12.6 | 13.6 |
| Dec-19 | 14.5 | 14.7 | 11.7 | 14.0 |
| Jan-20 | 14.1 | 14.4 | 12.1 | 13.8 |
| Feb-20 | 13.8 | 14.1 | 11.9 | 13.5 |
| Mar-20 | 14.0 | 15.2 | 12.6 | 13.8 |
| Apr-20 | 13.7 | 15.2 | 13.3 | 13.9 |
| May-20 | 14.4 | 13.6 | 12.8 | 13.8 |
| Jun-20 | 14.4 | 13.7 | 11.9 | 13.6 |
| Jul-20 | 13.8 | 13.6 | 12.1 | 13.2 |
| Aug-20 | 13.7 | 13.7 | 13.3 | 13.7 |
| Sep-20 | 14.9 | 13.6 | 12.4 | 13.8 |
| Oct-20 | 14.1 | 13.7 | 13.0 | 13.7 |
| Nov-20 | 15.4 | 13.6 | 13.3 | 14.5 |
| Dec-20 | 14.9 | 13.7 | 12.9 | 14.2 |
| Jan-21 | 15.9 | 14.1 | 12.3 | 14.5 |
| Feb-21 | 15.8 | 14.3 | 13.2 | 14.8 |
| Mar-21 | 16.4 | 14.4 | 12.2 | 15.0 |
| Apr-21 | 15.7 | 13.3 | 12.3 | 14.0 |
| May-21 | 14.9 | 13.4 | 12.0 | 13.7 |
| Jun-21 | 14.9 | 13.6 | 11.4 | 13.7 |
| Jul-21 | 16.1 | 13.4 | 11.7 | 14.4 |
| Aug-21 | 16.5 | 13.8 | 11.1 | 14.5 |
| Sep-21 | 15.2 | 13.4 | 11.3 | 13.9 |
| Oct-21 | 15.5 | 13.4 | 11.5 | 13.9 |
| Nov-21 | 15.5 | 13.1 | 11.0 | 13.7 |
| Dec-21 | 15.4 | 13.6 | 11.0 | 13.9 |
| Jan-22 | 16.4 | 14.2 | 12.1 | 14.8 |
| Feb-22 | 15.8 | 13.7 | 12.0 | 14.2 |
| Mar-22 | 16.9 | 14.2 | 11.9 | 14.8 |
| Apr-22 | 16.5 | 14.2 | 11.6 | 14.6 |
| May-22 | 15.7 | 13.8 | 11.8 | 14.4 |
| Jun-22 | 16.7 | 13.9 | 12.1 | 14.8 |
| Jul-22 | 16.9 | 14.2 | 11.4 | 15.0 |
| Aug-22 | 15.5 | 13.6 | 11.6 | 14.0 |
| Sep-22 | 14.7 | 14.0 | 12.0 | 14.0 |
| Oct-22 | 15.4 | 14.2 | 11.5 | 14.2 |
| Nov-22 | 16.2 | 14.0 | 11.1 | 14.6 |
| Dec-22 | 18.8 | 14.6 | 11.8 | 15.9 |
| Jan-23 | 16.6 | 14.0 | 11.9 | 14.6 |

| Month | South | North | North West | All regions |
|---|---|---|---|---|
| Feb-23 | 16.4 | 14.5 | 11.3 | 14.6 |
| Mar-23 | 15.7 | 14.6 | 11.5 | 14.4 |
| Apr-23 | 15.1 | 14.3 | 11.9 | 14.2 |
| May-23 | 14.6 | 14.1 | 11.5 | 13.8 |
| Jun-23 | 16.0 | 14.9 | 10.8 | 14.5 |
| Jul-23 | 16.2 | 14.4 | 11.0 | 14.6 |
| Aug-23 | 16.2 | 14.5 | 11.5 | 14.6 |

**Table 14c(2): 90th percentile ambulance response time by region, priority 0-1 (minutes)**

| Month | South | North | North West | All regions |
|---|---|---|---|---|
| Aug-19 | 32.0 | 36.3 | 28.7 | 32.7 |
| Sep-19 | 32.5 | 31.5 | 27.8 | 31.0 |
| Oct-19 | 32.6 | 36.0 | 29.8 | 33.3 |
| Nov-19 | 31.8 | 35.7 | 28.9 | 32.1 |
| Dec-19 | 33.8 | 34.5 | 28.8 | 33.0 |
| Jan-20 | 35.4 | 34.8 | 31.0 | 34.6 |
| Feb-20 | 34.4 | 34.4 | 28.3 | 32.8 |
| Mar-20 | 31.6 | 38.1 | 30.9 | 33.6 |
| Apr-20 | 29.3 | 33.5 | 30.7 | 30.4 |
| May-20 | 33.5 | 31.8 | 30.6 | 32.4 |
| Jun-20 | 35.3 | 35.1 | 28.5 | 34.1 |
| Jul-20 | 33.3 | 32.3 | 26.0 | 31.4 |
| Aug-20 | 32.2 | 32.3 | 32.5 | 32.4 |
| Sep-20 | 34.2 | 30.7 | 27.7 | 31.8 |
| Oct-20 | 32.9 | 32.9 | 32.5 | 32.9 |
| Nov-20 | 34.6 | 34.5 | 33.2 | 34.0 |
| Dec-20 | 33.5 | 34.9 | 31.1 | 33.3 |
| Jan-21 | 34.9 | 35.9 | 28.3 | 34.6 |
| Feb-21 | 35.3 | 38.0 | 29.5 | 35.1 |
| Mar-21 | 37.1 | 36.3 | 29.6 | 35.5 |
| Apr-21 | 36.3 | 31.3 | 31.9 | 34.4 |
| May-21 | 35.0 | 31.8 | 25.3 | 31.7 |
| Jun-21 | 35.6 | 32.3 | 26.6 | 32.5 |
| Jul-21 | 35.6 | 33.2 | 25.5 | 33.2 |
| Aug-21 | 35.7 | 32.1 | 26.3 | 32.8 |
| Sep-21 | 33.4 | 32.2 | 26.6 | 31.8 |
| Oct-21 | 35.0 | 34.7 | 28.2 | 34.0 |
| Nov-21 | 36.6 | 32.0 | 24.8 | 33.0 |
| Dec-21 | 36.0 | 31.7 | 28.6 | 33.2 |
| Jan-22 | 36.8 | 32.9 | 28.3 | 34.0 |
| Feb-22 | 38.7 | 35.6 | 27.9 | 35.1 |
| Mar-22 | 41.3 | 33.0 | 29.9 | 36.7 |
| Apr-22 | 37.3 | 32.1 | 24.4 | 34.5 |

| Month | South | North | North West | All regions |
|---|---|---|---|---|
| May-22 | 36.0 | 29.7 | 27.6 | 33.3 |
| Jun-22 | 40.6 | 34.6 | 27.6 | 36.0 |
| Jul-22 | 39.1 | 36.4 | 26.2 | 36.6 |
| Aug-22 | 35.4 | 33.0 | 26.7 | 33.4 |
| Sep-22 | 33.8 | 33.6 | 26.4 | 32.8 |
| Oct-22 | 36.4 | 31.9 | 26.7 | 33.7 |
| Nov-22 | 39.1 | 31.6 | 26.7 | 35.3 |
| Dec-22 | 47.8 | 33.9 | 27.9 | 40.7 |
| Jan-23 | 41.7 | 34.5 | 25.9 | 36.7 |
| Feb-23 | 37.4 | 33.7 | 25.3 | 34.3 |
| Mar-23 | 36.2 | 33.4 | 28.2 | 33.8 |
| Apr-23 | 35.7 | 32.3 | 27.8 | 33.4 |
| May-23 | 32.4 | 33.2 | 25.3 | 31.4 |
| Jun-23 | 38.3 | 35.4 | 23.2 | 34.8 |
| Jul-23 | 38.3 | 35.8 | 25.4 | 35.8 |
| Aug-23 | 36.4 | 33.9 | 26.4 | 34.1 |

## Notes on Data

### General Caveat for Transfer of Care Data

Current information systems do not specifically record the point of transfer of care between ambulance paramedics and emergency department staff. Instead, transfer of is derived from data using the location of the patient and whether that location is designated as under the care of ambulance paramedics. Patients may be moved between these locations, including to receive diagnostic and therapeutic interventions in another part of the hospital, before transfer of care from ambulance paramedics is completed.

To ensure that no delays in the transfer of care are overlooked, the Department measures the time from arrival (as recorded in the emergency department information system) to the end of the final location under the care of ambulance paramedics. However, patients are sometimes incorrectly recorded as being in a location under the care of ambulance paramedics, and the emergency department information system does not allow this to be reliably corrected for performance reporting.

There is no operational impact from this data limitation. However, it does mean that the time before transfer of care will be overestimated in some instances and estimates focussed on patients with the longest time until transfer of care, including those above the 95$^{th}$ percentile time until transfer of care, will be less unreliable.

Data presented in this response may vary from previous reporting due to review and improvements in calculation methods as part of end of financial year reporting.

### Timeframe of Ambulance Tasmania data

Ambulance Tasmania upgraded its dispatch system in 2019. Consequently, data prior to the 2019-20 financial year is not comparable to data within the new system. Therefore, data relating to ambulance and paramedic performance is provided from 2019-20 rather than 2018-19. Data from 2018-19 can be provided upon request if required by the Select Committee.

### Acronyms

| | |
|---|---|
| RHH: | Royal Hobart Hospital |
| LGH: | Launceston General Hospital |
| NWRH: | North West Regional Hospital |
| MCH: | Mersey Community Hospital |