

**From:** [Brendon Flynn](#)  
**To:** [transferofcare](#)  
**Subject:** Ambulance Ramping  
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Hi.

I am a cancer patient who over the last 5 years has have used the emergency Dept of both the Royal and the Hobart Private.

I have also had several surgeries in both.

As far as my experience at the ED at the royal, the triage system has worked as well as it can with the staff and facilities available.

The increase in patient numbers during and post COVID has played an enormous role in how things have played out there.

For example, in January 2022 I was taken to emergency with what was diagnosed as a pleural effusion , a complication from liver surgery a couple of weeks prior. The triage system had me seen to in good time, the emergency team treated my issue and I was admitted to the hospital. I was placed in the resperatory ward overnight (I had a chest drain connected), in a quiet room.

The next morning I was moved downstairs to a unisex ward in the old section, with Dementia patients wandering about during the night.

This happened because they had to close the resperatory ward in preparation for possible COVID patients who never arrived. A hospital management decision based on health Dept pressure. Something that needs to be discussed for future issues.

As for ramping, there is only so much space and staff in the ED. The number of people presenting at any given time is not controllable.

A big factor is the increased numbers presenting to the ED is clearly due to the lack of availability and increased out of pocket cost of community GPs. With fewer practices bulk billing and many practices not accepting new patients, what other alternative is there for people to present to the public hospital emergency for treatment. My own GP now charges over \$30 above the Medicare rate. Even as a pension card holder, there is no discount. This scenario has the effect of creating large waiting times. The flow on effect of this is people using the ambulance system in the hope of getting faster treatment in emergency. This causes wait times for ambulances to increase, and this ramping at the ED. As a number of nurses and doctors have expressed to me when I have asked the question.

The system becomes overwhelmed, and there is little the hospital can do. Just a couple of weeks ago, my oncologist said to me during a consult, "I wish this business would slow down" . It was clear, as was the increased number of people in the cancer centre.waiting room, we are seeing an explosion in cancer numbers at the moment. This all adds to the overwhelm of the emergency system.

In order to address Ambulance Ramping, first look to the underlying causes outside the hospital system. It's a massive problem that will not be solved any other way.

I have found the staff at the Royal to be the most dedicated and caring people I have met. They perform their duties brilliantly, in spite of very difficult conditions. The staff to patient ratio is much better at the Royal than the for profit private sector hospitals, and therefore the patient care is of a higher standard.

Cheers,

Brendon Flynn