



AUSTRALIAN NURSING & MIDWIFERY  
FEDERATION (TASMANIAN BRANCH)

# **SUBMISSION**

**House of Assembly  
Select Committee on  
Transfer of Care Delays  
(Ambulance Ramping)**

**6 October 2023**

# Australian Nursing & Midwifery Federation (Tasmanian Branch)

## Organisation Overview

The Australian Nursing and Midwifery Federation (ANMF) is both the largest nursing and midwifery union and the largest professional body for the nursing and midwifery teams in Tasmania. We operate as the State Branch of the federally registered Australian Nursing and Midwifery Federation. The Tasmanian Branch represents around 8000 members and in total the ANMF across Australia represents over 250,000 nurses, midwives and care staff. ANMF members are employed in a wide range of workplaces (private and public, urban and remote) such as health and community services, aged care facilities, universities, the armed forces, statutory authorities, local government, offshore territories and more.

The core business of the ANMF is the industrial and professional representation of nurses, midwives and the broader nursing team, through the activities of a national office and branches in every state and territory. The role of the ANMF is to provide a high standard of leadership, industrial, educational and professional representation and service to members. This includes concentrating on topics such as education, policy and practice, industrial issues such as wages and professional matters and broader issues which affect health such as policy, funding and care delivery. ANMF also actively advocates for the community where decisions and policy is perceived to be detrimental to good, safe patient care.

## Contact Information

Emily Shepherd, Branch Secretary  
Australian Nursing & Midwifery Federation (ANMF) Tasmanian Branch

182 Macquarie Street, Hobart TAS 7000

Ph: (03) 6223 6777

Fax: (03) 6224 0229

Email: [enquiries@anmftas.org.au](mailto:enquiries@anmftas.org.au)

Website: [www.anmftas.org.au](http://www.anmftas.org.au)

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# Introduction

The ANMF Tasmanian Branch (ANMF) welcomes the opportunity to provide a formal submission to House of Assembly Select Committee on Transfer of Care Delays (Ambulance Ramping) inquiry and the associated Terms of Reference regarding access and flow issues leading to transfer of care delays across Tasmania. These delays have profound implications for patient care, ambulance response times, healthcare staff well-being, and the efficient functioning of emergency departments (EDs) and hospitals. The ANMF also wish to address the adequacy of data collection, the State Government's response to date, and potential measures for mitigation.

## (a) Causes of Transfer of Care Delays

Transfer of care delays are a multifaceted issue, with both Federal and State responsibilities. The primary cause is the bottleneck within hospitals due to limited capacity and inefficient flow of patients. This includes ED overcrowding, insufficient inpatient beds, and delays in discharging patients from wards. The ANMF emphasises that access and flow issues within hospitals, from the ED to ward discharges, are at the root of ambulance ramping and require immediate attention, rather than a sole focus on the transfer of care at the point of ED. In addition, the State and Federal funding arrangement poses difficulty due to the exclusion of primary care and aged care. These sectors have a significant impact on the transfer of care delays. For example, aged care residents are often transferred to the ED as some aged care providers only staff to the absolute minimum and there is no staffing contingency if a resident becomes unwell and needs high acuity care. These residents are transferred to the acute facilities. The difficulty this represents is that the State have no jurisdiction over how funding is allocated in the aged care space and therefore limited ability to resolve these issues, or even seek funding for the care provided for these patients in acute facilities from either the provider or the Federal Government.

## (b) Effects of Transfer of Care Delays

### (i) Patient Care and Outcomes

Prolonged transfer of care delays often lead to compromised patient care and outcomes. Delayed access to necessary medical attention can result in worsened conditions and increased mortality rates. Tasmanian Coroner reports over many years have cited overcrowded EDs as a contributing factor to patient deaths, yet despite this, limited action has been taken by the State Government on these matters, including those pertaining to staffing levels and access and flow issues.

### (ii) Ambulance Response Times and Availability

Transfer of care delays impact ambulance response times and availability, reducing the ability to respond to other emergencies promptly. The ANMF do not represent Ambulance Officers, but respect that caring for patients in ED on ambulance stretchers is not the job of these health professionals.

### (iii) Wellbeing of Healthcare Staff

Excessive delays place an enormous burden on healthcare staff, particularly from a workload perspective due to overcrowded EDs and the constant pressure of trying to

move patients through quickly right across the hospital, leading to moral injuries, burnout, and mental health issues. This negatively affects the quality of care provided, despite every nurse and midwife working to their absolute maximum.

**(iv) Emergency Department and Hospital Functions**

EDs and hospitals experience severe strain due to transfer of care delays, affecting the overall efficiency of healthcare services and the ability to provide timely care to all patients. This means that ED patients wait too long to be seen and potentially deteriorate during that time. It means patients wait in an environment in ED which is not an environment conducive to health improvement and often are then sicker when admitted. Then, when reaching a ward/unit, patients are moved quickly through an admission to discharge, often sooner than our members would like due to the pressure to create more bed availability.

## **(c) Adequacy of State Government's Data Collection and Reporting**

There is a pressing need to assess the adequacy of data collection and reporting mechanisms related to transfer of care delays. Comprehensive and transparent data are essential to understanding the scale of the problem and moreover devising effective solutions. Reporting the same woeful transfer of care delays as well as the wait times in EDs with no definite response is frankly negligent.

## **(d) State Government's Response and Efficacy**

The response by State Governments to date has been inadequate in addressing the transfer of care delays and their associated effects. More substantial measures and resource allocation are urgently required to alleviate this crisis.

## **(e) Mitigation Measures in Other Jurisdictions**

We recommend studying measures implemented in other Australian and international jurisdictions to mitigate transfer of care delays that have been effective, whilst ensuring that these have not been implemented without due regard for hospital and system wide flow as otherwise it is just transferring risk from one cohort of staff to another. Learning from successful strategies can inform our approach to this issue.

## **(f) Further Actions for the State Government**

In the short, medium, and long term, the State Government should focus on:

- **Alternative Health Services**

Explore the utilisation of private hospital EDs, urgent care facilities, and referrals to alternate care options, such as COVID plus and virtual care models, to reduce unnecessary ED presentations. Consideration of medi-hotels should be explored as well for those who live in rural and remote areas and could benefit from hospital in home but live too far away to access it.

- **Community Care Services**

Invest in nurse practitioner-led clinics in communities to manage acute cases and improve the management of chronic diseases. Additionally, enhance in-reach services to aged care facilities with more Nurse Practitioners to establish care plans and provide treatment without the need to refer to the ED.

- **Resource Allocation**

Allocate sufficient resources to community care services, such as community dementia teams in regional areas, to prevent adverse health outcomes and falls for these types of community members.

Expansion of Community Rapid Response services to provide more inreach and aged facilities to prevent ED transfers and support to facilities to keep residents at their 'home' in facilities. Additional resources in Community nursing teams with Nurse Practitioners can also support in-home care plans and Nurse Practitioners can diagnose and prescribe antibiotics etc. again preventing ED transfer or re-admission.

- **Staff Well-being**

Recognise the impact of access and flow issues on staff well-being. Address the staffing shortages by increasing resources and supporting staff to prevent burnout. Ongoing staffing challenges also cause enormous challenges for access and flow with beds closed on occasion due to insufficient nursing and midwifery staff. In addition, having appropriately skilled staff e.g. in ICU can also impact on specialty bed availability.

Filling staffing vacancies will assist in reducing burnout by reducing double shifts and sick leave. It will also mean maximum bed availability improving access and flow. In order to do this the State Government must offer competitive wages and conditions to keep staff here and recruit.

## Conclusion

In conclusion, the access and flow issues leading to transfer of care delays are a critical concern that must be given the highest priority. We strongly urge the State Government to take immediate action to address these issues, ensuring that funding and resources are allocated accordingly. We do not support temporary measures like demountables, as they do not address the root causes of the problem. Moreover, the ANMF do not support measures to transfer care of patients ramped into overcrowded Eds, thus merely transferring the risk. A comprehensive and holistic approach to access and flow will lead to the transfer of care issues being addressed.

It is essential to act swiftly to improve patient care, enhance ambulance response times, protect healthcare staff, and maintain the efficient functioning of healthcare facilities. Failure to do so will result in continued strain on our healthcare system and adverse consequences for patients and providers alike.

We appreciate your attention to this matter and look forward to participating in the inquiry as best we can to assist your work.



Emily Shepherd  
ANMF (Tas) Branch Secretary

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