From: [redacted]
To: transferofcare
Subject: CONFIDENTIAL: Transfer of Care Delay Submission
Date: Thursday, 16 November 2023 1:11:31 PM

PLEASE ENSURE THAT THIS IS AN ANONYMOUS SUBMISSION AS A PRIVATE WITNESS

Dear Select Committee Members,

I am a paramedic with 20 years experience working in the Northern Region for Ambulance Tasmania. Throughout my career I have witnessed many traumatic incidents, things that have left an indelible imprint on my psyche. However, the most distressing incidents have not been in the field at fatalities or critically unwell patients in the community, but rather the incidents that occur with increasing frequency on the ramp at the LGH.

Every single day and night for years now, paramedics are put into impossible situations on the ramp. They do their utmost to ensure optimal prehospital patient care only to be ramped for excruciatingly long periods of time. During time on the ramp paramedics are often forced to bear witness to their patients slowly (or more traumatically, rapidly) deteriorate without hope of a bed or timely hospital interventions. That right there is an enormous source of trauma for all involved, both ambulance staff and ED staff, let alone the patient and their loved ones. The helplessness and hopelessness of knowing that the patient's long term health outcomes and life expectancy are being altered due to ramping is the stuff of nightmares and causes immeasurable psychological harm.

I have witnessed a slow but steady change in the threshold of patient conditions that are deemed acceptable to ramp. For example, several years ago it was rightfully unheard of for a patient triaged as Category 2 to be ramped due to the criticality of the patient. When it was called on the PA system as "Cat 2 patient, ambulance ramping" there would be an audible gasp of surprise and horror from staff. Fast forward several years and no-one bats an eyelid. It is "situation normal". This creeping acceptance and normalisation is massively concerning for patient care. It is human nature to adapt and adjust to circumstances of scarce resources, but it is frightening to witness this creep and the impact it has on patients. The apathy of staff over ramping is a self-protective response to an out of control, dire situation.

Personally I have experienced more trauma whilst ramped than I will ever witness doing my actual job in an ambulance serving the community. Namely this is due to the lack of control on the ramp. At least when attending traumatic incidents in the community paramedics can perform their skills to the best of their abilities and are left with a sense of accomplishment when all that could be done has been done. But the trauma of the ramp is an entirely different beast. It consists of knowing what needs to be done (by the hospital) but being powerless to get it done. Below are just a small snapshot of instances that will remain with me for the rest of my days.

I had an elderly septic gentleman handed over to me from another paramedic crew. He was clearly very unwell. In my care on the ramp he began to experience short episodes of an arrhythmia that can often result in rapid deterioration and cardiac arrest. I captured the arrhythmia on an ECG, prepared for an imminent cardiac arrest, advised my colleagues to care for my patient while I updated the medical officer in charge of the ED. I explained the situation to the MOIC and showed them the ECG. They shrugged and said words to the effect of "there's no beds, so as you were" and turned their back on me to continue talking with a colleague. I have never, in my 20 years of paramedic practice, felt so

acutely alone with a critical patient whilst in a tertiary hospital. The cognitive dissonance I experienced was immense. I do not document this incident to cast aspersions on the doctor involved as they are a much respected staff member and exceptional clinician. The fact that such a consummate medical professional is behaving like this is symptomatic of the environment they are having to endure day after day, shift after shift.

I have witnessed the questioning of a young victim of a vicious and repeated sexual assault interviewed by police on the ramp shielded from other patients and staff by a flimsy curtain. Her trauma, humiliation and diminishment of what she had survived was revisited with an audience of strangers, no doubt causing secondary psychological injury in what should be a place of safety, healing and care.

Similarly I have witnessed multiple seriously unwell patients on the ramp having "Goals of Care" conversations with the treating doctor, that is, discussions around what interventions the patient would like should they deteriorate. Most notably, I recall an elderly gentleman being informed that his test results (performed while ramped) indicated that his prognosis was likely imminently terminal. He was then asked in front of a crowded ramping area what he would like to happen. This end of life care conversation was in the open, not even a curtain available to give any semblance of privacy. We helplessly bore witness to his and his loved one's shock and distress.

I have witnessed the inhumane stress that the nursing staff, especially the triage nurses and nurses in charge of the shift endure. The relentlessness of critical triage decision making has broken many truly amazing nurses who can no longer work in this environment. I do not know how the ones left standing continue to go to work knowing that it won't be any better. We paramedics in the North are lucky in that we, on the whole, enjoy a mutually respectful and collaborative relationship with ED staff. Generally there is a sense of teamwork and understanding that continues to amaze me given the impossible circumstances that confront them every shift. But the continued increase in ramping puts that critical relationship to the test constantly.

- Lastly, the impact of delayed ambulance response times as a result of ramping has not only a hugely detrimental effect on patient outcomes but also an unseen impact on paramedics psychological safety. The process of handing over a ramped patient (or more likely multiple ramped patients) to the hospital when a high priority ambulance case comes in is unbearably stressful. Finding the nurse in charge or ramping nurse who are often extremely busy and stressed to then give a coherent handover of patient/s who you may have only taken over from other ramped paramedics five minutes earlier is a recipe for disaster. Misinformation, rushed handovers, and missing details are not conducive for optimised patient outcomes. But the impact of then arriving at the next emergency only to find that the patient has deteriorated because of your delay in arriving or that the patient/family members/bystanders are understandably upset and distressed at the delay is incredibly traumatic for paramedics.

In my opinion ramping is the single most challenging part of working for Ambulance Tasmania. Since the pandemic Ambulance Tasmania has grown in size exponentially. We have a very young and inexperienced workforce as a result. It breaks my heart to see so many of these amazing young paramedics at the very start of their careers look at alternative careers or reduce their hours to part time, mainly due to the detrimental effects of ramping. Paramedics are constantly missing meal breaks and invariably finish well beyond their shift end time. No paramedic questions missing a meal or working overtime when it is to attend an emergency in the community. However, to miss meals and come home late shift after shift due to ramping is so very detrimental to morale. I, for one, have given up informing my family that I will be home late. It occurs more times than not so it

is a welcome surprise if I get home on time.

I am very frustrated at the political rhetoric that gets wheeled out every time the government of the day increases paramedic staffing in Tasmania. The catch cry of more paramedics will equal better response times and less ramping is absolute propaganda to convince the public that this is the solution. It is insulting to not only paramedics and hospital staff but is incredibly misleading to the general public.

In conclusion, I wish to thank Dr Woodruff for establishing this Select Committee. It has given me hope for the first time in a long time that the government might tackle this crisis head on for the health and wellbeing of all Tasmanians.

Sincerely,

[redacted]