

**From:** [REDACTED]  
**To:** [transferofcare](#)  
**Subject:** Transfer of Care Delays - Private Witness  
**Date:** Thursday, 23 November 2023 11:18:55 PM  
**Attachments:** [REDACTED]

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Dear Dr Rosalie Woodruff,

Please see below my submission for the Select Committee on Transfer of Care Delays (Ambulance Ramping).

I am currently employed as a Patient Transport Officer with Ambulance Tasmania. Although I prefer to remain anonymous, I encourage the use of the information provided in this email as needed.

While not directly aligned, I'd like to highlight the impact of Patient Transport operations on transfer of care delays. The core function of Patient Transport is to transfer patients to and from healthcare facilities across the state. To illustrate, consider an analogy: an emergency ambulance fills the bathtub, while Patient Transport serves as the drain. Without an effective "drain" (Patient Transport), the bathtub continues to fill.

Our Patient Transport service operates Monday to Friday from 0800 to 1730h, with specific allocations: 2x stretchers in Burnie, 1x stretcher in Wattle Hill, 1x single officer in Queenstown, 2x stretchers and 1x wheelchair in Launceston, and 2.5x stretchers and 1x wheelchair in Hobart, totaling 19 permanent FTE statewide. Outside of these hours, the Northwest and Southern regions have one on-call crew operating between 1600h and 0000h on weekdays, and one on-call crew available daily between 0800 and 0000 in all regions on weekends. These shifts often rely on casual employees and are not funded.

Despite a substantial rise in the Patient Transport caseload since the establishment of the current model over 14 years ago, there has been no corresponding increase in FTE positions or extension of service hours to accommodate this increase. It's crucial to highlight that any Patient Transport transfers that cannot be completed by Ambulance Tasmania are delegated to private providers for completion. Again, transfers undertaken by private providers are not funded. It does appear however that a larger percentage of cases are delegated to these providers than are handled by Ambulance Tasmania's Patient Transport Service.

So, how does the operation of Patient Transport impact transfer of care delays? Limited resources coupled with an escalating caseload result in longer transfer durations, impeding the hospital's bed flow. Improved bed flow within the hospital facilitates the movement of patients from the DEM to ward beds, thereby freeing up space in the DEM for incoming patients.

In addition, on-call scheduling post 1730h and on weekends within a 24/7 healthcare service contribute to increased response times. This delay results in patients occupying beds that could have been vacated sooner had the crew been on shift and readily available. Most transfers occurring after 1730h originate from DEM, EMU, or from transfer of care delay areas. Waiting for a Patient Transport crew to arrive prolongs their delay, with an average response time exceeding 60 minutes.

I firmly believe that implementing operational changes within the Ambulance Tasmania's

Patient Transport system can assist in transfer of care delays however, it's evident that our current model falls short in fully supporting our paramedic colleagues, hospitals, and addressing the challenges surrounding transfer of care delays to the best of its capacity.

Kind Regards,

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