From: [redacted]
To: transferofcare
Subject: ramping at the LGH
Date: Monday, 25 September 2023 6:36:07 PM

Hi.
To whom it may concern,
I have worked at the LGH for over 15 years. And l have never seen it like it is now.

What does it mean a patient is ramped? A patient sits in an ambulance bed for hours. They are stuck outside the pan room hallway, around doctor's desks, in the airlock.
Why is this a problem. How can a health care worker examine a patient in private. You can't toilet them. Doing an ECG to look at their heart is a project because there is no private space to remove their gown and place dots on their chest, connect an ECG machine and look at heart patterns and rhythm. Just simple assessment.
You expect quality care and good decision making in a very suboptimal environment where the basic work cannot be done and expect no deaths. You expect no mistakes. You set the staff up to fail with a patient who is sick who can not be examined.
No privacy. How do you expect us to toilet a patient in the hallway when they can't walk?
In an ambulance bed they are not designed for pressure area care. They not designed to be laid in for hours on end.
Paramedics, who are not employed as nurses, are sitting for hours at the bedside of a ramped patient. Instead of being out on the road helping in emergencies, their role has changed to babysitter. It was not what they trained to do.
As an aged care nurse in emergency, l am hearing more stories of elderly patients not being attended to for hours in the community. Because they cannot get an ambulance after a fall. How is this appropriate? I have had several people say they were on the ground at home for 3 to 5 hours waiting for an ambulance. This causes more complications, slows recovery for elderly patients as it becomes a traumatic event. I have seen patients die from failing to receive rapid care.
Ramping means resources are not working and patients and staff are not in the best environment for care. This will have a direct result in reduced quality of care for patients in DEM and in the community also. Why? By not getting an ambulance patients wait longer for treatment, this has a direct impact on recovery times.
Our population is ageing and they cannot access the care they need.
I access patients in emergency, and they are apologising to us for coming to hospital to get help that they actually need.
People are delaying coming to hospital to get health care because of the negative publicity. They do not have confidence in our healthcare system to deliver care to them. What does this mean? When they do come into hospital, they are sicker, they have to stay in longer to recover.
Patients are sometimes prematurely discharged in order to try to improve patient flow, which may not be in the best interest of the patient. We are doing risky discharges to generate patient movement, which compromises patient care.

Why does ramping occur?
It's a sign of the whole hospital, not just DEM.
You have NDIS cases sitting in an acute bed for months, up to nearly a year waiting for approvals. NDIS argues the semantics of whether a patient is entitled to help because they don't fit their

criteria, but they can not get enough help from anywhere else.
You have private hospitals selecting what they will do, what they will take causing grid lock because there is no shared responsibility. But that doesn't stop them from charging top dollar.
You have aged care facilities reluctant to take challenging behaviour patients because sedation is now viewed as a bad thing and hard to manage in aged care setting due to legality, thank you aged care commission for making life harder and not looking at the full picture. They sit in acute ward beds for months, and l mean months waiting for a secure bed. As much as we don't want to talk about, staff are getting hurt and this has increased with limitations on sedation use. I am not saying want patients drugged, l want them managed, there is a difference. Why do we not have a proper public Geriatrician in Launceston? Dr Razay, now works at the local council. We have an ageing population with no specialist????? How can we look after patients properly without proper support?
There is no cohesion between all the services because of the public and private, they are not on the same page, which effects the streamlining of patient flow. Its about what is convenient, not what is necessary.
Patients in Tasmania are getting older and sicker, with more health problems than ever. The expectation is we keep delivering care is increasing.
Staffing….now here is a big problem that is not being addressed. Nurses' wages are not on pay parity to the mainland, yet we do more with less. The excuse that the cost of living in Tasmania is cheaper is no longer valid. The government is paying astronomical amounts of money for double shifts and agency. Here is a new concept, pay them what they are worth. A tradesmen gets paid more than a nurse! We are only responsible for the wellbeing of another, and perhaps save a life or two!
We are tired!!! The government knew staff would retire and that we would need more senior nurses and what did they do….nothing. We are working unsafe hours with no fatigue management strategy. People who drive trains have better control of their fatigue of staff than healthcare workers.
Great to see RMO's got a massive pay rise and the nurses can not even reach a pay agreement. The health care system would be on its knees if it were not for nurses. We need to value our staff and respect them, not patronise them.
Training in Tasmania – opportunities are limited. For me to do a geriatric nurse practitioner l am likely to have to leave Launceston. Apparently, Tasmania can afford to throw away experienced staff. I know of three nurse practitioner jobs that were promised to nurses in Launceston, they did the training, qualified and then the position was not retained for them! Nurse practitioners have a place in health care and with the right modelling they could support doctors in the acute care setting, that currently do not exist in Tasmania. Why????
The demand on doctors after hours has gotten much worse. Their workloads have skyrocketed with inadequate staffing. It means that workloads are back logging, they can not keep up with demand. And this is not solely a time management issue, the demand is higher than a person can deliver.

If you wish to discuss this matter further with me l would be happy.
Just remember, ramping is a sign the whole hospital is under pressure, not just DEM.

Regards
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