

From: [Jess Brennan](#)
To: [transferofcare](#)
Subject: Ambulance Ramping
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Good morning,

I received an email from Rosalie Woodruff MP yesterday in regards to the Parliamentary Inquiry into Ambulance Ramping and would like to share my experiences. I would like to firstly sincerely thank the Tasmanian Greens for advocating for this inquiry as it is so desperately needed.

I am a Registered Nurse in the Emergency Department at the LGH, I have worked there for almost six years. In that time I have seen ambulance ramping go from bad to worse, with no relief in sight. There are many factors that contribute to ambulance ramping that I would like to highlight and give my perspective on.

Bed block;

As I am sure you are aware there was recently a published report that out of 300 Australian hospitals, the LGH Emergency Department (ED) has the worst bed block of any hospital. We see patients on a daily basis waiting horrendous amounts of hours and days in the ED as admitted patients, waiting a bed upstairs on the wards. For example, I personally had a family member admitted on the weekend who was in the ED for 52 hours before they were transferred to a medical ward. I have seen patients waiting up to 100 hours for a bed, and unfortunately this is not an uncommon occurrence. This has a significant burden on ambulance ramping, as there is just simply no where for patients to go. Ambulances are therefore forced to be ramped for hours on end, putting our community at risk with no ambulances on the road to simply do their job. From what I understand, the LGH has the largest catchment area in the state, yet we have a significantly smaller hospital than the RHH. The opening of 3D did relieve some pressure for a short period of time, but unfortunately with Tasmania's ageing population, our hospital is constantly full with unwell, elderly, co-morbid patients with nowhere to go. I believe addressing bed block would improve ambulance ramping at the LGH, and I would not be surprised if this was the case at the RHH as well.

Staffing concerns;

Having just completed 2 months of night shifts myself, on many of those shifts Ambulance Tasmania (AT) was significantly short staffed. This lead to them having to split crews and have single officer responders on the road, often leaving one or two Paramedics at the LGH looking after up to 5 ramped patients. This is such an unsafe working environment and I honestly feel for the paramedics who are put under immense pressure on a daily basis.

In the last few years, two new nursing roles have been created in the LGH ED and two ramping areas have been created due to the increase in ramping.

An area which was used for storage of equipment and linen was redeveloped into a three bed ramping space, this area is known as Bed 33/AT 33 Wait. It is tucked around the back of ED near the short stay Emergency Medical Unit. Two of the beds have cardiac monitors, and one is simply what we all call the "broom cupboard" as it is a tiny space that only just fits a bed. This area is completely unsafe as there is not enough room for the paramedics to sit and monitor their ramped patients, there is one suction unit and two oxygen supplies and an inadequate amount of emergency buttons should something go wrong, which happens on a regular basis. To accomodate this area, a nursing position called "33 Offload" was created. This nurse assists the ramped paramedics with their patients if needed, and when the paramedics get called to a Priority 1 or 0 call, they need to "offload" their patients to this nurse so they can attend the job. This nurse legally should only be left with a maximum of 4 patients to meet the 1:4 ratio, however this is often not the case and they can be left with up to 5 unwell patients.

The "Airlock" area is also used for ramping and is at the ambulance entrance to the ED. This area can fit up to 4 ramped patients, and also often has people ramped in chairs and wheelchairs. The Airlock does not have any suction, oxygen or monitoring, nor does it have any emergency buttons, making it what I believe to be the most dangerous place in the ED. An "Airlock Offload" nursing position was also created in the last few years for this area. Ramping extends up the corridors on a daily basis as Bed 33 and the Airlock become full, which is not only inappropriate for patients receiving care, but creating unsafe workspaces and blocking important

thoroughfares.

I often work as the Triage nurse on a shift, and having to ramp these poor paramedics almost every day is taking its toll on everyone. I believe we have a great working relationship with AT, but I have seen that become strained over the past few years as ramping and workload has rapidly increased. I also believe Primary Healthcare in Tasmania is a big problem, with many people unable to get into GP's. As a Triage Nurse I see a lot of people call an Ambulance for non emergency reasons or non life threatening illnesses, taking critical ambulances off the road, as they cannot get into a GP and believe they will get into the ED quicker and be seen quicker, which is not the case. The ANUM or In Charge Nurse of the shift have regular ED Huddles with the Doctor in Charge and AT when ramping is greater than 30 minutes (every day), but hardly anything comes of these huddles because of the bed block there is just no where to move.

I sincerely hope something will come of this Parliamentary Inquiry, as everyone at the LGH is exhausted. We have lost so many senior staff, including Paramedics, Nurses and Doctors due to the workload, bed block and ramping, that it is becoming near impossible to turn up to work every day. I had the privilege of working in Queensland last year to have a bit of a break, and working in large hospitals with almost no ambulance ramping and beautiful bed flow was amazing. I hope that one day the Tasmanian Health Care System can have that reprieve from the relentless work we do every single day.

Kind regards,
Jess Brennan

