

From: [REDACTED]
To: [transferofcare](#)
Subject: Ramping creates poorer outcomes
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I am a paramedic who has worked for Ambulance Tas and a decade in Hobart. Ramping has been going on for my whole career but has been getting worse and worse. Every time my colleagues and I talk about how this is the worst we have ever seen ramping, and subsequent patient outcomes, it surprises us by getting worse still.

It's a hard question to answer because there are just so many stories I could speak of... and it's so obvious it's such an awful problem... When a paramedic is ramped with a patient brought to RHH, that paramedic (and ambulance) is unable to attend any ambulance calls - whether they are 000 calls for a cardiac arrest, asthma attack in a child, 98yo nana with a broken hip laying on a hard floor or a teenager wishing to take their own life... And do you know how short staffed Ambulance Tas always is? We have the worst response times in the country, every day we make the public wait far far longer for an ambulance than is acceptable in a first world country, and it is a known fact amongst my colleagues that undoubtedly people die in our community that otherwise may have lived in if an ambulance was sent when we first received the 000 call - if that ambulance wasn't ramped and was able to respond.

Every single shift there are patients brought into the RHH by ambulance that are ramped and therefore receive poorer outcomes because their treatment is either delayed or they are treated in an unsafe environment. Personally, I have been ramped for hours in the corridor with a patient with a head injury - confirmed (on CT then placed back on ramp in the corridor for the next 2.5 hours) skull fracture with flail segment and subdural hematoma with increasing agitation and decreasing GCS - he required surgery, but instead was left to rot in the corridor whilst his condition had been confirmed as critical because of the lack of beds and staff available. I don't get to know his outcome but I can hazard a guess it wasn't good - and would have been remarkably better if the RHH could have received him sooner. And it's so dangerous and disheartening for us as paramedics. Not only did I drive above the speed limit, with lights and sirens (which is dangerous for us I might add) to get to this man's home where he had been assaulted, recognise his unstable condition and work as efficiently as possible with utmost care to package him up, spinally immobilise, gain IV access, administer pain relieve, then make a trauma call to the RHH letting them know I am coming in with this patient in this condition so they are ready to revive him, then driving with lights and sirens all the way to RHH only to met with 'your ramped', being placed in the back corridor out of sight and mind and watching this poor man deteriorate for the next few hours with no power to do anything but to wish our government would finally care about our failing health system.

I don't have the time to tell you about the 500 other awful stories of ramping I have about ramping, but surely one is enough.

Please do something.

I would like to remain anonymous.

Thank you.