From:	Matthew Carew
To:	transferofcare
Subject:	Ambulance Ramping
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Just writing to make a submission into the ambulance ramping inquiry.

I worked in the LGH Emergency Department as a nurse for 12 years from 2010. I performed the duty of shift coordination for the majority of my shifts for a good portion of those years. I loved my job and the people I worked with, staff and patients. I would likely still be working in the department if it were not for the constant access block and resultant ambulance ramping that occurred, which created an overbearingly stressful and unsafe environment. It was a daily occurrence that multiple people, both in the waiting room and on the ambulance ramp, would be waiting for unacceptably long times for access to a bedspace. I had worked 10 hours shifts where the same patients were ramped from before I arrived to after I had handed over and gone home because the department was completely gridlocked. These were often very sick people whose conditions would greatly benefit from a bedspace to be made comfortable and to be appropriately monitored and provided with medical and nursing care. There was the constant risk that the ambulance crew looking after the patients would be forced away to a priority job and leave the patient on the ramp with minimal capacity for ED staff to take over and provide appropriate care. The few bed spaces that would be made available during a shift would have to go to the highest priority patient in clinical need and should not be influenced by mode of arrival. However, constant ramping and the flow on effect to the community made these decisions very difficult to make.

It was very deflating during this time that all our calls for help fell on deaf ears. Both by government and by hospital management. Management would often tell us it's not so bad because Hobart is worse or that all other hospitals have access block so its ok. It showed us that management was completely out of touch with what a safe and acceptable standard of care is. Political parties were either ignoring the issue or suggesting having more GPs who were equipped to deal with emergencies were needed and calling this a fix to ramping. This just showed us that there was a fundamental lack of understanding from government of the core issue, or a complete unwillingness to accept that the hospital needed a significant expansion to its inpatient capacity. Those patients who could be cared for by GPs were not the cause of ramping. People who didn't need a bed in ED and could be cared for by GPs were not allocated a bed. The few beds available would be highly prioritised to the most critical patients. Those who were beyond the care of GP and community services. These are patients whose conditions could not be prevented by regular GP care or acute access to GPs. The department was simply too full because there were not enough beds in the hospital to cater for the hospital's inpatient needs, and hence patients lingered in ED for days.

Emergency Nursing used to be a field that nurses would spend their entire careers doing. I and many other experienced emergency nurses I know left the LGH emergency department because of the drain in job satisfaction caused by the frequent and worsening access block. This has been such a shame.

Matthew Carew
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