To whom it may concern,

[redacted]

My submission will focus on how the lack of services in the north-west have an effect on the transfer of care delays at the LGH & ambulance response.

In 2021, cardiovascular disease was the leading single cause of death in Australia and continues to be the leading burden of disease in Australia (1). Tasmania has the largest prevalence of cardiovascular disease in Australia (2). The prevalence of heart disease in Tasmania is 6.6% higher than the national average and is expected to rise given the increasing proportion of people with risk factors for heart disease (2). North-west Tasmanians are identified as having some of the highest rates of risk for having a cardiovascular event (3). The greater delay in accessing definitive treatment for heart disease leads to a greater risk of death and further complications such as chronic heart failure (2). Ambulance Tasmania recently implemented pre-hospital thrombolysis, a life-saving treatment which helps reduce mortality in patients presenting with ST-segment elevated myocardial infarction (STEMI). This was a great step forward for Tasmania. Ambulance Tasmania can identify and treat STEMI by identifying the condition through ECGs. The remainder of acute myocardial infarctions (heart attacks) are identified through blood tests, often at a local hospital then transported to cardiology either at RHH or LGH. Currently in north-west Tasmania all patients whom present with acute myocardial infarction both STEMI and non-STEMI are transported to the LGH for further input from cardiology where further treatments such as stents may be performed, in some cases this may be RHH for cardiac bypass surgery. This practice places the LGH under increased demand and causes ambulance crews from the north-west needing to leave the region. This can often cause a delay to treatment, where as if cardiology existed in the north-west then these patients could be treated in the quickest possible timeframe, preventing death and further complications of the disease.

Similarly, chronic kidney disease is a growing health burden which increases the risk of premature death, diabetes and vascular events (4). Tasmania has the highest prevalence of chronic kidney disease in Australia among non-indigenous Australians (4). The prevalence of kidney disease in Tasmania is highest amongst those living in the north-west of Tasmania (5). As north-west hospitals don’t have specialist renal services, these patients often require transport to LGH for renal specialist input &/or intervention. Similarly, to cardiovascular patients this can cause delays in treatment and place the LGH under increased demand. This not only applies to chronic kidney disease but also applies to patients with other renal conditions such as renal calculi (kidney stones).

The combination of the lack of cardiovascular and renal services in the north-west causes a flow on effect to the demand for services at the LGH. As part of this, Ambulance Tasmania is the point of call for transporting patients from smaller regional hospitals to LGH which can cause an ambulance crew to be out of region for hours at a time. Often, NSTEMI & renal patients are stable, have been awaiting transport for a number of days and have been accepted to a ward bed before Ambulance Tasmania can initiate the transfer. However, upon transporting these patients to LGH ED, these patients will often be deemed by LGH as needing to be reviewed in ED, rather than going directly to a ward. This causes further ramping at the LGH. In the first instance as a NW crew, we will be ramped and wait for an ED bed. If the delays are excessive then the state communication centre will ask us to offload our patient to a Launceston crew so that we can return to our region. This then causes the Launceston crew to be ramped with the patient leaving them unable to respond to cases in Launceston & surrounds. Furthermore, this decreases morale amongst staff, distress amongst paramedics and call centre staff that cases are not being responded to and dissatisfaction of our role.

Another factor which causes transfer of care delays at LGH is triage time. Often there is a backlog of ambulances, as well as, walk in patients needing to be triaged. It is not uncommon for a triage delay of at least 20 minutes at the LGH to occur due to the workload of triage nurses. It is evident by my interactions with triage nurses at the LGH that they are under constant stress from their role.

Another cause for concern of ramping is the lack of space & privacy for patients. Patients are often ramped in close proximity to one another, with little to no partitions or curtains for patient privacy & procedures to take place. This also poses a potential health risk, particularly in a post-pandemic era and should not be acceptable practice.

I have a strong belief that increasing cardiovascular and renal services in the NW will allow for a better distribution of demand on the Tasmanian health system. Doing so, will decrease the workload of the LGH, reduce the workload of Ambulance Tasmania through a reduction in transfers and assist to reduce the burden of disease by reducing treatment delays.

Kind regards,

1. AIHW. Heart, stroke and vascular disease: Australian facts. 2023. Available from: https://www.aihw.gov.au/reports/heart-stroke-vascular-diseases/hsvd-facts/contents/summary-of-coronary-heart-disease-and-stroke/coronary-heart-disease.

2. The Heart Foundation. Improving the hearts of Tasmanians: Tasmania Statewide Cardiac Services Plan 2018 - 2022. 2017. Available from: https://www.heartfoundation.org.au/getmedia/cef4d80a-d016-430e-bae1-91d5c9f03e5e/Statewide_Cardiac_Services_Plan_2018-2022_180730.pdf.

3. Primary Health Tasmania. Cardiovascular disease in Tasmanian general practice. 2020. Available from: https://www.primaryhealthtas.com.au/wp-content/uploads/2021/08/Cardiovascular-disease-in-general-practice-in-Tasmania-2020.pdf.

4. Saunder T, Kitsos A, Radford J, Jose K, McKercher C, Raj R, et al. Chronic Kidney Disease in Tasmania: Protocol for a Data Linkage Study. *JMIR Res Protoc*. 2020;9(9):e20160. doi: 10.2196/20160

5. Jose M, Raj R, Jose K, Kitsos A, Saunder T, McKercher C, et al. Island medicine: using data linkage to establish the kidney health of the population of Tasmania, Australia.: Kidney disease in Tasmania. *International Journal of Population Data Science.* 2021;6(1). doi: 10.23889/ijpds.v6i1.1665