



RAMPING, ACCESS, AND FLOW ACTION PLAN



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Introduction

After a decade of the Liberals, Tasmania's health system is in deep crisis. The most obvious example of the neglect of Liberal politicians is the escalation of ambulance ramping at the state's major hospitals.

Ambulance ramping (or 'transfer of care delay') is a symptom of a health system not supported to keep up with demand and subsequently dysfunctional, and also a cause of further problems in that same system. Addressing ambulance ramping must focus on the underlying issues of demand, access, and flow – and tackling their impacts.

While there are genuine complexities and challenges in tackling Tasmania's health crisis, there's also a range of evidence-based and achievable solutions.

Our 50-point plan is a blueprint to drive real change in health.

Key Facts

- In 2015-16, fewer than 8% of ambulance patients arriving at Tasmanian hospitals were ramped. The state average is now nearly 40%.
- On average nearly 1,800 patients per month were ramped in 2022-23. This is up from about 300 a month in 2015-16.
- In 2015-16, Tasmanian patients were ramped for a total of 2,316 hours. In 2022-23, the total was 36,674 hours.
- In 2015-16 no patients were ramped at the RHH or LGH for longer than five hours. In 2022-23, there were over 1,200 patients who waited longer than this at the RHH, and 400 at the LGH.
- Recently released Victorian research considered preventable deaths caused by ambulance ramping and found that delays of just 17 minutes were associated with an increased risk of harm and death in the following 30 days.
- From 2018 to 2023, 136 patients died in Tasmanian hospitals within 24 hours of experiencing extended ambulance ramping. This increased from 16 patients in the first year, to 44 in the final year in that period.

Definition

Ambulance ramping, also known as "offload delay" or "transfer of care delay" has been defined by the Tasmanian Department of Health, Ambulance Tasmania, the Secretary of Health, and Premier Rockliff as occurring when a patient arrives at hospital in an ambulance and has to wait for more than 15 minutes between being triaged and being admitted to the Emergency Department or a ward. This is based on Australasian College for Emergency Medicine guidelines, which state that 15 minutes is a reasonable timeframe in which patients can be transferred.

Note: During this election campaign Health Minister Guy Barnett has tried to claim - without basis - ambulance ramping occurs after 30 minutes of delay. See footnotes for Tasmanian Government sources that refute this.

Key Facts (cont.)

- In 2022/23, a quarter of all emergency calls waited too long before an ambulance was available to respond.
- Currently every month, nearly 400 emergency incidents wait longer than 35 minutes for an ambulance.

Causes of Ambulance Ramping

Ambulance ramping is fundamentally caused by four interrelated, converging factors - hospital service demand, over-capacity, access block, and exit block.

Tasmania's aging population, lack of focus on preventative health, inability to access primary and community health care, increasing rate of hospital readmissions, and other factors have driven the increase in demand on hospitals.

This increase has long been projected by experts, who highlighted the need to do more in each area, and to expand hospital capacity. Despite warnings, the Liberal Government has not only failed to meet the need but has overseen outcomes in Tasmania's hospitals deteriorate rapidly.

When hospitals are below 90% capacity, they can deal with ebbs and flows in patient demand- and when there's a surge of patients, they can absorb the increase without a major impact on new arrivals. Tasmania's major hospitals are closer to 100%, meaning they are unable to deal with a surge, and there's not enough space for all new patients to be admitted. The inability to admit all patients who need a bed in a timely fashion is called 'access block' or 'bed block.'

'Exit block' is when patients are unable to be discharged due to factors outside of the control of the hospital. These include inability to access a bed in an aged care, lack of appropriate support at home, or lack of disability care. Together, access block and exit block define how well patient

flow through the hospital occurs.

To tackle ambulance ramping, investment is needed in a range of measures to put downward pressure on hospital service demand, to increase hospital capacity, and improve flow through hospitals.

Impact of Ambulance Ramping

Ambulance ramping is not only a symptom of deeper issues in the health system, but it also causes additional harm - to patients and to health workers.

Ramping leads to many serious risks for patients who call an ambulance in an emergency. As more ambulance crews are stuck, ramped at hospitals, ambulance response times have increased. Too often patients are waiting for long periods for an ambulance to arrive.

Ambulance response times have steadily increased under the Liberals, and sit at a record high of 14.5 minutes statewide. 25% of emergency calls result in an ambulance taking too long before being dispatched. In 2022-23, there were 4,400 cases where Tasmanians waited for 35 minutes or more in an emergency.

Patients waiting for an ambulance are at higher risk of adverse outcomes as they have no help from a healthcare professional.

In addition to the risks to people waiting for an ambulance, ramping also poses risks for those who are stuck waiting for hospital admission.

Ramped patients remain under paramedic care - which means the only treatment available to them is what is allowed within paramedic scope of practice. In many cases patients can't access the care they need, whether that's pain relief, antibiotics, or some diagnostics.

When a person calls an ambulance, they believing they'll get appropriate care more quickly, but ramping means it takes longer than if they presented to hospital themselves. These delays are associated with an increased risk of adverse outcomes, as shown by a recent Victorian study on risk of harm to ramped patients.

Finally, ambulance ramping can cause harm to health workers. The Parliamentary Inquiry into ambulance ramping heard devastating stories from paramedics, nurses, doctors, ambulance dispatchers, and other health staff about the impact ramping is having on them. Many staff suffer psychological trauma, reducing the hours they work, or even leading to them leaving the workforce entirely. Health workers are bearing the brunt of the government's inaction - the same government that prevents them speaking out about their experiences through an archaic 'gag order'.

Staff Shortages

Staff shortages directly contribute to the causes and effects of ambulance ramping in various ways.

The government has not only ignored the need to address recruitment and retention issues, but they have also refused to unlock the significant untapped potential that already exists in the

health system. There are 2,000 more staff working in permanent part-time positions in health now than there were just five years ago, and 300 more in fixed-term part-time positions.

Staff shortages impact hospital functionality, as beds can't be opened, or are unavailable for a period of time (e.g. while waiting to be cleaned). This contributes to the inability to admit patients to the hospital in a timely fashion.

Staffing also impacts patient flow. For example, fully staffing the pharmacy unit at the RHH reduces the time patients spend in hospital by 15%. There are, however, extensive vacancies in Tasmania in this area, with 40% of positions at the Royal Hobart Hospital unfilled.

Inadequate staffing on wards and in allied health also contributes to beds being occupied for longer timeframes. With staff stretched thin, patients inevitably receive less care and support, which can mean a longer recovery time - or simply a delay in being discharged.

There are genuine challenges in addressing short staffing, but there are a range of measures the government could and should be exploring, such as:

- Investing in measures to recruit and retain new staff in areas of skill shortage.
- Unlocking existing potential in the workforce by incentivizing part-time staff to go full time.
- Making fixed term positions permanent.
- Planning and funding an expanded workforce.
- Establishing new training and career development opportunities.
- Creating new roles to improve the functionality of the system.

Key Actions

1. Incentivise 1000 existing part time staff to change to full time positions by offering a \$10,000 payment for those who commit to three years full time - \$10 million
2. Ensure the retention of staff on fixed-term contracts by offering permanent positions to 500 staff.

Key Actions (cont.)

3. Pay off the university debts of 800 new staff hired across the next four years, in areas of skill shortage
4. Allow the 800 staff above to count their university study towards their long service leave calculations (e.g. completion of a four-year degree will allow long service leave to be taken after six years)
5. Provide government housing for staff in regional and rural areas
6. Work with unions on establishing a model to better compensate staff who work a shift under high escalation or unreasonable conditions e.g. single responding as a paramedic
7. Invest \$1.3 million per year to provide \$1,000 baseline salary increases for allied health staff - \$5.2 million
8. Expand investment in the allied health education and training program from \$1.5 million per year to \$2.5 million per year - \$4 million
9. Provide a market rate allowance for hospital pharmacists to \$10,000 - \$5.6 million
10. Hire 120 nurses a year to increase staffing to appropriate levels across major hospitals.
11. Provide vicarious trauma leave of 10 days per year for staff who regularly experience trauma through their roles.
12. Train new enrolled nurses and support the existing workforce by funding the ANMF to build a Health Education and Research Centre in Launceston.
13. Ensure there is a clinical coach for nurses on each ward and unit of the state's major hospitals.
14. Provide 24/7 coverage of Psychiatric Evaluation Nurses at all emergency departments.

Diversions from Hospital

Tasmania has seen growing demand for health services, and this will only continue. Despite the projections and warnings, the Tasmanian government has been too slow to introduce measures and models of care that keep people out of hospital.

For a sustainable and functional health system in the long-term, there needs to be a greater focus on keeping people out of hospital.

Actions

15. Support the AMA's call to expand Hospital in the Home and Geriatric Evaluation and Management at Home (GEM@Home) programs to be offered statewide, with 100 beds by 1 July 2025 - \$32 million
16. Reduce avoidable hospital transfers by expanding the scope of practice for paramedics to include the ability to unblock catheters.
17. Expand Ambulance Tasmania's secondary triage service to operate 24 hours a day.
18. Make the Mental Health Emergency Response (PACER) a permanent statewide service - \$16 million
19. Lobby and work with the Federal Government to co-fund the establishment of Multi-Disciplinary Mobile Aged Care (MMAC) teams of geriatricians, nurse practitioners, allied health staff, and administrators to provide for better healthcare outcomes for nursing home residents, reducing the frequency of hospital admission and readmission.
20. Analyse hospital admissions against residential aged care facilities, and prioritise support via 'in reach' programs to those with the highest admission rates.
21. Provide training for 31 more paramedics to become community paramedics by 2026.

Hospital Capacity and Infrastructure

To have a safe and sustainable hospital system, the government must also have a goal to get hospitals back to a functional capacity level. Current plans to expand hospital capacity have pushed major investments in acute and mental health facilities into the distant future. The Australian Medical Association has repeatedly called for this to be brought forward to be delivered by 2035.

There are also opportunities to utilise what is currently unused capacity in district hospitals - which now operate at only 50% full. Investing in facility upgrades will provide an opportunity for patients who don't require major hospital services to be relocated in a nicer environment, closer to home before discharge.

Actions

22. Set a target of reducing patient occupancy levels in major hospitals to be at 90% of their capacity or below by 2035, and develop annual action plans to direct investment and policy towards meeting this target.
23. Bring forward the Department of Health's masterplans across acute hospitals and mental health to ensure this infrastructure is delivered by 2035.
24. Invest \$60 million across four years in upgrades to district hospitals - \$60 million.

Flow and Discharge

Tasmanian hospitals are suffering from out-of-date approaches to patient care, management, and discharge. For example, the model for discharge and other services has been largely a Monday to Friday approach - with limited hours.

This can have a big impact on a hospital – and can mean a patient may end up unnecessarily occupying a bed. For example, over a weekend if they aren't discharged by Friday afternoon; or having to wait longer to access certain diagnostic services if they're not available on site.

Evidence presented to the ramping inquiry makes it clear there is not enough focus on roles within hospitals, particularly on patient flow and smooth and timely discharge. Even now the only hospital with an ED Navigator position is the RHH.

It's crucial to urgently prioritise establishing roles and integrating systems that relate to patient flow. We also need to review other options for improved discharge efficiency.

Actions

25. Implement all findings of the review of acute medical admission processes.
26. Create ED Navigator positions in all major hospitals to coordinate patient journeys through the emergency department.
27. Expand Discharge Nurse positions and coverage across all major hospitals to ensure discharge planning can commence immediately upon admission; involves engagement with the patient, loved ones, community services, and any other relevant parties; and results in patients being provided with an estimated discharge date.
28. Provide additional nurse staff to wards and units to allow Assistant Nurse Unit Managers to focus on their core duties including working more closely with ED Navigators and Discharge Nurses.
29. Improve patient flow by bringing forward work under the Digital Health Transformation Strategy to integrate key patient management software such as ESCAD, TrakED, and Simon as an urgent priority.
30. Commit to a seven day a week hospital discharge model.
31. Expand radiology and pathology services to operate 24/7 on site at the Launceston General Hospital.
32. Undertake an analysis of other jurisdictions' direct digital engagement and integration with aged care facilities to ensure hospitals have a direct and up-to-date understanding of when and where there is space available for discharging a patient.
33. Review the current use practices of Transit Lounges to ensure they provide the most effective service possible to hospitals and a minimum of 80% utilisation.

Improving Ambulance Response Times

Ambulance availability and response times have plummeted under the Liberals. Ramping has been a major factor in driving this trend, with increased response times mirroring the increase in ramping.

In a quarter of all emergency calls, ambulances are not available within benchmarked time-frames. One in ten emergency incidents has a response time of 35 minutes or more.

While employing more ambulance staff does not address the causes of ramping, it helps mitigate the effects it has on emergency response times. A properly staffed service also means improved work conditions for paramedics - crucial for their mental health, long-term workforce sustainability, and the service's ability to deliver on community expectations.

Investing in new infrastructure for Ambulance Tasmania will increase crew coverage and reduce driving time. This helps reduce response times, mitigating the effects of ambulance ramping, and helping to deliver a safe and reliable ambulance service.

Actions

34. Immediately hire 87 new paramedics, as per the recommendations of the government's consultant report into ambulance services (the ORH report).
35. Hire an additional 100 paramedics in the 2025-2030 period.
36. Hire 50 Ambulance Tasmania support staff by 2030 - including dispatchers, secondary triage, and administrative support.
37. Build six new ambulance stations and upgrade 13 others, as called for by the government's consultant report into ambulance services (the ORH report).
38. Allow paramedics to get back on the road by ensuring ambulance ramping for patients are limited to 60 minutes, and provide additional nursing staff to emergency departments (from the pool in Point 10).

Preventative Health

One of the most important long-term focuses in healthcare is preventative health. Initiatives addressing diet, exercise, and other health behaviours have been shown to have significant benefits in preventing and managing medical conditions. By making this a genuine focus with real investment, the government can put downwards pressure on demand for health services over time, including hospitals.

Actions

39. Extend the 'Healthy Tasmania' grants program for community based preventative health initiatives to \$5 million per year and fund it beyond 2026.
40. Extend the SmartFood and Move Well Eat Well programs to all public schools, to promote healthy eating and exercise.
41. Establish a program for free, government-funded, smoking cessation product handouts in GP clinics.

Actions (cont.)

42. Establish a Healthy Eating Advisory service in Tasmania, to assist organisations and businesses promote healthier foods and drinks.
43. Ban the placement of unhealthy food and drinks near checkouts in large retailers (big supermarkets and pharmacies).
44. Introduce a ban on television ads for unhealthy food and drinks during standard viewing hours for children.
45. Invest in the development and promotion of evidence-based health and wellness apps, to help reach and support a new audience.

Transparency and Accountability

Transparency around health system is crucial, but the Liberals have consistently refused to publicly release data related to ambulance ramping, except for two basic KPI measures in the Department of Health's Annual Report.

This lack of public reporting is despite Ambulance Tasmania already producing an internal monthly report analysing a range of key reporting measures. The Ambulance Ramping Inquiry uncovered a range of crucial data about ambulance ramping, and should be published routinely.

There's also an urgent need for the Department of Health to update its reporting procedures to delineate patients who were subject to ambulance ramping, and to bring death reporting procedures for emergency services into line with other states. Further, no work has been done in Tasmania to assess the impact rapidly increasing ambulance response times are having on patients.

Finally, it is a completely unacceptable that health workers are not permitted speak publicly about their experiences or what they're seeing in the system. A good government should welcome staff speaking out, not try mandate their silence.

Actions

46. Remove gag orders for health staff (and other public service workers) to ensure they can speak out.
47. Immediately move to routinely publish ambulance ramping data on the HealthStats dashboard.
48. Update clinical and complaint systems to allow staff to report a patient's status as being ramped in a designated field.
49. Update Tasmania's reporting against the Australian Institute of Health and Welfare's 'Emergency service stay—episode end status' measure to ensure all data is comparable to other jurisdictions.
50. Review available data regarding emergency incidents responded to by ambulance services to assess the impact of increasing emergency response times on patients.

Summary of Measures

Measure	Cost Over Forward Estimates
Incentives for part time staff to go full time	\$10 million
Making fixed term staff permanent	NA
Paying off university debts of staff	Funded in previous PI
Long service leave access	Funded in previous PI
Provide government housing for staff	Funded in previous PI
Establishing model for unreasonable conditions compensation	NA
Salary increases for allied health staff	\$5.2 million
Investment in allied health education and training	\$4 million
Increase market rate allowance for hospital pharmacists	\$6.2 million
Hire 120 nurses per year	Funded in previous PI
Provide vicarious trauma leave	Funded in previous PI
Funding a Launceston HERC facility	Funded in previous PI
Ensure there is a clinical coach on each ward and unit	Funded in previous PI
24/7 coverage of Psychiatric Evaluation Nurses	Funded in previous PI
Expand Hospital in the Home and GEM@Home	\$32 million
Allow paramedics to unblock catheters	NA
Expand secondary triage to 24/7	Funded in previous PI
Make PACER a permanent statewide service	Funded in previous PI
Establish Multi-Disciplinary Mobile Aged Care teams	\$6 million state contribution (co-funded)
Target 'in reach' programs to high admitting aged care facilities	NA
Train 31 more paramedics to become community paramedics	NA
Set target of major hospitals operating at 90% capacity by 2035	NA
Bring forward hospital masterplans for 2035 completion	NA
Invest \$60 million in upgrades to district hospitals	\$60 million
Implement all findings of the review of acute medical admission processes	NA
Create ED Navigator positions in all major hospitals	Funded in previous PI
Expand Discharge Nurse positions and coverage	Funded in previous PI
More staff to wards and units to allow ANUMs to focus on core duties	Funded in previous PI
Bring forward software integration	NA
Commit to seven day a week hospital discharge model	NA
24/7 radiology and pathology at	LGH
Jurisdictional analysis of digital integration with aged care	NA
Ensure effective use of hospital Transit Lounges	NA
Immediately hire 87 new paramedics	Funded in previous PI
Hire an additional 100 paramedics in the 2025-2030 period	Funded in previous PI
Hire 50 Ambulance Tasmania support staff	Funded in previous PI
Build six new ambulance stations and upgrade 13 others	Funded in previous PI
Limit transfer of care delays to 60 minutes and provide addition	NA

Summary of Measures (cont.)

Measure

Preventative health grants
Extend healthy eating programs to all schools
Provide free smoking cessation products at GP clinics
Establish a Healthy Eating Advisory Service
Ban junk food near supermarket checkouts
Ban TV ads on junk food during children's viewing hours
Invest in the development and promotion of health and wellness apps
Remove the gag order for public service workers
Publicly publish ambulance ramping data
Update clinical and complaint systems
Update reporting against national standards
Assess the impact of increasing ambulance response times on patients

Cost Over Forward Estimates

Funded in previous PI
Funded in previous PI
Funded in previous PI
Funded in previous PI
Funded in previous PI
Funded in previous PI
Funded in previous PI
NA
NA
NA
NA
NA



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