

Australian Medical Association

Ambulance Ramping Report Card

2022



OVERVIEW

Ambulances play a critical role in the delivery of safe, high quality and timely care, providing essential emergency response services to stabilise and transfer patients to the hospital emergency department. In 2020-21 there were 8.8 million presentations to Australian public hospital emergency departments, with approximately one in four presentations occurring via ambulance.¹

Data on the care provided in Australian public hospital emergency departments is collected to measure and report on activity and performance. The time taken for patients to be transferred off an ambulance stretcher to a hospital emergency department is often used as an indicator of hospital performance, **commonly known as patient off-stretcher time**. Patient off-stretcher time starts when an ambulance arrives at the hospital, and ends when care is transferred to the hospital emergency department and clinical handover has been completed.

When an emergency department is at capacity, this transfer is unable to be performed in a timely manner, and is referred to as ambulance ramping, ambulance offload delay, ambulance turnaround delay or patient off-stretcher time delay. When an ambulance is ramped, patients receive care from paramedics either in the ambulance or the hospital corridor until there is a free bed and available emergency department staff to handover care to. Not only does this result in patients not receiving timely care, it also prevents paramedics from responding to subsequent ambulance callouts while they wait with the patient. In the last two years there has been increased reports of ambulance ramping outside hospitals, people needing to be driven to the ED as there are no available ambulances, and people dying waiting for an ambulance.

Figure 1 provides a summary of the performance targets and reported performance for each state and territory. The measures used to report on ambulance ramping differ between states and territories, making it challenging to perform national comparisons and determine the scale of the problem at a national level. It is however evident that states and territories are falling short of their performance targets, and longitudinal data demonstrates that the time it takes to transfer a patient from the ambulance to the care of the hospital emergency department has been overall increasing year on year. This is a clear indication that our hospitals are in crisis.

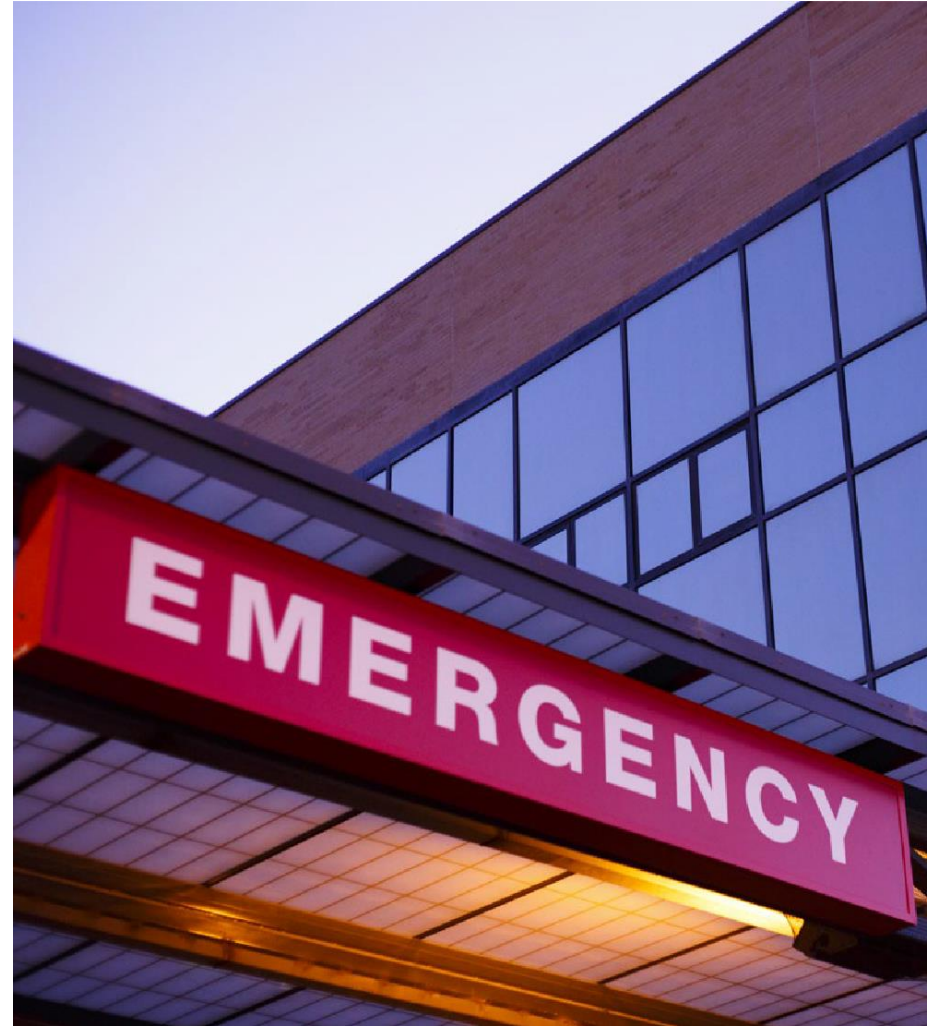
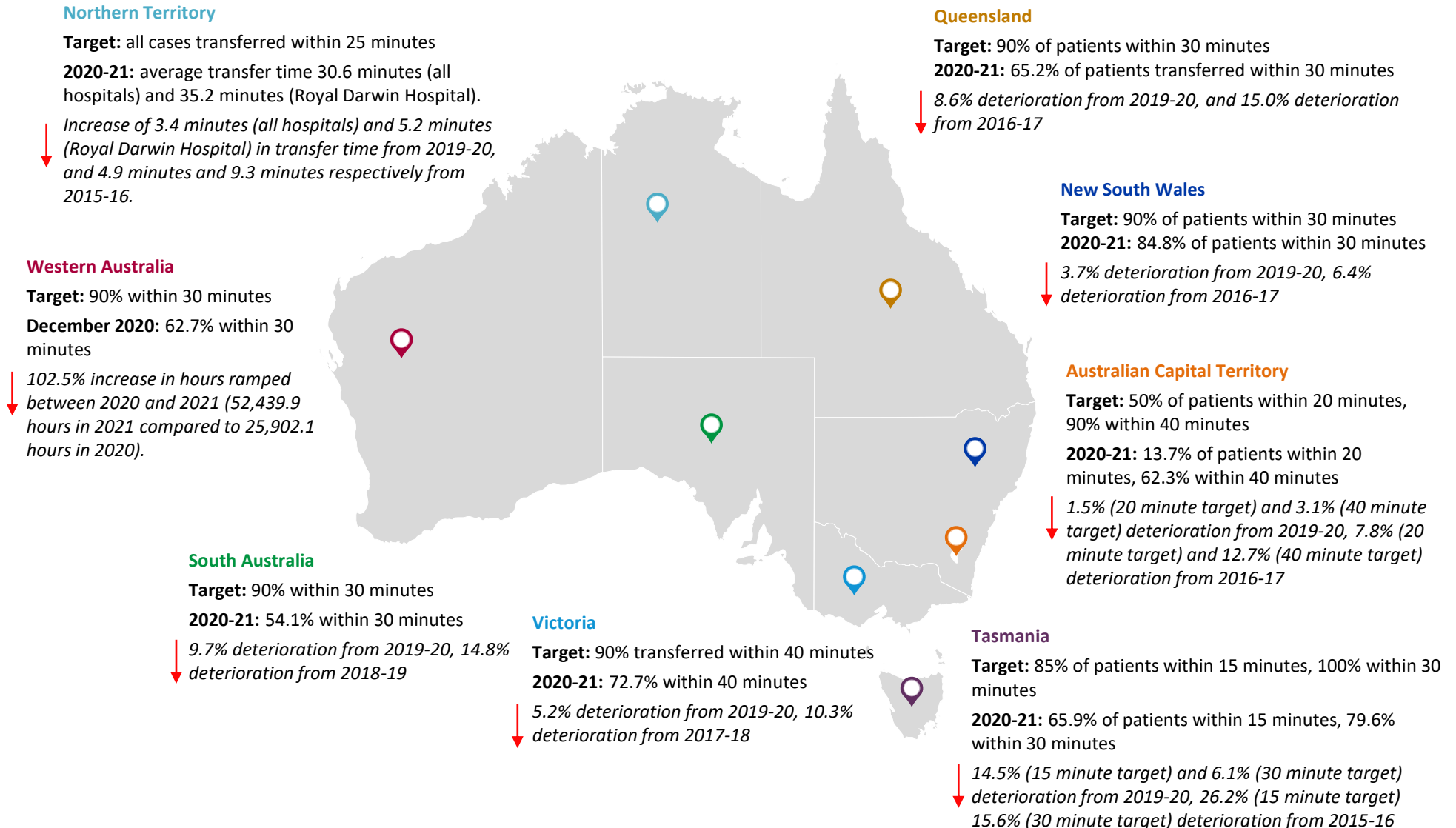


Figure 1: Patient transfer from ambulance to emergency department performance for each state and territory



Note: This figure provides a summary of the targets and performance for those states and territories where data was able to be sourced. Data sources are outlined in the detail on pages 4-5.



New South Wales

New South Wales has a target of **90 per cent of cases** being transferred from the ambulance to the emergency department within 30 minutes.²

In 2020-21, 84.8 per cent of patients were transferred within 30 minutes.³ This represents a **3.7 per cent deterioration** in performance from the previous year (88.5%).

The time taken to transfer patients to the ED has been gradually deteriorating since 2016-17, where 91.2 per cent of patients were transferred within 30 minutes, a **6.4 per cent deterioration** in performance compared to 2020-21.⁴

In the latest quarterly reporting (October-December 2021), 83.2 per cent of patients were transferred within 30 minutes. In the same quarter of the previous year, 87.3 per cent of patients were transferred within 30 minutes, a **4.1 per cent deterioration** in performance.⁵



Victoria

Victoria has a target of **90 per cent of cases** being transferred from the ambulance to the emergency department within 40 minutes.⁶

In 2020-21, 72.7 per cent of patients were transferred within 40 minutes.⁷ This represents a **5.2 per cent deterioration** in performance from the previous year (77.9%) and a **10.3 per cent deterioration** from 2017-18 (83.0%).⁸

In the latest quarterly reporting (October-December 2021), 66.1 per cent of patients were transferred within 40 minutes. In the same quarter of the previous year, 77.9 per cent of patients were transferred within 40 minutes, a **11.8 per cent deterioration** in performance.⁹

The **median transfer time has also increased** over time, from 26 minutes in January-March 2021 to 30 minutes in January-March 2022, the latest reporting period.



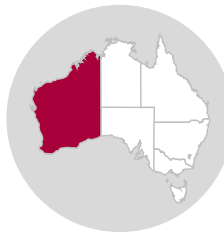
Queensland

Queensland has a target of **90 per cent of cases** being transferred from the ambulance to the emergency department within 30 minutes. **This target has not been met by the state in the past seven years.**¹¹

In 2020-21, 65.2 per cent of patients were transferred within 30 minutes. This represents an **8.6 per cent deterioration** in performance from the previous year (73.8%), and a **15.0 per cent deterioration** from 2016-17 (80.2%).^{12,13}

In the latest reporting period (October-December 2021), **62.0 per cent** of patients were transferred within 30 minutes.¹⁴

In 2020-21, ambulances spent **111,697 hours** ramped outside the top 26 Queensland hospitals, an increase of 76 per cent from 2019-20.¹⁵



Western Australia

Western Australia has a target of **90 per cent of cases** being transferred from the ambulance to the emergency department within 30 minutes.¹⁶

In the latest monthly reporting (December 2021) only 62.7 per cent of patients were transferred within 30 minutes. Similar performance trends were observed in December of the previous year where 62.2 per cent were transferred within 30 minutes.

Interestingly, the number of ramped hours differed significantly between 2020 and 2021, with ambulances spending almost **double the number of hours** ramped outside Western Australian hospitals 2021 compared to 2020 (52,439.9 hours in 2021 compared to 25,902.1 hours in 2020). The number of ramped hours has also been increasing since 2017, with a **five-fold increase in ramped hours** from 2017 (9,819.1) compared to 2021.¹⁸



South Australia

South Australia has a target of **90 per cent of cases** being transferred from the ambulance to the emergency department within 30 minutes.¹⁹

In 2020-21, 54.1 per cent of patients were transferred within 30 minutes. In the previous year, 63.8 per cent of patients were transferred within 30 minutes,²⁰ and in 2018-19 68.9 per cent of patients were transferred within 30 minutes.²¹ This represents **9.7 per cent deterioration** from 2019-20 and a **14.8 per cent deterioration** from 2018-19 in performance.

The number of hours ambulances have spent ramped outside South Australian hospitals has also **increased significantly since 2017**,²² although they decreased by 14 per cent between the latest quarterly reporting (January – March 2022, 6,125 hours) and the previous quarter (7,117 hours).²³



Tasmania

Tasmania has a target of **85 per cent of cases** being transferred from the ambulance to the emergency department within 15 minutes, and **100 per cent** within 30 minutes.²⁴

In 2020-21, 65.9 per cent of patients were transferred within 15 minutes, and 79.6 per cent within 30 minutes.²⁵ This compares with the previous year, where 80.4 per cent of patients were transferred within 15 minutes, and 85.7 per cent of patients within 30 minutes.²⁶ This represents a **14.5 per cent deterioration and 6.1 per cent deterioration** in performance for the 15- and 30-minute targets respectively, compared to 2020-21.

Tasmania's patient transfer performance has been deteriorating year-on-year since at least 2015-16, where 92.1 per cent of patients were transferred within 15 minutes and 95.2 per cent were transferred within 30 minutes.²⁷ This represents a **26.2 per cent deterioration and 15.6 per cent deterioration** in performance for the 15- and 30-minute targets respectively, compared to 2020-21.



Australian Capital Territory

The Australian Capital Territory has a target of **50 per cent of cases** being transferred from the ambulance to the emergency department in 20 minutes, and **90 per cent** within 40 minutes.²⁸

In 2020-21, 13.7 per cent of patients were transferred within 20 minutes and 62.3 per cent were transferred within 40 minutes. In the previous year, 15.2 per cent of patients were transferred within 20 minutes and 65.4 per cent within 40 minutes, representing a **1.5 per cent and 3.1 per cent deterioration** in performance for the 20- and 40-minute targets respectively.

Patient transfer performance has been **deteriorating for several years**, with 21.5 per cent of patients transferred within 20 minutes and 75.1 per cent of patients transferred within 40 minutes in 2016-17.²⁹ This represents a **7.8 per cent and 12.8 per cent deterioration** in performance for the 20- and 40-minute targets respectively, compared to 2020-21.



Northern Territory

The Northern Territory has a target of **100 per cent of cases** being transferred from the ambulance to the emergency department in 25 minutes.³⁰

In 2020-21, the average time it took to transfer a patient from the ambulance to the emergency department was 30.6 minutes for all hospitals in the Northern Territory, and 35.2 minutes for the Royal Darwin Hospital. In the previous year, the average transfer time was 27.2 minutes for all Northern Territory hospitals, and 30.0 minutes for Royal Darwin Hospital.³¹ This represents an **increase of 3.4 minutes and 5.2 minutes** respectively, compared to 2020-21.

In 2015-16, the average transfer time was 25.7 minutes for all hospitals and 25.9 for Royal Darwin Hospital.³² Compared to 2020-21, this represents an **increase of 4.9 minutes and 9.3 minutes** respectively. The last time the transfer time performance target was met was in 2016-17.

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Notes about the data analysis

- The measures used to report on ambulance ramping differ between states and territories, making it challenging to perform consistent comparisons and determine the scale of the problem at a national level. For example, the Northern Territory report their performance data as the average time taken to transfer a patient from the ambulance to the emergency department. All other states and territories report their performance data as the proportion of patients transferred within the target timeframe. There may however be differences between states and territories on how this is recorded.
- Where possible, the most recent performance data was compared to performance in the previous year, as well as an earlier timepoint, to show changes in performance over time. This earlier timepoint however differed between states and territories due to limitations in the availability of data.
- Where required, quarterly data has been evenly averaged to determine a yearly figure. Similarly, where individual hospital data was provided, this was evenly averaged to determine a state figure.
- Data on patient transfer from ambulance to emergency department performance and ramping hours for each state and territory has been sourced from publicly available sources, with the exception of the Australian Capital Territory and Northern Territory, where data was requested from the Australian Capital Territory (ACT) Ambulance Service and St John Ambulance Service (Northern Territory) respectively.
- In 2007, the Australian Capital Territory Ambulance Service introduced a 20-minute offload policy whereby patients are offloaded into the care of a nurse onto a stretcher, regardless of whether there is an emergency bed available, to free up ambulance resources to attend other emergencies.³³ This may impact accurate reporting of patient from ambulance to emergency department performance.
- The Royal Darwin Hospital in the Northern Territory is the main hospital, responsible for nearly 50 per cent of all ambulance transfers performed by St John Ambulance Australia (Northern Territory). The analysis therefore includes both territory-wide performance data, as well as performance data for the Royal Darwin Hospital.
- Queensland reports performance on the top 26 hospitals in Queensland.



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39 Brisbane Avenue Barton ACT 2600

Telephone: 02 6270 5400

www.ama.com.au