

Ambulance Ramping Report Card

2023





November 2023

AUSTRALIAN MEDICAL ASSOCIATION

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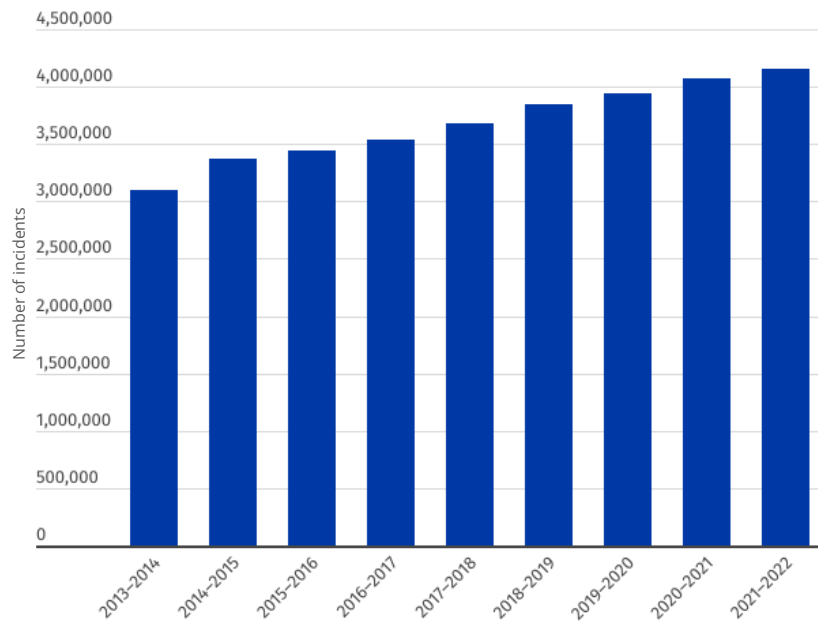
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OVERVIEW

Ambulance services are critical for 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 2021–22 there were 8.8 million presentations to Australian public hospital emergency departments, with approximately one in four patients arriving at the emergency department via ambulance.¹ Additionally, presentations to hospital via ambulance have also been increasing year on year nationally (Figure 1).

Figure 1: Number of incidents requiring an ambulance, 2013–14 to 2021–22²



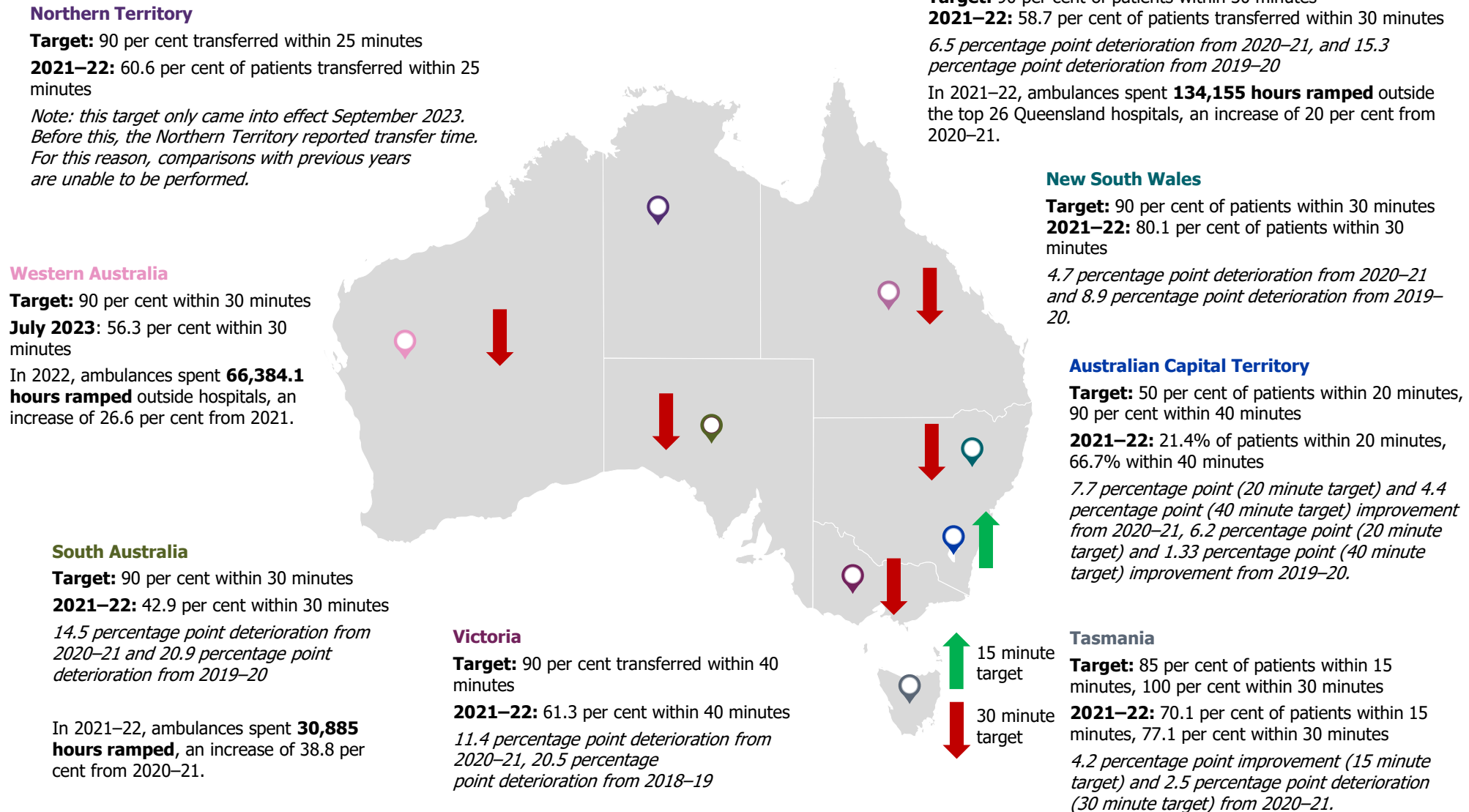
Data on the care provided in Australian public hospital emergency departments is collected to measure and report on activity and performance. The time taken for patients to be transferred off an ambulance stretcher to a hospital emergency department, commonly referred to as patient off-stretcher time,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

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. Currently, Australian hospitals and particularly emergency departments are operating at capacity, which means patients will receive treatment from paramedics in either the ambulance or on the hospital corridor until a free bed and emergency department staff become available to transfer responsibility for the patient. It also means that paramedics are unable to respond to subsequent ambulance callouts while they wait with the patient. Australia is experiencing unforeseen levels of ramping, with reports of people needing to be driven to the emergency department as there are no available ambulances, and people dying waiting for an ambulance.

Figure 2 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. Despite this, it is evident 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 increasing overall year on year. This is a clear indication that our hospitals are in crisis.



Figure 2: 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 6–9



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.**²

In 2021–22, 58.7 per cent of patients were transferred within 30 minutes.³ This represents a **6.5 percentage point deterioration** in performance from the previous year (65.2 per cent), and a **15.3 percentage point deterioration** from 2019–20 (74.0 per cent).^{4,5}

In the latest reporting period (July–September 2023), **56.9 per cent** of patients were transferred within 30 minutes.⁶

In 2021–22, ambulances spent **134,155 hours** ramped outside the top 26 Queensland hospitals, an increase of 20 per cent from 2020–21.⁷



Victoria

Victoria has a target of **90 per cent of cases** being transferred from the ambulance to the emergency department within 40 minutes.⁹

In 2021–22, 61.3 per cent of patients were transferred within 40 minutes.¹⁰ This represents a **11.4 percentage point deterioration** in performance from the previous year (72.7 per cent)¹¹ and a **20.5 percentage point deterioration** from 2018–2019 (81.8 per cent).¹²

In the latest quarterly reporting (April–June 2023), 61.7 per cent of patients were transferred within 40 minutes. In the January–March quarter, 65.2 per cent of patients were transferred within 40 minutes, a **3.5 percentage point deterioration** in performance.¹³

The **median transfer time has also increased** over time, from 29 minutes in January–March 2023 to 30 minutes in April–June 2023, the latest reporting period.¹³

Figure 3: Number of incidents requiring an ambulance, 2013–14 to 2021–22 (Queensland)⁸

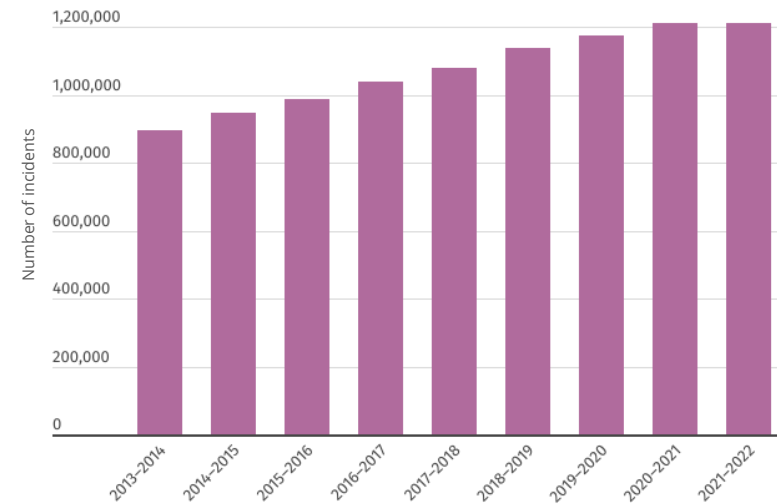
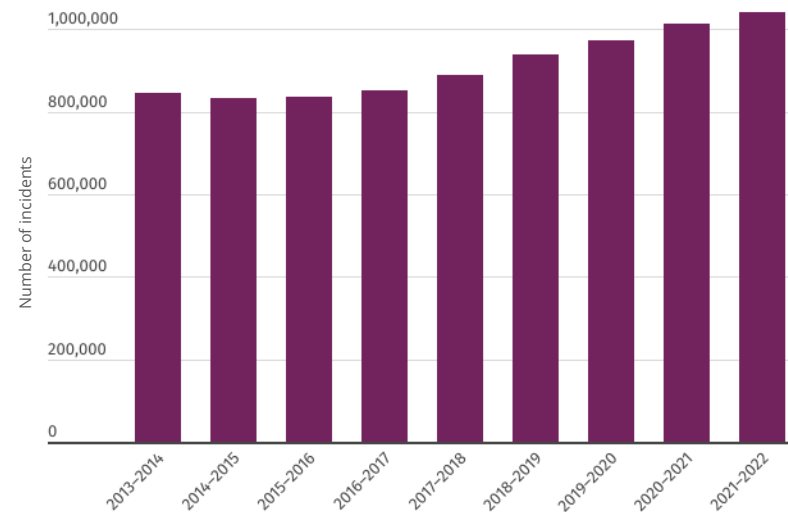


Figure 4: Number of incidents requiring an ambulance, 2013–14 to 2021–22 (Victoria)¹⁴





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.¹⁵

In 2021–22, 80.1 per cent of patients were transferred within 30 minutes¹⁶. This represents a **4.7 percentage point deterioration** in performance from the previous year (84.8 per cent).

The time taken to transfer patients to the emergency department has been gradually deteriorating since 2018–2019, where 89 per cent of patients were transferred within 30 minutes, an **8.9 percentage point deterioration** in performance compared to 2021–22.¹⁷

In the latest quarterly reporting (April–June 2022), 73.5 per cent of patients were transferred within 30 minutes. In the same quarter of the previous year, 79.5 per cent of patients were transferred within 30 minutes, a **6.0 percentage point deterioration** in performance.^{17,18}



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.²⁰ In the latest monthly reporting (July 2023) only **56.3 per cent of patients** were transferred from the ambulance to emergency department within 30 minutes.²¹

The number of ramped hours increased again between 2021 and 2022, with 2021 recording 52,439.9 ramped hours, compared to 2022 which recorded 66,384.1 hours, an **increase of 26.6 per cent**.²² This trend has been occurring from 2017 where ramped hours has increased **6.7-fold (576.1 per cent)** between 2017 (9,819.1) and 2022.²²

Figure 5: Number of incidents requiring an ambulance, 2013–14 to 2021–22 (New South Wales)¹⁹

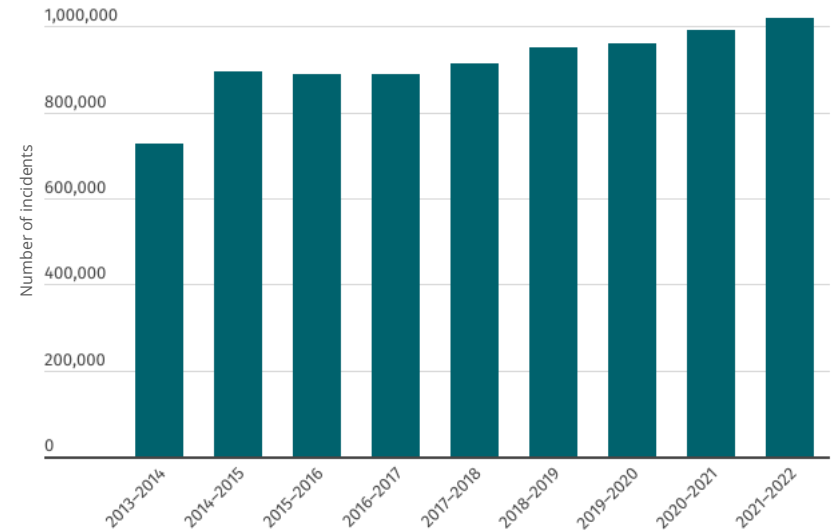
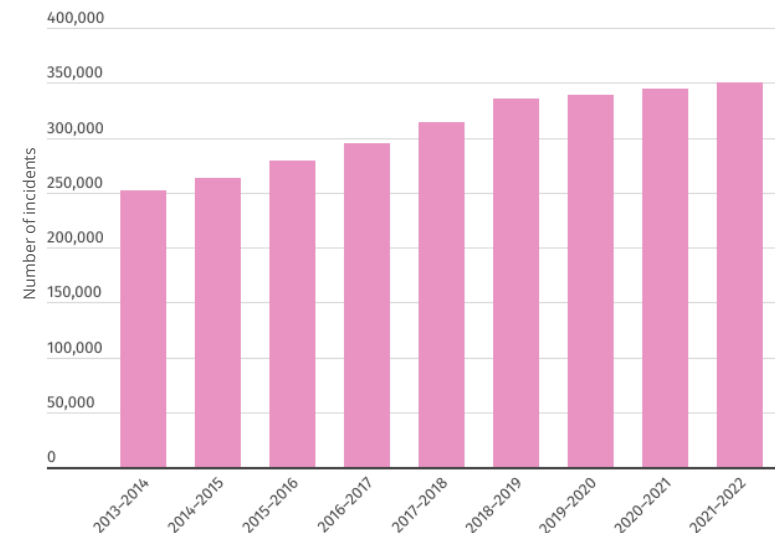


Figure 6: Number of incidents requiring an ambulance, 2013–14 to 2021–22 (Western Australia)²³





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.²⁴

In 2021–22, 42.9 per cent of patients were transferred within 30 minutes.²⁴ In the previous year, 57.4 per cent of patients were transferred within 30 minutes,²⁵ and in 2019–20 63.8 per cent of patients were transferred within 30 minutes.²⁶ This represents **14.5 percentage point deterioration** from 2020–21.

The number of hours ambulances have spent ramped outside South Australian hospitals has also **increased significantly since 2017**,²⁷ and increased by 38.8 per cent between 2020–21 (22,257) and 2021–22 (30,885).²⁸ In March 2023, ambulances spent 3,968 hours ramped in a single month, equivalent to **11 ambulance crews ramped each day** for their entire shift.²⁹



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.³¹

In 2021–22, 70.1 per cent of patients were transferred within 15 minutes, and 77.1 per cent within 30 minutes.³² This compares with the previous year, where 65.9 per cent of patients were transferred within 15 minutes, and 79.6 per cent of patients within 30 minutes.³³ This represents a **4.2 percentage point increase and 2.5 percentage point deterioration** in performance for the 15-minute and 30-minute targets respectively, compared to 2020–21.

Although there was a slight increase in Tasmania’s patient transfer performance within 15 minutes, overall, it is significantly lower than previous years 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.³⁴

Figure 7: Number of incidents requiring an ambulance, 2013–14 to 2021–22 (South Australia)³⁰

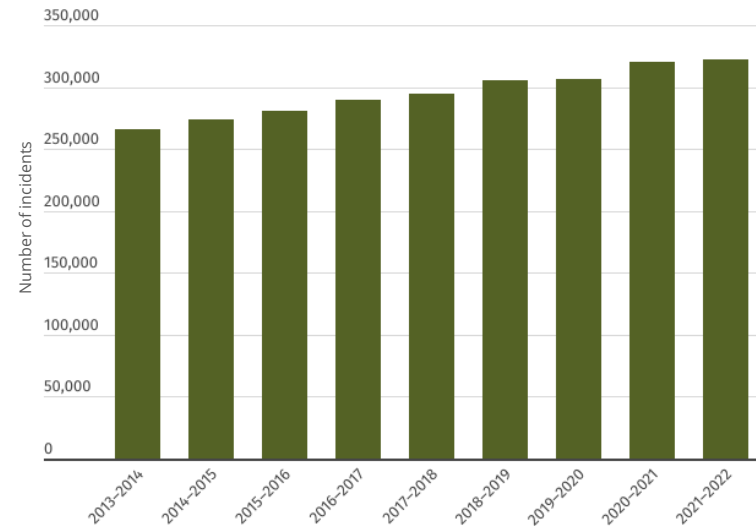
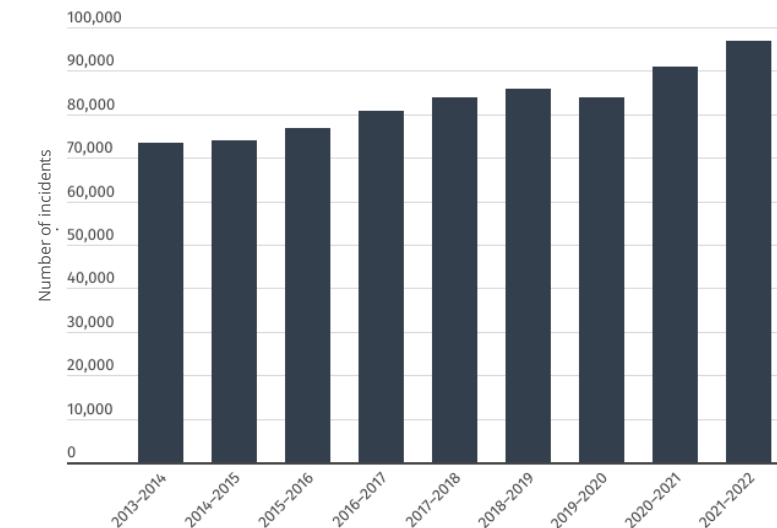


Figure 8: Number of incidents requiring an ambulance, 2013–14 to 2021–22 (Tasmania)³⁵





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.³⁶

In 2021–22, 21.4 per cent of patients were transferred within 20 minutes and 66.7 per cent were transferred within 40 minutes. In the previous year, 13.7 per cent of patients were transferred within 20 minutes and 62.3 per cent within 40 minutes, representing a **7.7 percentage point and 4.4 percentage point improvement** in performance for the 20-minute and 40-minute targets respectively compared to 2020–21,³⁷ and a 6.2 percentage point and 1.3 percentage point improvement in performance for the 20-minute and 40-minute targets respectively compared to 2019–20.

Patient transfer performance however has been **deteriorating for several years**, with 21.45 per cent of patients transferred within 20 minutes and 75.1 per cent of patients transferred within 40 minutes in 2016–17.³⁸



Northern Territory

The Northern Territory has a target of **90 per cent of cases** being transferred from the ambulance to the emergency department in 25 minutes.⁴⁰

In 2021–22, **60.6 per cent of patients** were transferred within 25 minutes.⁴¹

Note: this target only came into effect September 2023. Before this, the Northern Territory reported transfer time, and so comparisons with previous years is unable to be performed.

Figure 9: Number of incidents requiring an ambulance, 2013–14 to 2021–22 (Australian Capital Territory)³⁹

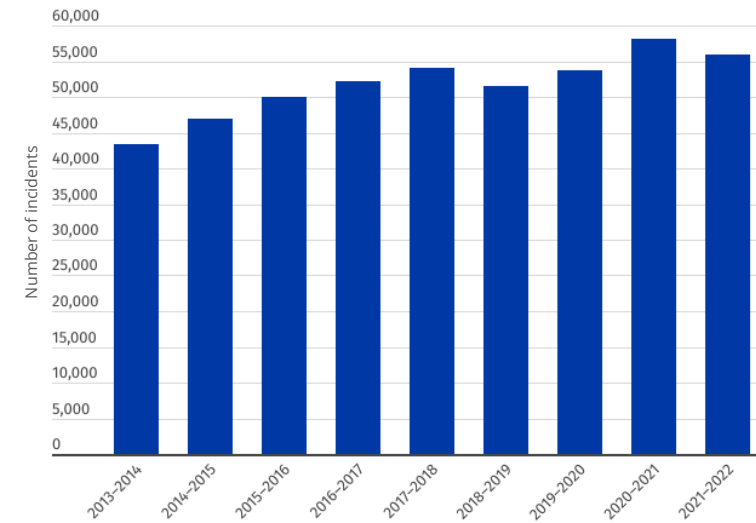
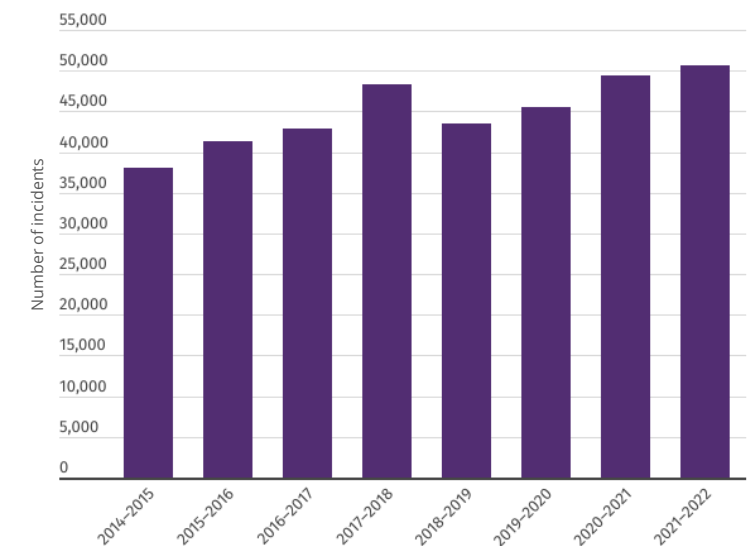


Figure 10: Number of incidents requiring an ambulance, 2014–15 to 2021–22 (Northern Territory)⁴²



Note: Northern Territory did not report incidents requiring an ambulance for 2013–14.

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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.
- 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.
- The Northern Territory changed their reporting measures in September 2023, and therefore comparisons with previous years was unable to be performed.
- 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 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.⁴³ 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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