

# Ambulance Ramping Report Card

2025



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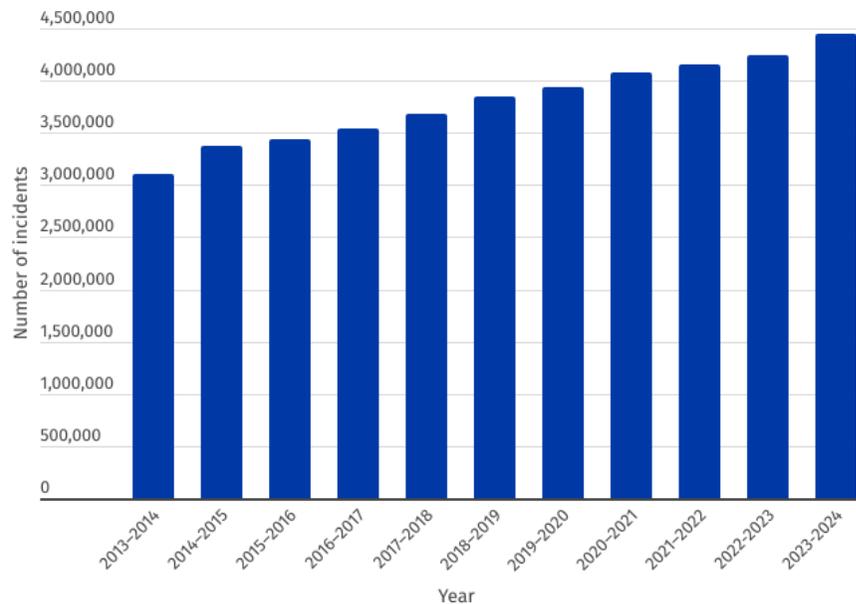
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## Overview

Ambulance services are essential for the delivery of safe, high-quality, and timely care, providing critical emergency response services to stabilise and transfer patients to the hospital emergency department. In 2023–24, there were 9.018 million presentations to Australian public hospital emergency departments in total, with more than a quarter of patients (2.395 million) arriving at emergency departments via ambulance.<sup>1</sup>

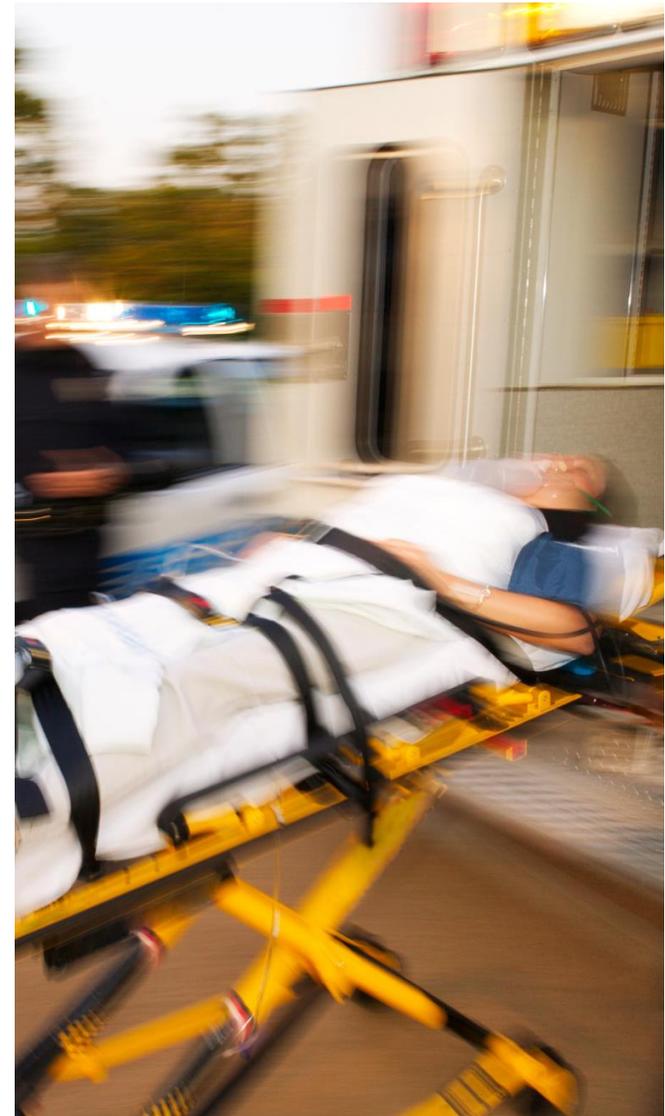
In 2023–24, about 53 per cent<sup>1,2</sup> of incidents requiring an ambulance resulted in a presentation to the emergency department. As demonstrated by Figure 1, the total number of incidents requiring an ambulance in Australia was the highest on record during 2023–24 at 4,443,102.

Figure 1: Number of incidents requiring an ambulance, 2013–14 to 2023–24 <sup>2</sup>



As shown by the [AMA's Public Hospital Report Card](#), Australia's emergency departments have been struggling to keep up with rising demand for many years, despite the best efforts of our world-class medical staff. Performance has been falling drastically since the onset of COVID-19, with a much-needed, yet minor uptick during 2023–24.

This Ambulance Ramping Report Card — the first to include five-year longitudinal comparisons across each state and territory — shows an eerily similar picture. Across each Australian state and territory, ambulances are spending far more hours ramped outside hospitals than they were just five years ago, highlighting yet again the critical need for increased investment in Australia's public hospital system to clear the logjam, reduce pressure on staff, and improve patient outcomes.





## What is ambulance ramping?

The definition for when “ambulance ramping” begins differs between states and territories (see page 5). Generally, **POST (patient off stretcher time) or TOC (transfer of care)** 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, patient transfer is unable to be performed in a timely manner. This delay is referred to as ambulance ramping, ambulance offload delay, ambulance turnaround delay, or patient off–stretcher time delay. Currently, Australia’s emergency departments are operating at capacity, meaning patients must often receive treatment from paramedics in either the ambulance or in the hospital corridor until a free bed becomes available. It also means paramedics are unable to respond to subsequent ambulance callouts while they wait with patients.

Australia is facing alarming levels of ramping, with reports of individuals being driven to emergency departments due to a lack of available ambulances, and some people tragically dying while waiting for an ambulance. It is essential we invest in the capacity of our EDs to reduce ramping, free up beds, reduce strain on staff, and improve patient outcomes.

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 and into a hospital emergency department, commonly referred to as patient off–stretcher time, or transfer of care time, is a key indicator of a hospital’s capacity to treat patients in a timely manner.

Due to the inconsistency of reporting mechanisms between states, this report card does not track national performance relating to ambulance ramping. Despite this, the story across each state and territory is remarkably consistent; the number of patients transferred on time has fallen dramatically since 2019–20, while the total hours ramped (where recorded) has risen dramatically.

These trends mirror overall public hospital performance trends, as hospitals have struggled to recover from the impact of COVID-19 and necessary government responses. However, there is some positive news as most states and territories have shown a small improvement in performance during 2023–24.

## Definitions

It should be recognised it is not possible — and would be inaccurate — to compare performance of one state or territory against another. Each state and territory collects data differently and measures the start and end time of 'ramping' differently. There are methodological differences between **patient off stretcher time (POST) or transfer of care (TOC)**, and within that, how they are operationalised practically. For example, some states do earlier handover of care to ED staff, some may collate multiple patients under the care of a single ambulance, while others may wait until patients are transferred into the physical ED under the care of ED staff. Definitional differences exist between ED treatment zone versus ED admission, arrival times, and formal handover.

Furthermore, jurisdictional differences also exist in the number of ambulances per capita, policy settings such as patient cost versus free ambulance access, and geographical differences, which all impact different utilisation rates of ambulances in each state and territory, and thus ramping, between states and territories. Finally, data collection, IT systems, and the range of hospitals included in the data can also be inconsistent between states and territories.

**Given that inconsistent reporting mechanisms make it difficult to compare the impact of jurisdictional policy differences, the AMA is advocating for ambulance ramping statistics to be reported in a uniform manner across all states and territories within the Australian National Minimum Data Set.**

Figure 2 provides a summary of the performance targets and reported performance for each state and territory.

### Figure 2: Ambulance ramping definition for each state and territory

**NSW — TOC:** The time interval commencing at the time an ambulance arrives at hospital to the conclusion of a structured clinical handover and offloading of the patient from the ambulance stretcher and/or when the ambulance paramedics are no longer required.

**QLD — POST:** The time between presentation of a patient by QAS to an Emergency Department triage point and the transfer of the patient to an Emergency Department bed is described as 'patient off stretcher time' (POST).

**WA — TOC:** Transfer of care time is the length of time between the arrival of an ambulance at a hospital ED and the time that the patient is transferred from the care of a St John WA (SJWA) ambulance paramedic crew to the care of the ED staff.

**TAS — TOC:** Outlines the process for the transfer of care of a patient from Ambulance Tasmania clinicians to clinicians at the receiving Tasmanian Health Service (THS) facility. If transfer of care has not occurred within 30 minutes of ambulance arrival, then this is considered a transfer of care delay

**SA — TOC:** Means handover from SAAS to hospital clinical staff for ongoing clinical care and the SAAS paramedic or ambulance officer and their equipment is no longer required. Transfer of care must be completed within 30 minutes of arrival at hospital, including triage, the physical transfer of the patient, and clinical handover to hospital clinical staff. Transfer of care is recorded at the time the SAAS paramedic or ambulance officer makes a 'handover' radio call to dispatch.

**NT — TOC:** Time interval commencing at the arrival of an ambulance at the receiving facility and concluding with transferring the patient off ambulance stretcher and their care to the receiving facility. It encompasses the transition of responsibility for the patient's care.

**ACT — Turnaround time:** the time from when the resource arrives at hospital to when it is available to be attached to another incident.

**VIC — TOC:** The total time in minutes that it takes from when an ambulance arrives at an emergency department to the time when the patient is transferred to the hospital and handover is complete.

## New South Wales



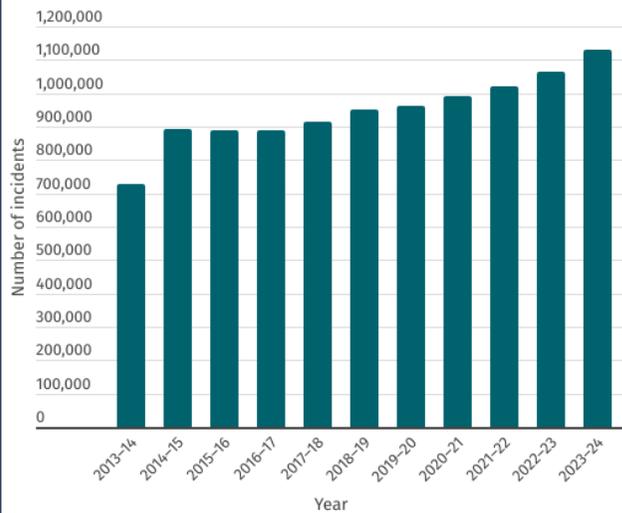
New South Wales had **133.9 incidents** requiring an ambulance **per 1,000 people**.<sup>2</sup> There is a target of **90 per cent of cases** being transferred from ambulance staff to the hospital staff within 30 minutes.<sup>3</sup>

In 2023–24, more than 78 per cent of patients were transferred within 30 minutes.<sup>3</sup> This represents roughly a **1 percentage point improvement** in performance from the previous year (77 per cent).

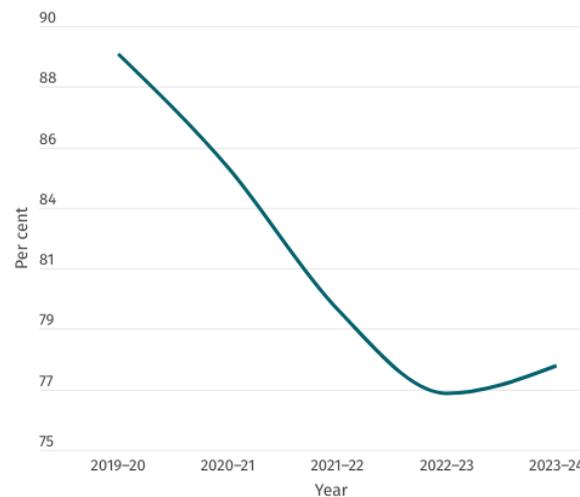
The time taken to transfer patients to the emergency department has been gradually deteriorating since 2018–2019, where the state met the target of 90 per cent of cases being transferred within 30 minutes.<sup>4</sup>

In the latest quarterly reporting period (April–June 2024), 73.7 per cent of patients were transferred within 30 minutes. In the same quarter of the previous year, 74.1 per cent of patients were transferred within 30 minutes.<sup>5</sup>

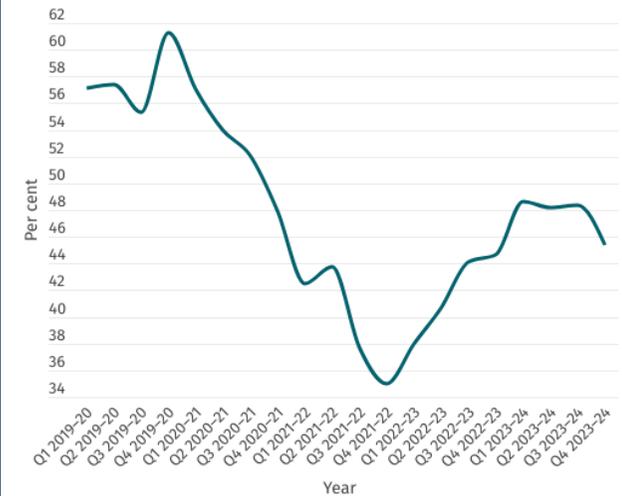
**Figure 4: Number of incidents requiring an ambulance, 2013–14 to 2023–24 (New South Wales)<sup>2</sup>**



**Figure 5: Patients transferred within 30 minutes (Target: 90 per cent)<sup>3</sup>**



**Figure 6: Call to ambulance arrival time (percentage of priority 1 within 15 minutes)<sup>6</sup>**



## Victoria

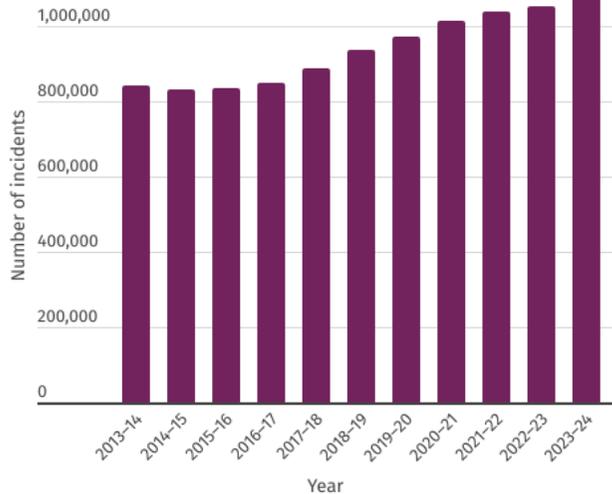


Victoria had **157.2 incidents** requiring an ambulance **per 1,000 people**.<sup>2</sup> There is a target of **90 per cent of cases** being transferred from the ambulance to the emergency department within 40 minutes.<sup>7</sup>

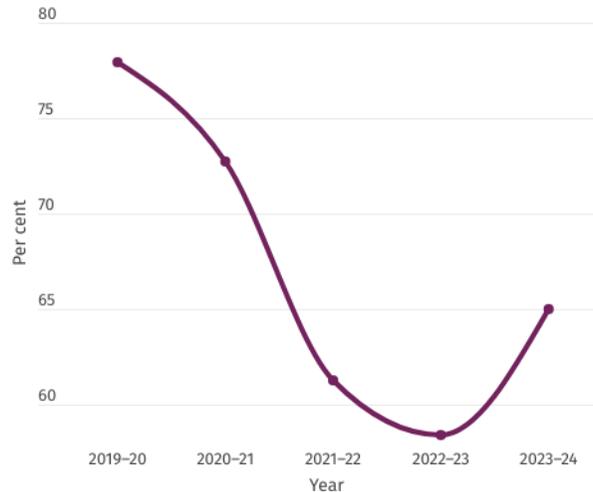
In 2023–2024, 65 per cent of patients were transferred within 40 minutes.<sup>7</sup> This represents a much-needed **6.6 percentage point improvement** in performance from the previous year (58.4 per cent).<sup>8</sup> However, it remains **12.9 percentage points below** the performance five years prior in 2019–2020 (77.9 per cent).<sup>9</sup>

Victoria also monitors the “average ambulance clearing time”. While a specific definition is not provided, the metric refers to the duration it takes for an ambulance to become available for the next call after delivering a patient to the hospital. In 2019–20, Victoria achieved its target of 20 minutes.<sup>9</sup> However, the clearing time has grown significantly since then, **rising to 29.8 minutes** according to Victoria’s 2023–24 annual report.<sup>7</sup>

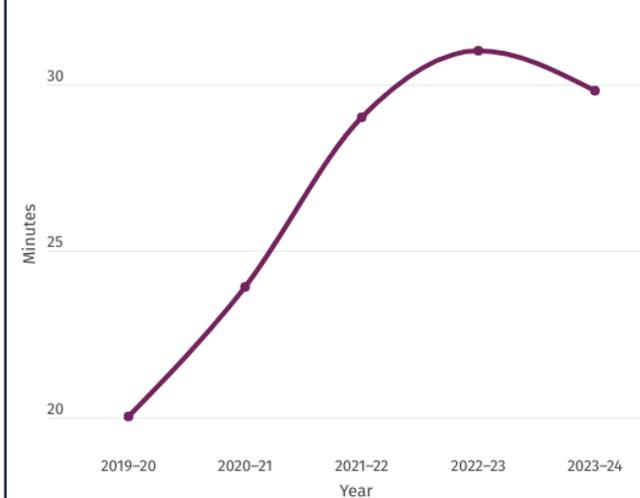
**Figure 7: Number of incidents requiring an ambulance, 2013–14 to 2023–24 (Victoria)<sup>2</sup>**



**Figure 8: Victorian patients transferred within 40 minutes (Target: 90 per cent)<sup>7</sup>**



**Figure 9: Victorian average ambulance clearing time (Target: 20 minutes)<sup>7</sup>**



# Queensland



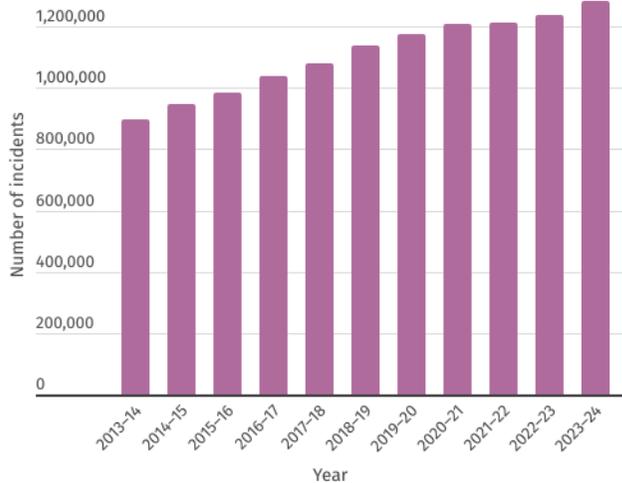
Queensland had **232.4 incidents** requiring an ambulance **per 1,000 people**.<sup>2</sup> This is the second highest number in the country, and a figure that is likely driven, in part, by the state’s policy of free ambulance transfers. Queensland has a target of **90 per cent of cases** being transferred from the ambulance to the emergency department within 30 minutes. **This target has not been met by the state in the past nine years.**<sup>10</sup>

Queensland reports on performance within its top 26 hospitals. In 2023–24, 55.6 per cent of patients were transferred within 30 minutes within these 26 hospitals.<sup>10</sup> This represents a **1.8 percentage point deterioration** in performance from the previous year (revised from the originally reported 56.8 per cent due to definitional changes in reporting),<sup>11</sup> and a **17.6 percentage point deterioration** from 2019–20 (73.2 per cent).<sup>12</sup>

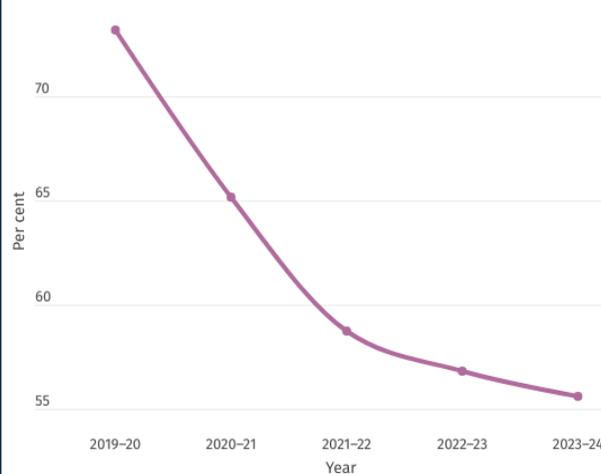
The overall demand for ambulance services (emergency and urgent incidents, or Code 1 and 2) has grown by 10 per cent in the last four years.<sup>10</sup> In the four years since 2019–20, Code 1 incidents (emergency) have increased by 37.6 per cent.

In 2023–24, ambulances spent roughly **157,000 hours ramped** outside Queensland hospitals.<sup>10</sup> While this demonstrates a **1.9 per cent decrease** since last year, it represents a 149 per cent increase since 2019–20.

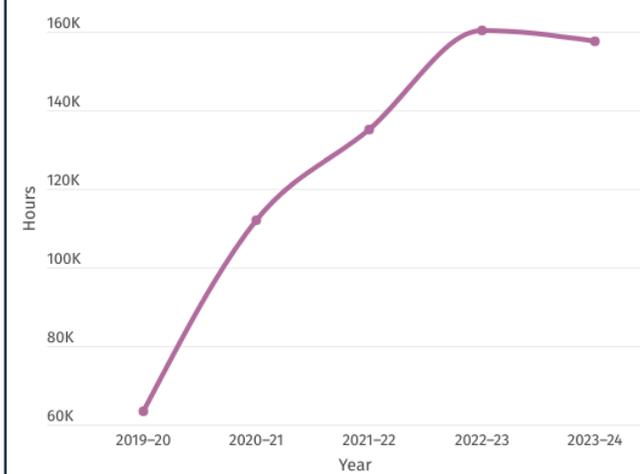
**Figure 10: Number of incidents requiring an ambulance, 2013–14 to 2023–24 (Queensland)<sup>2</sup>**



**Figure 11: Patients transferred within 30 minutes (target: 90 per cent)<sup>10</sup>**



**Figure 12: Total hours ramped<sup>10</sup>**



## Western Australia



Western Australia had **131.8 incidents** requiring an ambulance **per 1,000 people**.<sup>2</sup> There is a target of **100 per cent of cases** being transferred from the ambulance to the emergency department within 30 minutes.<sup>13</sup> In the 2023–24 financial year, **67.2 per cent of patients** were transferred from an ambulance to the emergency department within 30 minutes.<sup>14</sup>

The number of ramped hours decreased in 2023–24 to 49,530 ramped hours, compared to 62,070 in 2022–23.<sup>14</sup> However, challenges remain, with **July 2024 being the fourth worst month on record at a total of 6,588 hours ramped**.<sup>13</sup>

On this measure, St John WA has a [dashboard](#)<sup>13</sup> which is available for public use.

Figure 13: Number of incidents requiring an ambulance, 2013–14 to 2023–24 (Western Australia) <sup>2</sup>

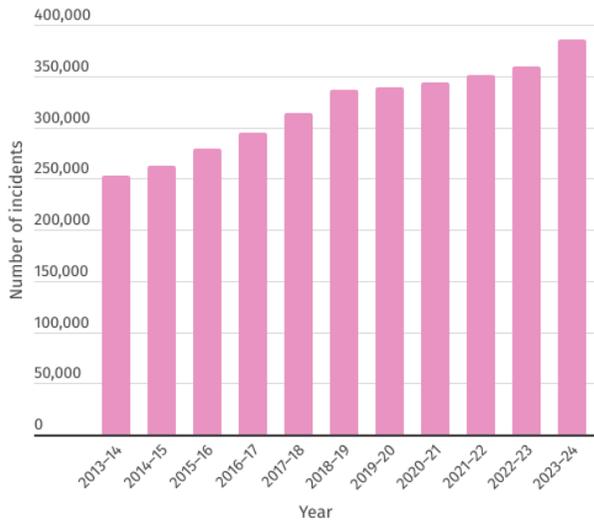


Figure 14: Patients transferred within 30 minutes (Target: 100 per cent) <sup>14</sup>

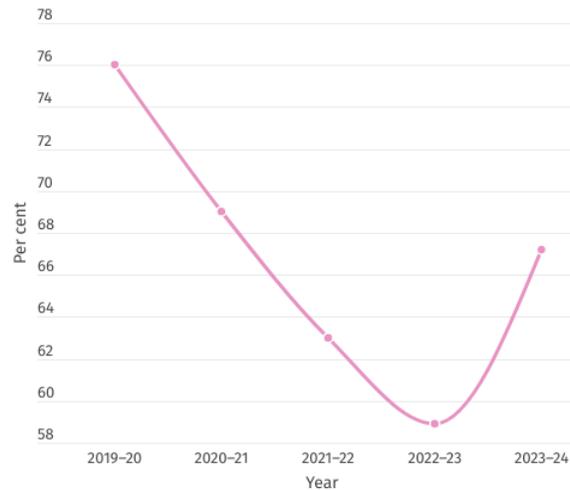
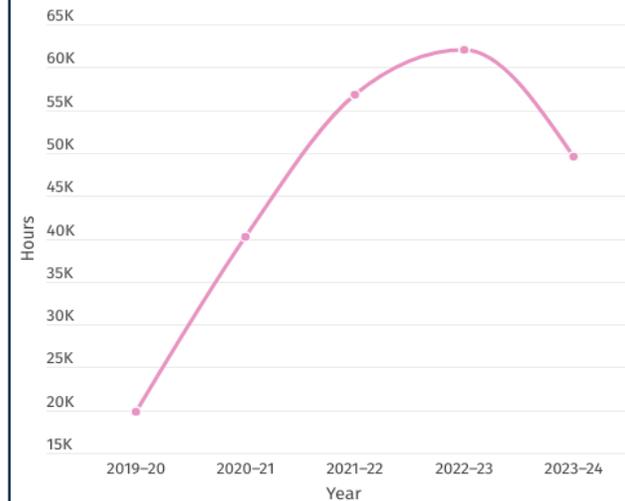


Figure 15: Total hours ramped (financial year) <sup>14</sup>



## South Australia

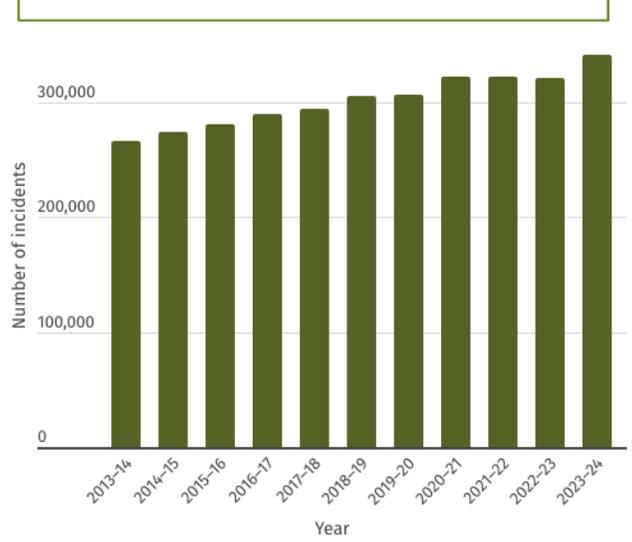


South Australia had **182.7 incidents** requiring an ambulance **per 1,000 people**.<sup>2</sup> The state has a target of **90 per cent of cases** being transferred from the SAAS ambulance paramedics to the hospital clinical staff within 30 minutes.<sup>15</sup>

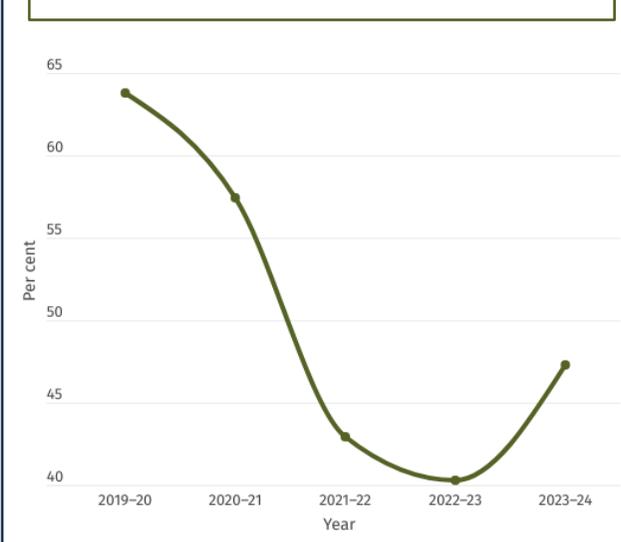
In the 2023–24 financial year, 47.3 per cent of patients were transferred within 30 minutes, representing a **7 per cent improvement on the previous year**.<sup>16</sup> Despite this year-on-year improvement, South Australia’s performance in this metric has **fallen 16.5 per cent** over the following four years, from 63.8 per cent in 2019–20.<sup>17</sup>

**The total hours ramped outside of South Australian hospitals has almost tripled** over this same time frame, rising from 15,239 hours ramped in 2019–20 to **45,399 hours ramped in 2023–24**.<sup>18</sup>

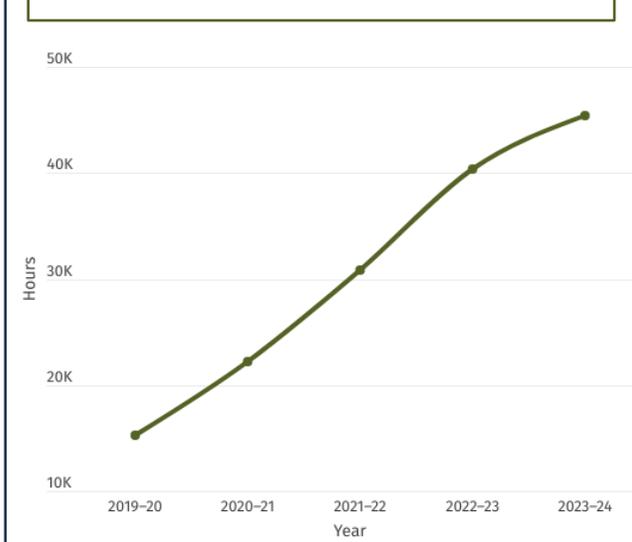
**Figure 15: Number of incidents requiring an ambulance, 2013–14 to 2023–24 (South Australia) <sup>2</sup>**



**Figure 16: Patients transferred within 30 minutes (target: 90 per cent) <sup>15</sup>**



**Figure 17: Total hours ramped (financial year) <sup>15</sup>**



## Tasmania

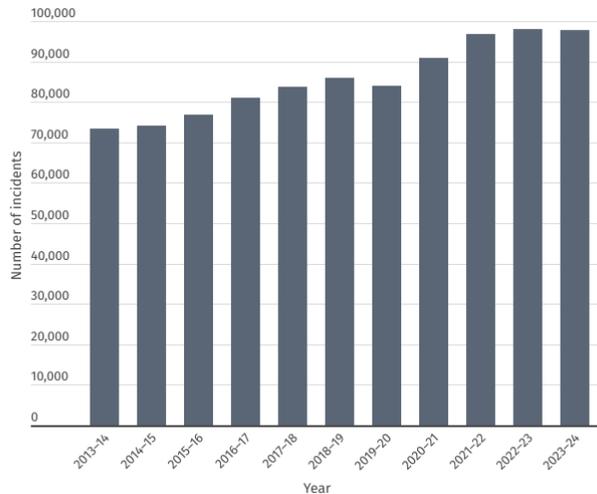


Tasmania had **170.1 incidents** requiring an ambulance **per 1,000 people**.<sup>2</sup> Tasmania has a KPI target of **100 per cent of cases** being transferred from an ambulance to the care of emergency department clinicians within 30 minutes. In 2023–24, only 70.9 per cent of patients were transferred within this timeframe.<sup>19</sup>

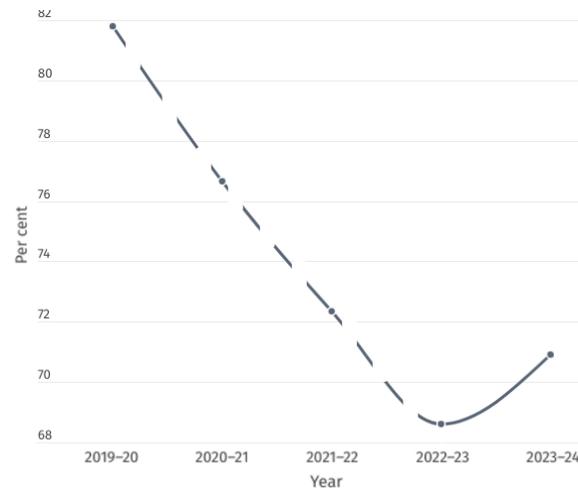
Tasmania has recently changed the way its ambulance ramping figures are reported. Prior to 2023–24, the state reported on hospital-by-hospital percentage of patients transferred within 15 minutes and 30 minutes. In the latest figures, the state has published statewide metrics for the percentage of patients transferred within 30 minutes. For this reason, metrics from 2019–20 to 2022–23 in figures 19 and 20 have been weighted internally by the AMA (dotted lines), utilizing hospital-by-hospital figures and statewide ambulance usage figures.

In April 2024, a new “transfer of care” policy was implemented in Tasmania's public hospitals.<sup>20</sup> This policy makes it official protocol that the transfer of patients from ambulance to hospital staff should occur within 60 minutes, allowing paramedics to get back on the road.<sup>20</sup> This would essentially “ban” ramping, despite long-term trends continuing to demonstrate that Tasmanian hospitals are struggling to hit their transfer of care targets.

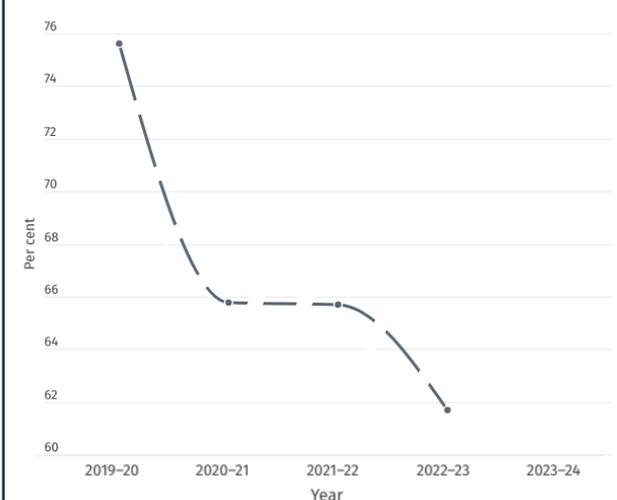
**Figure 18: Number of incidents requiring an ambulance, 2013–14 to 2023–24 (Tasmania)<sup>2</sup>**



**Figure 19: Patients transferred within 30 minutes (Target: 100 per cent)<sup>19</sup>**  
 Aggregated from 2019–20 to 2022–23 by the AMA using individual hospital figures



**Figure 20: Patients transferred within 15 minutes (Target: 85 per cent)<sup>19</sup>**  
 Aggregated from 2019–20 to 2022–23 by the AMA using individual hospital figures



## Australian Capital Territory

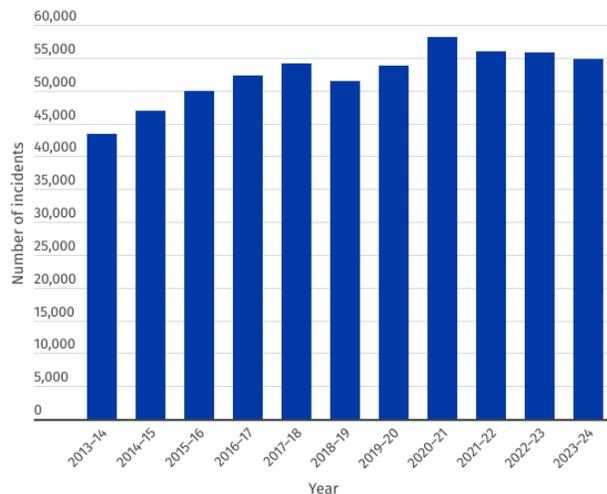


The Australian Capital Territory had **116.6 incidents** requiring an ambulance **per 1,000 people**, which is the lowest activity level in the country.<sup>2</sup> There is a target of **50 per cent of resources** being available for another incident within 20 minutes, and **90 per cent** within 40 minutes.<sup>21</sup>

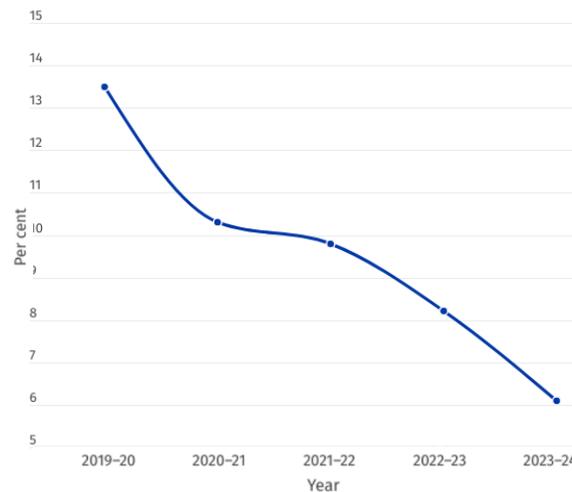
Note the ACT has reissued current and historical data due to updated data methodologies, meaning results displayed within this report card differ from those published in previous report cards. In 2023–24, **6.1 per cent of patients were transferred in less than 20 minutes** and 50.2 per cent were transferred in less than 40 minutes.<sup>21</sup>

This represents a 2.1 per cent fall in patients being transferred within 20 minutes and 4.8 per cent fall in patients being transferred within 40 minutes compared to 2022–23. According to the current reporting metrics provided by the ACT government, performance has been falling each year for the past five financial years in both “under 20 minutes” and “under 40 minutes” categories.

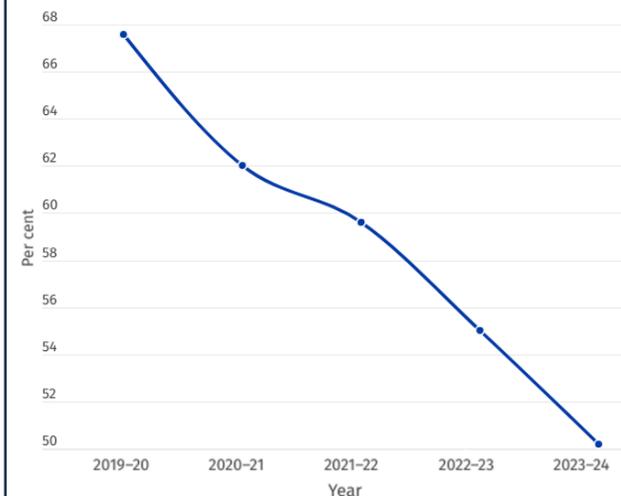
**Figure 21: Number of incidents requiring an ambulance, 2013–14 to 2023–24 (Australian Capital Territory)<sup>2</sup>**



**Figure 22: Resources available within 20 minutes (Target: 50 per cent)<sup>21</sup>**



**Figure 23: Resources available within 40 minutes (Target: 90 per cent)<sup>21</sup>**





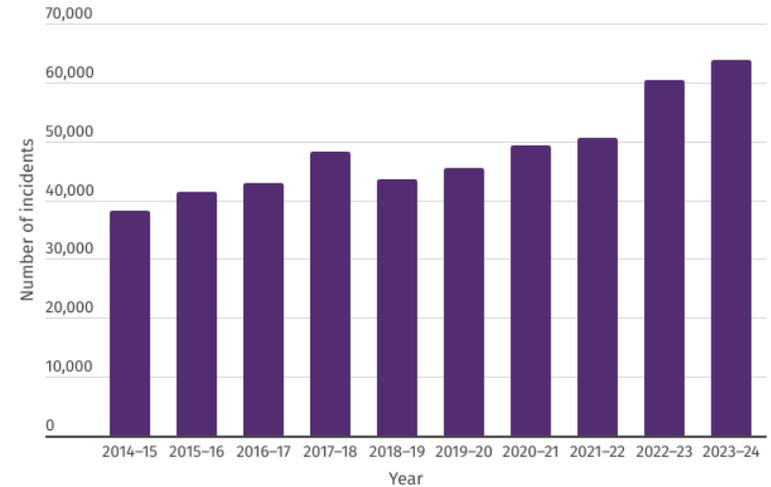
## Northern Territory

The Northern Territory had **251.2 incidents** requiring an ambulance **per 1,000 people**, the highest figure in the country.<sup>2</sup> The territory has a KPI of **100 per cent of ambulances** being “turned around” in 30 minutes.<sup>22</sup>

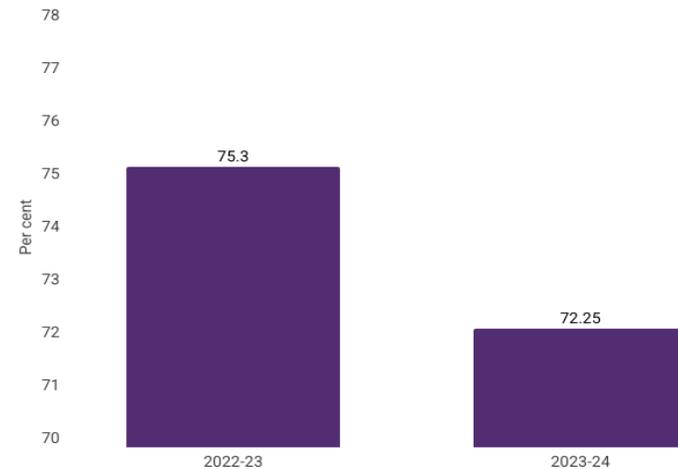
In 2023–24, **72.25 percent of patients** were transferred within 30 minutes, representing a 2 per cent drop compared to 2022–23.<sup>22</sup> In 2023–24, ambulances spent 8,672 hours ramped outside of NT hospitals.<sup>22</sup>

St John NT did not track transfer of care time prior to November 2022, when this field became mandatory within the electronic patient care record (ePCR) system. Previous metrics were based on the KPI of turnaround time, meaning five-year longitudinal comparisons cannot be made for the NT.

**Figure 24: Number of incidents requiring an ambulance, 2014–15 to 2023–24 (NT)<sup>2</sup>**



**Figure 25: Percentage of patients off stretcher in under 30 minutes (NT)<sup>22</sup>**



## References

Due to inconsistencies in reporting methods across each state and territory, this report card contains a compilation of data retrieved from a range of sources, including from annual reports, online dashboards, and information provided directly by states and territories.

This list contains references only to metrics directly referred to within the text, with data from previous years (utilised to build longitudinal graphs) having been archived by the AMA or available in past editions of annual reports. For information on metrics relating to previous years, please contact the AMA directly.

For the number of total ambulance presentations within each state, see reference 2 (Productivity Commission Report on Government services).

### National metrics

<sup>1</sup> Australian Government, Australian Institute of Health and Welfare (2024) "Emergency Department Care"; Emergency department care 2023–24 data tables — Table 4.2. Retrieved 10/3/25 from: <https://www.aihw.gov.au/getmedia/1fab616d-91ed-4f11-bbab-8f31a3003267/Emergency-department-care-2023-24.xlsx>

<sup>2</sup> Australian Government, Productivity Commission (2025). *Report on Government Services 2025 Ambulance Services*. Table 11A.4 Retrieved 10/02/2025 from: <https://www.pc.gov.au/ongoing/report-on-government-services/2025/health/ambulance-services/rogs-2025-parte-section11-ambulance-services-data-tables.xlsx>

### New South Wales metrics

<sup>3</sup> NSW Health. (2024). *Annual Report, 2023–24* (p288). Retrieved 08/02/2025 from: <https://www.health.nsw.gov.au/annualreport/Publications/annual-report-2024.pdf>

<sup>4</sup> NSW Health. (2019). *Annual Report, 2018–19*, appendix (p262). Retrieved 21/11/2024 from: <https://www.health.nsw.gov.au/annualreport/Publications/2019/appendix.pdf>

<sup>5</sup> NSW Health. (2024). *Healthcare Quarterly, April to June 2024* (p13). Retrieved 11/11/2024 from: [https://www.bhi.nsw.gov.au/\\_data/assets/pdf\\_file/0007/961387/BHI\\_HQ57\\_Apr-Jun2024\\_Report.pdf](https://www.bhi.nsw.gov.au/_data/assets/pdf_file/0007/961387/BHI_HQ57_Apr-Jun2024_Report.pdf)

<sup>6</sup> NSW Health. (2025). *NSW Bureau of Health Information — Ambulance Healthcare Quarterly results — Call to ambulance arrival time — results by arrival time*. Retrieved 12/03/2025 from: <https://www.bhi.nsw.gov.au/data-portal>

### Victoria metrics

<sup>7</sup> Ambulance Victoria (2024). *Annual Report, 2023–24* (p67). Retrieved 19/03/2025 from: <https://www.ambulance.vic.gov.au/wp-content/uploads/2024/11/Ambulance-Victoria-Annual-Report-2023-2024.pdf>

<sup>8</sup> Ambulance Victoria (2023). *Annual Report, 2022–23* (p97). Retrieved 08/11/2024 from: <https://www.ambulance.vic.gov.au/wp-content/uploads/2023/11/Ambulance%20Victoria%20Annual%20Report%202022-23.pdf>

<sup>9</sup> Ambulance Victoria (2029). *Annual Report, 2019–20* (p78). Retrieved 19/03/2025 from: <http://www.ambulance.vic.gov.au/wp-content/uploads/2020/12/AV-Annual-Report-2020.pdf>

## References

### Queensland metrics

<sup>10</sup> Queensland Audit Office. (2025). *Financial Audit Report; Health, Report 8: 2024–25* (p41). Retrieved 02/02/2025 from: <https://www.qao.qld.gov.au/sites/default/files/2025-01/Health%202024%20%28Report%208%20%E2%80%93%202024%E2%80%9325%29.pdf>

<sup>11</sup> Queensland Audit Office. (2023). *Financial Audit Report; Health, Report 6: 2023–24* (p30). Retrieved 11/11/2024 from: [https://www.qao.qld.gov.au/sites/default/files/2023-12/Health%202023%20%28Report%206%20%E2%80%93%202023%E2%80%9324%29\\_1.pdf](https://www.qao.qld.gov.au/sites/default/files/2023-12/Health%202023%20%28Report%206%20%E2%80%93%202023%E2%80%9324%29_1.pdf)

<sup>12</sup> Queensland Audit Office. (2023). *Measuring emergency department patient wait time, Report 2: 2021–22* (p69). Retrieved 10/02/2025 from: <https://www.qao.qld.gov.au/sites/default/files/2021-09/Measuring%20emergency%20department%20patient%20wait%20time%20%28Report%202%E2%80%942021%E2%80%9322%29.pdf>

### Western Australia metrics

<sup>13</sup> St John Western Australia. (2025). *Website — Ambulance activity and response times*. Retrieved 19/03/2025 from: <https://stjohnwa.com.au/ambulance-and-health-services/metro-ambulance-service/ambulance-activity-and-response-times>

<sup>14</sup> Data from the SJWA Ambulance Services Dataset provided by WA Government. Data was provided in multiple stages, on 18 October 2024, 23 December 2024, and 12 February 2025.

### South Australia metrics

<sup>15</sup> Government of South Australia, SA Health. (2024). *Department for Health and Wellbeing; 2023–24 Annual Report* (p16). Retrieved 10/02/2025 [sahealth.sa.gov.au/wps/wcm/connect/750fcb7a-69c6-4c97-9d02-fd182a4d3347/Attachment+1+-+DHW+Annual+Report+-+2023-24.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-750fcb7a-69c6-4c97-9d02-fd182a4d3347-pbQIsRL](https://www.sahealth.sa.gov.au/wps/wcm/connect/750fcb7a-69c6-4c97-9d02-fd182a4d3347/Attachment+1+-+DHW+Annual+Report+-+2023-24.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-750fcb7a-69c6-4c97-9d02-fd182a4d3347-pbQIsRL)

<sup>16</sup> Government of South Australia, SA Health. (2023). *Department for Health and Wellbeing; 2022–23; Annual Report*. Retrieved 16/09/2024 from: <https://www.sahealth.sa.gov.au/wps/wcm/connect/fca4d2d1-d38c-4e68-a696-76f25e5ba236/Reduced+Department+for+Health+and+Wellbeing+Annual+Report+2022-23-secured.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-fca4d2d1-d38c-4e68-a696-76f25e5ba236-oJpEPg>

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<sup>18</sup> Government of South Australia, SA Health. (2025) *Ambulance Waiting Times* (online) Retrieved 26/03/2025 from: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/our+performance/ambulance+waiting+times#:~:text=Our%20metropolitan%20publi%20hospitals%20aim%20to%20receive%20all%20patients%20that,care%2C%20commonly%20known%20as%20ramping>

### Tasmania metrics

<sup>19</sup> Tasmanian Government, Department of Health. (2024). *Annual Report 2023–24* (p57). Retrieved 18/03/2025 from: [https://www.health.tas.gov.au/sites/default/files/2024-10/department\\_of\\_health\\_annual\\_report\\_2023-2024.pdf](https://www.health.tas.gov.au/sites/default/files/2024-10/department_of_health_annual_report_2023-2024.pdf)

<sup>20</sup> Lucy MacDonald. (2024). *Tasmania's new ramping 'ban' is due to start today. Staff are still divided on it*. Retrieved 12/11/2024 from: <https://www.abc.net.au/news/2024-04-22/tas-ambulance-ramping-ban-comes-into-effect/103750600>

## References

<sup>21</sup> Data provided by Australian Capital Territory Ambulance Service

### **Australian Capital Territory metrics**

### **Northern Territory metrics**

<sup>22</sup> Data provided by St John Ambulance Service (Northern Territory)



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