Submission No 137

INQUIRY INTO AMBULANCE VICTORIA

Organisation: AMA Victoria

Date Received: 27 February 2025

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Legislative Council Legal and Social Issues Committee
Parliament of Victoria
Parliament House, Spring Street
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AMA Victoria thanks the Legislative Council Legal and Social Issues Committee and the Victorian Parliament for the opportunity to provide this submission to the *Inquiry into Ambulance Victoria*. This submission focuses on the first term of reference, examining systemic challenges affecting call-taking, dispatch, ambulance ramping, paramedic workloads, and working conditions. These challenges stem from deeper pressures within Victoria's healthcare system, particularly access block- where patients remain in emergency departments (EDs) for extended periods due to a lack of inpatient beds. This bottleneck delays emergency care, worsens workforce strain, and leads to avoidable patient harm.

The consequences of ambulance ramping and access block extend beyond ambulances waiting outside hospitals. Paramedics, emergency physicians, and other hospital-based staff, are operating in a high-pressure, unsustainable environment, managing an unrelenting influx of patients while navigating administrative inefficiencies, workforce shortages, and limited resources. Many emergency physicians now routinely provide care in hallways, waiting areas, and ambulance bays, simply because inpatient beds are occupied by patients who could be discharged if appropriate community-based services were available. The situation is particularly concerning for mental health patients, who frequently endure prolonged ED stays due to a shortage of psychiatric beds and insufficient community-based mental health support.

These challenges are not inevitable- they are fixable. AMA Victoria has consistently called for targeted, system-wide reforms to improve patient flow, reduce ambulance ramping, and ensure adequate resourcing of the health workforce. Our *Getting Rid of Stupid Stuff (GROSS) initiative* highlights the burden of unnecessary administrative tasks, which divert valuable clinical time away from patient care. Addressing these inefficiencies is critical to unlocking much-needed hospital capacity and improving patient outcomes.

This submission also aligns with AMA Federal's *Clear the Hospital Logjam campaign*, which has identified ambulance ramping and access block as urgent national crises requiring immediate intervention. Without sustained investment and strategic reforms, these pressures will continue to erode timely access to emergency care, compromise workforce wellbeing, and reduce the overall efficiency of the Victorian healthcare system.

The problem: ambulance ramping and access block

Ambulance ramping and access block are among the most urgent and visible failures in Victoria's healthcare system. When ambulances cannot transfer patients into emergency departments due to a lack of inpatient beds, the consequences include delayed emergency responses, increased strain on healthcare workers, and poorer patient outcomes. Despite government interventions, performance benchmarks continue to decline.

Ambulance Victoria aims to transfer 90% of patients to emergency departments within 40 minutes, yet this target is increasingly unattainable. In 2024, only 64.9% of Code 1 cases (potentially life-threatening emergencies) were responded to within 15 minutes, highlighting worsening systemic delays: *Latest ambulance response times - Ambulance Victoria*. Corridor medicine has become routine, with patients receiving treatment in hallways, waiting areas, and ambulance bays while staff struggle to free up beds. These delays pose direct risks to patients experiencing strokes, heart attacks, or traumatic injuries, where every minute is critical.

The primary driver of ambulance ramping is the chronic shortage of hospital capacity, compounded by delayed discharges and inadequate community-based care. Many patients no longer require acute hospital care but remain in hospital due to a lack of step-down facilities, such as rehabilitation, aged care, or community-based mental health services. Without efficient discharge pathways, hospital occupancy remains critically high, worsening emergency department congestion and response times. The 2024 AMA Hospital Report Card (unpublished) shows nearly 50% of all emergency department presentations exceed the four-hour benchmark for admission or discharge. Mental health patients are particularly affected, often waiting hours or even days for an inpatient psychiatric bed due to a shortage of dedicated mental health facilities.

A major contributor to hospital congestion is not just the lack of physical beds, but the shortage of trained healthcare staff required to operate them. Victoria's healthcare system is facing an escalating workforce problem. Paramedics, emergency medicine physicians, and other hospital staff are experiencing high levels of burnout, driven by excessive workloads, staff shortages, and the inability to provide timely care. These conditions have contributed to high attrition rates, making workforce sustainability a growing concern. Even when new hospital beds are added, staffing shortages prevent them from being used efficiently, further exacerbating ambulance ramping and delays in emergency care.

Beyond bed capacity and workforce shortages, administrative inefficiencies further exacerbate delays. AMA Victoria's GROSS initiative has identified various bureaucratic barriers that slow hospital operations, including duplicative paperwork, excessive compliance burdens, and fragmented IT systems that hinder coordination between emergency departments and inpatient units. These inefficiencies not only delay patient care but also contribute to clinician burnout, further reducing workforce morale and retention. Given the already stretched workforce, reducing unnecessary administrative burdens is essential to ensuring clinicians can focus on patient care rather than bureaucracy.

The need for urgent action is clear. Hospital bed shortages remain the primary constraint, but simply adding beds is not enough if discharge delays keep patients in acute care longer than necessary due to insufficient rehabilitation, aged care, and mental health services. These blockages cascade through the system, leaving emergency departments overwhelmed and ambulances stuck on hospital ramps instead of responding to new emergencies. Workforce shortages further compound the crisis, as hospitals struggle to staff even existing capacity, while burnout and excessive administrative burdens drive high attrition rates. Without decisive intervention, ambulance ramping will worsen, emergency response times will continue to deteriorate, and workforce pressures will intensify, further crippling the system.

The following section outlines targeted, evidence-based reforms to unlock hospital capacity, improve patient flow, and strengthen the workforce, ensuring more timely and effective emergency care across Victoria.

The Solution: clearing the blockages in Victoria's emergency care system

Addressing ambulance ramping and access block in Victoria requires a comprehensive, evidence-based strategy incorporating both immediate interventions and long-term reforms. These recommendations draw on the AMA Federal's "*Clear the Hospital Logjam*" campaign, insights from the AMA Hospital Report Card, and feedback from frontline medical practitioners.

Preventing avoidable hospital admissions

Preventing unnecessary hospital admissions is the first step to reducing ED congestion and ensuring hospital resources remain available for urgent cases. Many patients who present to EDs could be effectively managed in primary care settings if appropriate community-based alternatives were available and adequately resourced.

Strategies include:

- Strengthening general practice as the foundation of primary care, ensuring GPs have the resources and support to manage complex patients outside hospital settings.
- Expanding hospital-in-the-home programs to allow more patients to receive acute care in their own homes, freeing up hospital capacity.
- Investing in multidisciplinary primary care teams and chronic disease management programs to prevent exacerbations of conditions that lead to avoidable hospitalisations.
- Enhancing community mental health services to reduce reliance on EDs for psychiatric crises, including dedicated crisis intervention teams and rapid-access mental health units.

Better integration between primary care, allied health, and hospitals will also reduce unnecessary ED presentations. Many patients with chronic or complex conditions end up in EDs due to fragmented care pathways and limited access to timely specialist treatment. Expanding integrated care models and improving communication between GPs, specialists, and hospitals will enhance continuity of care and prevent avoidable hospital presentations.

Expanding hospital and workforce capacity

Increasing hospital capacity requires more than just adding physical beds- workforce shortages prevent many from being fully utilised. Many hospitals already operate at over 90% occupancy, leaving little flexibility to accommodate surges in demand. The true bottleneck is not just bed numbers but the availability of doctors, nurses, and allied health professionals to staff them. Without adequate workforce expansion, additional hospital beds remain closed, rendering infrastructure investment ineffective.

To alleviate workforce shortages, a coordinated expansion strategy must focus on:

- Increasing training placements for doctors, nurses, and allied health professionals to build long-term capacity.
- Improving remuneration and working conditions to attract and retain healthcare workers, particularly in high-pressure areas such as emergency medicine.
- Expanding recruitment incentives for rural and regional areas, where workforce shortages are particularly acute.
- Strengthening mental health and workplace protections to reduce burnout-driven attrition and improve workforce retention.

Discharge delays and hospital flow

One of the most significant contributors to access block is delayed hospital discharges. Many patients who no longer require acute care remain in hospital due to a lack of step-down facilities, including rehabilitation services, aged care placements, and community-based mental health support. These delays clog the system, keeping inpatient beds occupied and preventing new admissions from the emergency department, which in turn leaves ambulances stranded outside hospitals instead of responding to new emergencies.

A coordinated approach to hospital discharge planning is essential and should include:

- Stronger partnerships between hospitals, rehabilitation centres, aged care providers, and home-based care services to ensure timely transitions for patients ready to be discharged.
- Investment in step-down and transitional care facilities to prevent unnecessary prolonged hospital stays.
- Streamlining discharge processes to ensure timely transitions for patients who are medically ready to leave hospital care.

Reducing administrative burdens

Excessive bureaucracy and inefficiencies in hospital operations contribute significantly to access block and clinician burnout. AMA Victoria's *GROSS* initiative has identified numerous administrative barriers- including duplicative paperwork, excessive compliance requirements, and outdated IT systems- that slow patient flow and divert clinicians from frontline care.

Key priorities for reducing administrative burdens include:

- Streamlining hospital workflows by eliminating unnecessary paperwork and standardising reporting requirements.
- Optimising digital health systems to improve coordination between emergency departments, inpatient units, and community-based care.
- Reducing redundant compliance burdens that add to clinician workload without improving patient outcomes.

Funding and system coordination

Long-term stability of Victoria's hospital system requires sustained and adequate funding. Victoria's public hospital funding remains below the national average, limiting the ability to expand services and workforce capacity. Without indexed funding increases that align with real patient demand, hospitals will continue to struggle to maintain capacity.
Key funding reforms should include:

- Long-term, indexed funding increases to ensure hospital services and emergency care capacity grow in line with demand.
- Lifting the 6.5% cap on federal hospital funding growth to allow resources to keep pace with increasing healthcare pressures.
- Targeted investment in workforce expansion, emergency services, and hospital infrastructure to ensure sustainable improvements.

Conclusion

Ambulance ramping and access block are persistent failures in Victoria's healthcare system, driven by hospital capacity shortages, workforce pressures, and inefficiencies in patient flow. Without meaningful reform, emergency response times will continue to deteriorate, and pressure on healthcare workers will intensify, further compromising patient outcomes.

The solutions are clear: staffing hospitals appropriately, streamlining patient flow, cutting unnecessary bureaucracy, and strengthening community-based care. These aren't just policy aspirations- they are essential, practical steps to prevent avoidable harm and restore confidence in the system.

Victoria's healthcare system cannot afford another cycle of short-term fixes. A coordinated, long-term strategy is needed to reduce delays, retain healthcare workers, and ensure that every Victorian receives timely emergency care. The choices made now will determine whether the system continues to erode- or is rebuilt to meet the needs of the community.