

Health system must collaborate to fix systemic causes of ambulance ramping

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A study published in the *Medical Journal of Australia*, which assessed whether ambulance offload time influences the outcomes for patients experiencing cardiac issues, provides further evidence that access block

is causing significant harm to patients. While there is currently no cardiac-specific data available in the emergency medicine literature, there is a substantive history of data that indicates, without doubt, that access block leads to poorer outcomes, including death, for all patients, regardless of the nature of their symptoms.

Like [emergency department](#) overcrowding, ambulance ramping is a manifestation of dangerous access block and is fundamentally caused by a health system that lacks adequate capacity to meet demand.

In attempting to solve this issue, the Australasian College for Emergency Medicine (ACEM) warns against the reactive implementation of small-picture, single service measures, such as rapid ambulance offload. The rapid transfer of patients into overcrowded EDs can mean that patients are left unattended in unsuitable areas in an emergency department that doesn't have the staff or resources to provide appropriate care. This is dangerous and will have the same harmful impacts on patients as those outlined in the study.

The only genuine solutions to ambulance ramping and emergency department overcrowding are to address systemic issues by increasing capacity and by improving patient flow out of EDs and into hospital wards, and then out of hospital and into appropriate community-based care.

ACEM President Dr. Clare Skinner said, "This study verifies what emergency clinicians already know and what we have been drawing attention to for years: access block is dangerous and causes preventable patient harm."

"Just as pain is a symptom of a [broken bone](#), ambulance ramping is a symptom of a lack of capacity and integration in the health system. We don't treat the pain and ignore the broken bone. And to cure [ambulance](#)

ramping, we don't treat the symptom, we need to cure the system-wide problem."

"All acute healthcare workers, including paramedics, nurses, and emergency doctors, share the same desire to provide the best care to all patients. And we are facing the same systemic obstructions that prevent us from providing the care we all desperately want to give to people in need."

"We need to work collaboratively to solve our shared problems. Our system is broken but we can fix it—together."

More information: Luke P Dawson et al, The influence of ambulance offload time on 30-day risks of death and re-presentation for patients with chest pain, *Medical Journal of Australia* (2022). [DOI: 10.5694/mja2.51613](https://doi.org/10.5694/mja2.51613)

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