

# Monash 2022.2 Q24

Ambulance Ramping



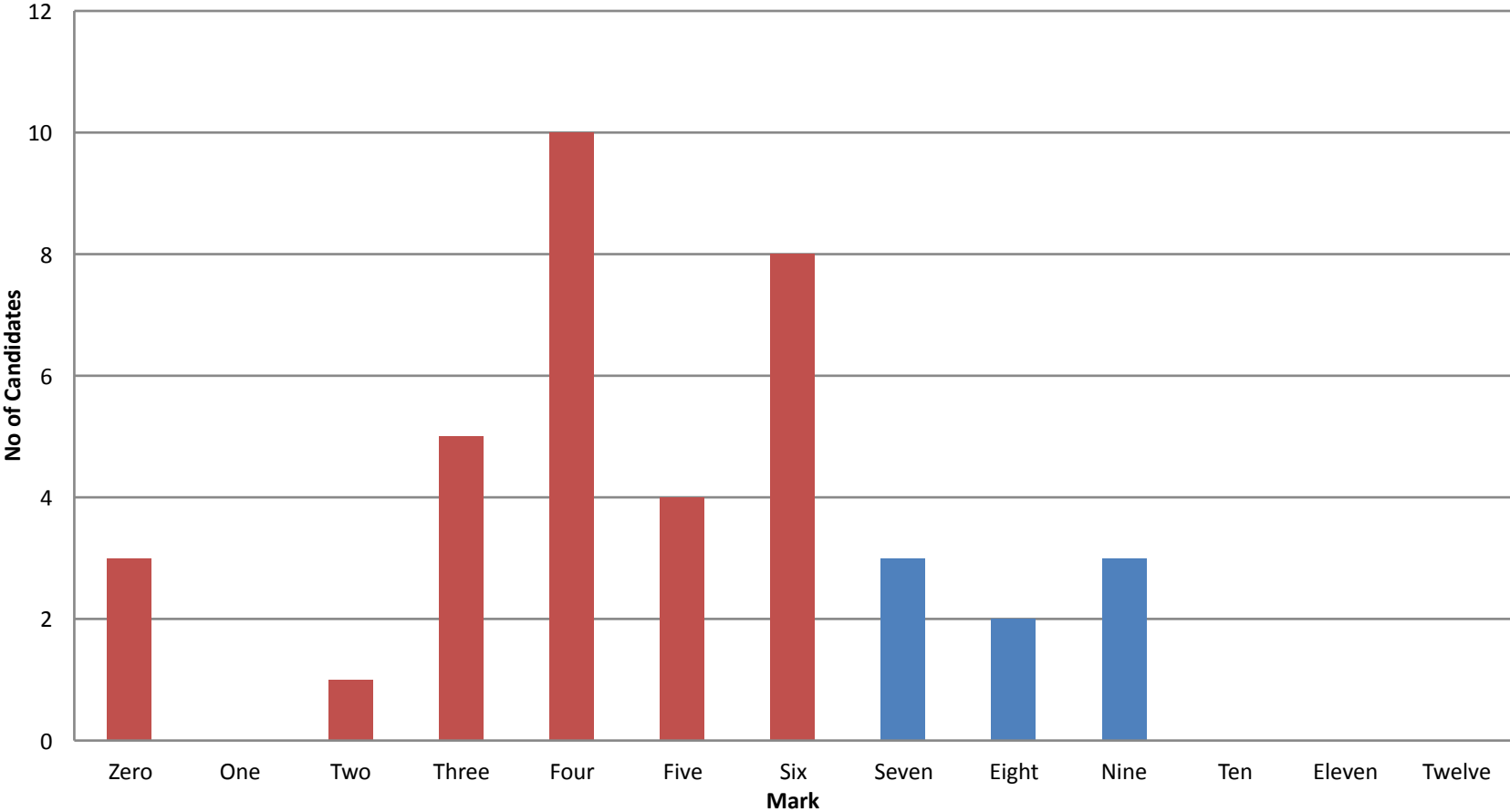
## Question

Due to recent media attention, you have been asked to audit ambulance ramping in your emergency department and its impact.

[https://acem.org.au/getmedia/9e6c3e78-8cbc-473c-83df-474f6c1eecdde/Statement\\_on\\_Ambulance\\_Ramping](https://acem.org.au/getmedia/9e6c3e78-8cbc-473c-83df-474f6c1eecdde/Statement_on_Ambulance_Ramping)



# Pass Rate 20% Pass mark 7/12



# Complete the table regarding ACEM definitions for:

- 1. Ambulance Ramping:** unable to complete transfer of clinical care of their patient to the hospital ED within an appropriate timeframe
- 2. Emergency department overcrowding** ED function is impeded because the number of patients exceeds either the physical or staffing capacity of the ED, whether patients are waiting to be seen, undergoing assessment and treatment, or waiting for departure
- 3. Access block:** the percentage of patients who were admitted or planned for admission but discharged from the emergency department (ED) without reaching an inpatient bed, transferred to another hospital for admission, or died in the ED whose total ED time exceeded 8 hours



- ACEM definitions are fair game for the exam.
- Most people understand the concepts of these terms but not the definition
- Eg ramping perceived as a whole queue of ambulances but actually relates to ambulance being able to handover and transfer care
- Access block relates to more than just inpatient bed availability



As per the current ACEM guideline, outline 4 adverse effects associated with ambulance ramping

- Delayed access to definitive assessment and care
- Delays in the timeliness of ambulance responses
- Ambulance workforce undersupply
- Financial penalties on ambulance services and hospitals
- Adverse publicity leading to poor staff morale and negative public perceptions of the health system
- Increased stress and interpersonal conflict
- Increased patient morbidity and mortality
- Poor patient experience



- Lost points for overlapping answers eg increased mortality, increased morbidity
- Points not given for things like not meeting NEAT targets
- Would give points if included that not meeting targets = financial penalties



In order to measure the prevalence and impact of ambulance ramping, list 5 key TIME BASED components for data collection as part of your audit.

- Ambulance arrival time at the ED
- ED notification time
- Patient triage time
- Patient entry to ED
- Transfer of care/clinical handover
- Ambulance crew preparation time
- Ambulance egress time out of ED





# Lost points

- Stating general ED KPIs eg: door to balloon time, time to analgesia
- Not giving time based components eg number of ambulances
- Time to doctor seen is not specific to ambulance, not an ambulance KPI
- The whole idea is to get ambulances back onto the road – what are the steps involved to achieve this?



# Summary

- Read ACEM guidelines/protocols and understand their definitions of key terms
- Answer the question being asked, not what you think should be asked
- Overlapping answers will not be given separate marks

