



**AMBULANCE
EMPLOYEES
ASSOCIATION**
SOUTH AUSTRALIA

**Ambulance Employees Association
of South Australia**
Position Statement on Ramping

The Ambulance Employees Association (**AEA**) calls for sustained action to address hospital ramping, a practice that compromises community safety across South Australia, and which continues to place unacceptable pressure on our members including paramedics, ambulance officers, triple zero call takers and emergency medical dispatchers. Ramping cannot be accepted as an inevitable part of the South Australian health care system. Ending ramping must remain a core focus of the South Australian health care policy agenda.

Ramping reflects a critical breakdown in emergency care. When ambulance crews are forced to wait with patients outside overcrowded emergency departments, the entire community suffers. Every ramped ambulance is an ambulance unavailable for the next life-threatening emergency. Every ramped ambulance is a patient not receiving definitive hospital care. With an aging population, we expect ramping pressures to increase, requiring targeted and realistic forward planning.

Impact on Community, Patients and Frontline Workers

For the community, ramping means longer response times, reduced ambulance availability, and inequitable access to emergency care, particularly for outer metropolitan and regional residents who already face longer transport distances. This leaves patients in the community without an ambulance in their critical time of need and significantly compromises their safety. Patients suffering strokes, heart attacks and asthma attacks can be left without treatment and care while waiting for an ambulance which may lead to poorer health outcomes and sadly may result in patients dying while waiting for help.

Patients who are ramped feel devalued and are deprived of their dignity. Patients are ramped with both life-threatening acute, and complex chronic conditions, including severe mental health conditions. These delays may lead to poorer health outcomes and increase patients pain and suffering.

Ramping exposes frontline workers to prolonged periods managing deteriorating, distressed, or behaviourally complex patients without the support of an appropriate clinical environment. *and creates stress across the entire Ambulance Service workforce.* It increases the risk of fatigue, psychosocial harm, exposure to diesel fumes, occupational violence, workplace stress, burnout and moral injury to workers because they are powerless to get their patient into definitive hospital care and respond to patients left waiting for an ambulance in the community.

Our Position

The AEA's position is unequivocal: **Ramping is preventable, dangerous, and unacceptable.**

Ramping is not inevitable. It is the result of systemic pressures that require serious investment and reform. South Australians deserve timely care, and the elimination of ramping must remain the objective of every political party.

Necessary Policies to Stop Ramping

To meaningfully reduce ramping and restore safe patient flow, the AEA calls for a coordinated, system-wide reform agenda built around the following priorities:

- **aged care and hospital capacity:** significant and immediate investment in hospital and aged care capacity is required. Capacity planning must meet both current and projected demand, with sufficient hospital, aged care, disability and mental health beds to ensure healthcare facilities are not running at full capacity;
- **24/7 hospital operations:** significant investment in true 24/7 healthcare, including medical imaging, allied health, mental health, and senior decision-maker coverage across all major hospitals;
- **seven-day discharge capability:** hospitals must discharge patients seven days a week to prevent weekend inpatient backlogs that cascade into prolonged ED congestion and ramping;
- **expanded transit wards:** increase staffed 24/7 transit ward capacity at all major hospitals to safely receive patient transfers and to move patients who are ready for discharge out of inpatient wards and EDs, freeing up beds for ED to inpatient ward admission, thereby creating ED capacity for incoming ambulance presentations;
- **centralised patient flow control:** a statewide model that ensures compliance with clinical transfer pathways, provides clinical review and escalation where required, supports care closer to home, and balances patient flow decisions against the need to preserve ambulance capacity for emergency responses;
- **expansion of alternative care pathways:** increase access to primary care, private hospital care and continued investment in alternative care pathways, with greater clinical scope, patient capacity, and hours of opening to divert patients away from public emergency departments and alleviate the workload burden.

These reforms are essential to restoring safe patient flow, reducing ambulance delays, and ensuring that paramedics can return to the community where they are needed most.

The AEA opposes policies or operational changes that entrench ramping or shift the clinical risk and responsibility onto frontline workers and the community.

The AEA calls for full public transparency on ambulance response times for all categories, daily patient discharge rates for all local health networks and ramping data. Every South Australian deserves timely, equitable emergency care. The public have a right to know the performance of their health care system and evaluate policies based on measurable evidence.

Ramping is a Policy Choice

Ramping must not be accepted as an inevitable part of our health system. Ramping is the result of conscious policy choices, chronic under-resourcing, and staff shortages which requires urgent and ongoing action. The AEA will keep fighting for the safety of our members, our community, and the patients they serve.

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