Capital & Coast
District Health Board
UPOKO KI TE URU HAUORA

13 November 2007

Dr Keith Dyson, Dr Richard Luke, Dr Miles Williams
Consultant Cardiologists
Department of Cardiology
Hawkes Bay DHB
Private Bag 9014
Hastings

Dear Doctors

Re: Regional Cardiothoracic Services

Thank you for your letter regarding the concerns you have raised about the Regional Cardiothoracic Service and Hawkes Bay DHB's access to these. We have also received the letter from Dr Miles Williams about a recent death of a patient whilst waiting for surgery which is currently being reviewed by our team.

We are concerned about the situation with access for cardiothoracic surgery, the growing waiting list and the associated clinical risk. This has been an area of priority for us over the past 12-18 months, with a number of strategies having been implemented to assist with supporting an increase in throughput.

The cardiothoracic surgical waiting list at C&C DHB has been increasing over the past year. There are a number of factors which have contributed to the increase in the number of patients on the wait list which include:

- The number of acute cases presenting has increased from 40% to 46%, with only 10% of the acute cases being patients already on the wait list
- An increase in the number of in-hospital acute cases resulting in a reduction in the number of elective cases able to be performed
- The impact of the ongoing industrial action on elective throughput over the past year
- Resourcing – Anaesthetic staff and, more recently, theatre nursing and ward nursing have also impacted on the number of cases able to be performed each week

The Cardiothoracic team, Cardiology, ICU and Theatre team met a few months back to outline the problems we are currently facing, confirm actions that have been taken to date and to identify how we best manage the clinical risk for patients while we address the backlog of patients waiting for surgery. This was communicated to our referring DHBs in August 2007.

Strategies to Improve Access
A number of strategies have been implemented to support an increase in throughput and are now starting to have an impact. These include:

1. Saturday lists were implemented earlier this year - 1 every 3 weeks.

2. Contract with Otago - an agreement is in place with Otago, with 10 cases completed between September and December 2006. Otago have agreed to complete two cases per fortnight on an ongoing basis and this has resumed again in August following the resolution of the industrial action they had been experiencing.

3. Private Providers - Options with private providers have been explored. A contract is currently in place with St Georges Hospital in Christchurch, with 21 cases having been completed to date. We are currently in discussion with a local private provider.

Capital & Coast District Health Board, Wellington Hospital, Riddiford Street, Private Bag 7902, Wellington, New Zealand
Telephone (04) 385-5999, Facsimile (04) 385-5856

4. Staff rostering changes are currently being trialled in ICU to provide more certainty of access to beds for cardiac patients.

5. Ongoing focused recruitment of theatre, ICU and ward staff. Nursing staff in ICU have increased over the past two years with an additional 10 FTE employed.

6. We are also undertaking some work on improving the cardiothoracic patient journey. This is focused on referral processes and prioritisation, process improvements in theatre to support an improvement in theatre utilisation and increased patient throughput.

We now have in place a recovery plan which identifies the targeted number of cases to be completed each week to meet the referral rate with the clinical teams meeting fortnightly to review progress against this and identify and address issues as they arise.

Management of Patients Waiting >6 Months
We have recently written to each DHB in the region outlining progress against the issues we have had, confirming that we have a plan in place to meet the referral demand and base funding and also proposed the allocation of additional elective funding to support the management of the backlog of patients who have waited greater than six months which has built up over the past year. This letter has been followed up with a teleconference with each DHB and agreement has been reached to fund up to 40 additional elective cases which will address the backlog. Arrangements with the private provider are in the process of being extended to support the achievement of these volumes.

Patient Death
The patient who died recently in Hawkes Bay whilst waiting for surgery is currently being reviewed by our team. We are aware that Chris Lowry has been in communication with Warwick Frater to discuss the possibility of a combined meeting or teleconference to share the findings of our review and the review that has been undertaken in Hawkes Bay. This would assist with the identification of any actions that need to be taken to ensure issues arising from this are addressed.

C&C DHB is committed to resolving the issues that have impacted on access and to working with our referring DHBs to ensure there is sufficient capacity and resources to support timely access for patients in the future.

We are also aware that Barry Mahon (Clinical Leader, Cardiothoracic Services), Chris Lowry (Group Manager) and Martin Gratha (Cardiac Liaison Nurse) will be attending the Regional Cardiology Forum this Friday to update the region on the situation and the actions that are being taken.

Yours sincerely

MARGOT MAINS
Chief Executive Officer

MARTIN HEFFORD
Chief Operating Officer

cc: Ms J Aitken, Board Chair, C&C DHB
Mr J Riordan, Clinical Leader, Cardiothoracic Services, C&C DHB
Dr M Simmons, Cardiologist, C&C DHB
Mr C Clark, CEO, Hawkes Bay DHB
Mr W Frater, COO, Hawkes Bay DHB
Mr K Atkinson, Board Director, Hawkes Bay DHB
Ms M Robinson, Acute & Medical Services Manager, Hawkes Bay DHB