



Clinical - Medical Services
Proactive release: 31 October 2018

18 October 2018

[REDACTED]
Radio NZ News Auckland

E-mail: [REDACTED]

Dear [REDACTED]

Official Information Act (1982) Request

I write in response to your query regarding Cardiac Ultrasound referral and wait times, which you initially submitted on 20 September 2018. On 01 October, our Communications Team advised you that we needed to compile information to respond to your questions, and would do so under the Official Information Act.

You requested the following information:

I am looking into the issue of long waits for Cardiac Ultrasounds here in Auckland. My understanding is that it is not unusual for there to be a waiting time of nine months after referral; apart from patients who have presented to the emergency department after cardiac arrest.

Can you please tell me what the waiting times are at Counties Manukau DHB?

- **Specifically, what is the average waiting time, and what is the longest any individual has been waiting?**
- **If there is an issue with waiting times, why and what can be done to remedy it?**

We have interpreted your request as related to non-acute referrals for cardiac ultrasound as echocardiogram or "Echo" (transthoracic, trans-oesophageal and stress) and related diagnostic procedures and investigations. As you noted, we do have different processes for prioritising acute and emergency presentations needing these investigations.

All referrals are triaged on receipt by a Cardiologist with expertise in cardiovascular imaging, and allocated to the appropriate clinical priority category, to be managed accordingly. Waitlists are not static, and clinical grading will indicate allocation to a 'banding' of wait-times according to agreed clinical guidelines.

These bands are:

- P1 priority – the most urgent (aim to have performed within 2 weeks)
- P2 priority – semi urgent priority (aim to have performed within 6 weeks),
- P3 priority – non-urgent priority (aim to have performed within 12 weeks)
- P5 priority – scheduled for a specific date (e.g. repeat surveillance scans)

Those who wait longer are considered to have relatively lower clinical risk, but individuals can discuss with their General Practitioner a review of this triage allocation, if circumstances change.

The current median wait-time at CM Health (from August 2018 regional network data) for an outpatient cardiac ultrasound scan is eight weeks. However, this median does not differentiate the clinical assessed priority grading levels, and we estimate that most P1 cases are seen within a month of referral. Some referrals assessed as P3 non-urgent may wait for up to 46 weeks (for routine scans).

Caution should be applied in any comparison of this raw data and our performance, with that of other DHBs, who may serve smaller populations, or have other inter- DHB specialist and diagnostic referral agreements for some of this work.

The current waitlist for referred echocardiography at CM Health is longer than we would like, and a number of contributing factors, including rapid population growth in the region, our community's health status and overall demographic changes, as well as our available workforce capacity.

There are currently very few alternatives which can be used to replace a cardiac ultrasound scan for diagnostic purposes.

We need to manage cardiac ultrasound procedures alongside (and using the same available capacity and resources) as other cardiac diagnostic procedures, and carefully balance service provision so that all clinical and capacity demands are matched, including emergency and elective referrals.

There is also a long-term and nation-wide shortage of cardiac sonographers (the technicians who complete these procedures). It takes a sonographer up to 3 years to complete training for the required specialist cardiac sonographer qualifications. We have an active DHB-trainee programme, and ongoing recruitment/ retention campaigns in place to mitigate the impact of this shortage, but long-standing vacancy can arise.

Earlier this year, we advised all referring clinicians (mainly our primary care providers) of the waitlist delays, and we encourage them to contact the Cardiac Investigation Unit and Cardiac Imaging Specialist Cardiologists to discuss any particular cases of concern.

As short-term measures, we have re-instated a weekend (Saturday) clinic to enable additional appointments, and we hold some appointment slots each week so that very urgent clinical cases can be seen quickly.

The metro DHB's Cardiac Regional Network, along with the Cardiac Society of Australia and New Zealand and Health Workforce NZ continue collaborative work to address the capacity demands and future workforce and training needs.

I trust this information satisfactorily answers your query. Please contact us if the intended use for this information changes, and we will liaise with the appropriate service to review the data further.

We advise that information and data provided here has been prepared in response to the questions asked, to be used only for its intended purpose, and is covered by the Privacy Act and CM Health policy. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "Margie Apa".

Margie Apa
Chief Executive