

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160
Fax: 0064 3 364 4165
carolyn.gullery@cdhb.health.nz

28 April 2020

9(2)(a)

RE: OFFICIAL INFORMATION ACT REQUEST CDHB 10282

I refer to your email dated 25 February 2020 requesting the following information under the Official Information Act from Canterbury DHB. Specifically: elective surgery impact post White Island incident.

1. **The number of elective surgeries/procedures which were; Rescheduled, Postponed or Cancelled directly related to the White Island incident, between December 9 and February 1. As well as outlining the total figure impacted during this time period, can you please break this down by outcome (as indicated above) and what department they were under, for example: cardiology, gynaecology.**
2. **Please also answer the following:**
 - **Is the DHB still feeling the impacts of the pressure on services as a result of the event?**
 - **If so, where is this being experienced most acutely? I.e. were there particular departments most impacted by the event and its fallout?**
 - **Have delays or amendments to elective surgeries impacted wait lists? How was this being mitigated?**

We carried out an analysis of the impact on our hospital services following the White Island incident and a summary of this is attached as **Appendix 1**. We have subsequently checked with all the relevant services and there are no current issues directly attributable to the White Island eruption on 9 December 2019 apart from the financial impacts.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

IMPACT - WHITE ISLAND

| Service | Service Manager/ Clinical Manager | Comments |
|---|--------------------------------------|---|
| Anaesthesia | Carole Stuart | <ul style="list-style-type: none"> • Operating theatre extended acute hours <ul style="list-style-type: none"> ○ 11/12/19 from 1700 to 2000hrs ○ 12/12/19 from 1700 to 2000hrs ○ 14/12/19 from 0830 to 1630hrs ○ 15/12/19 from 0830 to 1630hrs |
| Cardiology | Rob Hallinan | <ul style="list-style-type: none"> • Delays in Cardiothoracic surgery (as detailed in Appendix 2) meant increased length of stay for these patients on the Cardiology ward. • Cardiology also has had indirect costs associated with the incident. |
| Cardiothoracic | Kimberley Reimers | <ul style="list-style-type: none"> • There were demands placed on patients who were cancelled from OT – list attached in Appendix 2. |
| Child Health | Anne Morgan | <ul style="list-style-type: none"> • Two lists had to be rescheduled from Friday (13/12/19) to early January 2020. • The dept. took one patient on from the plastics department and has now been treated. |
| General Surgery | Kathy Davenport | <ul style="list-style-type: none"> • One patient had their surgery postponed on Wednesday, 11 December due to the demand on plastics. • There will also have been an impact on our access to acute theatre, but this is impossible to quantify. |
| Gastroenterology | Rachael Haldane | <ul style="list-style-type: none"> • Additional 8 hours administration time for rebooking patients for CTS. |
| ICU | David Brandts-Giesen | <ul style="list-style-type: none"> • Issues related to capacity and the need to transfer two patients to other ICUs. • Also needed to defer electives that required post-op ICU on 11-13th December 2019. |
| Internal Medicine | David Smyth | <ul style="list-style-type: none"> • No major affect Internal Medicine apart from ICU occupancy stopping Cardiac Surgery (Cardiology inpatients). |
| Interpreting Services | Kerin Henderson | <ul style="list-style-type: none"> • There was one request from ICU for the use of an Interpreter directly related to the White Island event. • The length of time involved was approximately four hours. No further related requests. |
| Nutrition Services (Allied Health) | Tory Crowder | <ul style="list-style-type: none"> • The cohort of severely burnt patients required complex nutrition intervention particularly the patients on ICU. • Eight patients were under our care and referred on day two of admission. • Four senior dietitians were moved to work in the ICU to meet this increased demand and were pulled from their usual specialties. • We had close liaison with our colleagues at Middlemore National Burns Unit regarding standardising care. • We have ongoing care of the two remaining patients, one who continues to have high nutrition requirements and will do so for the foreseeable future. |

| Service | Service Manager/ Clinical Manager | Comments |
|---|--------------------------------------|--|
| Ophthalmology | Alison Watkins | <ul style="list-style-type: none"> We had to postpone five patients in outpatient clinic so that one of our clinicians could attend another case. Theatre time was not available due to commitments with the burn's victims. This then impacted on our clinician's availability to work in with plastics altered time table. |
| Orthopaedics | Jayne Gibson | <ul style="list-style-type: none"> The orthopaedics team were required to cover the plastic registrar night call role, Thursday - Monday (12th to 16th December) to give the plastic's team some reprieve. Normal Operating theatre (OT) access was affected by the need for ongoing access to OT that is required by a burns patient. 10 days of national diversion from Middlemore for spine patients required. |
| Occupational Therapy (Allied Health) | Marie Williams | <ul style="list-style-type: none"> Hand therapist and a ward 20 Occupational Therapist heavily involved in splinting burn patients in ICU. The Clinical Manager impacted by need for face to face clinical time and liaison with other Allied Health colleagues both here and at the NBC and Waikato. |
| Physiotherapy | Jenny Conroy | <ul style="list-style-type: none"> Staff relocated from hands, to help in ICU. |
| Plastics | Pamela Gordon | <ul style="list-style-type: none"> 12 patients with outpatient appointments deferred, rescheduled for the new year Six patients for theatre deferred, no new dates given for surgery 30 patients were deferred from the skin lesion clinic. |
| Radiology | Josie Boland | <ul style="list-style-type: none"> Initial impact was patients requiring CT trauma scans on arrival. Radiology continued to manage these patients as part of our acute demand as imaging and procedures were required. Radiology stats show no significant increase to our acute work load. Radiology noticed some front-line staff suffered trauma fatigue. However, this was identified early and support has been provided through CDHB Wellbeing Health and Safety Team – People and Capability. |
| Urology | Matt Long | Two patients deferred on 10/12/19 |
| Women's Health | Michele Pringle | <ul style="list-style-type: none"> Loss of one Gynae Theatre list: requiring patients to be rebooked. |
| Nursing | Heather Gray | <ul style="list-style-type: none"> National Burn process activated so our team were on teleconferences, initially several times a day and then daily. Our retrieval service and retrieval teams collected patients overnight (2 trips) on the day of the event as well as one transfer being received from Nelson. We transferred a patient to ICU in Dunedin when we knew we were taking up to 10 patients and that patient was returned on 18th December. |

| Service | Service Manager/ Clinical Manager | Comments |
|---------|--------------------------------------|---|
| | | <ul style="list-style-type: none"> • Second Duty Manager required on duty from the 9th from 1800 until 0700 on the 10th. • Two Service Managers were required in post for five hours on the evening of the 9th (gathering intelligence). • Personal Protection Equipment required for staff due to sulphur gas as well as to protect the patients from bacteria entailing high PPE utilisation and cost in ED, ICU and related wards. • Other incidental costs: <ul style="list-style-type: none"> ○ Had to prioritise the burn surgery, causing an extensive wait list for other acute surgery, especially orthopaedics. ○ Electives surgery postponed to free up time for the burns patients causing us to fall about 50 theatre hours behind regular demand (calculated as taking two weeks to recover). |

Reallocation of resources for patients needing treatment from volcanic eruption

Service area

Cardiothoracic Surgery

| Theatre 9 | Modality | Original date | New surgery date | Procedure/comments |
|-----------|---------------------|---------------|------------------------------|---|
| OT 9 | Cardiac | 10.12.19 | 16.12.19 | Coronary artery bypass grafting (inpatient) |
| OT 9 | Cardiac | 11.12.19 | 21/01/20 | Redo sternotomy + mitral valve replacement |
| OT 9 | Cardiac | 11.12.19 | Was returned to waiting list | Thoracotomy + epicardial lead placement |
| OT 9 | Cardiac | 12.12.19 | Was returned to waiting list | Aortic procedure (PEARS) – also had to cancel surgeon from Waikato Hospital who was assisting |
| OT 9 | Cardiac | 12.12.19 | Was returned to waiting list | Aortic procedure (PEARS) – also had to cancel surgeon from Waikato Hospital who was assisting |
| OT 9 | Cardiac | 12.12.19 | 16.12.19 | Coronary artery bypass grafting (inpatient) |
| OT 9 | Lung cancer surgery | 13.12.19 | 18/12/19 | Left lower lobectomy |
| OT 9 | Thoracic | 13.12.19 | 17/12/19 | Bilateral pectus carinatum repair with NUSS bar |