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RE Official Information Act request CDHB 9826

I refer to your email dated 9 April 2018 requesting the following information under the Official Information Act from Canterbury DHB. (I note that Question 1 was answered as a Media response on 9 April 2018).

2. The total number of all elective surgeries that were outsourced as a result of the closure of the two theatres in January and February.

The closure of the two theatres, week starting 29th Jan and week starting 5th of February resulted in 38 elective surgeries being transferred to an alternative hospital.

In one week we had to:

- Find six additional theatre lists at an alternative hospital
- Allocate two lists from another specialty to gynaecology meaning backfill from other departments was not available
- Move two urology lists to gynaecology and ENT leaving urology with no opportunity to backfill
- 2 gynaecology acute lists were absorbed into the work across the whole theatre suite meaning opportunity to fil spaces in acute lists with electives was lost
- 1 ENT elective list was cancelled and patients were rebooked
- 1 paediatric surgery list cancelled and patients were rebooked
- 2 plastic surgery lists where surgeon was on holiday but backfill planned were re-allocated 1 to gynaecology and 1 kept as an additional acute theatre on the day

The above is just the theatre movements, there was an equal or greater amount of consideration on patients given they were being moved to other theatres or off site.

Ensuring non-deferrable surgery was completed, resulted in other patients, who would have been scheduled for theatre, not being booked for surgery.

The theatres which were out of service were the ones used for gynaecology and gynae-oncology patients so these patients took priority over other normal elective cases.

By way of further explanation, the theatre closures caused significant disruption but was handled effectively to minimise delays in patient treatment. It did, however, distract us from our normal service provision and interfered with new initiatives and cost us money and time, both of which are precious.

The continuity of service provision in these circumstances is a testament to the professionalism of our clinical staff.

3. The amount spent on all outsourced elective surgeries as a result of the closure of the two theatres in January and February.

The total cost impact on the Canterbury DHB as a result of the closure of the two theatres was just under \$2 million dollars.

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 five working days after your receipt of this response.

Yours sincerely

Carolyn Gullery

Executive Director

Planning, Funding & Decision Support