

## CORPORATE OFFICE

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14 January 2021

9(2)(a)

### RE Official information request CDHB 10514

I refer to your email to the Ministry of Health dated 15 December 2020, which they subsequently transferred to us on 17 December 2020, requesting the following information under the Official Information Act from Canterbury DHB. In responding to your request, we have made the assumption that you are particularly interested in TAVI (Transcatheter Aortic Valve Implantation) as this is the procedure that 9(2)(a) received at Christchurch Hospital.

Specifically:

- 1. How many cases are not considered for surgical intervention, and criteria for denial (i.e. by patient type data, lacking resources to deliver, etc.)**

Patients referred for TAVI undergo a multidisciplinary review process that involves Cardiologists, Cardiothoracic Surgeons, Anaesthetists and Radiologists. Acceptance takes into account likelihood of success, anaesthetic risk factors and other underlying health conditions that may limit quality of life beyond the procedure. The review process includes consideration of clinical and diagnostic factors. There will also be a cohort of patients where an open surgical approach will be the more desirable clinical option. In the last 12 months, 132 patients were referred for TAVI and 9 patients were declined.

The Ministry of Health Guideline for the provision of TAVI in NZ for Symptomatic Severe Aortic Stenosis state that “the patient must be predicted to have an ability to benefit, particularly with respect to quality of life and have an estimated life expectancy greater than two years from conditions other than Aortic Valvular Stenosis.”

- 2. There have been numerous times where the patient was bumped from the appointed time for a test, or now procedure. The reason given was that more critical people have been prioritized. Then we have found out that it was a staffing issue. So data on schedule availability, and what has been consumed for patients, versus not used (i.e. staff were unavailable due to vacation, conferences, etc.). Very interested in 30 November - today for Christchurch Hospital specifically.**

Christchurch Hospital has 2 Cardiology Catheter Laboratories. No sessions were cancelled due to vacation or conference leave in period from November 30<sup>th</sup> to December 15<sup>th</sup>. We have regularly scheduled sessions for TAVI, but there are also cases when there is an “acute” need to deliver the procedure at short notice. The scheduling of acute TAVI procedures involves deferring other cardiology and cardiothoracic procedures or clinics and coordinating schedules of interventional cardiologists and anaesthetists. Even when a session is scheduled, there is still the possibility that it may need to be deferred to cater for patients with myocardial infarctions which are considered a medical emergency. We acknowledge the distress that a short notice deferment can cause patients and family.

3. **Data by patient critically average wait times and Service Level Agreements (SLA's) for wait time. For example: You are in immediate heart failure, versus we expect heart failure to take x days. The existing advice from staff is generally "We don't know".**

The ministry of health has a guideline that elective TAVI procedures are delivered in 90 days from acceptance. Of 14 patients currently on the waitlist for elective TAVI at Christchurch Hospital, 2 are currently waiting longer than this guideline.

I trust 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



Ralph La Salle  
**Acting Executive Director**  
**Planning, Funding & Decision Support**