

Statewide Cardiac Cath Lab Capacity Planning Clinical Engagement Report 2023

Associate Professor Andrew MacIsaac was engaged to lead a consultation with key public and private cardiology service providers within Tasmania about current service challenges, pressures, and ideas for service enhancement.

The advice provided to the Department of Health (DoH) by Professor MacIsaac, along with hospital Masterplans; the recently updated Tasmanian Role Delineation Framework; the Long-Term Plan for Healthcare in Tasmania 2040; and the three regional Clinical Service Profiles, will inform the development of a statewide Cardiac Service Strategy and Action Plan for Tasmania (the Action Plan), due for completion by mid-2024.

The following provides a summary of the key recommendations from the consultation from a statewide and regional specific perspective.

Statewide Recommendations

There are opportunities to implement statewide enhancements to cardiology care, equipment, facilities to optimise patient outcomes and strengthen the delivery of cardiac services in Tasmania. Key recommendations include:

- Appoint a Statewide Director of Cardiology Services. This director will have statewide responsibility for strategic direction and oversight concerning all aspects of service delivery including safety and quality, education, and research.

The statewide Director will be a practising clinician maintaining a clinical load of no less than 0.5 Full Time Equivalent (FTE).

- Expand the number of Cardiac Cath Labs in Tasmania.
 - a) It is recommended that an additional public cath lab is built at Launceston General Hospital (LGH).
 - b) In the next 5 years a second public cath lab at Royal Hobart Hospital (RHH) will be required. It is recommended that public use of a private cath lab in Hobart continue in the short term.
 - c) Within the next 10 years a 2 further public labs are likely to be required (one in each of the North and the South).
 - d) In the next 5 years a further private lab will be required in the North.
- Adopt a 24-hour target for the provision of coronary angiography following a non-ST-elevation myocardial infarction (NSTEMI).
- Escalate NSTEMI patients who cannot be transferred to their regional cath lab within 24 hours of presentation to a teleconference involving LGH cardiology, RHH cardiology, the referring Hospital, and the Tasmanian Ambulance Service.

- Establish and monitor waiting time targets for echocardiography and other non-invasive cardiac investigations.
- Require all public and private cath labs in Tasmania to participate in clinical outcomes registries. Include all percutaneous coronary interventions (PCI), implantable electronic cardiac devices (pacemakers and defibrillators) and Transvascular Aortic Valve Implantations (TAVIs). Targeted national and international risk and clinical outcome programs and registries are to be explored, including the Victorian Cardiac Outcomes Registry (VCOR).
- In time, require all cardiac services to implement PACS (Picture Archiving Communication Systems) that enable the rapid electronic transfer of images between services.
- Introduce statewide training programs to develop the Tasmanian Cardiology workforce. Training programs for Cardiac physiologists should be established which will lead to the training of cardiac sonographers and pacemaker physiologists.
- Support statewide nursing training programs, in combination with experience in clinical practice to meet national Cardiac Society of Australia and New Zealand (CSANZ) recommendations for staffing requirements to build a sustainable and flexible workforce.
- Review the current nursing models of care and introduce evidenced based, best practice models of care to support service development including nurse led clinics, and nurse practitioners in outpatient and inpatient care delivery.
- Review and strengthen public and private partnerships by formalising contractual service arrangements for interventional and non-interventional services.
- Strengthen and streamline data monitoring and reporting, including interventional and non-interventional service.
- The waiting times for inpatient and outpatient echocardiogram should be monitored and reported to the Tasmanian Cardiac Clinical Network.

Regional Recommendations

In addition to statewide initiatives, there are several key recommendations that are regional specific. A summary of key recommendations include:

- Cardiology Care at LGH should transition from General Medical Units to be managed by a specialist Cardiology Unit.
- Establish a second cath lab with dedicated holding bays and a cardiac day ward at the LGH.
- Establish a new dedicated Coronary Care Unit (CCU) and Cardiology ward with dedicated beds at the LGH.
- Review the current nursing model of care to compliment the establishment of the cardiology inpatient ward, CCU and outpatient service delivery at the LGH.
- Establish a pharmacy storage room that complies with national standards for temperature control and safe medication storage in the cardiac ward at the LGH.
- Expand echocardiography services in new purpose-built facilities at the LGH.
- Develop expanded outpatient services including a heart failure and chest pain clinic at the LGH and investigate collaboration with private providers.
- Review Cardiology specialist staffing, rostering and governance at the LGH.
- Establish a second public cardiac cath lab at the RHH, with private sector collaboration to be investigated for a short-term solution.
- Review the capacity and demand of outpatient services to ensure adequate service delivery at the RHH.



Department of Health
 GPO Box 125
 Hobart TAS 7001
 1300 135 513
www.health.tas.gov.au