



# Canberra Health Services Consultation Paper;

## Cross-Territory Cardiology On-Call Roster

Cardiology, Canberra Hospital

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## 1. Introduction

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person centred care. It provides acute, sub-acute, primary and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400, 000 people. It also services the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire and the Yass Valley.

CHS administers a range of publicly funded health facilities, programs and services including but not limited to:

- **The Canberra Hospital:** a modern 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- **North Canberra Hospital and Clare Holland House:** these sites are now run and operated by CHS. ACT Government is committed to delivering a new billion-dollar hospital on the Northside Hospital campus, providing more beds and increased services for the ACT community.
- **University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research:** a dedicated and purpose-built rehabilitation facility, with 140 inpatient beds, 75-day places and additional outpatient services.
- **Mental Health, Justice Health, Alcohol and Drug Services:** provide a range of health services from prevention and treatment through to recovery and maintenance at a number of locations and in varied environments for people suffering from mental health issues.
- **Dhulwa Secure Mental Health Unit:** a purpose designed and built facility providing clinical programs and treatment options for people suffering from acute mental health issues.
- **Six community health centres:** providing a range of general and specialist health services to people of all ages.
- **Three Walk-in Centres:** which provide free treatment for minor illness and injury.
- A range of **community based** health services including early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.

CHS is a partner in teaching with the Australian National University, the University of Canberra and the Australian Catholic University.

To enable CHS to have a strong focus on operational effectiveness, efficiency and accountability in the health services we provide, CHS is proposing a realignment of functions.

The [current organisational chart](#) and the recent [Annual Report](#) and the ACT Government [Budget Papers](#) provide more detail about CHS.

The Department of Cardiology is well-established with 11 consultant medical staff and four Advanced Trainees in Cardiology, and two Unaccredited Positions. There are two cardiac catheter laboratories which undertake a total of 850 coronary interventional procedures annually. The unit provides a 24/7 service for primary PCI for acute ST elevation myocardial infarction for the region. The coronary care unit is a 19-bed unit and has 2000 acute and elective admissions.

The cardiology outpatient service provides up to 4500 episodes of care annually with increasing demand each year. There is a close working relationship with our busy cardiothoracic surgical unit. Clinical cardiac electrophysiology services have commenced in April 2019 with complex ablation procedures, an arrhythmia clinic, cardiac device clinics. Cardiac CT program commenced in 2017 in collaboration with the Department of Radiology.

The Cardiology department is supported by dedicated heart function and pulmonary hypertension clinics designed to provide ready access to phone advice, education on self-management, avoid recurrent presentations and to assist with reducing length of hospitalisation by early bridging to outpatient care or closer to home care program. Planning is underway for state-of-the-art expanded acute cardiac care unit and cardiac catheterisation laboratories in the Canberra Hospital Expansion Project (scheduled for completion in 2024).

North Canberra Hospital (NCH) is a level 4 hospital with a dedicated Cardiology Unit and CCU. There are currently 4 specialists on-call and most work across both campuses.

## 2. Purpose

The purpose of this paper is to propose to establish a Cross-Territory Cardiology On-Call roster for the ACT and surrounding regions. The following document outlines and seeks feedback to commence the next part of the consultation process for the Cross-Territory Cardiology On-Call Roster.

The proposed Cross-Territory Cardiology On-Call roster aims to continue to improve patient health outcomes, patient experience, quality of care and efficiency of care delivered by The Canberra Hospital (TCH) and North Canberra Hospital (NCH). It is proposed to establish a six-month trial of a combined cardiology on-call roster and evaluate effectiveness thereafter.

## 3. Current model

- At present, there are two separate on-call rosters for cardiology at NCH and TCH.
- The TCH on-call is split into two - the Interventional Cardiologist (IC) on-call and Non-Interventional (NIC) on-call - with the IC on call performing procedures out of hours.
- This means that each night, there are three Cardiologists on-call. One for NCH and two for TCH.
- The NCH on-call often has less activity, but with more on-call at a 1 in 4 ratio. The TCH on call provides service for the region of Canberra and regional Southern New South Wales.
- Both NCH and TCH have significant roster gaps, that are currently being filled with locums, or are not filled and internally covered adding to the on-call ratio being increased.
- Medical staff who are working at TCH and NCH often have to undertake separate on-call for each site leading to significant fatigue.

## 4. Rationale for change

- By combining the on-call rosters into one regional on-call system, the on-call burden across both TCH and NCH will be considerably reduced, with one NIC and one IC on-call overnight

for the whole territory- leading to 1 in 7 IC on call and 1 in 8 NIC on-call. Please refer to [Attachment A](#) for a draft example.

- With two cardiologists on-call, there is scope to provide emergency support across both hospitals as is undertaken currently, with the NIC covering emergency call ins at NCH and the IC covering TCH for emergency procedures.
- In addition, Advanced Trainees will provide a 24-hour 7-day service for advice across both sites and the region and will support any tertiary emergencies at TCH.
- As part of the Canberra Hospital Expansion, the centerpiece Building 5 will deliver more emergency, surgical and critical care capacity for the ACT and surrounding region. To ensure the Cardiology Departments can meet expected increase in demand, the staffing model must promote a knowledgeable and sustainable workforce operating within current scope with possibilities to extend scope to allow innovative service provision.
- Work is underway to assist in establishment of a territory-wide cardiology service that will aim to ensure our cardiology services are aligned with the future health needs of people living in the ACT and surrounding region. The Cross-Territory Cardiology On-Call roster would improve integration to support seamless transition of care, provide the foundations for a sustainable service and support the need of priority populations groups, ensuing equitable access to care.

## 5. Future model

### 5.1. Scope of the future model

The proposed Cross-Territory Cardiology On-Call roster will affect on-call medical staff working at TCH and NCH.

Following review and feedback, the changes outlined in this proposal have been endorsed in principle by the:

- Executive Director, Division of Medicine, Canberra Health Services
- General Manager, North Canberra Hospital
- Unit Director, Department of Cardiology, Canberra Health Services.
- Unit Director, Department of Cardiology, North Canberra Hospital.
- Chief Operating Officer, Canberra Health Services.
- Clinical Operations Executive Committee

Following the consultation process, final endorsement will be sought from the officers above.

### 5.2. Physical design/structure

There are no changes to the physical design or structure.

### 5.3. Benefits of the future model

The benefits of the Cross-Territory Cardiology On-Call roster aims to:

- Ensure that appropriate governance is maintained for the deteriorating patient, with the Medical Emergency Team/staffed Emergency Department and Intensive Care Unit departments across both hospitals.
- Improved co-ordination of care with integration of the on-call rosters across the two hospitals, as well as appropriate hand over and transfer of unwell patients will improve clinical standards and outcomes.
- Separate post-take ward rounds will be undertaken during the day across both sites, meaning there is no expectation to be on-call at both sites until after 1700hours.
- After 1700hours, one NIC and one IC will be on call, providing cover and support for the Territory.
- Admissions will be under the admitting doctor for each hospital (NCH and TCH).
- With NCH recruiting interventional cardiologist staff specialists, the combined roster will support their involvement in the Primary PCI roster, which is paramount for their ongoing accreditation.

## 5.4. Implementation of the future model

Once finalised, it is proposed that the Cross-Territory Cardiology On-Call Roster will be implemented on **05 February 2023**.

CHS and NCH Cardiology On-Call Rosters are currently in place over the 2023 Christmas and New Years period; the implementation of the cross-territory roster will not have any impact on currently rostered on-call shifts over this period of time.

The development of the new Cross-Territory Roster will be jointly-lead by the Directors of each site and done in collaboration and consultation with those staff partaking in the roster. The development of the roster will also align the roster period between both sites.

## 5.5. Implications for not undertaking the change

Nil change to Cardiology On-Call roster will have a significant negative impact on service delivery and patient care. Both NCH and TCH have significant roster gaps, that are currently being filled with locums, or are not filled and internally covered adding to the on-call ratio being increased. Medical staff who are working at both sites often have to undertake separate on-call for each site leading to significant fatigue. Interventional Cardiologists recruited from NCH may not achieve recommended case numbers for emergency cases if not on the IC on-call.

## 6. Consultation methodology

This proposal provides more detail in relation to the proposed Cross-Territory Cardiology On-Call Roster. There are still details that need to be determined and your feedback, suggestions and questions will assist in further refining the proposed staffing structure.

Feedback can be provided via email to [CHSDOM@act.gov.au](mailto:CHSDOM@act.gov.au).

Feedback is due by 30 November 2023

We are seeking responses to the following questions:

1. Do you support the proposal to establish a Cross-Territory Cardiology On-Call roster.
2. Do you have any concerns about the proposal? If so, what are they?
3. Do you have any other feedback you would like to be considered in relation to the proposal?

For any further information relating to the proposal and subsequent consultation process, please contact [CHSDOM@act.gov.au](mailto:CHSDOM@act.gov.au).

## 7. References

Document	Author
<i>ACTPS Medical Practitioners Enterprise Agreement 2021-2022</i>	<i>ACT Public Service</i>