

ABSTRACT

Background: Ischaemic heart disease is the number one cause of mortality in Sri Lanka and with the prevalence of risk factors, urbanization and ageing of the population, the situation is expected to get worse. The accepted surgical treatment for coronary insufficiency, both to relieve symptoms and to reduce mortality, is Coronary Artery Bypass Grafting surgery. There is a long waiting list for patients who have registered for surgery which affects their quality of life and prognosis. However, there is no data on the magnitude of the problem and the factors that contribute to the delay.

Objective: To determine the intutional factors which contribute to the delay in CABG surgeries in NHSL.

Design: A two-stage, cross-sectional descriptive study conducted in the four CTUs of the NHSL using primary data gathered from MOs of the CTUs using a questionnaire and secondary data on registration at the cardio-thoracic clinic and CABG surgeries performed during 2009.

Outcome measures: The outcome measure is the duration from the time of registration at the cardio-thoracic clinic for CABG surgery and the date on which the surgery is performed, both extracted from the registers maintained at the respective places.

Results: The majority of patients had to wait 21-40 weeks to undergo surgery from the date of registration at the clinic while the median waiting time was 40 weeks. Some patients have received the surgery as early as 5 weeks, but some others had to wait for 153 weeks. With regard to the human resources, the main problem is with the nursing officers and junior medical officers. In terms of bed strength, the problem lies in the ICUs and HDUs. When it comes to physical resources, the equipments are in place, but the consumables are a problem.

There is heavy criticism of the hospital administration for the delay in CABG surgery from the Medical Officers. The MOs believe that the administrators are inefficient, not committed, even though they are well aware of the problem. Lack of a protocol for a monthly target is identified as a barrier. The MOs firmly believe that a separate administrator is needed to reduce the delay.

Conclusions: Given the significance of IHD and the future predictions, the issue of delay in CABG needs to be addressed urgently, or else there will be a significant impact on the whole health care system. With all the resources being in short-supply, the most important and productive action that can be taken immediately would be to increase the bed strength of the ICUs which is causing a bottle-neck situation.