

**Gary DeWeese, Cardiologist, Comments on Presentation of Special Needs Petition for
Shared Fixed Cardiac Catheterization Laboratory,
Iredell County,
Proposed 2012 State Medical Facilities Plan
Raleigh, August 1, 2011**

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Medical Facilities
Planning Section

Thank you for taking time to conduct this hearing. Good afternoon, my name is Gary DeWeese. I am one of 9 practicing cardiologists with privileges at Iredell Memorial Hospital, Davis Regional Medical Center and Lake Norman Regional Medical Center. I have practiced in Statesville for approximately two years. So, I understand the community and have seen just how much a complete heart program means to my patients. I have trained in programs with open heart surgery and participated in development of Iredell Memorial's therapeutic catheterization program. It is top notch.

I made the special trip today to support this petition, because the cardiac catheterization at Iredell Memorial is important to me and my patients. Iredell Memorial has an excellent program. I think so and the rating agencies agree. It is accredited by The Joint Commission and it meets all of the Standards for the American College of Cardiology for both therapeutic and diagnostic cardiac catheterization. In addition, the Hospital recently received recognition from the American Heart Association as a Get With the Guidelines[®] – Heart Failure Gold Quality Achievement Award winner. Most importantly, I trust them with the care of my patients every day.

We are forty minutes or more from the nearest open heart surgeons and tertiary cardiac catheterization programs. Some patients we serve live more than 1.5 hours away from open heart surgery hospitals. Without open heart back-up on site, other physicians in the community and I are very careful about which patients we refer to Iredell Memorial

versus a tertiary center. If open heart is possibly indicated, we refer to Winston Salem or Charlotte, where excellent, well-developed cardiac programs can provide the patient care they need. However, today, most patients are low risk for open heart surgery. Stenting technology, in which the cath lab is used to place a tiny reinforcement in the cardiac artery or arteries has advanced significantly and is a much less invasive, effective solution for clogged heart vessels.

Iredell Memorial treats patients who need diagnostic caths and / or stents exceptionally well. It has very good protocols to protect against emergencies. Clinical outcomes are excellent, and the growth in the cardiology services at Iredell Memorial Hospital has reflected this quality of care. Our medical staff is fully engaged in keeping high STEMI scores. Because patients stay closer to home, they are more likely to follow through with their rehabilitative and preventive care regimens. I get more opportunity to discuss cases with the interventional cardiologists, because we are in the same town, working in the same hospital. Heart disease is a big issue in Iredell County. In our area, cardiac mortality rates are higher than the state average, so we cardiologists work harder on both the preventive end and the treatment end – and the hospital supports us.

I have choices in Iredell County. And I choose Iredell Memorial's program, because it is full service. They have invested in the staffing quantity and quality in a heart program that includes strong prevention and rehabilitation components. The hospital's cardiac catheterization laboratory has full time, dedicated staff that works only in the catheterization laboratories. The other hospitals do not have this kind of staffing. Iredell Memorial's nursing staff is exceptionally well trained in careful removal of the access sheath, and in patient management for optimum clotting time. It has important

monitored bed capacity. Staff in the laboratory, emergency room, and management supports the program such that we can respond very quickly, even when cardiac catheterization procedures are unscheduled or emergent. Now, we need more capacity, a good problem, but one the hospital wants to manage prudently.

Using the existing EP/ Angiography lab is an ideal solution for managing growth. It is economical because the hospital does not have to invest additional capital, and it provides the medical staff access to the equipment we need to have for our patients. The physicians at Iredell Memorial can work together on patient schedules to make this a very cost effective solution. We all appreciate the importance of critical care for critical patients. We do not know at what level the program growth in cardiac catheterization will reach its maximum. A shared lab will permit us to expand and meet the needs of our patients.

Patient Story

Thank you for your time and attention. I urge you to support this petition and to let us move on with using the EP/ angio laboratory for a third purpose as soon as possible. I too am open to questions.

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