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Medical Facilities  
Planning Secretary,

**Ed Rush Presentation of Special Needs Petition for Shared Fixed Cardiac Catheterization Laboratory,  
Iredell County,  
Proposed 2012 State Medical Facilities Plan  
Greensboro, July 13, 2011**

Good afternoon, my name is Ed Rush. I am President and CEO of Iredell Memorial Hospital and Iredell Health System. The hospital and health system are based in Statesville, though our service area extends to Iredell, Davie, parts of Rowan, Catawba, Lincoln and Wilkes County. We offer tertiary services in cardiac and cancer care and are the only non-profit health system in the county.

Today, I am asking members of the State Health Coordinating Council to modify the Proposed 2012 State Medical Facilities Plan to include a special need for one shared fixed cardiac catheterization laboratory in Iredell County. This would be a modification to Chapter 9 for the Iredell County service area.

My Board of Trustees and I make this request after considerable thought, and after trying several other alternatives. As I will explain, it will not be possible for Iredell Memorial to respond effectively to patient demand for our excellent heart program services without your assistance and an identified special need in the 2012 Plan.

Iredell Memorial Hospital began offering cardiac catheterization services in 1989. In 2008, following two years of work with national consultants, our medical staff, and extended discussions with other community hospitals around the country that were offering similar programs, we initiated therapeutic catheterizations. This was a good decision. The quality is strong, because the upfront planning we did helped us develop critical program elements, including well trained staff. Patients and physicians have responded by using the service. Today, we do two to three therapeutic and four to five diagnostic catheterizations a day. The lab reached 80 percent capacity this past March and is averaging 89 percent year to date, 1335 annual diagnostic equivalent procedures. At this high volume, on a single catheterization lab, scheduling has now become very difficult.

As I speak, we are making arrangements for a mobile unit to relieve the pressure, but this is not a permanent solution. It is expensive, because it involves overhead of a second company; and it is inconvenient, because the service is available only on limited days of the week. The mobile unit will be

located on a pad outside the hospital, where we cannot get economies of scale in staffing. Similarly, sending patients out of county is not a good option when we have experienced staff at our Hospital and our patients want to stay local.

Although our trends indicate that Iredell Memorial will have sufficient cardiac catheterization volume to fill two labs to 80 percent capacity by early 2014, the *Proposed 2012 State Medical Facilities Plan* does not and future Plans will not show need for another cardiac catheterization laboratory in Iredell County for several more years. The reason why? - There are two other cardiac catheterization laboratories in the county. Both are located at for-profit hospitals and both are chronically underused, operating at five and ten percent of capacity continuously. They are not a good alternative for the county, if only because repeated studies show the direct relationship between sustained volume, repetition and quality in a technical program. Nonetheless, these labs are counted in the Iredell County service area statistics, making it appear as if the county has excess cardiac catheterization capacity.

As any manager knows, equipment is only part of a program. Cardiac catheterization requires a dedicated, specially trained and constantly retrained staff - including the programs that support the laboratory. Nursing staff involved in recovery must be exceptionally well trained and practiced. Ancillary staff must also be trained and available. Having been an administrator in a hospital that offered open heart surgery, I know what it takes to build and sustain a high quality heart program. At Iredell Memorial, we have developed excellent dedicated cardiac catheterization lab technologists; highly trained nurses and all of our cardiologists are board certified, two of them in invasive cardiology. Staff is continuously involved in developing state of the art skills. Recognizing this, community physicians, including diagnostic cardiologists in Iredell and surrounding counties choose Iredell Memorial's cardiac catheterization program for their patients.

Because our volume has grown so much and our existing cath lab has such high utilization, we are upgrading our equipment this year. We have worked with the Division of Health Services Regulation, and developed a plan to assure that the program continues uninterrupted during the upgrade.

After we upgrade our existing equipment, a shared fixed laboratory is the best next step to improved cardiac catheterization capacity and quality in the county. "Shared fixed" means that we would use one

piece of equipment for two different purposes. To permit this, the 2012 Plan must show need for one additional shared fixed cardiac catheterization laboratory in Iredell County.

Iredell Memorial already has, in service, a separate, dedicated angiography/ electrophysiology (EP) laboratory. It is state-of-the-art and the equipment has all of the technical requirements to be used for cardiac catheterizations. We cannot routinely use it for cardiac catheterizations, because of CON restrictions. Though critical to our growing EP/ peripheral vascular program, the equipment still has untapped capacity. On a temporary basis, the CON Section has approved us to use it as a temporary cardiac catheterization lab, while the permanent cardiac catheterization lab is out of service for the upgrade mentioned previously. In addition to its technical specifications, the EP/ angiography is ideally located. It is adjacent to the cardiac catheterization lab.

Our Board thought long and hard before we started the therapeutic cardiac catheterization program and we have deliberated about this petition for months. When we implemented the ability to perform interventional procedures in 2008, we did so with full Board and Medical Staff support. We continue to invest the resources, both in equipment and people, to make this program the highest quality possible. We have worked hard to maintain our position as an independent, non-profit community hospital, and we now need your help in our continuing effort to serve the residents of our service area.

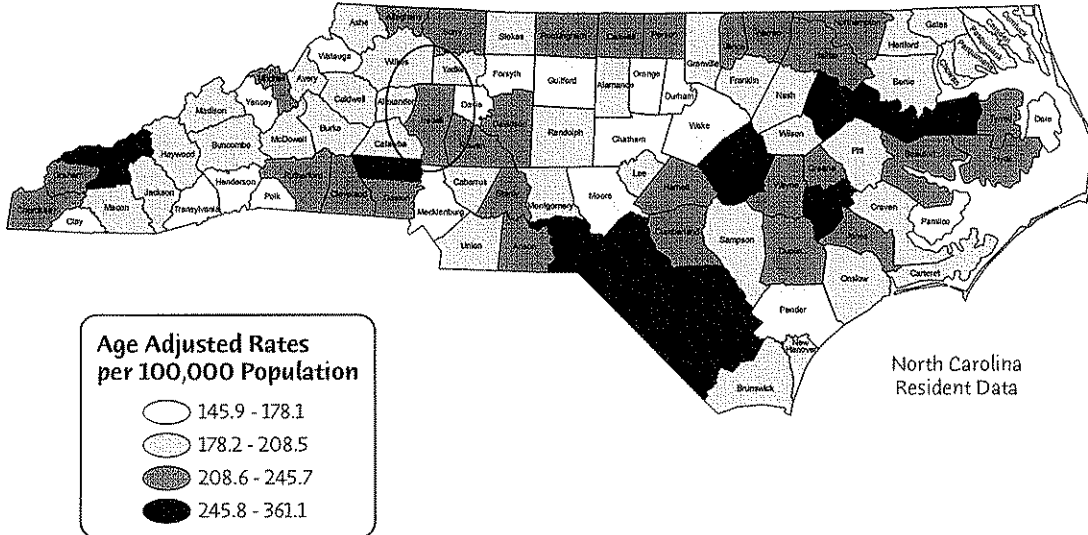
We have concluded that a petition for a shared fixed lab meets the three basic principles of the 2012 Plan.

- Using our existing EP/ Angio lab as a shared fixed lab will improve quality of care by moving cardiac catheterizations from part-time, rented equipment located outside the hospital to full time service inside the hospital adjacent to the other cardiac catheterization laboratory. Communication, a critical component of quality, would be vastly enhanced. Staff would spend more time in patient care and less time in patient transport.
- It will improve access by making more cardiac catheterization capacity available every day the Iredell Memorial catheterization program is in service. Iredell County and our service area have high rates of heart disease mortality; hence will have sustained high need for cardiac catheterization. The county ranks in the 75<sup>th</sup> percentile of heart disease mortality for the state.

- A shared fixed laboratory would be a high value solution. Incremental costs would be minimal. Iredell Memorial could offer the service at no additional capital cost and with minimal incremental staffing.

I ask that you help us and approve this request. I will be submitting a formal petition in the required format later this month. Meanwhile, I will be happy to respond to any of your questions today.

## North Carolina Heart Disease Mortality Rates 2005-2009



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