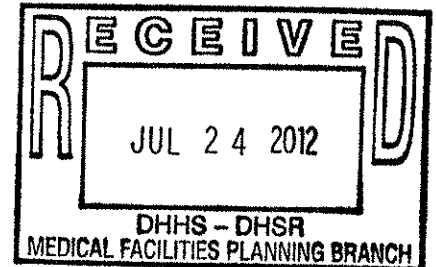


**Presentation of Special Needs Petition for Cardiac Catheterization Laboratory,
Carteret County,**

Proposed 2013 State Medical Facilities Plan

Wilmington, July 24, 2012

DRAFT



Introduction

The hospital is located in Morehead City, though our service area extends to throughout Carteret County and into parts of Onslow and Craven Counties. We have a year round population of approx. 68K, and seasonal increase to approx. 150K. It is the only hospital in Carteret County. Carteret General offers tertiary services in cancer care, and is an active participant in the regional cardiac care network, RACE. Our board and staff are committed to strengthening our cardiac care program

Request

I am here to ask members of the State Health Coordinating Council to modify the Proposed *2013 State Medical Facilities Plan* to include a **special need for one shared fixed cardiac catheterization laboratory in Carteret County**. This would be a modification to Chapter 9 of the Plan, specifically addressing the Carteret County service area.

Reasons

Our Board of Trustees, CEO, and I make this request after considerable thought, and after trying and considering several other alternatives. Carteret County is 100 miles long and residents of some communities are an hour from the hospital and two and more

hours from the nearest cardiac catheterization laboratory in New Bern. The median age of county residents is over 46 years and increasing.

Approximately ~~10~~ years older than the avg. population of NC.

Although we are active in the EMS-sponsored RACE network, have a cardiac intensive care unit and are served by two groups of cardiologists, including three board certified invasive cardiologists, we do not offer cardiac catheterization. We do offer tPA for heart attacks, but that is not enough for good standard of care. Around us, comparable hospitals like Onslow Memorial and Lenoir Memorial provide cardiac catheterization services.

That Carteret General does not yet have the service is a function of competing priorities in the past. However, we are ready now and the need is there.

We have an angiography laboratory, and have since 1989. It was replaced in 1996 and is due for another replacement soon; we would like to make the investment as efficient as possible for our community.

Alternatives

The Proposed 2013 State Medical Facilities Plan includes a need for an additional cardiac catheterization laboratory in the service area that includes neighboring Craven, Jones and Pamlico counties. The procedures that generated that need include residents of Carteret County. We could apply for a CON to respond to that need. However, we would have to locate the unit in one of those counties and not at Carteret General, where it would be supported better. If the Carteret Jones Pamlico need remains in the 2013 Plan and Carteret is not included in the service area, a third cardiac catheterization laboratory

could be placed in Craven County. One alternative is to include Carteret County among the eligible locations for that laboratory.

Another alternative is for Carteret General to lease a mobile cardiac catheterization unit and build volume to 240 catheterizations, and then apply for a fixed shared cardiac catheterization, angiography laboratory. This alternative fits with the Proposed 2013 Cardiac Catheterization Methodology 2. However, it is expensive. It would not give the hospital full time coverage and it provides no efficiency in use of existing resources.

Cardiac events do not schedule themselves to fit mobile unit schedules.

It appears, based on a snapshot of Thomson Reuters data, that we refer out 500-600 IP cases. Much of cardiac cath has shifted to an OP status. We are assembling that data. We are doing our best to get that data by your deadline.

A better alternative is to permit Carteret General Hospital to apply directly for a shared fixed cardiac catheterization/angiography laboratory in the Carteret County service area. This is efficient, cost effective and will let us continue to work with the regional cardiac care delivery system.

Evidence of Non-Duplication

Carteret has no cardiac catheterization capacity. Yet Carteret County is larger than Lenoir County. Carteret has 35,000 people over age 45; Lenoir has 23,000. Lenoir has a cardiac catheterization laboratory and maintains a respectable volume of procedures that would justify a shared fixed laboratory. Carteret participates actively in a regional cardiac care program and would continue to do so for therapeutic procedures and open heart surgery. We refer to both CarolinaEast and Vidant Memorial.

We have received verbal support from both Vidant and CarolinaEast. We also have a verbal support, obtaining a letter of support from the CarolinaEast Cardiology group, who are interested in assisting us in moving this initiative forward.

Benefit

The proposed solution would bring cardiac catheterization closer to a large and growing population of persons over 45. It would permit Carteret County to build reasonable capacity in a program that is already committed to a regional network. Carteret General has a cardiac rehabilitation program. We would like to expand our preventive services so the preventive surpasses rehabilitation. Having the capacity will help us retain in the community, the level of high quality physician who can help make this possible.

Quality

CGH is committed to quality. To put that in perspective, Quality and safety is a strategic imperative for our organization. Our culture is focused on safety and excellence. We have demonstrated continued improvements in our quality outcomes over the past 5 years, achieving the following:

- 1) Safety Data-
 - a. Just Culture Collaborative
 - b. 0.15 rate, 34 days to 316 days today
- 2) Bronze, Silver, Gold Award for HF
- 3) Top 10% Core measures
- 4) CAUTI-Only hospital of 21 /collaborative in NC filmed for CMS
- 5) Readmission rate for HF-HF 8.5%
- 6) COE for Bariatrics, Joints

7) Surveying this year for Stroke

a. Participate in the telestroke program with WFUBMC, chosen due to real time access to Board certified vascular/neuro physicians

b. Door to CT best in state, presented in numerous presentations

8) HACs – CLABSI/VAP outcomes below national benchmark, and 0% for VAP for extended period of time

So, hopefully you can see our dedication to ensuring quality in our programs, and cardiac cath would be no different.

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.