



Central Carolina Hospital

August 16, 2010

Gene DePorter
Division of Health Services Regulation
Medical Facilities Planning Section
2714 Mail Service Center
Raleigh, NC 27699-2714

DFS Health Planning
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Medical Facilities
Planning Section

Dear Mr. DePorter:

As you are aware, Central Carolina Hospital (CCH) presented a Petition to the SHCC for an Adjusted Need Determination for Shared Fixed Cardiac Catheterization Equipment in Lee County in the *2011 State Medical Facilities Plan* at the August 2nd Public Hearing. As stated in our Petition, this request is based upon the fact that utilization of the mobile cardiac catheterization unit at CCH has reached and exceeded the 240 diagnostic cardiac catheterization threshold defined in the Cardiac Catheterization Methodology for the last full twelve month period and will exceed 240 diagnostic cardiac catheterization procedures in FY 2010. In addition, CCH cardiologists are trained to provide diagnostic cardiac catheterization procedures and are positioned to further develop and expand cardiac services at CCH. This expansion will improve access to cardiac services for the residents of Lee County and the CCH Service Area.

When we presented our Petition at the August 2, 2010 Public Hearing, we received six additional questions from SHCC members present. We are providing the following written responses to the questions asked at the Public Hearing.

Additional Questions

1. Mr. Young asked: Are additional days of mobile services available?

Response:

FirstHealth Moore Regional Hospital (FirstHealth-Moore) provides CCH with quality mobile cardiac catheterization equipment for which CCH is appreciative. However, additional access is limited. Specifically, requests for additional time have previously been unsuccessful or have not been conducive to efficient patient care. The mobile lab travels to other sites and is either unavailable or only available after 4 p.m. or 5 p.m. in the evening.

Additional days of mobile service are at best an interim solution. Mobile service is inefficient, adds overhead, and there is always at risk of a truck breakdown and/or damage to the equipment on the road. It can compromise patient privacy during transport to and from the mobile unit and it is not the best patient care. CCH's patients are treated in a space that is physically outside the hospital, which means that patients are exposed to the elements while being transported between hospital and mobile unit. For example, it has been over 100

degrees several days this summer and patients have to be taken outside in this heat to get to mobile unit.

CCH does not consider additional days of mobile service the most effective alternative in terms of patient care, quality, and safety.

2. Dr. Burch asked: Why has there been such a significant increase in utilization?

Response from CCH:

The increased utilization is attributable to a change in cardiology coverage due to physician recruitment. For a number of years, Duke had three full time cardiologists in Lee County. When these three physicians left the area, Sanford Cardiology opened with one cardiologist practicing in Lee County. Since that point, Sanford Cardiology has added two additional full time cardiologists. Additionally, Duke has reopened the cardiology practice in Sanford providing an additional full time cardiologist.

CCH has provided diagnostic cardiac catheterization services through a contracted mobile unit since 1993. Prior to January 2008, CCH had a Duke mobile catheterization unit on site. However, only cardiologists credentialed by Duke could utilize the equipment. In January, 2008, the FirstHealth mobile catheterization unit replaced the Duke equipment allowing all cardiologists credentialed at CCH access to the equipment. As a result, in 2008, CCH performed 9% of all outpatient diagnostic cardiac catheterizations on Lee County residents. CCH market share increased to 15% of all outpatient diagnostic cardiac catheterizations on Lee County residents in 2009.

In FFY 2009, CCH performed 122 cardiac catheterization procedures. Since that time utilization has grown considerably with the expansion of the medical staff. For the last three consecutive twelve month periods ending in April, May and June of this year, CCH volume was between 235 cases and 240 cases. For the twelve months ending July, 31, 2010, CCH exceeded the 240 threshold. Utilization of the mobile catheterization unit at CCH has continually increased during the last year, and has exceeded the 240 cardiac catheterization procedures required to determine a need for a shared fixed cardiac catheterization lab in Lee County.

3. Dr. Marshall asked: Does CCH have the medical staff to perform lower extremity angiography?

Response from CCH:

CCH has identified the need for medical staff support and additions to perform lower extremity angiography. The cardiologists do not currently perform these procedures and we do not have an interventional radiologist.

As reflected in our Petition, CCH has ongoing discussions with area physicians capable of performing peripheral angiography services to support the need for the share fixed cardiac

catheterization equipment at CCH. If necessary, CCH will recruit additional physicians to provide this service.

4. Dr. Marshall asked: Will CCH have weekend coverage?

Response from CCH:

Yes. Cardiac catheterization coverage will be available on weekends at CCH. However, CCH will maintain its transfer arrangements with the other hospitals as the cardiac catheterization equipment requested will be used for diagnostic cardiac cath. Patients requiring interventional procedures will still need to be transferred as CCH does not have on-site CV back up at this time.

5. Dr. Bradley asked: What percentage of procedures will be elective?

Response from CCH:

Approximately 60% of cardiac catheterization procedures are elective.

6. Dr. Cutchin asked: Are there are records of delayed diagnosis that have led to an adverse outcome?

Response from CCH:

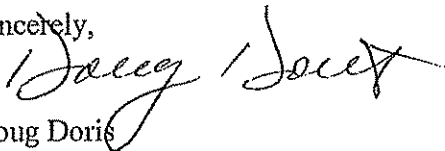
For risk management purposes we cannot disclose specific information about CCH patients.

Given the limited access to the current mobile catheterization lab, CCH has proactively implemented protocols and pathways that include appropriate transfer of patients. Our goal is to screen patients appropriately and ensure they are provided services without undue delay. This results in a high percentage of patients having to leave the area for cardiac catheterization services due to the limited access to these services.

We will be in attendance at the September 8th meeting of the Technology and Equipment Committee and will respond to additional questions at that time.

Thank you for consideration of our Petition.

Sincerely,



Doug Doris
CEO

Central Carolina Hospital