Every year more than three million volunteers contribute their time and talents to help our organization defeat heart disease and blood vessel disease --and save lives.



August 3, 2011

Honorable William Wainwright, Chairman State Health Coordinating Council

Christopher Ullrich, MD, Committee Chairman Technology and Equipment Committee

Elizabeth Brown Chief, Planning Section Division of Health Service Regulation 2714 Mail Service Center, Raleigh, NC 27699-2714

Learn and Live $_{\scriptscriptstyle\mathsf{su}}$

Mid-Atlantic Affiliate 3131 RDU Center Drive Suite 100 Morrisville, NC 27560 Phone: (919) 463-8300 Fax: (919) 463-8393

DFS HEAlth Planning RECEIVED

AUG 16 2011

Medical Facilities Planning Section

RE: Support for Petition from Iredell Memorial Hospital for Special Need for Shared Fixed Cardiac Catheterization Laboratory

Dear Chairmen Wainwright and Ullrich, and Ms. Brown,

Thank you for taking time to consider my comments on Iredell Memorial's petition for a special need in the 2012 State Medical Facilities Plan. Iredell Memorial Hospital has developed an excellent set of services that reach the needs of people who have heart disease in Iredell County and surrounding communities. We are very impressed by the way that hospital leadership has worked with the community, gradually building components, and assuring that staff and equipment capabilities were of the highest caliber with each service expansion. These efforts include AHA recognition for Stroke and Heart Failure care and most recently for successfully receiving accreditation from The Society of Chest Pain Centers.

Iredell Memorial has made a significant investment in its heart care program. And the communities in north Iredell, Statesville, Mocksville and north to the Virginia border, which include significant numbers of people who have heart disease or risk factors like diabetes and obesity that will lead to heart disease, are the beneficiaries. When family is fortunate enough to have a complete cardiac catheterization program in a community near them, they are also more likely to get tied into a primary and preventive care program that will sustain better health for whole communities. Removing the travel barrier gives patient and family more time and resources to invest in understanding how to control their own health.

Please permit Iredell Health System to increase capacity by using existing equipment in the very cost effective way proposed by in its petition. Please approve the proposed Special Need adjustment for a shared fixed cardiac catheterization laboratory in the 2012 State Medical Facilities Plan.

Regards,

Ronald L. Cromartie, FAHA Senior Quality Consultant American Heart Association



Novant Medical Group

James H. Bradford, MD, FACC

Naim E. Bouhussein, MD, FACC

Wendy P. Lewis, ANP-C

Malinda S. Sherrill, FNP-C

Kelly T. Johnson, MA

August 12, 2011

Honorable William Wainwright, Chairman State Health Coordinating Council

Christopher Ullrich, MD, Committee Chairman Technology and Equipment Committee

Elizabeth Brown Chief, Planning Section Division of Health Service Regulation 2714 Mail Service Center, Raleigh, NC 27699-2714

RE: Support for Petition from Iredell Memorial Hospital for Special Need for Shared Fixed Cardiac Catheterization Laboratory

Dear Chairmen Wainwright and Ullrich, and Ms. Brown,

Thank you for taking time to consider my comments on Iredell Memorial's proposed change to the 2012 State Medical Facilities Plan. Iredell Memorial Hospital has developed an excellent set of services that reach the needs of most of the people who have heart disease in Iredell County and surrounding communities. Hospital leadership has worked with the physician community, and community service providers, gradually building components of the heart care program, assuring that staff and equipment capabilities were of the highest caliber with each service expansion.

Today, the hospital offers the best cardiac care in the county. Physicians and our patients are supported by a menu of services that include: a community health center offering primary care to people who cannot afford to pay, a wellness program that includes a Diabetes program that meets standards established by the American Diabetes Association, a Medicare Certified Cardiac Rehabilitation program and a full service cardiac catheterization program, offering both therapeutic and diagnostic procedures, monitored beds with specially trained nurses, and state of the art testing in our hospital laboratory.

DFS HEAlth Planning, RECEIVED

AUG 16 2011

Medical Facilities Planning Section Letter, SHCC and Planning August 12, 2011 Page 2

Inside the hospital, nursing and technologist staff are exceptionally well trained. To assure maximum safety for our therapeutic catheterization patients, staff routinely participate in emergency procedure drills with the open heart surgery hospitals in Charlotte and Winston-Salem. The open heart staff at those hospitals are always on standby alert when Iredell Memorial conducts one of these procedures. Our local emergency transport staff is similarly integrated into the patient safety program.

I believe Iredell Memorial Hospital, in cooperation with the community cardiologists, has established a high quality cardiac program. This program offers both general and interventional cardiology options to patients within this local community. The volume of patients with cardiac disease in our community is growing, and Iredell Memorial Hospital remains committed to meet the increasing needs of our community.

We now have a problem. The equipment is about to exceed capacity. Extended hours do not work for our community, because so many of our patients travel rural roads. We have a solution – use the hospital's angiography/EP lab as a "shared fixed laboratory." It will require no capital cost, it can use just about the same staff and support, and no patients will be displaced.

I understand that existing chronically underused laboratories at Davis and Lake Norman hospitals mean that the State Medical Facilities Plan may never show need for more cardiac catheterization laboratories in Iredell County. That makes recognition of this special need essential.

Please approve Iredell Memorial's request, as quickly as possible.

Regards.

Ritesh Shah, MD 738 Bryant Street

Statesville, NC 28677

Total Shelines



Novant Medical Group

James H. Bradford, MD, FACC

Naim E. Bouhussein, MD, FACC

Wendy P. Lewis, ANP-C

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Kelly T. Johnson, MA August 12, 2011



Honorable William Wainwright, Chairman State Health Coordinating Council

Christopher Ullrich, MD, Committee Chairman Technology and Equipment Committee

Elizabeth Brown Chief, Planning Section Division of Health Service Regulation 2714 Mail Service Center, Raleigh, NC 27699-2714

RE: Support for Petition from Iredell Memorial Hospital for Special Need for Shared Fixed Cardiac Catheterization Laboratory

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Letter, SHCC and Planning August 12, 2011 Page 2

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I particularly appreciate the fact that Iredell Memorial Hospital has worked with the cardiologists and interventional cardiologists to establish a diagnostic and interventional cardiac program that allows patients to receive high quality care and treatment in their local community. The hospital has also worked very closely with us, the cardiologists, to plan for and develop a plan to meet the continued increasing necessity for cardiac services in our community.

We now have a problem. The equipment is about to exceed capacity. Extended hours do not work for our community, because so many of our patients travel rural roads. We have a solution – use the hospital's angiography/EP lab as a "shared fixed laboratory." It will require no capital cost, it can use just about the same staff and support, and no patients will be displaced.

I understand that existing chronically underused laboratories at Davis and Lake Norman hospitals mean that the State Medical Facilities Plan may never show need for more cardiac catheterization laboratories in Iredell County. That makes recognition of this special need essential.

Please approve Iredell Memorial's request, as quickly as possible.

Regards,

James Bradford, M.D. 738 Bryant Street, Suite A Statesville, N.C. 28677

Janu Sudful w

(704) 873-1189



August 12, 2011

DFS HEAltH PLANNING RECEIVED

AUG 16 2011

Medical Facilities
Planning Section

Honorable William Wainwright, Chairman State Health Coordinating Council

Christopher Ullrich, MD, Committee Chairman Technology and Equipment Committee

Elizabeth Brown Chief, Planning Section Division of Health Service Regulation 2714 Mail Service Center Raleigh, NC 27699-2714

RE: Iredell Health System Petition to Use Existing Angiography Laboratory Equipment for Cardiac Catheterization Procedures

Dear Chairmen Wainwright and Ullrich, and Ms. Brown,

This is to formally express my support for the Special Need Petition by Iredell Memorial to adjust the 2012 State Medical Facilities Plan. I am a Board Certified Cardiologist with over 20 years of experience, trained and experienced in invasive cardiology. I have worked in Iredell County for two years.

Having practiced in two academic medical centers and with two hospitals that offered open heart surgery, I helped in planning and implementing two cardiac cath programs. I am very familiar with the elements of an excellent cardiac catheterization program. Leadership, teamwork, and commitment to excellent patient outcomes in all departments of the hospital are essential. At Iredell Memorial, I am privileged to have all of these.

Iredell Memorial's single cardiac catheterization laboratory is at capacity and already working late in the evening. Right across the hall, sharing a common control area, common recovery space and program is an angiography laboratory. I have attached a drawing to show you how close. The angiography equipment has capacity, is state of the art, and can do cardiac catheterizations with no modifications. We need Certificate of Need authorization to use it.

It is frustrating and unfair to make patients wait, when we have technical capacity. Using equipment across town or across the county is not an option. That equipment is not supported by a comparable program. Emergency room physicians now refer patients from other hospitals to Iredell Memorial.

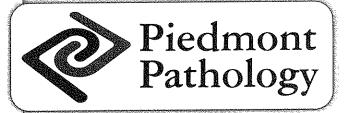
Please approve the Special Need petition so that we can provide all around good value to our patients.

Regards,

Gary DeWeese, MD, FACC

Piedmont HealthCare Cardiologists

Attachment: Drawing of Cardiac Catheterization and Angiography Labs IMH



July 28, 2011

Honorable William Wainwright, Chairman State Health Coordinating Council

Christopher Ullrich, MD, Committee Chairman Technology and Equipment Committee

Elizabeth Brown Chief, Planning Section Division of Health Service Regulation 2714 Mail Service Center, Raleigh, NC 27699-2714 1899 Tate Boulevard SE, Suite 1105

Hickory, North Carolina 28602

tel 828.322.3821 • 888.339.8147

fx 828.322.1122 • www.piedpath.com

DFS HEALTH PLANNING RECEIVED

AUG 16 2011

Medical Facilities
Planning Section

RE: Support for Petition from Iredell Memorial Hospital for Special Need for Shared Fixed Cardiac Catheterization Laboratory

Dear Chairmen Wainwright and Ullrich, and Ms. Brown,

Thank you for taking time to consider my comments on Iredell Memorial's proposed change to the 2012 State Medical Facilities Plan. Iredell Memorial Hospital has developed an excellent set of services that reach the needs of most of the people who have heart disease in Iredell County and surrounding communities. The components of our heart care program have been gradually built with assurances that staff and equipment capabilities were of the highest caliber each time service expansion occurred. Hospital leadership worked very closely with the physician community as well as community service providers to make sure that all of the components were well integrated.

Today, the hospital offers the best cardiac care in the county. Our patients and physicians are supported by a well-integrated menu of services which includes a wellness program that includes a diabetes program that meets standards established by the American Diabetes Association, a community health center offering primary care to people who cannot afford to pay, a cardiac rehabilitation program which is medicare certified and a full service cardiac catheterization program, offering both therapeutic and diagnostic procedures, monitored beds with specially trained nurses, and state-of-the-art testing in our hospital laboratory.

Nursing and technologist staff is exceptionally well trained inside the hospital. Our staff routinely participates in emergency procedure drills with the open heart surgery hospitals in Charlotte and Winston-Salem in order to assure maximum safety for our therapeutic catheterization patients. When Iredell Memorial conducts one of these procedures, the open heart staff at those hospitals is always on standby alert. The patient safety program similarly integrates the local emergency transport staff.

I particularly appreciate the mechanics of personnel and technology which in this hospital works like a well-oiled machine. It can be difficult to fine tune programs personnel and services. However, Iredell Memorial has certainly achieved that and has a reputation in the community for providing excellent service.

Now, however, we do have a problem. Our equipment is about to exceed capacity. Because so many of our patients travel rural roads, extended hours do not work well for our community. However, we have put our heads together and come up with a very reasonable solution — using the hospital's angiography/EP lab as a "shared fixed laboratory." This solution can use just about the same staff and support, will not displace patients, and will require no capital cost.

I understand that existing chronically underused laboratories at Davis and Lake Norman hospitals mean that the State Medical Facilities Plan may never show need for more cardiac catheterization laboratories in Iredell County. That makes recognition of this special need essential.

Please approve Iredell Memorial's request, as quickly as possible.

Regards,

Georgia K. Olympio, M.D. Iredell Memorial Hospital 557 Brookdale Drive

Glupe K Olyman

Statesville, NC 28677

704-878-7465

Christopher S. Hall, MD Ralph S. McKay, MD Anthony Meluch, MD Warren G. Mills, MD Ted Vance, MD

July 29, 2011

Honorable William Wainwright, Chairman State Health Coordinating Council

Christopher Ullrich, MD, Committee Chairman Technology and Equipment Committee

Elizabeth Brown Chief, Planning Section Division of Health Service Regulation 2714 Mail Service Center, Raleigh, NC 27699-2714 DFS HEAlth Planning RECEIVED

AUG 16 2019

Medical Facilities
Planning Section

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procedures. Our local emergency transport staff is similarly integrated into the patient safety program.

I have provided care for many patients who have expressed great thanks that they were able to get their coronary stents placed near home, and in the hospital that they know and trust. We need a second cardiac catheterization lab to meet their increasing needs.

We now have a problem. The equipment is about to exceed capacity. Extended hours do not work for our community, because so many of our patients travel rural roads. We have a solution — use the hospital's angiography/EP lab as a "shared fixed laboratory." It will require no capital cost, it can use just about the same staff and support, and no patients will be displaced.

I understand that existing chronically underused laboratories at Davis and Lake Norman hospitals mean that the State Medical Facilities Plan may never show need for more cardiac catheterization laboratories in Iredell County. That makes recognition of this special need essential.

Please approve Iredell Memorial's request, as quickly as possible.

Regards,

Ted Vance, MD

Iredell Anesthesia Associates, P.A.

752 Hartness Road Statesville, NC 28677

Christopher S. Hall, MD Ralph S. McKay, MD Anthony Meluch, MD Warren G. Mills, MD Ted Vance, MD

July 29, 2011

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Christopher Ullrich, MD, Committee Chairman Technology and Equipment Committee

Elizabeth Brown Chief, Planning Section Division of Health Service Regulation 2714 Mail Service Center, Raleigh, NC 27699-2714 DFS HEALTH PLANNING RECEIVED

AUG 16 2011

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Planning Section

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procedures. Our local emergency transport staff is similarly integrated into the patient safety program.

Most patients get extremely nervous before any procedure, let alone a coronary stent placement. Obviously, this is not optimal for a patient with coronary artery disease. Having a second catheterization lab so that they could have the procedure done sooner, would optimize care greatly.

We now have a problem. The equipment is about to exceed capacity. Extended hours do not work for our community, because so many of our patients travel rural roads. We have a solution – use the hospital's angiography/EP lab as a "shared fixed laboratory." It will require no capital cost, it can use just about the same staff and support, and no patients will be displaced.

I understand that existing chronically underused laboratories at Davis and Lake Norman hospitals mean that the State Medical Facilities Plan may never show need for more cardiac catheterization laboratories in Iredell County. That makes recognition of this special need essential.

Please approve Iredell Memorial's request, as quickly as possible.

Regards,

Ralph McKay, MD

Iredell Anesthesia Associates, P.A.

752 Hartness Road Statesville, NC 28677

Christopher S. Hall, MD Ralph S. McKay, MD Anthony Meluch, MD Warren G. Mills, MD Ted Vance, MD

July 29, 2011

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I particularly appreciate that emergency coronary stent placements are becoming much more common here at Iredell Memorial Hospital. We need two working cath labs to avoid harmful delays.

We now have a problem. The equipment is about to exceed capacity. Extended hours do not work for our community, because so many of our patients travel rural roads. We have a solution – use the hospital's angiography/EP lab as a "shared fixed laboratory." It will require no capital cost, it can use just about the same staff and support, and no patients will be displaced.

I understand that existing chronically underused laboratories at Davis and Lake Norman hospitals mean that the State Medical Facilities Plan may never show need for more cardiac catheterization laboratories in Iredell County. That makes recognition of this special need essential.

Please approve Iredell Memorial's request, as quickly as possible.

aun no my

Regards,

Anthony Meluch, MD

Iredell Anesthesia Associates, P.A.

752 Hartness Road Statesville, NC 28677

Christopher S. Hall, MD Ralph S. McKay, MD Anthony Meluch, MD Warren G. Mills, MD Ted Vance, MD

July 29, 2011

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procedures. Our local emergency transport staff is similarly integrated into the patient safety program.

I particularly appreciate that our cardiac catheterization lab is very busy and the hospital could easily and fully utilize a second room. We anticipate that more interventional cardiologists will be recruited.

We now have a problem. The equipment is about to exceed capacity. Extended hours do not work for our community, because so many of our patients travel rural roads. We have a solution — use the hospital's angiography/EP lab as a "shared fixed laboratory." It will require no capital cost, it can use just about the same staff and support, and no patients will be displaced.

I understand that existing chronically underused laboratories at Davis and Lake Norman hospitals mean that the State Medical Facilities Plan may never show need for more cardiac catheterization laboratories in Iredell County. That makes recognition of this special need essential.

Please approve Iredell Memorial's request, as quickly as possible.

Regards,

Warren G. Mills, MD

Iredell Anesthesia Associates, P.A.

752 Hartness Road Statesville, NC 28677

Christopher S. Hall, MD Ralph S. McKay, MD Anthony Meluch, MD Warren G. Mills, MD Ted Vance, MD

August 3, 2011

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Christopher Ullrich, MD, Committee Chairman Technology and Equipment Committee

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At IMH, we have the best coronary stint protram in the county. We need a second procedure room to extend that quality to more patients.

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Regards,

Christopher Hall, MD

Thristoph 8

Iredell Anesthesia Associates, P.A.

752 Hartness Road Statesville, NC 28677

IREDELL RADIOLOGY ASSOCIATES, PA 548 BROOKDALE DRIVE STATESVILLE, NC 28677 (704) 872-6122

August 2, 2011

Honorable William Wainwright, Chairman

State Health Coordinating Council

Christopher Ullrich, MD, Committee Chairman

Technology and Equipment Committee

Elizabeth Brown

Chief, Planning Section

Division of Health Service Regulation

2714 Mail Service Center,

Raleigh, NC 27699-2714

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Catheterization Laboratory

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DES HEALTH PLANNING RECEIVED

AUG 16 2011

Medical Facilities Planning Section I particularly appreciate the fact that the cardiac services provided by the hospital for the citizens of Iredell and surrounding counties have become relied upon as quality care delivered by qualified staff which allow the patients the opportunity to remain in their local community

We now have a problem. The equipment is about to exceed capacity. Extended hours do not work for our community, because so many of our patients travel rural roads. We have a solution – use the hospital's angiography/EP lab as a "shared fixed laboratory." It will require no capital cost, it can use just about the same staff and support, and no patients will be displaced.

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Please approve Iredell Memorial's request, as quickly as possible.

Regards

Rocgo Tritico, M.D.

548 Brookdale Drive

Statesville, N.C. 28677

(704) 878-4512

IREDELL RADIOLOGY ASSOCIATES, PA 548 BROOKDALE DRIVE STATESVILLE, NC 28677 (704) 872-6122

August 2, 2011

Honorable William Wainwright, Chairman

State Health Coordinating Council

Christopher Ullrich, MD, Committee Chairman

Technology and Equipment Committee

Elizabeth Brown

Chief, Planning Section

Division of Health Service Regulation

2714 Mail Service Center,

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DFS HEAlth Planning RECEIVED

AUG 16 2011

Medical Facilities Planning Section I particularly appreciate the fact that patients can now have high quality diagnostic and interventional care at their community hospital. Programs such as this serve to distinguish Iredell Memorial Hospital from the other facilities in the area.

We now have a problem. The equipment is about to exceed capacity. Extended hours do not work for our community, because so many of our patients travel rural roads. We have a solution – use the hospital's angiography/EP lab as a "shared fixed laboratory." It will require no capital cost, it can use just about the same staff and support, and no patients will be displaced.

I understand that existing chronically underused laboratories at Davis and Lake Norman hospitals mean that the State Medical Facilities Plan may never show need for more cardiac catheterization laboratories in Iredell County. That makes recognition of this special need essential.

Please approve Iredell Memorial's request, as quickly as possible.

Regards,

Thomas Gaston, M.D.

548 Brookdale Drive

Statesville, N.C. 28677

(704) 878-4511

IREDELL RADIOLOGY ASSOCIATES, PA 548 BROOKDALE DRIVE STATESVILLE, NC 28677 (704) 872-6122

August 2, 2011

Honorable William Wainwright, Chairman

State Health Coordinating Council

Christopher Ullrich, MD, Committee Chairman

Technology and Equipment Committee

Elizabeth Brown

Chief, Planning Section

Division of Health Service Regulation

2714 Mail Service Center,

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Catheterization Laboratory

Dear Chairmen Wainwright and Ullrich, and Ms. Brown,

Thank you for taking time to consider my comments on Iredell Memorial's proposed change to the 2012 State Medical Facilities Plan. Iredell Memorial Hospital has developed an excellent set of services that reach the needs of most of the people who have heart disease in Iredell County and surrounding communities. Hospital leadership has worked with the physician community, and community service providers, gradually building components of the heart care program, assuring that staff and equipment capabilities were of the highest caliber with each service expansion.

Today, the hospital offers the best cardiac care in the county. Physicians and our patients are supported by a menu of services that include: a community health center offering primary care to people who cannot afford to pay, a wellness program that includes a Diabetes program that meets standards established by the American Diabetes Association, a Medicare Certified Cardiac Rehabilitation program and a full service cardiac catheterization program, offering both therapeutic and diagnostic procedures, monitored beds with specially trained nurses, and state of the art testing in our hospital laboratory.

Inside the hospital, nursing and technologist staff are exceptionally well trained. To assure maximum safety for our therapeutic catheterization patients, staff routinely participate in emergency procedure drills with the open heart surgery hospitals in Charlotte and Winston-Salem. The open heart staff at those hospitals are always on standby alert when Iredell Memorial conducts one of these procedures. Our local emergency transport staff is similarly integrated into the patient safety program.

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I particularly appreciate the fact that physicians and staff that have the skills to provide this level of care for the patients we serve are a part of the medical community and this service is becoming well known as a quality cardiac center in the community. Because of the quality of staff and the dedicated devotion of hospital administration to develop programs that allow us to locally care for as many patients as possible we are able to provide a level of care not available locally.

We now have a problem. The equipment is about to exceed capacity. Extended hours do not work for our community, because so many of our patients travel rural roads. We have a solution – use the hospital's angiography/EP lab as a "shared fixed laboratory." It will require no capital cost, it can use just about the same staff and support, and no patients will be displaced.

I understand that existing chronically underused laboratories at Davis and Lake Norman hospitals mean that the State Medical Facilities Plan may never show need for more cardiac catheterization laboratories in Iredell County. That makes recognition of this special need essential.

Please approve Iredell Memorial's request, as quickly as possible.

Regards,

Reid Breckwoldt, M.D.

548 Brookdale Drive

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August 16, 2011

Dr. Christopher G. Ullrich, Chair SHCC Technology and Equipment Committee North Carolina Division of Health Service Regulation Medical Facilities Planning Section 2714 Mail Service Center Raleigh, NC 27699-2714 DES Health Planning
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Medical Facilities
Planning Section

RE: Iredell Memorial Hospital Petition to Adjust Cardiac Cath Need Determination

Dear Dr. Ullrich:

Thank you for the opportunity to comment on the petition to the proposed 2012 State Medical Facilities Plan. Catawba Valley Medical Center supports the petition, including the adjustment to the need methodology for fixed cardiac catheterization equipment in the proposed 2012 Plan and the necessary revisions to 10 NCAC 14C .1600.

Today's healthcare environment demands providers consider alternative approaches to meeting the needs of our populations: approaches that reduce demands on capital, enhance operational efficiencies and improve patient outcomes and satisfaction. IMH's proposal achieves all three.

The proposal will improve the utilization of existing capital equipment, specifically angiography/EP equipment with the capability of providing cardiac catheterization. By supplementing the capacity of fixed cardiac cath equipment with the existing angiography equipment, IMFI will be able to better meet its patients' need for cardiac catheterization, improve the flow of patients within the facility, allow patients to remain within IMH's network of care thereby improving satisfaction, and free up capital resources to meet other patient needs. The petition will also improve operational efficiencies within IMH through improved staff and provider productivity.

However, the benefits of IMH's petition are not unique to IMH. For this reason, CVMC recommends that the SHCC consider changes to future Plans that would allow other existing cardiac eath providers to expand existing capacity through the utilization of existing angiography equipment where the need for increased cardiac cath services is justified and existing angiography equipment is both capable of providing cardiac catheterization services and has the capacity to perform the additional procedures. CVMC would further recommend that any necessary revisions be made to 10 NCAC 14C .1600 to allow such proposals.

Thank you in advance for your careful consideration of the IMH petition.

Sincerely,

J. Anthony Rose, FACHE President and CEO