

I. **Skip Meador:**
Director Of Cardiovascular Services
Iredell Memorial Health System
July 20,2021

I am before you today, asking for your help to share our continued vision of being better every day for the the next patient. By approving our petition for a shared laboratory, we will be able to be far more proactive in responding to a strong **post covid** growth curve, and better positioned to meet the additional growth we anticipate from the addition of 2 providers necessary to meet the CV needs of the region we serve. In addition, since our initiation of Executive order 139, we are clearing seeing the opportunity to offer our heart and vascular services in a more cost effective manner.

I can assure you, as a health System and a heart center, Quality of Care, is the top priority for Our Board of Directors. I am pleased to provide for you just a few examples of our commitment to excellence:

1. We currently are top quartile performance in NC for heart attack readmission rates, and top quartile for Heart Failure mortality.
- 2) We are accredited by the Society of Cardiovascular Patient Care for our Chest Pain Program and have been so since 2011. We offer our patients world class times for acute MI interventions as evidenced by our “door to artery open” STEMI times consistently ranking in the top 10% percent nationally.
- 3) We are also a Joint Commission certified Primary Stroke Center.

Today, Iredell Health is offering a full service heart and vascular system of care (with the exception of open heart surgery). The scope of our services is not common in community hospitals of our size. In 2019, we completed an extensive renovation and expansion project that fully integrated our Heart and Vascular Services into one footprint providing a one stop shop for Cardiovascular Care including dedicated reception, waiting rooms, on-site scheduling and registration, staging and recovery areas, and ultimately integrating invasive and non-invasive cardiovascular diagnostics and intervention in a single location. This has not only been extremely satisfying and efficient for our Physicians/Staff, but more importantly, has resulted in > 90th percentile ranking in our OAS CAHPS patient experience scores. This creativity focused on patients first is not new for us.

We were among the first community hospitals in NC to provide interventional cardiology procedures without an on-site surgical program. We currently offer acute MI STEMI CARE 50 hours per week and we intend to increase our STEMI coverage time with the approval of this petition.

Today, we have 1 licensed Cardiac Cath Lab for our entire coronary service. By September, we will be scheduling 8 cardiologists and their respective patients in this room. Historically, this constraint has made scheduling very complex, negatively impacted Physician Schedules, reduced staffing efficiency, extended hours of operation (for both patients and staff), and most importantly negatively impacted the patient flow, and patient experience. At times, it has added unnecessary overnight stays for our patients. Treatment delays are by far our number one opportunity for improving our patient experience.

Pre-Covid, in FY 2019, we operated this licensed room at 75% capacity (1500 cath equivalents) or **94% of the cath equivalent threshold for a new lab (1200)**. Clearly, during the pandemic, we all experienced a major decline in procedures while stopping elective cases, and even our STEMI cases steeply declined. However, our current trends **show over the next 12 – 18 months, we will be operating this room at 87% capacity resulting in 109% of the 1200 cath equivalent threshold.**

But this is only part of our story, we have 1 CON approved vascular-only procedure room, which was recently upgraded replacing 12 year old equipment. This room is utilized primarily for our comprehensive peripheral vascular service led by a Board Certified Vascular Surgeon. Other cases scheduled in this room include pacemaker and defibrillator implants. These are time intensive cases, and yet, we do **have enough capacity on a daily basis to flex our elective coronary patients to this room**. Combining, the two services and respective room utilization, **we are trending towards 74% average capacity in both rooms next year**. We will certainly provide full data to support this growth in our actual petition.

We are so grateful for the exemption granted to us this spring with the Executive Order 139 to utilize our procedure room for elective coronary cases. The permission to place 2 elective coronary patient's on our respective tables simultaneously has significantly resolved our bottlenecks and created significant opportunity to reduce costs by flattening our schedule. We estimate our annual savings ~~to~~ conservatively ~~be~~ in the \$150,000 to \$175,000 range.

My ask is for the permanent approval of the shared cardiac cath lab. That can happen if you will include in the 2022 Plan a special need for a shared fixed cardiac cath lab for a hospital in Iredell County that reported at least 1100 weighted cardiac catheterization procedures in the 2021 Plan. Patient need justifies this. Our equipment is in place and paid for, the integrated facility is in place, the Physician specialties are here, and our staff are cross trained for both services. In addition, We are learning daily how to better utilize both rooms regardless of case type. Most of all we have significantly enhanced the care and experience for the patients we are privileged to serve. Thank you for your consideration in this important matter.