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Presentation of Special Needs Petition for One Additional Unit of Fixed Cardiac Catheterization Equipment

Catawba County,

Proposed 2025 State Medical Facilities Plan

July 16, 2024

Introduction

Good afternoon, my name is Vincent Pompili, I am a Board-Certified Interventional Cardiologist and Medical Director Cardiology at Catawba Valley Medical Center in Hickory, North Carolina. Thank you Chairperson, staff, and members of the State Health Coordinating Council for giving me a few moments to discuss a special need in Catawba County.

I have been on the medical staff at Catawba Valley Medical Center for 3 years and experienced several evolutions in the local health care delivery system. Today, CVMC hospital has 243 acute care beds and serves 57,000 emergency patients a year. We have an organized Heart Center staffed by 7 cardiologists and 7 Advanced Practice Providers. Our Heart Center offers 24/7 STEMI coverage and is accredited by the American College of Cardiology as a Chest Pain Center with PCI. For those of you who are not familiar with clinical terms, STEMI is short for ST-elevation myocardial infarction. This is the deadliest form of heart attack. It occurs when a blood clot completely blocks a coronary artery that supplies oxygen-rich blood to the heart muscle. For people with this condition, time is muscle. Even five minutes makes a difference. The recommended treatment for the

condition is Percutaneous Coronary Intervention – which is the clinical term for interventional cardiac catheterization.

We have a problem and would like your assistance. CVMC has one unit of fixed cardiac catheterization equipment, and we need another. Last fiscal year, it operated above the Plan standard. We are on track to reach full capacity this year. However, the Proposed 2025 Plan shows no need for additional fixed cardiac catheterization equipment in Catawba County. My colleague, Chuck Scronce, will discuss the planning issues. I will talk about what this means to our patients.

My colleague and I are here to ask members of the State Health Coordinating Council to modify the Proposed *2025 State Medical Facilities Plan* to include a **special need for one additional unit of hospital-based cardiac catheterization equipment in Catawba County**.

Cardiac catheterization equipment lets us watch a beating heart while we thread exceedingly small catheters through the leg or arm and either use contrast agents to visualize heart circulation or small instruments to repair a blockage. One type of cardiologist, a noninvasive cardiologist is trained and certified to diagnose problems. Others like me pursue additional training and peer testing to become Board Certified Interventionalists who can remove clots, place stents and repair heart arteries. This is delicate business. Patients' lives are in our hands.

To attain American College of Cardiology Accreditation, an institution must maintain a standard of 90 minutes from patient arrival at the hospital to catheter placement. When you are operating at capacity as we are, maintaining this standard is a challenge. CVMC

treats an average of three STEMI patients a week. They are emergencies –we cannot predict when they arrive, and if we will have an open slot –they could arrive back-to-back.

Accreditation requires integration of cardiac treatment with local EMS services so that care can begin when EMS picks the patient up and continue seamlessly on arrival at the hospital. CVMC has such STEMI protocols and arrangements with EMS in three counties: Catawba, Alexander, and Iredell.

CVMC has the medical staff and team to manage back-to-back patients, but we do not have the second piece of equipment. When our one cardiac catheterization lab is in use and we cannot meet the STEMI standard, we spend valuable minutes determining if we have time to finish the current patient or stop mid-procedure to accommodate the STEMI On these occasions, we stabilize the patient in the ED, then referred them to another STEMI center, often by ambulance. This is not ideal. As I said, 'Time is muscle.' Every minute counts. Many patients who have a STEMI heart attack in our region are already in our electronic medical record system, which expedites treatment. Or, because we are the safety net hospital for the region,, and they have no coverage, we are ready to cover them with our charity program. Record starting delay is minimal. We know their history, their risks and can move quickly to treat them.

You may ask, "Who is likely to have a STEMI heart attack?" Any gender over age 20, although rates for men are twice the female rates. Genes, health habits, lifestyle, smoking, stress, congenital issues, and diet are among the many risk factors. Age certainly increases the risk.

CVMC Heart Center is part of a system of care that begins with 107 providers in the Catawba Valley Medical Group. The group has offices throughout the county – 21 outpatient clinics, 8 employer-based workplace clinics and 1 student health clinic. This multi-specialty medical group has 320,000 encounters a year and 15,000 of these are to Catawba Valley Cardiology. With so much demand, we are actively recruiting two more cardiologists and complementary specialists in family medicine, pulmonology, general surgery, neurology, and vascular surgery. Most people with heart disease need services from one or more of these specialties, as well.

Catawba Valley Medical Group shares the electronic medical record database with Catawba Valley Medical Center. This means that the hospital has medical history on most heart patients when they arrive.

You might be thinking that we could solve our problem with a mobile unit, even one that does not move from CVMC. This is not a satisfactory solution. It means taking fragile patients out in the weather – and we get snow and ice in the winter -- and using staff from another company who are not necessarily trained in our protocols. The arrangement adds another layer of overhead to pay the mobile company, and it takes away any efficiency or continuity of care that we have worked hard to attain in our Heart Center. The team in the mobile unit is all alone. The team in the Heart Center has immediate back up.

Or, you may be thinking, why not send the patients to the hospital that has extra capacity? We tried this and it worked for a while, but the county is too big, health care is too organized in systems and our physicians now have privileges at only one hospital.

When we move patients from one hospital to another, we risk losing critical continuity in care protocols. And we lose physicians if we ask them to get privileges at two hospitals – it is too stressful.

I ask that you help us and approve this request. CVMC 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.