

NOVANT HEALTH COMMENTS ON AGENCY RECOMMENDATION FOR PROPOSED POLICY TE-5 REGARDING CARDIAC CATHETERIZATION EQUIPMENT FOR EMERGENCY COVERAGE

COMMENTER:

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Novant Health appreciates the opportunity to comment on the Agency recommendation proposing Policy TE-5 that would allow facilities with one approved cardiac catheterization lab ("cath lab") that meets specific accreditation requirements to acquire a second cath lab to be used solely in the case of patients requiring emergency diagnostic or interventional cardiac catheterization. It is a serious concern for hospitals with only one cath lab to have a patient present with an emergency STEMI and the cath lab is in use for a scheduled patient procedure.

As the Agency points out, the options when this occurs are not ideal: the emergent STEMI patient must be transferred to another facility for treatment; the current patient is removed from the cath lab and must wait for their procedure; or the emergent STEMI patient must wait for the current patient's procedure to be completed. In cardiac emergencies, time is critical. The standard of care for STEMI patients is 90 minutes from arrival to catheter placement. Having a second cardiac cath lab would enable the emergent patient to be treated timely while not disrupting a patient during their scheduled procedure.

It is important that hospitals wishing to utilize the proposed policy document they have the appropriate quality standards as the Agency has recommended. We support the requirements that hospitals accredited by The Joint Commission with a Level I or Level II STEMI program or hospitals with at least one cardiac-related program that includes myocardial infarction and accreditation by a national or international organization other than the American Heart Association or The Joint Commission be able to seek an additional cath lab under this proposed policy.

Novant Health supports the adoption of this proposed policy for its advancement of patient safety and quality with additional access to critical, life-saving cardiac cath procedures. We agree that the proposed policy will not lead to an unnecessary proliferation of cath labs nor result in duplication of services since the additional cath lab is limited to non-scheduled, emergency patients.

Thank you for the opportunity for us to comment in support of the Agency's recommendation.