Greg Griffin
North Carolina State Health Coordinating Council
Virtual Public Hearing
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Good afternoon. My name is Greg Griffin and I am the Chief Perfusionist at UNC Medical Center, where I have worked for over 29 years. In my role, I oversee the safe and effective use of extracorporeal support equipment during surgical procedures and ensure adherence to the facility's rigorous quality standards. I am pleased to speak today about UNC Hospitals' petition for an adjusted need determination in the *2026 State Medical Facilities Plan* for an additional heart-lung bypass machine in Orange County, to be designated for an academic medical center.

UNC Medical Center recently completed construction of a new surgical tower in August 2024 and relocated our existing operating rooms and three adult heart-lung bypass machines to this new space. However, our cardiac catheterization laboratories, where we perform transcatheter aortic valve replacement and other structural heart interventions, remain in the main hospital building. This geographic separation has created significant operational challenges that directly impact our ability to deliver safe, efficient patient care.

As mentioned in our petition, TAVRs represent an important component of our cardiac procedures, offering patients a less invasive alternative to traditional open-heart surgery. Our safety protocols require a heart-lung bypass machine to be standing by in the room during every TAVR procedure, as these cases carry the potential for adverse events and complications that could require immediate conversion to extracorporeal support. While most TAVR cases do not utilize the heart-lung bypass machine, having one immediately available is essential for patient safety.

The current arrangement requires us to manually transport equipment between the surgical tower and cardiac cath labs in the main hospital building – different buildings and different floors. This process takes at least fifteen minutes one-way for transport alone, not including the additional time needed for removal and setup. For scheduled cases, we can manage this through advance planning, but for emergency situations requiring rapid deployment, this delay poses an unnecessary and potentially critical risk to patient outcomes.

Beyond the time constraints, this regular transport of complex equipment diverts staff away from direct patient activities, disrupting care delivery and reducing efficiency across the facility. Moreover, our

three adult heart-lung bypass machines are in regular use, and frequently all three are utilized simultaneously, leaving no backup capacity for emergencies. As such, we cannot guarantee that a machine will be available when needed in the cardiac cath labs, especially during emergency conversions.

Furthermore, our cardiac surgery program continues to grow, with increasing volumes for both traditional open-heart surgeries and newer interventions like TAVR. We are actively recruiting additional cardiac surgeons and proceduralists, and this expansion will further increase demand for heart-lung bypass support under our safety protocols.

Without approval of this petition, UNC Medical Center will continue to face operational challenges that make it more difficult to maintain our high quality and safety standards. The time required to transport equipment between locations could be critical in emergency situations and the need to coordinate equipment availability may limit our ability to efficiently schedule procedures despite having the necessary staff and other capacity, with the result that patient care is delayed.

These operational challenges underscore the need for qualitative rather than purely quantitative assessment of equipment need at academic

medical centers. Of note, UNC Medical Center has encountered a similar capacity challenge involving heart-lung bypass equipment in the past that required this type of evaluation. In 2022, we successfully obtained approval for a second pediatric heart-lung bypass machine under *SMFP* Policy AC-6, which allows for one additional heart lung-bypass machine when a hospital operates an open-heart surgery program with only one machine to protect cardiac surgery patients during emergencies.

While Policy AC-6 does not directly apply to our current situation – since we already operate three adult heart-lung bypass machines – the principles underlying the policy and our 2022 approval establish support for our present request. Like the pediatric heart-lung bypass machine approved in 2022, the additional adult unit we are requesting would serve primarily as emergency backup coverage rather than for routinely scheduled procedures. This is why our petition includes an exemption from performance standards, mirroring the similarities between the current situation and that motivating our 2022 application.

In conclusion, the unique circumstances created by the geographic separation of our cardiac surgical services and our strict safety protocols for procedures such as TAVR create a specific need for another adult-configured heart-lung bypass machine. The precedent established by

our 2022 pediatric unit also demonstrates that qualitative factors and emergency backup needs can justify additional equipment with appropriate exemption from performance standards. Approval of this adjusted need determination would enable UNC Medical Center to continue providing advanced, high-quality care while maintaining appropriate coverage and operational efficiency.

Thank you for your time this afternoon and for your consideration of our petition. I am more than happy to answer any questions you may have.