

**Presentation of Special Needs Petition for One Additional Unit of Fixed Back up Cardiac
Catheterization Equipment
Catawba County,
Proposed 2025 State Medical Facilities Plan
July 24, 2013**

Thank you. I am Chuck Scronce, Assistant Vice President for Clinical Support at Catawba Valley Health System in Hickory NC. I have been there for 13 years; I am a Nurse Executive, Advanced Board Certified. I have also worked at Frye Regional Medical Center, Caldwell Memorial Hospital and recently retired from the USAF and NCANG after 41 years.

We are asking the State Health Coordinating Council to modify the Proposed *2025 State Medical Facilities Plan* to include a **special need for one more unit of hospital-based cardiac catheterization equipment in Catawba County.**

Briefly, CVMC has one cardiac catheterization lab and expects to end this fiscal year with operating over capacity. We can support a second. Yet, the Proposed 2025 SMFP shows Catawba County without a need. It calculates need by county. Catawba County has two hospitals. The other hospital, Frye Regional, has 4 fixed units, but needed only 3 last year. The standard methodology sums the two hospitals and gets net zero needed. On paper, this looks reasonable. It is not, because sharing equipment or patients is virtually impossible.

- CVMC is a safety net hospital; it is an instrumentality of Catawba County, North Carolina, and tax exempt via the IRS 115 (2) code and has a fiduciary responsibility to provide charity care;
- Cath equipment is fixed; it cannot move from one hospital to another; when CVMC reaches overflow, the only option is to move the patient and that is not ideal care.

CVMC Heart Center is a physical space with a dedicated staff who care for heart patients from diagnosis through recovery. When our one unit is down or in use, we have no back up. Year to date, we have provided more than 1,500 weighted cath. Capacity is 1,200, according to the standard methodology. At our current pace, we will have no trouble meeting the performance standard for two units: 1,800 weighted cath three years after starting the second unit.

CVMC has 3.5 interventional cardiologists, who work exclusively at CVMC. The Heart Center is organized around the patient. Registration, treatment, recovery are together. This structure increases contact between patients and clinicians, and we see outcome results in lower length of stay. The Heart Center also offers electrophysiology several days a week, and we have hired a FT Electrophysiologist who starts in October of this year. We also have 2 Interventional/Vascular Labs operating at capacity. In the past, we have been able to rely on those labs when our cath lab was down, however with the increased need for those services we have exhausted every internal avenue for emergency equipment use.

According to the State Center for Health Statistics, heart disease diagnoses are above the state average (7 vs 6 percent). CDC shows Catawba County with higher Medicare heart

hospitalizations than the US average. Cardiac death rates are higher than the state average. In adjacent Alexander County, which has no hospital, heart disease death rates for 2018-2022 are 25 percent higher than the state average (242 vs 195 per 100,000 residents).

CVMC is a STEMI Primary Heart Center. It provides after-hours back-up for adjacent Iredell County as their STEMI program is only available on certain days and times based on cardiologists' availability.

This would not represent duplication. **CVMC is at capacity.** Our service area population is increasing and aging. CVMC cannot reasonably use the excess capacity at Frye. Frye has a good program, but sharing this type of equipment is not workable. The equipment is fixed.

There is precedent. In 2016, WakeMed had unused capacity and UNC Rex needed more. The SHCC granted a special need for Wake County. In 2023, when CVMC and Frye both had extra operating room capacity, the SHCC granted Greystone Ophthalmology a special need for one more operating room in Catawba County for the 2024 Plan.

We have support from physicians, County EMS, and Iredell Memorial cardiology program. Redundancy for a one-unit program that is fully committed to STEMI is critical to safe care. The cardiac catheterization equipment itself is only 5 to 10 percent of program cost. CVMC made the big investment in staff, protocols, third party contracts, and space.

CVMC sustains a Leapfrog Score of A and its Lowns Score for social responsibility is number 14 in the state.

I will be happy to respond to any questions.

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