



Health Care Visions News

From the Cardiovascular Specialists

1ST QUARTER 2003

OPEN HEART SURGERY SERVICES

Lake Cumberland Regional Hospital Celebrates a Successful Program Start

Lake Cumberland Regional Hospital (LCRH), a 234 bed facility located in Somerset, Kentucky successfully implemented open heart surgery services in October of 2002. LCRH is a community hospital located approximately seventy-five miles southeast of Lexington. LCRH started planning and implementing the new open heart surgery program in November of 2001



Marsha Knapik

with Health Care Visions, Ltd. providing clinical consulting and project management. The hospital efforts were spear-headed by Chief Nursing Officer Sheryl Glasscock, RN, MSN with enthusiastic support from administration, management and staff.

LCRH was fortunate to have Dr. R. Douglas Adams, an experienced cardiovascular surgeon and Dr. Jeffrey Frakes, an experienced Cardiac Anesthesiologist join the medical staff. The hospital was able to recruit experienced CV nursing and support personnel as well as offer classroom and hands-on clinical training to their own staff to prepare for the program. An intense investment of time included more than 2800 hours of didactic education (including critical care classes and a cardiac specific curriculum) before start up. Over \$10.8 million dollars in equipment and renovations was invested in the program. Educational activities were reinforced in a clinical dry run held the week prior to program initiation.



The first open heart surgery took place on October 14th, 2002 with a great patient outcome. The patient was discharged to home on post op day 3. Dr. Adams remarked in one of the local publications, the *Commonwealth Journal* that "The preparation of education and materials as well as personnel paid off today (Monday, October 14th) and resulted in a smooth procedure that benefited the patient well." In the first month of program operation LCRH performed 12 open heart surgeries, with most of those being off-pump procedures. The first valve surgery was undertaken on November 22, 2002.

The open heart surgery program opened utilizing the One Stop Post Op™ model of patient care in a 5 bed CVU adjacent to the Intensive Care Unit. The hospital plans to enhance the program with construction of a new wing that will house an 8 bed CVU One Stop Post Op™ and a 17 bed Neuro unit that will also utilize the One Stop Post Op™ model of patient care. The busy cardiac catheterization laboratory is

expanding to two rooms with interventional cardiology to be available in the near future

Susan Wilson, LCRH Public Relations and Marketing Director, said, "We've hit the ground running...." The Somerset community has welcomed the program and appreciates access to advanced cardiac care. The Mayor of Somerset J.P. Wiles, took on the role of the mock patient at a media "dry run".

Congratulations Lake Cumberland Regional Hospital! Health Care Visions, Ltd. was honored to work with such a dynamic team to support their efforts to have an on time/on budget program start and a quality program from day one.

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MESSAGE FROM THE PRESIDENT

Getting Ready for the New Year

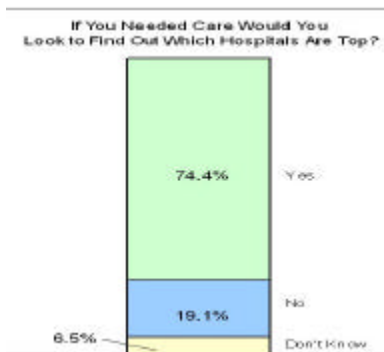
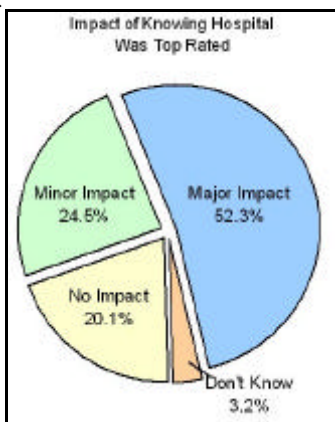
About 50% of hospitals are on a fiscal year cycle with the calendar year but culturally each January 1st we all give some thought to how we will do things differently in the new year. What new programs will we offer? What programs need changed? How do we get rated as one of 'America's Top Hospital'? Does it matter to our patients?



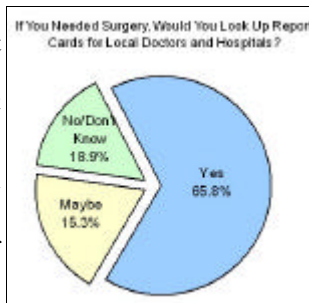
Barb Sallo

If your hospital makes one of the highly published lists, you feel pretty good and proud. If your hospital doesn't make the list, do you console yourself by believing that patients do not get this information and even if they see a billboard or hear a radio ad it doesn't make an impact? A recent national research study of respondents sponsored by Endresen Research (www.endresen.com), a Seattle-based health care market research firm, supports the belief that "consumerism" is a trend that is here to stay. Endresen surveyed 500 randomly-selected consumers in five geographic regions.

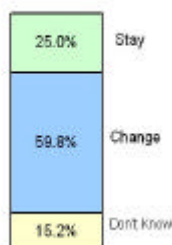
One area of study focused on "top hospitals"—in the research, consumers were asked about their awareness of such designations and how that knowledge would impact their hospital preferences. Nearly three out of four say they would find out which hospitals in their area received top ratings.



Another area that was surveyed pertained to 'physician/hospital report cards. Results revealed that the concept is not yet well known. Only 37% say they are aware of the concept and less than one in five persons have actually seen a report card.



If Doctor Had Low Ratings, Would You Change?



If Hospital Had Lower Ratings, Would You Change?



We talk a lot about quality but does that area of your program need "dusted off" this year? Do you have a way to take your organization's temperature? Give us a call or e mail a request for our straight forward Cardiovascular Performance Audit™ --a self assessment tool that is a great place to start.

DRUG-ELUTING STENTS

Physicians Expecting Rapid Adoption



Phil Laux

On November 15, 2002, JP Morgan published a survey suggesting that interventional cardiologists anticipate a faster than expected adoption of drug-eluting stents (DES). They surveyed 140

interventional cardiologists who were asked to assume a January 1, 2003 approval with CMS reimbursement payments beginning April 1, 2003.

Survey respondents anticipated rate for DES was 46% in 1st Quarter 2003, and 77% by the end of 4th Quarter 2003. The survey also shows extensive use in diabetics and in vessels <3.0 mm (88% penetration). The main barrier to a larger penetration is seen as device cost and the need for data on more complex lesions in high risk patients.

The survey suggests that demand will not be the limiting factor for market adoption, but rather (1) the timing of approval, (2) FDA labeling requirements, and (3) manufacturing ramp-up.

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A FEW PEARLS ON SERVICE LINE MANAGEMENT

Recently many healthcare organizations have adopted the industrial management style of service line management. This form of management can be applied to the business of healthcare because it organizes similar clinical services into a formal management structure. Cardiovascular services are often targeted for



Cyndi Havrilak

development into a service line management model due to their impact on the overall organizational profitability.

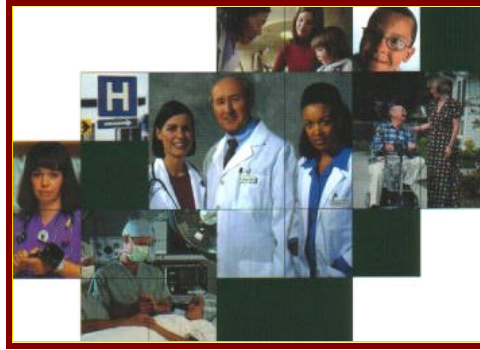
Service line management is the grouping of the care components for one specialty service. It has been described as placing

the patient in the center and bringing all the services that provide care to the patient under one service line administrator. It is a multidisciplinary model to patient care and a good approach for cardiovascular services. Some of the benefits of this type of management structure include:

- Expedited decision making to meet changing demand
- Cost efficient personnel utilization
- Best practice through focused outcome reviews
- Interdisciplinary collaboration from formation of common goals
- Rapid response to market changes and competition
- Financial monitoring and accountability
- Maintains focus of patient care throughout clinical continuum

In order to obtain these benefits the service line needs to have a defined functional structure. This structure or management model should include departments of operations, marketing, and fiscal integrated into one reporting structure. It is also advisable to organize a clinical oversight committee that includes the service line administrator, key clinical department managers, and the physicians that utilize the cardiology services. The purpose of the advisory committee is to review clinical and financial data to improve practice. A major element of a service line model includes assigning a financial advisor to review the fiscal components such as

purchasing agreements, cost/case and cost/physician tracking, charge master developments, variance reporting, and payor issues. The financial advisor should be invited



to sit on the clinical advisory committee to provide insight into financial contributions the service is providing to the organization. A proactive approach to reducing costs and obtaining all due reimbursement is essential to program profitability. Ongoing support from planning and marketing should be expected to ensure program services are known to the targeted market. This task can be accomplished by quarterly reviews of the program's market share within your primary and secondary market. The market share data can then be used in formulating a marketing plan for the program and becomes vital in monitoring volume and growth goals. Since it is not common practice for these two departments to be expected to provide regular ongoing support its value should not be overlooked by the administrator or then organization. There are other key supporting components that should be addressed when formulating a service line management model such as case management, staff education, and quality management. These support areas play a vital role to the success of the service line and should be formally addressed in the management model.

In setting up a service line management model there are a few challenges that can be anticipated. The transition phase from a traditional management model to a service line approach has been described as confusing and chaotic resulting in reduced employee moral. Regular and frequent communication with involved employees as well as visible leadership is vital during this period to minimize the confusion. A second avoidable

concern can result when the service line administrator does not have a nursing background but will have administrative responsibility for the nurses and patient care given within the departments of the service line. To standardized nursing care the formation of councils that address nursing practice and policy and procedures is recommended. Nurses working in the service line as well as "whole house" nursing departments should have representation on these councils. The organizational matrix often maintains a dotted line to the nursing department from the service line to denote a communication relationship, but not reporting relationship. The biggest drawback that may result from this type of approach is the formation of "silo" management within the organization. This may occur since the service line management structure is self sufficient and begins to function independently of the whole organization.

These are just a few of the highlights of the service line management model. The benefits of the model do outweigh the disadvantages and it appears to be beneficial model for healthcare organizations that are looking to maintain profitability while offering quality services.

*Success will not
lower its
standard to us.
We must raise
our standard to
success.*

--Rev. Randall R. McBride, Jr.

TRENDS

Atrial Fibrillation: To convert or not to convert?

The results of the AFFIRM trial, comparing pharmacological rate control to



Philip Pandolph

pharmacological rhythm control, casts a shadow of doubt on the importance of converting patients from atrial fibrillation to sinus rhythm. It is common and accepted practice for clinicians to utilize the rhythm control approach to Atrial fib

management. The AFFIRM trial has concluded *no benefit to survival* by converting patients to a sinus rhythm. In addition, patients in the rhythm control group experienced more adverse drug side effects and were hospitalized for a longer period time.

Whichever method of Atrial fibrillation management is utilized anticoagulation is

recommended.

Coronary Interventions: Does low volume equate to increased risk for patients?

The practice recommendations set forth by the ACC for the number of coronary interventions an operator must perform is 75. A recent study (MACE) by Dr. Mauro Moscucci (University of Michigan) has revealed a significant difference in clinical outcomes when operators perform 159 procedures or more per year. Operators performing between 20-91 procedures annually experienced a 7.1% significant complication or death rate as compared with 4.5% in the high volume group.

Moscucci emphasized that the number of procedures performed is not the entire story. Many low volume operators have excellent clinical outcomes. However, the results of the MACE study reinforce the importance of

establishing a minimum volume standard for coronary interventions.

Off-Pump CABG proves to be more cost efficient than Traditional Bypass

A small-randomized study conducted by Dr. John D. Puskas (Emory University) has identified a \$2800 cost savings in favor of beating heart surgery when compared with traditional cardiac bypass. The study consisted of 200 patients undergoing elective CABG.

Off-pump patients had a shorter length of stay, faster extubation times and decreased blood utilization. Overall clinical outcomes were similar, however neurological data was not completed. Long term graft patency and neurological complications associated with beating heart surgery have been the center of debate between off-pump and traditional bypass.

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