



# 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 14<sup>th</sup>, 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 14<sup>th</sup>) 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

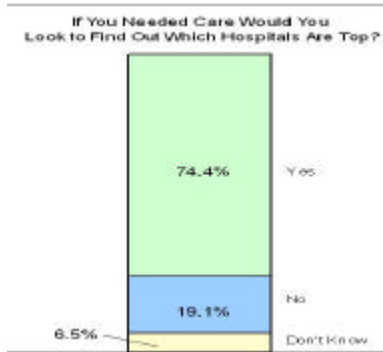
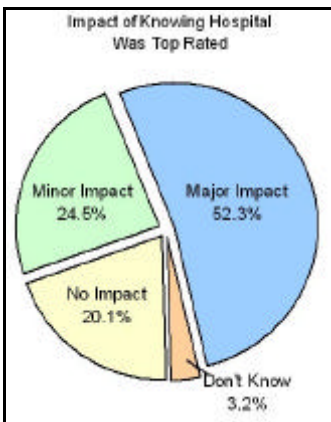
About 50% of hospitals are on a fiscal year cycle with the calendar year but culturally each January 1st we all give some thought to how we will do things differently in the new year. What new programs will we offer? What programs need changed? How do we get rated as one of 'America's Top Hospital'?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



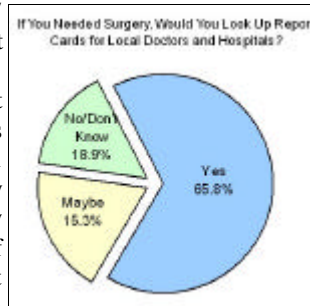
Barb Sallo

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.

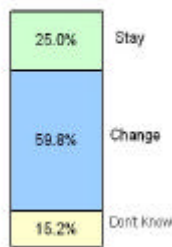
One area of study focused on "top hospitals"—in the research, consumers were asked about their awareness of such designations and how that knowledge would impact their hospital preferences. Nearly three out of four say they would find out which hospitals in their area received top ratings.



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 1<sup>st</sup> Quarter 2003, and 77% by the end of 4<sup>th</sup> 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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# TRENDS

## Atrial Fibrillation: To convert or not to convert?

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



Philip Pandolph

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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