

**Minutes of Meeting
Health Services Council
Project Review Committee-I**

DATE: 12 February 2008

TIME: 2:30 PM

LOCATION: Conference Room 401

Department of Health

ATTENDANCE:

Council: Present: Edward F. Almon, Amy Lapierre, Thomas M. Madden, Esq., Robert J. Quigley, D.C. (Chair), Larry Ross

Not Present: Joseph Centofanti, M.D., Robert Ricci, Robert Whiteside

Excused: Victoria Almeida, Esq. (Vice Chair), John W. Flynn

Staff: Valentina Adamova, Loreen Angell, Michael K. Dexter, Joseph G. Miller, Esq.

Public: (Attached)

1. Call to Order, Approval of Minutes, Conflict of Interest Forms, and Time Extension for the Minutes Availability

The meeting was called to order at 2:38 PM. The Chair noted that conflict of interest forms are available to any member who may have a conflict. The Chair requested a motion for the extension of the time for availability of minutes pursuant to the Open Meetings Act. A motion was made, seconded and passed by a vote of five in favor and none opposed (5-0) that the availability of the minutes for this meeting be extended beyond the timeframe provided for under the Open Meetings Act. Those members voting in favor were: Almon, Lapierre, Madden, Quigley, Ross.

2. General Order of Business

The first item on the agenda was the application of Kent County Memorial Hospital [Care New England Health System] to establish a primary angioplasty program to service patients with acute myocardial infarction. Staff noted that follow-up questions were sent to the applicant, to which responses were received, and a letter was received from Dr. Klein and Dr. Williams of Rhode Island Hospital (RIH) to which the applicant has until February 22, 2008 to respond.

Mr. Crevier, President and CEO of Kent Hospital (Kent), reviewed the responses. He noted that a covering cardiologist would be provided for Dr. Thomas, the primary physician performing angioplasties, when he is not available. To a staff question regarding identity of those physicians, Mr. Crevier noted that one of four physicians

identified in Attachment B of the response packet would provide coverage.

The Committee reviewed amendment to the Definitive Agreement between Kent and RIH. Dr. Klein noted that if there was a problem with quality at Kent, RIH would come to the Department of Health for remediation of the problem rather than terminate the relationship with Kent. Staff questioned the language of the agreement regarding automatic termination of the arrangement between Kent and RIH by RIH after sixty-one days in the event of a problem. Dr. Klein responded that RIH would amend the agreement.

Mr. Crevier identified EMS providers who would be equipped with 12-lead EKG devices. The Chair noted that some ambulance companies are volunteer companies and inquired if this was a weakness. Mr. Crevier stated he believed the development of a statewide STEMI network should be pursued.

Ms. Lapierre inquired if Kent has only focused on equipping ambulance companies in close proximity to the hospital. Mr. Crevier affirmed, stating the initial focus has been within the primary service area. To the question if this initiative has been received well by the ambulance companies, Mr. Crevier replied it has. Dr. Klein noted that if the Committee or the Director of Health wished to have a statewide EMS protocol built into the agreement it could be arranged.

The applicant identified the services and resources in place at Kent. The applicant was requested to provide information on the volume of angioplasties performed by each of the proposed physicians. Staff inquired about the transfer agreement with the EMS community, to which the applicant noted an arrangement with New England Ambulance Company for transfer to RIH.

The applicant reviewed the number of primary angioplasties that will be shifted to Kent from RIH and Miriam. Staff asked if this represents patients who have not previously been getting primary angioplasties but rather thrombolytic services. The applicant answered that those patients are in the numbers set forth. The Chair asked if this number would include walk-ins, to which the applicant answered yes. The Chair asked Dr. Klein if this would impact the numbers at RIH. Dr. Klein stated that the numbers set forth by Kent are realistic and that RIH and Miriam can absorb this loss. Ms. Lapierre asked if the projected numbers of patients shifted may be low, since other hospitals may now transfer to Kent, with which the applicant agreed.

There was discussion regarding the decrease in the number of heart attacks presented at Kent. The applicant did not find this data to be relevant and attributed the decrease in patients to the transfer of patients to RIH and Miriam which are PCI capable hospitals. Ms. Lapierre asks if RIH has seen an increase in heart attack patients. Dr. Klein answered no, that RIH has seen a decrease.

The applicant discussed door to transfer time for STEMI patients arriving in Kent's emergency room and transferred to RIH and Miriam. In a period of 3 months, 12 patients were transferred with an average time of 135 minutes. Staff asked about the difference between Kent's numbers and Sturdy Memorial Hospital's numbers. Dr. Thomas answered that Sturdy's goal is to pack up the patient and transfer to a PCI capable hospital, while Kent's goal is to treat the patient.

The Chair asked the applicant if the application were denied, whether Kent would adopt Sturdy's model, to which the applicant answered yes. Dr. Klein stated that a protocol led re-engineering of the emergency room would decrease the time to treatment, and this protocolization has occurred at RIH. This must take place at every level, from the EMS to the ED.

Mr. Ross inquired about the suggestion set forth in Dr. Klein's letter, that two cardiac catheterization labs are ideal. Dr. Klein answered that this issue was discussed at length, and that Dr. Williams felt strongly that the gold standard is two labs. In addition, RIH is committed to working with Kent to establish a second lab. In the off-hours, when only one team is available, elective services are not scheduled. The Chair added that he was convinced by Dr. Williams and his visit to RIH that there should be two labs. The applicant answered that there has never been a consensus statement from any organization regarding two laboratories. Many hospitals who perform a high number of PCIs and have good outcomes, only have one lab. Building

another catheterization lab will be an added expense of up to \$2 million dollars.

There being no further business the meeting was adjourned at 3:45 PM.

Respectfully Submitted,

Loreen Angell