

Minutes of Meeting

Tertiary Care Advisory Committee

Date: 15 May 2007 Time: 1:00 PM

Location: Conference Room 401

ATTENDANCE:

Council: Present: Gregory Allen, DO, John Flynn, Catherine Graziano, RN. PhD, Robert S.L. Kinder, Gus Manocchia, MD, Ed Quinlan, and Robert J. Quigley, D C (Chair)

Not Present: Sam Havens (excused), Joan Kwiatkowski (excused) and Mark Reynolds

Staff: Valentina D. Adamova, Jay Beuchner, Michael Dexter, Linda M. Tetu-Mouradjian RN, Donald C. Williams

Public: (attached)

1. Call to Order and Approval of Minutes

The meeting was called to order at 1:00 PM. The Chairman noted that conflict of interest forms are available to any member who may have a conflict. Copies of the 17 April 2007 meeting minutes were

distributed to the members. Gus Manocchia MD noted that his opinion, which was sent to the Department, was not reflected in the April meeting minutes. He had been excused from the April meeting due to travel. M. Dexter stated it was an oversight and would be rectified. A motion was made, seconded and passed by a vote of seven in favor and none opposed to approve and accept the 17 April 2007 minutes, as amended. Those members voting in favor of the motion were: Allen, Flynn, Graziano, Kinder, Manocchia, Quinlan, and Quigley.

The Chairman requested a motion for the extension of time for the availability of minutes pursuant to the Open Meetings Act. A motion was made, seconded and passed by a vote of seven in favor and none opposed that the availability of the minutes for this meeting be extended beyond the time frame provided for under the Open Meetings Act. Those members voting in favor of the motion were: Allen, Flynn, Graziano, Kinder, Manocchia, Quinlan, and Quigley.

2. General Order of Business

The Chairman noted that the next topic on the agenda was volume to quality issues relating to open-heart surgery, cardiac catheterization, and angioplasty. He invited Harvey Zimmerman to speak on these topics. Mr. Zimmerman prioritized the issues then presented a historical summary based on work the committee had previously performed relating to the subject. He recommended that the

committee focus on cardiac care, stents, catherization, and revisit open-heart surgery at a later meeting.

In addition, Mr. Zimmerman mentioned that an article was published subsequent to his literature review. The study was done in Sweden which looked at pooled data from high volume hospitals and low volume hospitals from 1987-2000 primarily focusing on outcomes. He addressed several issues regarding the study: (1.) the researchers studied surgical outcomes over a 13 year span of time; (2.) the breakpoints (minimum number of procedures) used in this study were different from previous studies (10 versus 6 or 7), and (3.) there was no information regarding the number of hospitals and number of procedures done at each hospital, or groupings of high versus low volume hospitals. Lastly, there was no statistical difference between the groups which may have been due to small sample size. This may have accounted for the findings because the confidence interval may have been so wide that the researchers could not show a significant difference. Mr. Zimmerman stated that during the duration of the study there could be a potential for many changes to occur especially in the area of improved surgical techniques.

Upon review of the cardiac data which suggested a decline in rates (number of surgical procedures performed by physicians) a recommendation was made by a member that the committee might revisit previous regulations as well as take into consideration other factors and not just focus on numbers of procedures. Mr. Zimmerman

mentioned that it would be difficult to obtain peer reviewed journal articles regarding volume to quality data on cardiac catheterization because they did not exist after the 1980's and that the numbers have been previously established. Additionally, he mentioned that for the Westerly and South County Hospital's CON, an expert opinion established a breakpoint (minimum number of procedures) for cardiac catheterization at 300 procedures.

Mr. Zimmerman stated that in regard to cardiac by-pass surgery, hospitals that performed more procedures clearly had better mortality rates. In addition, larger hospitals do better which could be due to other things such as best practices. The hospitals that were doing fewer by-pass surgeries could not support the notion of having 3 programs if the goal was to achieve the best possible outcomes. Some options might include closing 1 or 2 programs or develop standards. He argued better data was available (STS) at present to analyze this issue. He pointed out that for angioplasty both primary and elective procedures were increasing. He suggested reviewing data from the American Heart Association, and recommended focusing on elective angioplasty, for example the program at the University of Michigan, rather than requiring on-site open-heart surgery back up. He suggested that hospitals want to have the capacity to do angioplasty in house due to the volume of procedures.

The Chairman added that those who can't do angioplasty perform thrombolysis. Several members requested data, studies, and

information from other states such as Pennsylvania, New York, and STS information from Lifespan and Landmark to address issues related to the mortality associated with open heart surgery and volume versus quality. A member recommended that the committee focus on minimum standards that would apply to all hospitals.

J. Beuchner asked the committee if there was any thought about creating minimum standards for individual practitioners. D. Williams stated that the committee could examine that issue and make a proposal. A comment was made that low volume surgeons do a good job in high volume hospitals and high volume surgeons do well anywhere. D. Williams asked the committee if it would be helpful if staff (including Dr. Gifford) framed the issues. The chairman and committee members agreed with the suggestion.

A member asked the committee to address the Kent County Hospital (KCH) CON issue if it was still on the table. The Chairman stated that KCH would go before the Health Services Council in July and finish business by the end of summer. E. Quinlan asked if KCH had a conflict that prohibited them to speak on the volume to quality issues with a CON in progress. The Chairman suggested legal council should address that issue and that the TCAC should focus on minimum standards.

The Chairman asked the committee to determine their next priorities.

G. Manocchia made a motion that the committee should focus on the

ability of hospitals to perform angioplasty without on-site open heart surgery back up capabilities. The motion was seconded, and passed by a vote of seven in favor and none opposed.

The members decided that they would next meet on 17 July 2007, which would allow Mr. Zimmerman enough time to research the literature and make a presentation at the next meeting. The members also agreed that representatives from hospitals and surgeons were welcome to attend meetings. E. Quinlan suggested that it may be beneficial for the committee members to hear from hospital representatives and also visit facilities.

3. Adjournment

There being no further business the meeting was adjourned at 2:00 PM.

Respectfully submitted,

Linda M. Tetu-Mouradjian, RN