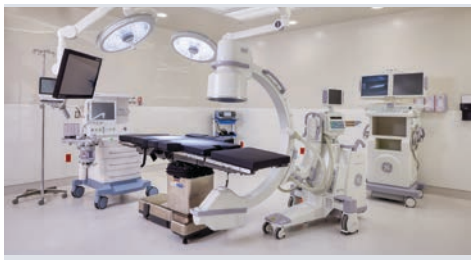
Cath Lab Digest

A product, news & clinical update for the cardiac catheterization laboratory specialist



OUTPATIENT CARE

Meeting Community Need: First, an ASC, Then the New Hospital Comes Later

CLD talks with Eunmee Shim, President, Adventist HealthCare Fort Washington Medical Center, Fort Washington, Maryland.

Can you tell us about Adventist HealthCare and Fort Washington Medical Center?

Adventist HealthCare is one of the longest-serving health systems in the Washington, DC, region, serving our communities for almost 120 years. Based in Gaithersburg, Maryland, Adventist HealthCare consists of three acute care hospitals (Fort Washington Medical Center, Shady Grove Medical Center, and White Oak Medical Center), Adventist HealthCare Rehabilitation Hospital, outpatient rehab clinics, imaging centers, cancer centers and a variety of physician practice locations. Adventist HealthCare also manages Howard University Hospital in Washington, DC.

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In This Issue

THROMBECTOMY

Computer Assisted Vacuum Thrombectomy (CAVT) for Pulmonary Embolism: Penumbra's Lightning Flash 2.0™

CLD talks with Rohit Bhatheja, MD, MBA, FACC, FSCAI.

For a patient receiving endovascular treatment for a pulmonary embolism (PE), what does the pathway prior to their intervention look like?

Endovascular treatment of PE is reserved for those patients who are intermediate or high risk, which means they have more than just a diagnosis of PE. These patients are having significant symptoms and their PE is affecting their right heart. Typically, these patients are either coming to us directly from the emergency department (ED) or from the intensive care unit (ICU) when they experience worsening symptoms. We then consult with the ICU team (dual agreement) in the hospital to risk stratify and evaluate their candidacy for a catheter-directed intervention.

How does PE affect the heart?

PE is a spectrum of venous thromboembolism in which typically the clotting happens in the venous system in the legs or sometimes in the upper extremities, and then migrates to the lung arteries. The thrombus can vary in size and morphology. When the thrombus is lodged in the pulmonary circulation, it can begin to cause strain on the right side of the heart that connects directly with the lung system. This is called right ventricular (RV) strain.

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CRT CASE COMPETITION

Finalists From CRT's 2024 Nurses and Technologists Interesting Cases Competition

The Cardiovascular Research Technologies (CRT) meeting was held March 9-12 in Washington, D.C.

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Meeting Community Need: First, an ASC, Then the New Hospital Comes Later

CLD talks with Eunmee Shim, President, Adventist HealthCare Fort Washington Medical Center, Fort Washington, Maryland.

My hospital, Fort Washington Medical Center, became part of Adventist HealthCare in October of 2019, so we are relatively new. We are a small community hospital, but the demand of healthcare around us is large, and we have plans to build a new, state-of-the-art hospital within the next several years.

What made Fort Washington Medical Center decide to expand care into an ambulatory surgery center (ASC)?

When Fort Washington Medical Center became part of Adventist HealthCare in 2019, it was very clear that the hospital was undersized for the community demand, and it will take us time to grow into what it needs to be. Currently, cardiovascular procedures are not being done at our hospital as we are not able to have a cath lab, given our space limitation. There was no opportunity to do anything at the hospital in terms of capacity addition to be seriously taking care of patients for the community, so until we build a new hospital, Fort Washington Medical Center is not able to have a cath/interventional lab. Maryland has a unique model under the Centers for Medicaid and Medicare (CMS) waiver for the acute care hospitals that discourages volume growth and requires a certificate of need (CON) process to open a cath/interventional lab. Going through the CON process takes time and we don't have any space available at the current hospital, so we would not have the capacity to perform cardiovascular procedures for several years until the new hospital is ready. The question then became, how do we offer services if we are not going to put them in the current hospital? This is part of the reason we decided to put cardiovascular services in the ambulatory setting. An ambulatory surgery center will help us take the ambulatory volume out of the hospital, which will then give us capacity to grow inpatient procedures. We now have an ambulatory surgery center that just opened in National Harbor and includes a cath/interventional procedure room. We treated our first surgical patients in the fall of 2023, and will be treating our first interventional patients in Q1 of 2024.

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When did you decide to go ahead with an ASC?

This conversation started back in 2017. Adventist Healthcare purchased the hospital in 2019, but the conversation took place two years prior. Earnest conversations about opening an ASC began once the hospital merged with Adventist HealthCare, and then COVID-19 happened. We had to wait until the pandemic was better understood and we knew what we were dealing with — and then the construction market heated up. In 2021, we finally decided that it was time for us to move forward with this project. By then, we had returned to a routinized operation under COVID-19. People were trying to gain some normalcy and start thinking about the future, so it was the right time for us to start constructing the surgery center. A joint venture was formed in 2021, and we spent a portion of 2021 and most of 2022 building the center. The construction process was nothing like what we expected. It was riddled with slow progression, challenges after challenges, and some of the critical parts, like an electrical panel, for example, were extremely expensive. It took us almost two years to build the center completely, which is unusual. We usually don't experience that long of a construction delay. However, given the pandemic and the challenges the construction industry was facing, it was what we had to go through.

Can you tell us more about the joint venture behind the ASC and how you settled on National Harbor as a location?

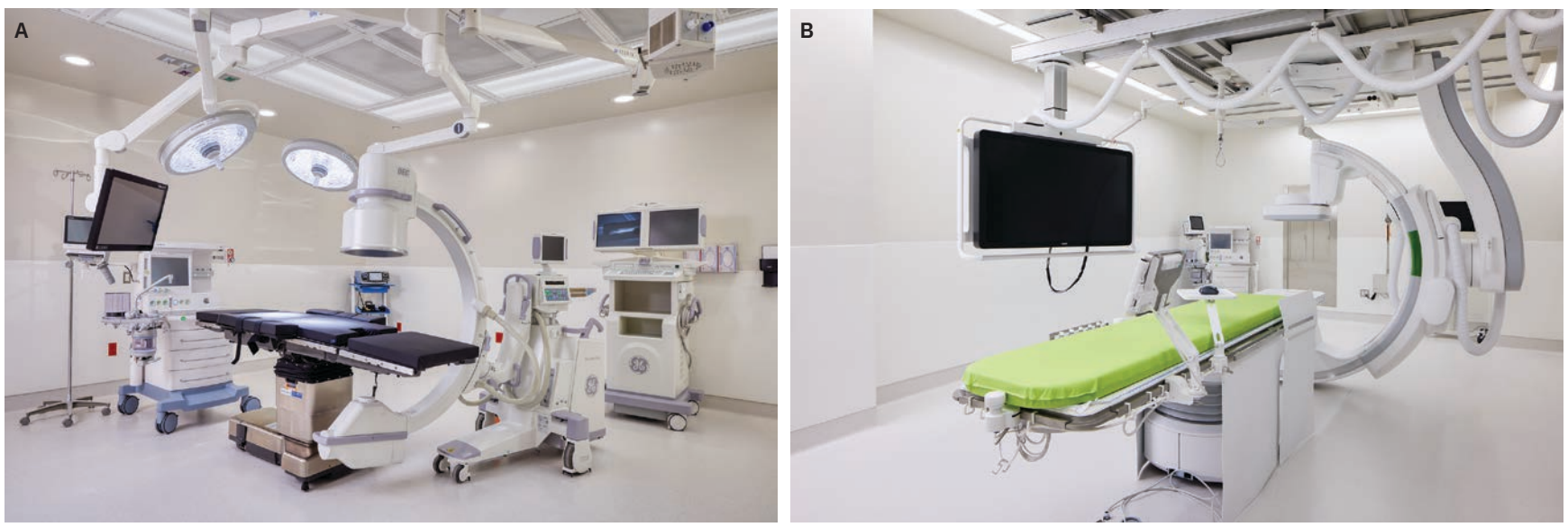

Figure 1A-B. One of two ORs and the cardiac catheterization/IR suite at the Adventist HealthCare Surgery Center at National Harbor, Maryland.

Figure 2. The lobby area.

Our partners include surgeons and a development and management company, HealthCrest. I was first approached about the ASC by certain physicians prior to the acquisition of the hospital. However, the pandemic changed the dynamic entirely, which meant we had to recruit from scratch, so to speak, and we ended up working with the network of physicians that we already were familiar with to join this venture. I recruited several physicians that were already working with us or who expressed interest in working with us, and that is how the group came together. Currently, about 36 providers are planning to do procedures with us. The surgical center has two ORs, one procedure room, and one cath lab/interventional radiology room. We have partners who will be routinely using the operating rooms, procedure room, and cath lab/interventional radiology room.

In terms of the center's geographic placement, National Harbor, located about six miles north of Fort Washington Medical Center, is a destination for many people, and it is at the center of the DMV (District of Columbia, Maryland, and Virginia). National Harbor is right in the middle of Maryland, but if you cross over the Woodrow Wilson Memorial Bridge, you are in Virginia. Then, a few minutes north is Washington, DC. We felt the ASC would attract patients and physicians from all three areas. It is a convenient, well-known location and also is a beautiful setting.

How does your ASC solve the problems of the community?

Our market service area lacks providers, hospital beds, and post-acute care services. As a result, we see that most healthcare is being provided in either emergency rooms or outside of the county and/or state. This is true for preventive, urgent and/or emergent care, which in turn brings poorer healthcare outcomes for the community. By having a surgery center in the community, we will be able to offer surgical care in the community by providers who are also in the community. This makes post-surgical follow-up care more accessible and getting procedures done more convenient. Bringing quality care close to home is critical for our patients.

Why did you choose to work with Philips OBL and ASC Solutions – SymphonySuite?

Philips' suite of equipment is in all Adventist Healthcare hospitals for our cath/interventional labs, so the company's equipment is well known within our healthcare system. Philips is highly regarded when it comes to cardiac cath and interventional radiology lab systems. Equipment purchasing is handled by our managing and developing partner and the ASC board of directors, who choose to continue using Philips solutions, which came packaged together through their SymphonySuite solution designed for the ASC setting.

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How did you find your management and development partner?

The idea of an ASC had been discussed in our healthcare system for a while. There was a time several years back when I was in a different role and we were exploring the idea of surgery centers. Through some of our surgeons and anesthesiologists, I learned of a few ASC operators we should consider and I met our current management partner, HeathCrest, through those conversations. I was looking for a model of success for an ASC that partners with a hospital. At the time, HealthCrest was in a similar relationship with an ASC that is affiliated with a hospital about an hour north in Frederick, Maryland, and I went up there to meet with them. They made a good impression, so going forward, each time a surgery center development conversation came up, I invited the company to the table to have a conversation. When we went through the process of requesting proposals for the current ASC, we had different management groups present to us. We found that a majority of the surgical center management companies have a fairly well-defined model they like to execute, with a certain size, certain scope, and certain design, all of which is predetermined by their past experiences, which is a good thing in different ways.

However, building the relationship with the physicians is very important. I am a firm believer that within reason, you have to also allow the physicians that are making up the surgery center ownership to decide for themselves what needs to be done. An ASC is not a cookie-cutter operation to maximize margins. At the end of the day, we want to serve the community. There is an existing need for our patients, so the programmatic components have to address what we believe the community needs. The physicians who are going to be part owners and who will create success with us need to have the ability to direct certain aspects of clinical care, and we want to create the success story together. HealthCrest agreed, and that is how they became our management partner.

Do you have any other advice for someone in your position who might be looking to do something similar?

We are just starting our journey, but working with the physicians to make sure that they are part of the plan that you are creating, and that they are inspired, enthusiastic about the plan, and feel like they are making a difference with what they do, is very important to consider. I told the interventionalist who is performing procedures at the hospital that it would be a long time before

Figure 3. Pre/post op area.

Learn more and view the interview with Eunmee Shim online:

we could have a lab due to our capacity limitations, but we could create one in the outpatient setting. Their response was, "That's a good idea. Let's do it."

Do you think that the fact that you are going ahead first with the ASC is going to influence the nature of what is developed at Fort Washington Medical Center as you build the new hospital?

Possibly. If this is successful, our hospital capacity will only cater to those who are at the hospital. Our intention is to avoid creating an outpatient capacity at the hospital. Our new hospital will offer inpatient services that can be delivered only in a hospital setting. The focus will not be to bring outpatient services into an acute care setting. In some ways, the new hospital will feature an innovative model that will only serve patients needing acute interventional procedures, unlike other models, where everyone undergoing an interventional procedure must come to the hospital, because that is the only place where such resources exist. Between our hospital, the ASC, and our Primary Care — all within a few minutes of each other — we intend to provide a full continuum of care close to home for our patients. ■

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Adventist HealthCare SURGERY CENTER AT NATIONAL HARBOR

This article is supported by Philips OBL and ASC Solutions – SymphonySuite.

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