

American Endovascular & Amputation Prevention

Vascular Disease Management spoke with John H. Rundback, MD, FAHA, FSVM, FSIR, Vascular Specialist, about his new office-based lab in West Orange, New Jersey.

What procedures are performed at American Endovascular & Amputation Prevention?

Peripheral arterial disease, limb salvage, uterine fibroid embolization, and vein procedures. A typical day would include various limb salvage cases as well as other vascular procedures. Our staff consists of MDs, RTs, medical assistants, RNs, NPs, RVTs, and patient service coordinators. Our doctors are interventional radiologists.

What types of equipment are commonly used?

We use a C-arm and ultrasound, and often utilize the latest technology and devices.

Who manages your lab?

Our lab is managed by an experienced Nurse Manager who oversees all center staff.

Tell us what a typical day is like in your lab.

A typical day would include various limb salvage cases as well as other vascular procedures, numerous consultations, and follow-up appointments.

In what ways has the COVID-19 pandemic impacted your practice?

The pandemic impacted our practice early on when patients were fearful of leaving their homes. We also were impacted by not being able to visit or communicate with our referring physicians. We pivoted our approach in order to get much-



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needed information about our limb-saving services to the community during that difficult time. From a patient care standpoint, during the pandemic patients often presented with more advanced disease requiring more challenging management. We also had to account for increased risk of clotting with the patients in our care after the procedure.

How does your lab allow you to work cooperatively with other clinicians and specialties to ultimately prevent amputations?

Our physicians have great relationships with a variety of other physicians to collaborate on nonhealing wounds. Our physicians speak with referring physicians and always provide follow-up care/calls to make sure the healing process is occurring. We openly collaborate with podiatrists, PCPs, and vascular surgeons to determine the care for these patients. To increase awareness and collaboration, we have meetings and provide outreach to the community.



Lobby.



Waiting area.



Pre/postop area.

Can you describe the system(s) you use and how they work in the lab's daily operations?

Vascular care involves the use of many different devices and strategies based upon the patient's clinical presentation and underlying anatomy. Our ability to use the devices requires sophistication in our technique and skill, such as devices that use laser to breakdown down blockages in a safe manner. The ease of use and compact size makes it more versatile than other laser atherectomy devices on market.

How is coding and coding education handled in your lab?

All our coding staff are CPCs and have extensive IR coding experience. Our coders work directly with the physicians daily on any questions and concerns that come up.

How is inventory managed? Who handles the purchasing of equipment and supplies?

We have a dedicated process overseen by a committed operation management system and team. This allows us to continuously



Pre/postop area.

evaluate devices for performance, cost, and outcomes. Managed through an inventory system, day-to-day supply purchases are handled by staff in our center; equipment purchases go through our Director of Operations.

How does your lab handle hemostasis?

We use manual as well as closure devices for hemostasis but prefer closure devices to allow early ambulation and discharge of patients.

Is your lab involved in clinical research?

Yes, we participate and lead many FDA as well as post-market studies.

What measures has your lab implemented to cut or contain costs?

Physicians are provided monthly financial statements to show the financial performance of the center. There is an ongoing dialogue to evaluate the best balance between device performance and cost in a vertically integrated way to ensure an efficient practice.



Nurses station.

How does your lab compete for patients? Has your institution formed an alliance with others in the area?

We have a dedicated team of liaisons who work directly with the referring physicians so they are always informed of our care of their patients. We have created a detailed process to ensure that the referring community receives all information about their patients and receives personal communication directly from our doctors regarding the care of their patients.

How is staff competency evaluated? What type of continuing education opportunities are provided to staff members?

All staff are regularly evaluated through a formal annual evaluation process. We have an online platform that provides continuing education and allows licensed staff to earn CEUs yearly.

How do you prevent staff burnout? What approaches do you use for team building?

The outpatient setting is very different than a hospital environment. We have a controlled schedule to make sure we are appropriately staffed for the cases that are booked daily. We instill our corporate values into everything we do and thrive on developing an amazing culture internally, which is reflected to our patients. We work as a team every day and take pride in the care that we give to every patient we have the privilege of serving.

How do you handle vendor visits to your lab?

We have a rigorous process to assure that vendor representation in the lab is done with several vendors who work with

our lab on any given day. We limit the number of reps, and the manager approves visits.

Describe a particularly memorable case from your lab and how it was addressed.

There was a 92-year-old woman who had foot pain and was misdiagnosed by a primary care physician. Several months later, she secured an appointment with a vascular doctor at a major hospital, which took 3 weeks to get an appointment. She was diagnosed with PAD and was scheduled for a procedure. Her disease continued to progress rapidly and she developed an ulcer on her toe. The patient's son continued to contact the physician and asked if there was anything more they could do. They were told there was nothing further that could be done and she required an amputation. Her son continued to research for solutions that could help his mother and he found the pedal approach. He reached out to a medical device company and the rep connected him with TheWayToMyHeart.org, which connected him to our NJ location. Within 2.5 days, his mother was scheduled for a consultation as well as a potential procedure if needed. They traveled several hours to our West Orange NJ and we evaluated the patient. We were confident that we could restore blood flow; the procedure was performed the same day and was very successful, restoring blood flow and saving her limb. Amputation was prevented and the patient is doing fantastic!

Do your physicians maintain privileges at a local hospital?

Yes, our physicians have privileges to local hospitals in order to provide transfers as necessary. It is quite uncommon, though, that this is needed in the outpatient setting.

How do you reassure patients who might be uneasy undergoing what they perceive might be a complicated procedure outside of the hospital?

Our physicians and staff are very experienced and consult patients in advance of procedures. Good communication goes a long way.

How is patient education managed?

During consult, if the patient is identified as needing a procedure, it is explained. The day before the procedure, the patient receives a call from RN to go over the procedure, answer any questions, and review medications. Patients are given a "what to expect" brochure.

How do you get the word out in your community that amputation is not the easy answer for critical limb ischemia?

Each center has a local liaison who communicates with the referral community. They actively engage with the community to drive awareness about amputation prevention, our unique skillset, and our local center. We also have direct-to-patient initiatives to drive patient awareness and education of our services.

Please describe what you consider unique or innovative about your lab and its staff.

Not only do we have highly skilled interventionalists skilled in CLI, but we also provide extensive education courses at national meetings and are involved in clinical trials to evolve the industry. Our lab is involved in many preeminent device trials at this time. We often also have trainees who shadow us in cases. Our compassionate experience, extensive communication with patients as well as other members of their care team, incredible patient experience, and commitment to patient care leads to extraordinary outcomes. ■

American Endovascular & Amputation Prevention has locations in Brooklyn, NY; Cincinnati, OH; Fishkill, NY; Harlem, NY; New York, NY; Queens, NY; and West Orange, NJ. Visit AmericanEndovascular.com for more information.

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