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Indiana Regional Medical Center Creates Virtual Cardiovascular Line
by Hank Walshak
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Heart failure continues to be the leading admitting diagnosis in hospitals throughout Western Pennsylvania, especially in community hospitals like the Indiana Regional Medical Center in Indiana Pennsylvania. To offset this trend, the Center has refined its entire system of cardiovascular services and operations in the past year and has created a virtual cardiovascular line to address the needs of cardiac patients more cohesively.

The effort has paid off for patients. In twelve months, the Center has reduced the readmissions rate for patients who have suffered heart failure to lower than 20 percent from 29 percent, has moved cardiac patients faster into the system, and has shortened the in-hospital stay for non-cardiac patients.

"Through this house-wide effort, we now have more heightened coordination among staff, and patients feel more confident because they never leave the same cardiovascular service as they progress through the continuum of care here," said Lancy Brunetto, Administrative Director for the Center for Cardiac and Vascular Care.

Currently, Indiana Regional Medical Center treats only low-risk patients who suffer from coronary problems who will benefit from diagnostic procedures like cardiac catherization, stress testing, EKGs, and holter monitoring. The Center also provides cardiac rehabilitation for patients recovering from acute myocardial infarctions, bypass operations, and episodes of angina. In addition, the Center offers diagnostic and interventional service to patients with peripheral vascular disease.

According to Barb Sallo, President of Health Care Visions, who worked with the Indiana Regional Medical Center, the hospital lacks the critical mass of patients to justify building a heart hospital, but does have the patient volume and vascular services to structure a virtual heart-care center.

"The virtual cardiovascular line has made it easier for patients because it is patient friendly and focused, and meets the needs of the Indiana community with critical services," said Sallo.

Looking ahead, the Center plans to add coronary interventions to patient services, depending on approval of the Center's waiver to provide this procedure now pending before the Pennsylvania State Department of Health. Approval will enable the Center to care for patients with emergent cardiovascular conditions instead of transferring them to a tertiary care hospital.

Offering coronary interventions for patients presenting with cardiac problems will enable the Indiana Regional Medical Center to treat patients locally and quickly who may need stents or balloons to correct arterial occlusions.

"When dealing with an acute myocardial infarction, the goal is always to have blocked arteries open again in less than 60 minutes from the time of presentation. Having the capability to do therapeutic cardiac catherization will enable us to do that," said Pam Ofman, Supervisor of Cardiac Services.

She added that having to transfer a patient in the midst of a myocardial infarction from the Center to a tertiary-care hospital effectively greatly diminishes the odds of meeting this optimal 60-minute guideline.

Having an emergent coronary intervention capability will also mean that patients with coronary problems at the Center can be treated by their primary-care physicians and cardiologists, instead of being transferred to a tertiary hospital some distance away.

"The nearest tertiary-care hospital from Indiana Pennsylvania lies 30 miles away. That is a drive of about 45 minutes or an hour. And Pittsburgh, about 60 miles away, is an even longer drive for patients," said Brunetto.

As one might expect, the Indiana Regional Medical Center emphasizes communication among staff as a key component of its virtual cardiovascular line. An operations committee meets regularly and under specially circumstances as needed. "We look at things of interest in this service line in an overall hospital capacity. We work together on it. We have better communication between the corresponding services and it all comes together for the betterment of our patents," said Brunetto.

As just one example of this close collaboration, he points to the chest-pain protocol established with the Center's emergency department. When a patient presents with chest pains in the emergency room, the ER staff follows a recommended testing protocol that, among other things, involves testing for cardiac enzymes, and conducting resting nuclear stress tests and full stress tests – without delay -- when appropriate

Brunetto emphasized that providing the full range of cardiovascular services, though critically important, is just one element in the Center's patient-care focus. Education is the other component. "We do not want people to come to us only when they have problems with their hearts. We want to educate them to prevent their having to come here for cardiovascular treatment," he said.

In this regard, the Center's Nutrition and Food Services Department offers dietary and weight-management counseling to people who self-refer to the program or are referred through their physicians. A wellness program, medically supervised by exercise physiologists and technicians, and a yoga program meet the needs of people who enjoy good health and of those who suffer from chronic diseases.

In February of this year, the Center conducted "At the Heart of It All," an informational event in the women's heart program that included information on nutrition and diet, exercise, and stress management, and featured Dr. Diana Metzger, a female cardiologist who spoke on the prevalence of cardiovascular disease in women.

The net result of the efforts of the Indiana Regional Medical Center is reflected in the enhanced satisfaction of its patients with cardiovascular problems. They receive the same high-end care as they did in the past, but now experience greater levels of coordination and confidence that comes with the more unified care in the Center's system of vascular services.

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