



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

STANDARD APPLICATION – CERTIFICATE OF NEED PROGRAM

Application Number: #07-12

Applicant: Kapiolani Medical Center at Pali Momi
98-1079 Moanalua Road
Aiea, Hawaii
Phone: 808-485-4434

Project Title: Establishment of interventional cardiac catheterization
laboratory

Project Address: same

1. **TYPE OR ORGANIZATION:** (Please check all applicable)

- Public _____
- Private X
- Non-profit X
- For-profit _____
- Individual _____
- Corporation X
- Partnership _____
- Limited Liability Corporation (LLC) _____
- Limited Liability Partnership (LLP) _____
- Other: _____

2. **PROJECT LOCATION INFORMATION:**

A. Primary Service Area(s) of Project: (Please check all applicable)

- Statewide: _____
- O`ahu-wide: _____
- Honolulu: X
- Windward O`ahu: _____
- West O`ahu: X
- Maui County: _____
- Kaua`i County: _____
- Hawai`i County: _____

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3. **DOCUMENTATION** (Please attach the following to your application form):

A. Site Control documentation (e.g. lease/purchase agreement, DROA agreement, letter of intent)

-N/A

B. A listing of all other permits or approvals from other government bodies (federal, state, county) that will be required before this proposal can be implemented (such as building permit, land use permit, etc.)

-Building Permit

C. Your governing body: list by names, titles and address/phone numbers

-See Exhibit Summary A

D. If you have filed a Certification of Need Application this current calendar year, you may skip the four items listed below. All others, please provide the following:

- Articles of Incorporation: **Previously filed**
- By-Laws: **Previously filed**
- Partnership Agreements: **N/A**
- Tax Key Number (project's location): **Previously filed**

4. **TYPE OF PROJECT.** This section helps our reviewers understand what type of project you are proposing. Please place an "x" in the appropriate box.

	Used Medical Equipment (over \$400,000)	New Medical Equip. (over \$1 million)	Other Capital Project (over \$4 million)	Change in ownership	Change in service/establish new service/facility	Change in Beds
Inpatient Facility		X				
Outpatient Facility		X			X	
Private Practice						

5. **TOTAL CAPITAL COST: \$1,900,000**

6. **BED CHANGES.** Please complete this chart only if your project deals with a change in your bed count and/or licensed types. Again, this chart is intended to help our reviewers understand at a glance what your project would like to accomplish. Under the heading "Type of Bed," please use only the categories listed in the certificate of need rules.

Type of Bed	Current Bed Total	Proposed Beds for your Project	Total Combined Beds if your Project is Approved
N/A	N/A	N/A	N/A
TOTAL			

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7. **CHANGE IN SERVICE.** If you are proposing a change in service, then please briefly list what services will be added/modified. Be sure to include the establishment of a new service or the addition of a new location of an existing service. Please consult Certificate of Need Rules Section 11-186-5 for the categories of services. If you are unable to determine which category best describes your project, please consult with agency staff.

Kapi'olani Medical Center at Pali Momi seeks to establish an interventional cardiac catheterization laboratory. This application is an amendment to certificate of need application #92-04 granting the establishment of a cardiac catheterization laboratory to provide diagnostic procedures.

PROJECT COSTS AND SOURCES OF FUNDS (For Capital Items Only)
List All Project Costs: AMOUNT:

1.	Land Acquisition	N/A
2.	Construction Contract	\$285,000
3.	Fixed Equipment	\$1,540,000
4.	Movable Equipment	\$10,000
5.	Financing Costs	N/A
6.	Fair Market Value of assets acquired by lease, rent, donation, etc.	N/A
7.	Other: Professional Design, Project Mgmt IT, Moving Costs, Infection Control	\$65,000
TOTAL PROJECT COST:		\$1,900,000

A. Source and Method of Estimation

Describe how the cost estimates in Item "A" were made, including information and methods used:

Cost estimate based on historical data and current industry estimating practices. Equipment cost estimates provided by vendors.

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B. Source of Funds

AMOUNT:

1. Cash	RECEIVED	\$1,900,000
2. State Appropriations	'07 APR 30 A8 :10	_____
3. Other Grants		_____
4. Fund Drive	ST. HILIB. PLAN & DEV. AGENCY	_____
5. Debt		_____
6. Other: _____		_____
TOTAL SOURCE OF FUNDS:		\$1,900,000

8. IMPLEMENTATION SCHEDULE: Please present a projected time schedule for the completion of this project from start to finish. Include all of the following items that are applicable to your project:

- a) Date of site control for the proposed project: **N/A**
- b) Dates by which other government approvals/permits will be applied for and received: **Building permit applied for by November 2007 & received by January 2008**
- c) Dates by which financing is assured for the project: **N/A**
- d) Date construction will commence: **January 2008**
- e) Length of construction period: **10 weeks**
- f) Date of completion of the project: **March 2008**
- g) Date of commencement of operation: **March 2008**

Please remember that the Agency does monitor the implementation of Certificates approved. Non-implementation of a project as described in your application may result in a fine and/or withdrawal of the Certificate of Need.

9. EXECUTIVE SUMMARY: Please present a brief summary of your project. In addition, provide a description of how your project meets each of the Certificate of Need criteria listed below. If a new location is proposed, please attach an easy to read map that shows your project site.

Kapi'olani Medical Center at Pali Momi (KMCPM) seeks to expand the level of cardiac care to Leeward and Central Oahu residents by establishing a cardiac catheterization laboratory on its campus for interventional procedures. Cardiac Catheterization is a vital test used to diagnose coronary artery disease using the catheterization procedure. This procedure involves the use of contrast dye which is injected into the coronary arteries via a catheter, allowing the physician to visualize, on an X-ray screen, the exact site where the artery is narrowed or blocked. Interventional cardiac catheterization concurrently allows insertion of balloons and other devices to open blocked arteries. For patients who have symptoms of myocardial infarction ("heart attack") – the ability to perform these types of procedures greatly improves patient outcomes and reduces morbidity and mortality.

The proposed project will save patient lives and improve outcomes by reducing the length of time from when a patient suffers a heart attack and receives care. In more severe cases – for example acute coronary syndrome that can lead to myocardial infarction – the ability to perform necessary interventional procedures becomes vital. In emergency room situations, providing treatment within the “golden hour” (the first sixty minutes after an onset of acute illness) is critical in maximizing a patient’s chance of survival. Care is delayed in situations where a patient must be transported to another facility for necessary treatment. The addition of an Interventional Cardiac Catheterization Lab (ICCL) will allow all Leeward and Central Oahu residents diagnosed with acute coronary disease to receive life-saving interventional procedures within the “golden hour”.
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The introduction of an ICCL at KMCPM will also eliminate current access to care disparities that exist between West and East Oahu residents. There are currently 14 cardiac catheterization labs on Oahu. However of those 14, 10 are located in downtown Honolulu. KMCPM is the only facility on Oahu with a cardiac catheterization lab that is limited to diagnostic procedures. Given the population growth in Leeward Oahu, the addition of an ICCL at KMCPM would allow Leeward and Central Oahu residents to have access to the same level of care as residents living in East Oahu.

KMCPM as a not-for-profit hospital has always provided care for inpatients, outpatients and emergencies regardless of a patients’ ability to pay. KMCPM has also been pro-active over the years in investing in the facility to bring greater benefit to patients by providing increased capacity, enhanced quality and a higher level of customer service in anticipation of the growth of the Leeward, Central and West Oahu area.

a) Relationship to the Hawai`i Health Performance Plan (H2P2), also known as the State of Hawai`i Health Services and Facilities Plan

The proposed Interventional Cardiac Catheterization Lab will serve to meet all the desired objectives and goals of H2P2. The leading cause of death in Hawaii (ranked by deaths per 100,000 population) in 2003 was heart disease. Heart disease is particularly linked to age and is the leading cause of death for all groups aged 35 and older. The proposed project will increase the span of healthy life for Hawaii residents by ensuring more timely access to care and treatment. Since coronary disease is correlated with age, the addition of these procedures will address the goal of providing care to patients over their life cycle.

The addition of an ICCL at KMCPM will also achieve equitable and effective access at reasonable costs for all Hawaii’s residents to health services by providing care in closer proximity to Leeward Oahu residents. The primary service area is Central and Leeward Oahu; however patients from North Oahu, the neighbor islands and Pacific Basin will also be served. KMCPM will continue to provide care to all residents of the area including: Medicare, Medicaid, QUEST and all underserved groups. The ability for patients to receive interventional procedures at the same facility they receive their diagnostic results will eliminate the need for additional scheduling and travel. Not only will this reduce patient costs related to travel, but will also increase patient outcomes and reduce morbidity via timelier care.

KMCPM has a long history of working with other regional and tertiary care providers. KMCPM will maintain consultation and transfer arrangements with other health care facilities to ensure that patients are receiving all medically required care. KMCPM actively participates in the well being of the community through educational community outreach efforts.

b) Need and Accessibility

There is a growing need for interventional cardiology in the region. In 2006, the population of Leeward Oahu was estimated at 433,178. The population for the region is expected to increase almost 6% by 2011 to 458,051. The older adult population, people age 45 or greater, is expected to make up the bulk of that growth and is the population segment most likely to need interventional cardiac catheterizations. A cardiac catheterization lab at KMCPM with interventional capability will help to alleviate the current and future demand of Leeward and Central Oahu residents currently needing to commute to Honolulu to receive care.

Since coronary artery disease is more prevalent in older populations (greater than 44) – this intervention will again most likely target middle aged and older cohorts residing in Leeward and Central Oahu. There are approximately 143,300 individuals this project will potentially address. Of that number, approximately 33% (48,200) are over the age of 65. This project could provide care for an estimated 430 Leeward patients who are currently being accommodated at Honolulu hospitals for interventional cardiac procedures¹. An additional interventional program situated closer to Leeward and Central Oahu would provide better access and greater convenience for residents, and reduce any resource strains on existing facilities.

Currently, there are no facilities available west of Red Hill that are able to provide *interventional* cardiac procedures. Vehicular traffic often bottlenecks creating delays for patients seeking medical care once discharged from the emergency room. Currently Kaiser Moanalua Medical Center is the only facility in Central Oahu that provides both diagnostic and interventional cardiac catheterization procedures. Kaiser, however, has historically performed 20% or less of the procedures for Leeward Oahu residents, and may not be considered by many residents as a care option due to insurance barriers. The ability for patients to receive interventional procedures at the same facility they receive their diagnostic results will eliminate the need for additional scheduling and travel. Not only will this reduce patient costs related to travel, but will also increase patient outcomes and reduce morbidity via timelier care.

c) Quality of Service/Care

KMCPM will use the recommended Society for Cardiovascular Angiography and Interventions (SCAI) to establish quality guidelines to ensure patients receive optimal care and evidence-based practices. The SCAI is the primary professional association for invasive and interventional cardiologists. The SCAI's mission is to promote excellence in invasive and interventional cardiovascular medicine through physician education and representation, and the advancement of quality standards to enhance patient care. SCAI has a membership of over 3,700 adult and pediatric interventional cardiologists. There are currently 14 committees which are open to all members. Focus areas for SCAI include establishing standards and guidelines for all aspects of cardiac catheterization and angiography, training, credentialing, safety and quality assurance for cardiac procedures.

KMCPM is also engaged in continuous monitoring and evaluation of processes and outcomes that are crucial to maintaining a consistent quality of care that meets and exceeds our customer expectations. KMCPM performs continuous data collection and outcomes monitoring of pacemaker devices through the American College of Cardiology National Cardiovascular Data Registry (ACC-NCDR). In addition to patient outcomes, the ACC-NCDR will provide benchmarked data on pacemaker devices, provider characteristics, and adverse events.

d) Cost and Finances (include revenue/cost projections for the first and third year of operation)

The proposed project is projected to achieve profitability and perform a total of 249 patients/cases by the end of year 1. By year 3 of operation, the KMCPM ICCL will treat a total of 353 patients/cases (including both incremental interventional and diagnostic cases). The project will be funded entirely by KMCPM cash reserves and will not require debt financing.

e) Relationship to the Existing Health Care System

The proposed project will strengthen the existing health care system. Since there are currently no other widely available interventional cardiology services west of Red Hill, the availability of an ICCL at KMCPM will strengthen the existing Leeward/Central Oahu healthcare infrastructure. The proposed project will also alleviate resources dedicated to emergency medical transport. With the addition of an ICCL at KMCPM, patients will no longer have to be transported through the congested H-1 corridor to downtown during emergency situations. This project will allow emergency transport resources to be re-deployed for use to transport patients to and from other areas.

f) Availability of Resources

The current staffing model comprises of 2.0 FTE Registered Nurses and 1.5 FTE Angiography Technologists. An additional 2.0 FTE Registered Nurses and 1.5 FTE Angiography Technologists will be recruited and hired with the inclusion of interventional cardiac catheterization services (total of 4.0 FTE Registered Nurses and 3.0 FTE Angiography Technologists). Additionally a critical care educator with ICCL management experience will support the program. The daily operations of the ICCL will be overseen by the Director of Imaging.

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