

MedXcellence Cath Survey

DEMOGRAPHICS

1) Please provide your contact information so that we may contact you in the event of any questions regarding the data you report.

First Name: _____

Last Name: _____

Credentials: _____

Hospital/Institution/Practice Name: _____

Title/Role of Person Completing Survey: _____

Address 1 _____

Address 2: _____

City/Town: _____

State: _____

Zip: _____

Email Address: _____

Phone Number: _____

Group ID: _____

2) Ownership Model

- Privately Owned
- Employed: Academic
- Employed: Foundation or Practice Plan
- Employed: Hospital/Health System
- Professional Services Agreement (PSA)

3) Cath Lab Specialty Providers (Check all that apply)

- Diagnostic Cardiology
- Interventional Cardiology
- EP
- Pediatrics/Congenital
- Interventional Radiology
- Vascular Surgeon
- Neurologist
- Other, please list: _____

ORGANIZATIONAL**4) Types of procedures performed in the cath lab space (Check all that apply)**

- Diagnostic coronary procedures
- Interventional coronary procedures
- Advanced Mechanical circulatory support – Impella or ECMO
- Cardiac rhythm devices – pacemakers and ICDs
- Cardiac ablation - SVT, A-flutter, A-fib, V-tach
- TAVR procedures
- Left atrial appendage closure
- Diagnostic and interventional peripheral work
- IR procedures
- Neuro procedures – stroke management

5) Cath Lab Equipment Provided (Check all that apply)

- Traditional coronary room
- Multi use room coro/peripheral
- Bi-plane
- EP dedicated room
- Other, please list: _____

6) Does your cath lab team have the following roles (Check all that apply)

- Named Medical Director
- Physician and Administrative dyad
- Dedicated Business Manager
- Dedicated PACS Manager
- Dedicated Quality abstractors
- Dedicated Educator or Clinical Nurse Specialist
- Dedicated cardiology coders

7) Is your PCI program formally accredited by a cardiac specific credentialing body? (Example ACE)

- Yes
- No

8) Does your cath lab have an organized clinical standards and policy committee?

- Yes
- No

9) Does your cath lab meet regularly with the Intensivists or the CCU units of quality review?

- Yes
- No

10) Does your cath lab have an organized and empowered supply standardization committee?

- Yes
- No

11) The final decision regarding primary vendor contracts is made by:

- Physician Steering Committee
- Supply Chain
- System-Wide Contracting Requirements
- Cath lab leadership
- Other, please list: _____

12) Does your system practice active supply management (Example monitoring of product turns, tracks expired product costs, performs complete inventory every 6 months)?

- Yes
- No

13) Does your cath lab have a committee to review department operations and finances?

- Yes
- No

14) Does this committee review new program requests? (Example TAVR)

- Yes
- No

15) Does this committee perform a financial audit as a follow-up on new programs to ensure actual revenue aligns with projected? (Examples: TAVR, left atrial appendage devices, wireless holter monitors, sub q ICDs)

- Yes
- No
- Don't Know

16) Does your cath lab conduct education and training for residents and fellows?

- Yes
- No

OPERATIONAL

17) Does your cath lab routinely staff weekend hours for scheduled cases?

- Yes
- No

18) Does your cath lab staffing model allow optimal flexing of staff related to case load?

- Yes
- No

19) Does your cath lab maintain a monthly operational dashboard?

- Yes
- No

20) Does your cath lab report on the following metrics? (Check all that apply)

- Room turnaround times
- On time starts - first case of day
- On time starts - all cases per day
- Room Utilization
- Room Capacity
- Staff Productivity
- Cost Per Case
- Other, please list: _____

21) Average turnaround time for the following cases. (Measured as patient in room to patient out)

- Coronary Case (in Minutes):
- Device Case (in Minutes):
- Ablation Case (in Minutes):
- Structural Heart Case (in Minutes):

22) Does your cath lab have a formalized onboarding process for staff with training modules by specialty?

- Yes
- No

23) Does your cath lab have a dedicated EP team and call schedule?

- Yes
- No

24) Does your cath lab have a staff turnover rate at or below 15%?

- Yes
- No
- Don't Know

25) Does your cath lab report cost per case by provider?

- Yes
- No

26) Is the cost per case report provided with transparency by provider name and case type?

- Yes
- No

27) Does your cath lab report time allowances/room utilization by provider?

- Yes
- No

28) Is the report provided with transparency by provider name?

- Yes
- No

29) Does your cath lab report average cost per case including staff and space allocation?

- Yes
- No

30) Does your cath lab report average cost per case by provider including staff and space allocation costs?

- Yes
- No

31) Does your organization provide concurrent coding review in the cath lab?

- Yes
- No

32) Do physicians dictate cath lab procedures on a standardized structured report?

- Yes
- No

CLINICAL EXCELLENCE

33) Does your cath lab routinely hold multi-disciplinary case conferences?

- Yes
- No

34) Does your cath lab routinely hold Morbidity and Mortality or similar conferences?

- Yes
- No

35) Does your cath lab internally report National Cardiovascular Data Registry (NCDR) findings with provider transparency?

- Yes
- No
- Don't Know

36) Do you have a formalized radiation safety program?

- Yes
- No

37) Does the cath lab generate a monthly quality scorecard?

- Yes
- No

38) Do you have a standardized process which ensures that cath lab or recovery staff schedule the patient a follow up office visit prior to procedural discharge?

- Yes
- No

39) Do you have a written protocol for Same Day Discharge?

- Yes
- No

40) Do you require patient labs be obtained prior to day of cath lab procedure?
(Except INR and glucose)

- Yes
- No

41) Does your cath lab leadership dyad have responsibility over the cath lab prep and recovery area?

- Yes
- No

42) Is the cath lab prep and recovery area located next to the cath lab?

- Yes
- No

43) Is your PCI adjusted mortality at or below the 50th percentile? (NCDR data)

- Yes
- No

44) Are readmission rates for post myocardial infarction patients at or below the 50th percentile?
(NCDR data)

- Yes
- No

45) Is your PCI vascular site complication rate at or below the 50th percentile? (NCDR data)

- Yes
- No

46) Is your PCI vascular site complication rate shared with provider transparency? (NCDR data)

- Yes
- No

47) Is your device infection rate at or below the 50th percentile? (ICD registry)

- Yes
- No

48) Does your Hospital Compare data indicate in-range cost-per-beneficiary rates for PCI procedure?

- Yes
- No
- Don't Know

49) Does your Hospital Compare data indicate in-range cost-per-beneficiary rates for ICD procedures?

- Yes
- No
- Don't Know

50) Does your cath lab have a clinical committee with shared leadership between the Emergency Department and cardiology for STEMI protocols?

- Yes
- No

TRANSFORMATIONAL

51) Is your cath lab actively reducing radiation dosing with equipment and shielding? (Examples are clarity or robotics)

- Yes
- No

52) Does your cath lab have standards or protocols for the use of additional screening such as FFR, IVUS, and OCT? (FFR- fractional flow reserve, IVUS – intravascular ultrasound, OCT – optical coherence tomography)

- Yes
- No

53) Does your cath lab have measurable goals for Same Day Discharge growth?

- Yes
- No

54) Does your cath lab have measurable goals for Same Day Discharge for low voltage devices and generator changes?

- Yes
- No

55) Does your cath lab operate 7 days a week with regularly scheduled staff and procedures?

- Yes
- No

56) Has your cath lab participated in a bundled payment contract?

- Yes
- No

57) Does your cath lab have a dedicated shock response team?
(Example on call: Advanced Heart Failure and Intensivist consult)

- Yes
- No

58) Does your cath lab have a HEART team meeting? (Multidisciplinary team consult including cardiology and thoracic surgery)

- Yes
- No

59) Have you streamlined your hybrid TAVR team to five staff or less?
(TAVR – transcatheter aortic valve replacement)

- Yes
- No
- N/A

60) Is radial access performed in 50% or more of all PCI cases?

- Yes
- No

61) Is radial access performed in 30% or more of all STEMI cases?

- Yes
- No

62) Does your cath lab have a measurable target for radial growth?

- Yes
- No

63) What are the barriers for growing your cath labs radial program (Check all that apply)

- Finding time for Physician training
- Supply cost
- Learning curve for staff and physicians
- No benefit seen to growing a radial program
- Radial cases are too long

64) Does your cath program provide random review of five or more cases per operator by a peer or the medical director?

- Yes
- No

65) Does your cath lab have a safety committee that requires and conducts a debriefing on all serious safety events?

- Yes
- No

66) Does your EMR and procedure log automatically populate your registry forms?

- Yes
- No

67) Do you have a cath lab five-year capital equipment replacement strategy?

- Yes
- No

68) Does your Cath Lab regularly perform a revenue cycle audit to ensure accuracy and cost capture?

- Yes
- No

69) Is your cath lab margin at or above the expected performance?

- Yes
- No

70) Is the margin below performance due to any of the following? (Check all that apply)

- Staffing costs
- Supply costs
- Reduced volumes
- Less profitable case mix
- Impact of inpatient to outpatient billing
- Startup of expensive programs (example TAVR, EP, VAD)
- Increase competition in my market
- Other, please list: _____

71) Is your cath lab considering any of the following to enhance operational performance? (Check all that apply)

- Same day discharge
- Radial program
- Staffing redesign or reductions
- Enhanced Supply contracting
- Reduced clinical offerings
- Startup of specialty programs for more patient growth (example TAVR, EP, VAD)
- Process improvement training
- Revenue Cycle review
- Focused Quality and Culture of Safety training
- Integrating other percutaneous services into the cath lab (example IR, neuro)
- Other, please list: _____

Thank You!