

Appendix 1 to Marelli D, Woo E, Watson M, et al. Adding an endovascular aortic surgery program to a rural regional medical centre. *Can J Surg* 2013;56(5).

DOI: 10.1503/cjs.017912

Copyright © 2013, Canadian Medical Association or its licensors.

Table S1. Timeline for initialization of endovascular service line					
February 2009	March 2009	April 2009	June 2009	July 2009	September 2009
D.M. starts mini-fellowship at HUP 3-4 days per week	Finalize credentials requirements for D.M. to target for aneurysm repairs and infra inguinal interventions	D.M. to complete credentialing requirements	D.M. to give power point presentation on EVARs and endovascular treatment of iliac artery stenosis	Repeat presentation to ICU nurses D.M. credentialed Create clinical pathway for endovascular patients Actively recruit first case	Post first EVAR case
Endovascular working group starts to meet every 2 weeks on Tuesday afternoon	Identify needs for anesthesia as well as contacts at HUP Identify credentialing requirements for HUP surgeons and communicate these to HUP	Update /edit timeline Anesthesia team to observe cases at HUP if they feel they need to.	HUP surgeons submit application for privileges; DE license Confirm that Wednesday or Thursday is best endo vasc. OR day	HUP surgeons credentialed for endovascular; possibly other vascular surgery Select OR endovasc. day Transition meeting to preop case presentation	HUP surgeons to proctor on first 5 EVAR cases
Initiate purchase of C-arm; Make sure C-arm is compatible with table and that table has proper length for endovascular interventions	Order C-arm for delivery by July 2009 Identify 2 radiology techs to develop expertise in C-arm use	2 radiology techs to develop expertise in C-arm use by observing 10 cases in the cath lab and interventional radiology and possibly at HUP	C-arm delivered Contract with Medical Media Systems, Lebanon , NH (M2S)	OR case simulation to become familiar with table and positioning and C-arm manipulation	
Initiate OR nurse training ; target of 10 cardiovascular cases each in cardiac cath lab or interventional radiology	OR nurses to go to HUP on Mondays or Tuesdays to observe endovascular cases (minimum of 2 days each)			Nurse training complete	
Initiate creation of contact list for inventory and stent grafts; COOK BOSTON SCIENTIFIC MEDTRONIC	Order storage carts for inventory Create inventory list Survey cardiology and interventional radiology for stents and balloons to establish specific needs vs what can be shared Create billing process for OR patients requiring inventory from cath lab or interventional radiology	Review and compare inventory list with HUP room 31 (minus stents and grafts) Order inventory (5-10 of each)	Start receiving inventory	Inventory complete	Establish method to replace inventory as it is used
DE = Delaware; HUP = Hospital of the University of Pennsylvania; ICU = intensive care unit; OR = operating room.					