

take out
emergency

(a) For PCI cases in which the patient received emergency PCI due to acute coronary syndrome, did the operator appropriately diagnose the patient as suffering from acute coronary syndrome?

(b) What is the estimated numerical percentage of stenosis, based on visual assessment of the patient's angiogram?

(c) Was treatment of the lesion appropriate based on current ACCF/AHA Guidelines or ACCF/AHA/SCAI Guidelines?

(d) Is the patient's clinical situation one that is not addressed by the current ACCF/AHA Guidelines or ACCF/AHA/SCAI Guidelines?

(e) Was it appropriate to treat the lesion, in the reviewer's judgment and understanding of good clinical care?

(f) Was PCI successful, partially successful, or unsuccessful?

(i) A partially successful PCI procedure is defined as achievement of twenty percent to less than or equal to fifty percent residual stenosis and TIMI 3 flow.

(ii) An unsuccessful PCI procedure is defined as greater than twenty percent residual stenosis with a stent, or greater than fifty percent residual stenosis with plain balloon angioplasty or less than TIMI 2 flow.

(g) Was there any complication during the procedure or resulting from the procedure, based on the reviewer's evaluation of the angiogram, cardiac catheterization laboratory report, and the patient discharge summary?

(h) Is there documentation in the patient record that treatment other than PCI, such as cardiac surgery, was considered in cases where it would have been appropriate to consider alternative treatment, based on current ACCF/AHA Guidelines?

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Add to this whether it is angiographically appropriate to perform the procedure.

Also, if there were any intracoronary diagnostics performed (ultrasound, OCT, or FFR).

E. Qualifications of External Reviewer. In order to conduct an external review of an attempted or completed PCI under these regulations, a reviewer must have the minimum following qualifications:

(1) Be board certified in interventional cardiology, except for an interventional cardiologist who performed interventional procedures before 1998 or completed training before 1998 and did not seek board certification before 2003;

(2) Shall have practiced interventional cardiology, as evidenced by maintenance of hospital privileges and the provision of PCI services to patients, within the five-year period immediately prior to conducting the external peer review under this regulation; and

(3) Shall have a lifetime PCI case volume over 750  cases.

F. Review Schedule for External Review. A hospital shall maintain a consistent case review schedule.

(1) Quarterly review. The case review periods for quarterly reviews are January 1 to March 31; April 1 to June 30; July 1 to September 30; and October 1 to December 31.

(2) Semi-annual review. The case review periods for semi-annual reviews are either January 1 to June 30 and July 1 to December 31; or April 1 to September 30 and October 1 to March 31.

(3) A hospital shall timely submit its cases for external review and shall obtain a report on the results of the external review within three months of the closing date of the case review period for quarterly external reviews, and within four months of the closing date of the case review period for semi-annual external reviews.

(4) The dates for inclusion in the quarterly and semi-annual review schedules may be altered by the MHCC through publication of a dated posting on the Commission's website and

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Should cases from training count toward this case number? Clarify.

in the *Maryland Register*, and direct notification to the director of the cardiac catheterization laboratory or another appropriate contact designated by each hospital.

G. Data Sources Used for External Review. For each PCI case submitted for external review, a hospital shall provide the external review organization or its agent that will conduct blinding for the external peer review organization with the following patient information:

- _____ (1) Medical history;
- _____ (2) Physical exam;
- _____ (3) Laboratory studies;
- _____ (4) Angiogram; 
- _____ (5) Cardiac catheterization laboratory report;
- _____ (6) Cardiac catheterization laboratory log sheet; and
- _____ (7) Discharge summary. 

H. Blinding of Cases for External Review. All PCI cases submitted for external review under these regulations shall be appropriately blinded in such a way that each medical record does not disclose, the following, by timing of submission, blinded information size, location, or otherwise:

- _____ (1) The identity of the hospital where the PCI procedure under review was performed; and
- _____ (2) The identity of the physician who performed the PCI.

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add "intracoronary ultrasound images/ OCT" if performed. Also include other intracoronary diagnostics or their results.

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All PCI cases may not have a discharge summary. Many elective cases are extended recovery, without a subsequent discharge summary.