



**MARYLAND  
HEALTH CARE  
COMMISSION**

**Application for Certificate of Ongoing Performance for  
Cardiac Surgery Services**

**NOTE: ALL PAGES OF A HOSPITAL'S APPLICATION SHOULD BE  
NUMBERED CONSECUTIVELY.**

**Information Regarding Application for a Certificate of Ongoing Performance to Provide  
Cardiac Surgery Services**

The following application form is to be used by hospitals when applying for a **Certificate of Ongoing Performance for Cardiac Surgery**. A hospital may not provide cardiac surgery services without a Certificate of Ongoing Performance except for the specific exceptions found in COMAR 10.24.17. Provisions of COMAR 10.24.17 are shown in bold, and listed beneath each is the information that the Commission requires to evaluate each application.

The applicant shall cooperate with the Commission, Commission staff, and any authorized representative(s) of the Commission that requests additional information in the course of the application's review.

The form is intended to be completed using Microsoft Word. Applicants are expected to enter narrative text in response to questions, complete the tables and forms, and submit additional documents as required. The applicant shall file the following with the Maryland Health Care Commission according to the published schedule in the *Maryland Register*: an original application, including the applicant affidavit with ink signature and supporting documents; and six copies of the application, with the applicant affidavit and supporting documents. The applicant must also submit an electronic copy of its application materials. The filing should be directed to:

Eileen Fleck  
Chief, Acute Care Policy and Planning  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

If you have any questions regarding the application form, please contact:

Eileen Fleck  
Chief, Acute Care Policy and Planning  
Maryland Health Care Commission  
410-764-3287  
eileen.fleck@maryland.gov

# MARYLAND

# HEALTH

# CARE

# COMMISSION

\_\_\_\_\_  
MATTER/DOCKET NO.

\_\_\_\_\_  
DATE DOCKETED

## Application for Certificate of Ongoing Performance for Cardiac Surgery Services

### Applicant Information

Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Medicare Provider Number(s) \_\_\_\_\_ National Provider Identifier \_\_\_\_\_

Primary Person to be contacted on matters involving this application:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_ E-mail \_\_\_\_\_

Additional or Alternate Person to be contacted on matters involving this application:

Name\_\_\_\_\_

Title\_\_\_\_\_

Address\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ County\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Telephone\_\_\_\_\_ Facsimile\_\_\_\_\_ E-mail\_\_\_\_\_

## Review Criteria for a Certificate of Ongoing Performance (COMAR 10.24.17)

### Data Collection

*COMAR 10.24.17.07B(3) Each cardiac surgery program shall participate in uniform data collection and reporting. This requirement is met through participation in STS-ACSD, with submission of duplicate information to the Maryland Health Care Commission. Each cardiac program shall also cooperate with the data collection requirements deemed necessary by the Maryland Health Care Commission to assure a complete, accurate, and fair evaluation of Maryland's cardiac surgery programs.*

**Q1.** Please address the hospital's compliance with this standard.

### Quality

*COMAR 10.24.17.07B(4)(a) and (b) The chief executive officer of the hospital shall certify annually to the Commission that the hospital fully complies with each requirement for conducting and completing quality assurance activities specified in this chapter, including those regarding internal peer review of cases and external review of cases. The hospital shall demonstrate that it has taken appropriate action in response to concerns identified through its quality assurance process.*

**Q2.** Please provide information about recent quality assurance activities related to cardiac surgery services including results from internal peer review and external review of cases.<sup>1</sup> At a minimum, the information submitted should include minutes from meetings of committees that address quality issues that pertain to patients undergoing cardiac surgery, other than peer review meetings to discuss individual cases. However, the dates of meetings for peer review of cases and a list of attendees should be provided.

**Q3.** Describe the actions that have been taken in response to concerns identified through the hospital's quality assurance process, if these actions are not fully described in the meeting minutes submitted.

**Q4.** Please submit a letter of commitment signed by the chief executive officer: stating that the hospital will continue to work to identify areas for improvement in the quality and outcomes of its cardiac surgery program; and acknowledging that the hospital will continue to submit a report annually, or upon request, that details its quality assurance activities including internal peer review of cases and external review of cases.

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<sup>1</sup> Note that the Commission is a medical review committee under § 1-401(b)(15) of the Health-Occupations Article ("H-O") of the Annotated Code of Maryland, provided that the data or medical information under review is furnished to the Maryland Health Care Commission by another medical review committee. The records of a medical review committee are not admissible or discoverable under most circumstances. See H-O § 1-401(d). Under the Maryland Public Information Act, General Provisions Article § 4-301(l) and § 4-306, the Commission would deny requests to inspect records provided by a hospital's medical review committee.

## **Performance Standards**

***COMAR 10.24.17.07B(5)(a) A cardiac surgery program shall meet all performance standards established in statute or in State regulations. The hospital shall maintain an STS-ACSD composite score for CABG of two stars or higher. If the composite score for CABG from the STS-ACSD is one star for two consecutive cycles, the program will be subject to a focused review. If the composite score for CABG from the STS-ACSD is one star for four consecutive rating cycles, the hospital's cardiac surgery program shall be evaluated for closure based on a review of the hospital's compliance with State regulations and recently completed or active plan of correction.***

**Q5.** Please provide a signed statement from the hospital's chief executive officer stating the hospital's commitment to meeting all applicable performance standards.

**Q6.** Provide a list of the performance measures used by the hospital for the most commonly performed cardiac surgery procedures. Please include applicable composite, process, structural, and outcome measures.

***COMAR 10.24.17.07B(5)(b) The hospital shall maintain a risk-adjusted mortality rate that is consistent with high quality patient care. A hospital with an all-cause 30-day risk-adjusted mortality rate for a specific type of cardiac surgery, such as CABG cases, that exceeds the statewide average beyond the acceptable margin of error calculated for the hospital by the Commission is subject to a focused review. The acceptable margin of error is the 95 percent confidence interval calculated for the hospital's all-cause 30-day risk-adjusted mortality rate for a specific type of cardiac surgery case.***

**Q7.** The data required by this standard will be provided directly to the Maryland Health Care Commission by the Society of Thoracic Surgeons. MHCC staff will then provide this data to hospitals with cardiac surgery services. If the hospital did not meet this standard, please detail what actions the hospital has taken or is taking to reduce operative mortality rates for CABG patients. If updated information on the performance of the hospital is available that suggests the hospital's performance has improved, please explain and provide documentation.

## **Volume Requirements**

***COMAR 10.24.17.07B(6)(a) A cardiac surgery program shall maintain an annual volume of 200 or more cases.***

**Q8.** Please provide information about the annual volume of the cardiac surgery procedures performed at the hospital for the last two years, ending with the most recent quarter of data submitted to the Health Services Cost Review Commission. If not all cases counted by the hospital as cardiac surgery are included in the STS-ACSD, please explain.

**Applicant Affidavit**

I solemnly affirm under penalties of perjury that the contents of this application, including all attachments, are true and correct to the best of my knowledge, information, and belief. I understand that if any of the facts, statements, or representations made in this application change, the hospital is required to notify the Commission in writing.

If the Commission issues a Certificate of Ongoing Performance to permit the hospital to continue to perform cardiac surgery services, the hospital agrees to timely collect and report complete and accurate data as specified by the Commission. I further affirm that this application for a Certificate of Ongoing Performance to perform cardiac surgery services has been duly authorized by the governing body of the applicant hospital, and that the hospital will comply with the terms and conditions of the Certificate of Ongoing Performance and with other applicable State requirements.

If the Commission issues a Certificate of Ongoing Performance to permit the hospital to perform cardiac surgery services, the hospital agrees that it will voluntarily relinquish its authority to provide cardiac surgery services upon receipt of notice from the Executive Director of the Commission if the hospital fails to meet the applicable performance standards included in a plan of correction when the hospital has been given an opportunity to correct deficiencies through a plan of correction.

I have been designated by the Board of Directors of the applicant hospital to complete this affidavit on its behalf.

Signature of Hospital-Designated Official \_\_\_\_\_

Printed Name of Hospital-Designated Official \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_