

Draft Revisions to Standards for a Certificate of Ongoing Performance for (PCI) Services

The following pages show excerpts from COMAR 10.24.17, the State Health Plan chapter for cardiac surgery and percutaneous coronary intervention (PCI) services. Deleted language is shown with strikethroughs and new language is underlined.

.07C Elective PCI Program

(5) Patient outcome measures.

(a) An elective PCI program shall meet all performance standards established in statute or in State regulations.

(b) A hospital shall maintain a risk-adjusted mortality rate that is consistent with high quality patient care.

(c) A hospital is subject to a focused review if it has ~~with~~ a risk-adjusted mortality rate for elective PCI cases that exceeds the established benchmark~~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 in-hospital~~30-day~~ risk-adjusted mortality rate for elective PCI cases.

(i) The benchmark is the statewide average risk-adjusted mortality rate for elective PCI cases, unless the statewide average risk-adjusted mortality rate for elective PCI cases cannot be obtained within twelve months of the end of the reporting period;

(ii) If the statewide average risk-adjusted mortality rate for elective PCI cases cannot be obtained within twelve months of the end of the reporting period, then the benchmark is the national average risk-adjusted mortality rate for elective PCI cases.

.07D Primary PCI Program

(4) Institutional resources.

(a) The hospital shall ~~provide~~demonstrate that primary PCI services will be available for all appropriate patients with acute myocardial infarction, 24 hours per day, seven days per week.

(1) A hospital may be granted a temporary waiver from this requirement by the Executive Director when:

(i) The hospital anticipates exceptional circumstances that will result in the temporary unavailability of primary PCI services; and

(ii) The hospital files a timely written request to Commission staff that explains the necessity for a waiver and that includes the estimated downtime; and

(iii) The Executive Director determines that the circumstances presented justify the issuance of a temporary waiver.

(2) If primary PCI services were unexpectedly unavailable at a hospital for 60 minutes or longer for any reason and patients were diverted from the hospital, transferred to another hospital, or received suboptimal treatment due to the unavailability of primary PCI services:

(i) The hospital shall report the lapse in service availability to Commission staff in writing within three business days of the occurrence; and

(ii) Commission staff will consider the frequency of lapses in availability of primary PCI services to determine compliance with this standard.

(6) Patient outcome measures.

(a) A primary PCI program shall meet all performance standards established in statute or in State regulations.

(b) A hospital shall maintain a risk-adjusted mortality rate that is consistent with high quality patient care.

(c) A hospital with a risk-adjusted mortality rate for primary PCI cases that exceeds the established benchmark~~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 a hospital's all-cause ~~30-day in-~~hospital risk-adjusted mortality rate for primary PCI cases.

(i) The benchmark is the statewide average risk-adjusted mortality rate for primary PCI cases, unless the statewide average risk-adjusted mortality rate for primary PCI cases cannot be obtained within twelve months of the end of a reporting period;

(ii) If the statewide average risk-adjusted mortality rate for primary PCI cases cannot be obtained within twelve months of the end of a reporting period, then the benchmark is the national average risk-adjusted mortality rate for primary PCI cases.

.11 Definitions

(25) Reporting period means the time period used by the ACC-NCDR CathPCI Registry for producing hospital performance reports. Currently, the ACC-NCDR CathPCI Registry provides reports for rolling 12-month periods that overlap by three months with the prior reporting period.-