



**MARYLAND**  
**Health Care**  
**Commission**

# Certificate of Ongoing Performance for Primary and Elective PCI Services

TIDALHEALTH PENINSULA REGIONAL  
(PENINSULA REGIONAL)

MARCH 20, 2025

# Summary of Standards for PCI Certificates of Ongoing Performance (COMAR 10.24.17)



- ▶ Data Collection
- ▶ Institutional Resources
- ▶ Quality
- ▶ Patient Outcome Measures
- ▶ Physician Resources
- ▶ Volume
- ▶ Patient Selection

# Staff Analysis and Conclusions



| Summary of Standard  | Applicant Information and Staff Analysis  | Recommend Finding Hospital Meets Standard |
|--|---|---|
| Uniform data collection and reporting through participation in the ACC-NCDR registry   | Peninsula Regional reported data deficiencies in Q2 2022, Q1 2022, and Q2 2023; all data was corrected, and ACC-NCDR submissions were complete from Q3 2023 onward.   | Yes                                       |
| Develop a formal process for interventional case review that includes regularly scheduled meetings held at least every other month | Peninsula Regional provided documentation for weekly interventional case review meetings held from CY 2019 through May 2024. These meetings included interventionalists, and other physicians caring for primary PCI patients. Nurses and technicians who work with primary PCI patients attend monthly AMI meetings, where interventional case review takes place quarterly. | Yes*                                      |
| Create a multiple care area group that includes leadership of each care area and meets monthly                                     | Peninsula Regional provided documentation of meetings held between CY 2019 and May 2024. Ten meetings were held each year, with the exception of in CY 2019, when only eight meetings were held.  | Yes                                       |

\* With condition



# Staff Analysis and Conclusions

| Summary of Standard   | Applicant Information and Staff Analysis  | Recommend Finding Hospital Meets Standard |
|---|---|---|
| Annual review of at least 10 PCI cases or 10 percent of cases for each interventionalist, whichever is greater, or all cases if fewer than 10 were performed during the review period | Peninsula Regional met the standard through a combination of internal and external reviews for all interventionalists, with three exceptions.   | Yes*                                      |
| The target volume for each physician who performs primary PCI is 11 or more primary PCI cases annually  | Each interventionalist completed at least 11 primary PCI cases each year, with a few exceptions.  | Yes                                       |
| Maintain a risk-adjusted mortality rate that is consistent with high quality patient care   | The hospital's risk-adjusted mortality rate was not statistically significantly different than the national benchmark in any reporting period, except for the period from 2020q4 through 2021q3 for STEMI patients. | Yes                                       |

\* With condition

# Peninsula Regional's AMR by Rolling 12-Month Periods - STEMI



| Reporting Period | Hospital Adjusted Mortality Rate (AMR) | 95% Confidence Interval | National Benchmark | Meets MHCC Standard? |
|------------------|--|-------------------------|--------------------|----------------------|
| 2023q3-2024q2    | 1.82                                   | [0.05, 9.85]            | 0.78               | Yes                  |
| 2023q2-2024q1    | 2.08                                   | [0.05, 11.15]           | 0.79               | Yes                  |
| 2023q1-2023q4    | 2.35                                   | [0.06, 12.39]           | 1.88               | Yes                  |
| 2022q4-2023q3    | 2.17                                   | [0.05, 11.54]           | 1.91               | Yes                  |
| 2022q3-2023q2    | NR                                     | NR                      | 1.89               | Yes                  |
| 2022q2-2023q1    | NR                                     | NR                      | 1.89               | Yes                  |
| 2022q1-2022q4    | 1.02                                   | [0.03, 5.52]            | 2.00               | Yes                  |
| 2021q4-2022q3    | 2.16                                   | [0.26, 7.57]            | 2.11               | Yes                  |
| 2021q3-2022q2    | NR                                     | NR                      | 2.18               | Yes                  |
| 2021q2-2022q1    | 3.36                                   | [0.70, 9.56]            | 2.82               | Yes                  |
| 2021q1-2021q4    | 5.56                                   | [2.06, 11.76]           | 2.74               | Yes                  |
| 2020q4-2021q3    | <b>7.44</b>                            | <b>[3.26, 14.24]</b>    | <b>2.18</b>        | <b>No</b>            |
| 2020q3-2021q2    | 12.54                                  | [6.35, 21.85]           | 7.51               | Yes                  |
| 2020q2-2021q1    | 6.07                                   | [1.67, 15.07]           | 7.55               | Yes                  |
| 2020q1-2020q4    | 9.20                                   | [4.02, 17.63]           | 6.89               | Yes                  |
| 2019q4-2020q3    | 4.88                                   | [1.01, 13.78]           | 6.37               | Yes                  |
| 2019q3-2020q2    | 3.07                                   | [0.64, 8.77]            | 6.06               | Yes                  |
| 2019q2-2020q1    | 4.25                                   | [1.39, 9.69]            | 5.99               | Yes                  |

Source: MHCC staff's compilation of results from Peninsula Regional's quarterly reports on the ACC-NCDR CathPCI data for PCI cases performed between April 2019 and June 2024.

# Peninsula Regional's AMR by Rolling 12-Month Periods – Non-STEMI



| Reporting Period | Hospital Adjusted Mortality Rate (AMR) | 95% Confidence Interval | National Benchmark | Meets MHCC Standard? |
|------------------|--|-------------------------|--------------------|----------------------|
| 2023q3-2024q2    | 1.16                                   | [0.38, 2.69]            | 0.78               | Yes                  |
| 2023q2-2024q1    | 0.34                                   | [0.01, 1.87]            | 0.79               | Yes                  |
| 2023q1-2023q4    | 0.00                                   | [0.00, 1.49]            | 1.88               | Yes                  |
| 2022q4-2023q3    | 1.37                                   | [0.28, 3.94]            | 1.91               | Yes                  |
| 2022q3-2023q2    | NR                                     | NR                      | 1.89               | Yes                  |
| 2022q2-2023q1    | NR                                     | NR                      | 1.89               | Yes                  |
| 2022q1-2022q4    | 2.18                                   | [1.00, 4.10]            | 2.00               | Yes                  |
| 2021q4-2022q3    | 1.97                                   | [0.85, 3.84]            | 2.11               | Yes                  |
| 2021q3-2022q2    | NR                                     | NR                      | 2.18               | Yes                  |
| 2021q2-2022q1    | 1.24                                   | [0.40, 2.87]            | 2.82               | Yes                  |
| 2021q1-2021q4    | 1.14                                   | [0.37, 2.65]            | 2.74               | Yes                  |
| 2020q4-2021q3    | 1.61                                   | [0.65, 3.29]            | 2.18               | Yes                  |
| 2020q3-2021q2    | 1.65                                   | [0.67, 3.38]            | 7.51               | Yes                  |
| 2020q2-2021q1    | 0.82                                   | [0.17, 2.38]            | 7.55               | Yes                  |
| 2020q1-2020q4    | 1.65                                   | [0.67, 3.38]            | 6.89               | Yes                  |
| 2019q4-2020q3    | 1.10                                   | [0.30, 2.79]            | 6.37               | Yes                  |
| 2019q3-2020q2    | 1.22                                   | [0.45, 2.63]            | 6.06               | Yes                  |
| 2019q2-2020q1    | 0.94                                   | [0.31, 2.18]            | 5.99               | Yes                  |

Source: MHCC staff's compilation of results from Peninsula Regional's quarterly reports on the ACC-NCDR CathPCI data for PCI cases performed between April 2019 and June 2024.



# Recommendation

Staff recommends that the Commission issue a Certificate of Ongoing Performance that permits TidalHealth Peninsula Regional to continue providing primary and elective percutaneous coronary intervention services for four years, with the following conditions:

Peninsula Regional shall hold meetings to review primary PCI cases at least every other month that include attendance by interventionalists and other physicians, nurses, and technicians, as required in COMAR 10.24.17.07D(5)(a). Peninsula Regional shall submit to Commission staff attendance lists for each of these meetings held between May and October by December 1 of each year and attendance lists for meetings held between November and April by June 1 of each year, beginning in April 2025, until at least March 2027, to document compliance with this condition. After this date, the Executive Director may release Peninsula Regional from the reporting requirement if the Executive Director determines that the hospital has achieved substantial compliance with this condition.



# Recommendation

2. Peninsula Regional shall evaluate the performance of each interventionalist through an internal or external review, by completing an annual review of at least 10 cases, or 10 percent of randomly selected PCI cases, whichever is greater, and all cases if the interventionalist performed fewer than 10 cases at the hospital, as required in COMAR 10.24.17.07C(4)(d). The hospital shall submit to Commission staff the number of PCI cases completed by each interventionalist, along with a list of cases reviewed for each interventionalist, for each CY by February 1 of each year, beginning with CY 2025 (due by February 2026), until at least February 2027, to document compliance with this condition. After this date, the Executive Director may release Peninsula Regional from the reporting requirement if the Executive Director determines that the hospital has achieved substantial compliance with this condition.