



MARYLAND
Health Care
Commission

Certificate of Ongoing Performance for Primary and Elective PCI Services

SINAI HOSPITAL OF BALTIMORE

(SINAI)

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
Primary PCI services available 24 hours per day, 7 days per week	From 2020 through 2023, Sinai's cardiac catheterization laboratory (CCL) was always available to provide Primary PCI services to STEMI patients. At no time was more than 1 of the CCL's 6 rooms unavailable for treatment.	Yes
Door-to-balloon (DTB) times of 90 minutes or less for 75 percent of primary PCI cases	Sinai met the DTB standard in every quarter between January 2020 and December 2023.	Yes
Hospital shall maintain a risk-adjusted mortality rate consistent with high quality patient care	The hospital performed similarly to the national benchmark for STEMI and non-STEMI cases for the 12-month periods from January 2020 through June 2024.	Yes

Sinai AMR by Rolling 12-Month Periods - STEMI



Reporting Period	Hospital Adjusted Mortality Rate (AMR)	95% CI	National Benchmark	Meets MHCC Standard?
2023q3-2024q2	1.99	[0.05, 10.70]	0.78	Yes
2023q2-2024q1	2.64	[0.07, 14.21]	0.79	Yes
2023q1-2023q4	2.29	[0.06, 12.30]	1.88	Yes
2022q4-2023q3	2.04	[0.05, 10.99]	1.91	Yes
2022q3-2023q2	0.00	[0.00, 6.95]	1.89	Yes
2022q2-2023q1	1.41	[0.04, 7.63]	1.89	Yes
2022q1-2022q4	1.43	[0.04, 7.70]	2.00	Yes
2021q4-2022q3	1.59	[0.04, 8.60]	2.11	Yes
2021q3-2022q2	1.60	[0.04, 8.69]	2.18	Yes
2021q2-2022q1	0.00	[0.00, 7.79]	2.82	Yes
2021q1-2021q4	0.00	[0.00, 7.98]	2.74	Yes
2020q4-2021q3	0.00	[0.00, 8.33]	2.18	Yes
2020q3-2021q2	3.76	[1.04, 9.29]	7.51	Yes
2020q2-2021q1	5.48	[2.25, 10.82]	7.55	Yes
2020q1-2020q4	4.83	[1.80, 10.10]	6.92	Yes
2019q4-2020q3	5.61	[2.30, 11.07]	6.37	Yes
2019q3-2020q2	5.37	[2.20, 10.64]	6.06	Yes
2019q2-2020q1	5.29	[1.97, 11.09]	5.99	Yes

Source: MHCC staff compilation of results from the hospital's quarterly reports for the ACC-NCDR CathPCI data.



Sinai AMR by Rolling 12-Month Periods – Non-STEMI

Reporting Period	Hospital Adjusted Mortality Rate (AMR)	95% CI	National Benchmark	Meets MHCC Standard?
2023q3-2024q2	1.25	[0.41, 2.88]	1.99	Yes
2023q2-2024q1	1.25	[0.46, 2.69]	2.00	Yes
2023q1-2023q4	1.22	[0.33, 3.11]	1.99	Yes
2022q4-2023q3	1.16	[0.32, 2.95]	2.02	Yes
2022q3-2023q2	0.92	[0.25, 2.34]	2.02	Yes
2022q2-2023q1	0.86	[0.18, 2.50]	2.05	Yes
2022q1-2022q4	0.81	[0.17, 2.35]	2.14	Yes
2021q4-2022q3	1.08	[0.29, 2.73]	2.20	Yes
2021q3-2022q2	1.04	[0.21, 3.01]	2.26	Yes
2021q2-2022q1	1.20	[0.33, 3.04]	2.25	Yes
2021q1-2021q4	1.38	[0.38, 3.51]	2.23	Yes
2020q4-2021q3	0.92	[0.11, 3.30]	2.23	Yes
2020q3-2021q2	0.81	[0.10, 2.89]	1.18	Yes
2020q2-2021q1	0.64	[0.02, 3.54]	1.21	Yes
2020q1-2020q4	1.05	[0.13, 3.76]	1.13	Yes
2019q4-2020q3	0.82	[0.10, 2.95]	1.06	Yes
2019q3-2020q2	0.72	[0.15, 2.10]	1.00	Yes
2019q2-2020q1	0.61	[0.13, 1.76]	0.95	Yes

Source: MHCC staff compilation of results from the hospital's quarterly reports for the ACC-NCDR CathPCI data.



Staff Analysis and Conclusions

Summary of Standard	Applicant Information and Staff Analysis	Recommend Finding Hospital Meets Standard
Demonstrate that the hospital is taking appropriate action in response to concerns identified through quality assurance activities, including internal and external review of cases	Sinai provided descriptions of its quality assurance processes and detailed meeting minutes demonstrating that the hospital is routinely identifying areas for improvement and taking actions to address concerns.	Yes



Staff Analysis and Conclusions

Summary of Standard	Applicant Information and Staff Analysis	Recommend Finding Hospital Meets Standard
Total program PCI volume of 200 cases or greater, annually	Total PCI cases ranged from 394 to 489 annually between CY 2020 and CY 2023.	Yes
Total primary PCI volume of 49 cases or greater, annually	The number of primary PCI cases ranged from 87 to 119 annually between CY 2020 and CY 2023.	Yes
Semi-annual external review of at least 5% of randomly selected elective PCI cases and at least three cases per physician or all cases if fewer than three cases performed	Semi-annual reviews were completed from CY 2019 through CY 2022; for each external review period, between 11.1% and 18.7% of cases were reviewed.	Yes
Semi-annual review of at least three PCI cases or 10% of cases, whichever is greater, or all cases if fewer than three were performed during the review period for each interventionalist	The hospital met the standard through a combination of internal and external reviews.	Yes



Staff Analysis and Conclusions

Summary of Standard	Applicant Information and Staff Analysis	Recommend Finding Hospital Meets Standard
Develop a formal process for interventional case review that includes regularly scheduled meetings held at least every other month	Documentation was provided for interventional case review meetings from 2020 through 2024. These meetings included physicians, technicians and nurses caring for primary PCI patients. Nine meetings were held in 2020, nine in 2021, seven in 2022, eight in 2023 and six in 2024.	Yes
Create a multiple care area group that includes leadership of each care area and meets monthly	Documentation was provided for the hospital's monthly STEMI meetings held between CY 2020 and CY 2024. There were twelve meetings each year from 2020 through 2023, and 11 meetings in 2024.	Yes
Primary and elective PCI only provided to suitable patients	From 2019 through 2023 no cases were determined to be rarely appropriate by two or more of the three criteria used to evaluate appropriateness.	Yes



Recommendation

Staff recommends that the Commission issue a Certificate of Ongoing Performance that permits Sinai Hospital of Baltimore to continue providing primary and elective percutaneous coronary intervention services for four years.