



MARYLAND
Health Care
Commission

Certificate of Ongoing Performance for Primary and Elective PCI Services

FREDERICK HEALTH HOSPITAL (FHH)

APRIL 18, 2024

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	The only time the CCL was unavailable was due to unavoidable circumstances. Both CCLs were closed for a 24-hour period on June 21, 2018, due to an unscheduled repair of the HVAC system.	Yes
Door-to-balloon (DTB) times of 90 minutes or less for 75 percent of primary PCI cases	Over rolling eight-quarter periods, FHH complied with this standard in all periods between Q4 2016 and Q4 2022; between 89.3% and 95.3% of non-transfer primary PCI cases had a DTB of 90 minutes or less.	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 2019 and September 2022, except for the period Q3 2019 through Q2 2020 for non-STEMI cases. A focused review was conducted.	Yes



FHH Adjusted Mortality Rates (AMR) by Rolling 12-Month Periods - STEMI

Reporting Period	Hospital Adjusted Mortality Rate	95% Confidence Interval	National Benchmark	Meets MHCC Standard
2022q4-2023q3	*0.00	[0.00, 11.75]	*1.91	Yes
2022q3-2023q2	*0.00	[0.00, 10.06]	*1.89	Yes
2022q2-2023q1	*0.00	[0.00, 8.76]	*1.89	Yes
2022q1-2022q4	*0.00	[0.00, 7.79]	*2.00	Yes
2021q4-2022q3	*0.00	[0.00, 6.68]	*2.11	Yes
2021q3-2022q2	*0.00	[0.00, 7.72]	*2.18	Yes
2021q2-2022q1	*0.00	[0.00, 7.98]	*2.82	Yes
2021q1-2021q4	*0.00	[0.00, 8.57]	*2.17	Yes
2020q4-2021q3	*2.23	[0.06, 11.98]	*2.18	Yes
2020q3-2021q2	7.46	[2.78, 15.61]	7.51	Yes
2020q2-2021q1	6.56	[2.44, 13.73]	7.55	Yes
2020q1-2020q4	5.17	[1.93, 10.86]	6.89	Yes
2019q4-2020q3	4.57	[1.87, 9.09]	6.37	Yes
2019q3-2020q2	4.45	[1.82, 8.82]	6.06	Yes
2019q2-2020q1	4.86	[1.98, 9.65]	5.99	Yes
2019q1-2019q4	6.05	[2.81, 11.06]	6.01	Yes

Source: MHCC staff compilation of results from the hospital's quarterly reports from the ACC-NCDR CathPCI Data Registry for PCI cases performed between January 2019 and September 2023.

FHH Adjusted Mortality Rates by Rolling 12-Month Periods – Non-STEMI



Reporting Period	Hospital Adjusted Mortality Rate	95% Confidence Interval	National Benchmark	Meets MHCC Standard
2022q4-2023q3	0.55	[0.01, 3.06]	2.02	Yes
2022q3-2023q2	1.02	[0.12, 3.66]	2.02	Yes
2022q2-2023q1	1.10	[0.13, 3.94]	2.05	Yes
2022q1-2022q4	1.16	[0.14, 4.15]	2.14	Yes
2021q4-2022q3	1.40	[0.17, 5.03]	2.20	Yes
2021q3-2022q2	0.72	[0.02, 4.00]	2.26	Yes
2021q2-2022q1	0.76	[0.02, 4.19]	2.25	Yes
2021q1-2021q4	0.86	[0.02, 4.73]	2.23	Yes
2020q4-2021q3	0.00	[0.00, 2.98]	2.23	Yes
2020q3-2021q2	0.64	[0.02, 3.52]	1.18	Yes
2020q2-2021q1	2.20	[0.46, 6.37]	1.21	Yes
2020q1-2020q4	2.54	[0.94, 5.46]	1.13	Yes
2019q4-2020q3	2.21	[0.89, 4.49]	1.06	Yes
2019q3-2020q2	2.67	[1.08, 5.42]	1.00	No
2019q2-2020q1	1.71	[0.63, 3.69]	0.95	Yes
2019q1-2019q4	1.03	[0.21, 2.98]	0.95	Yes

Source: MHCC staff compilation of results from the hospital's quarterly reports from the ACC-NCDR CathPCI Data Registry for PCI cases performed between January 2019 and September 2023.



Staff Analysis and Conclusions

Summary of Standard	Applicant Information and Staff Analysis	Recommend Finding Hospital Meets Standard
<p>Demonstrate that the hospital is taking appropriate action in response to concerns identified through quality assurance activities, including internal and external review of cases</p>	<p>The hospital provided descriptions of actions it has taken previously (beginning in March 2020) that address key concerns identified in the focused review. FHH also provided a formal written response that addressed all recommendations from the focused review report.</p>	<p>Yes</p>



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 383 to 465 annually between CY 2015 and CY 2022.	Yes
Total primary PCI volume of 49 cases or greater, annually	The number of primary PCI cases ranged from 87 to 137 annually between CY 2015 and CY 2022.	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	A semi-annual review was completed from CY 2015 through CY 2022; for each external review period, between 7.7% and 13.3% 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 this 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 eleven meetings in CY 2015, twelve meetings in CY 2016 through 2018, eleven meetings in CY 2019, twelve meetings in CY 2020, nine meetings in CY 2021, and eleven meetings in CY 2022. These meetings included physicians, nurses, and technicians caring for primary PCI patients, as required.	Yes
Create a multiple care area group that includes leadership of each care area and meets monthly	Documentation was provided for Cath Lab Operations meetings from CY 2015 through CY 2022. Eleven meetings were held in CY 2015 and 2016, ten meetings in CY 2017 and 2018, twelve meetings in CY 2019, nine meetings in CY 2020, twelve meetings in CY 2021, and eleven meetings in CY 2022.	Yes
Primary and elective PCI only provided to suitable patients	No cases were identified as inappropriate during the external review of cases between CY 2015 and CY 2022.	Yes



Recommendation

Staff recommends that the Commission issue a Certificate of Ongoing Performance that permits Frederick Health Hospital to continue providing primary and elective PCI surgery services for the next four years.