



MARYLAND
Health Care
Commission

Certificate of Ongoing Performance for Primary and Elective PCI Services

MEDSTAR SOUTHERN MARYLAND
HOSPITAL CENTER
(MSMHC)

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	At no time from 2015 through 2023 did cardiac catheterization laboratory (CCL) downtime prevent delivery of PCI services at MSMHC.	Yes
Door-to-balloon (DTB) times of 90 minutes or less for 75 percent of primary PCI cases	Over rolling eight-quarter periods, MSMHC complied with this standard in all periods between Q1 2015 and Q4 2022; between 75.4% and 90.1% 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 2015 through 2022, except for 3 periods for which a focused review was conducted.	Yes

MSMHC Adjusted Mortality Rates by Rolling 12-Month Periods - STEMI



Reporting Period	Hospital AMR	95% CI	National Benchmark	Meets MHCC Standard?
2022q4-2023q3	0.00	[0.00, 4.78]	1.91	Yes
2022q3-2023q2	0.00	[0.00, 4.63]	1.89	Yes
2022q2-2023q1	0.00	[0.00, 4.65]	1.89	Yes
2022q1-2022q4	0.00	[0.00, 4.47]	2.00	Yes
2021q4-2022q3	0.00	[0.00, 5.13]	2.11	Yes
2021q3-2022q2	0.00	[0.00, 6.09]	2.18	Yes
2021q2-2022q1	0.00	[0.00, 4.05]	2.19	Yes
2021q1-2021q4	0.00	[0.00, 3.71]	2.17	Yes
2020q4-2021q3	1.04	[0.03, 5.70]	2.18	Yes
2020q3-2021q2	9.17	[3.73, 18.38]	7.51	Yes
2020q2-2021q1	13.21	[6.71, 22.89]	7.55	Yes
2020q1-2020q4	11.76	[5.73, 21.02]	6.89	Yes
2019q4-2020q3	12.47	[6.55, 21.15]	6.37	No
2019q3-2020q2	11.79	[6.19, 19.99]	6.06	No
2019q2-2020q1	12.12	[5.90, 21.68]	5.99	Yes
2019q1-2019q4	14.01	[6.82, 24.96]	6.01	No

Source: MHCC staff compilation of results from the hospital's quarterly reports from the ACC-NCDR CathPCI Data Registry

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



Reporting Period	Hospital AMR	95% CI	National Benchmark	Meets MHCC Standard?
2022q4-2023q3	1.46	[0.18, 5.18]	2.02	Yes
2022q3-2023q2	1.40	[0.17, 4.98]	2.02	Yes
2022q2-2023q1	0.94	[0.02, 5.16]	2.05	Yes
2022q1-2022q4	1.07	[0.03, 5.87]	2.14	Yes
2021q4-2022q3	0.99	[0.03, 5.44]	2.20	Yes
2021q3-2022q2	1.92	[0.23, 6.82]	2.26	Yes
2021q2-2022q1	1.55	[0.19, 5.55]	2.25	Yes
2021q1-2021q4	0.82	[0.02, 4.51]	2.23	Yes
2020q4-2021q3	0.70	[0.02, 3.85]	2.23	Yes
2020q3-2021q2	0.00	[0.00, 3.70]	1.18	Yes
2020q2-2021q1	0.75	[0.02, 4.10]	1.21	Yes
2020q1-2020q4	1.35	[0.16, 4.83]	1.13	Yes
2019q4-2020q3	2.18	[0.45, 6.29]	1.06	Yes
2019q3-2020q2	1.72	[0.35, 4.95]	1.00	Yes
2019q2-2020q1	1.41	[0.17, 5.03]	0.95	Yes
2019q1-2019q4	0.74	[0.02, 4.10]	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
Demonstrate that the hospital is taking appropriate action in response to concerns identified through quality assurance activities, including internal and external review of cases	The hospital provided descriptions of steps taken to ensure that high quality care is provided to all PCI patients, including some quality assurance actions planned in response to a focused review.	Yes*

*With a condition



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 310 to 435 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 115 to 178 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	Semi-annual reviews were completed from CY 2015 through CY 2022; for each external review period, between 7.7% and 21.9% 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 2015 through 2022. These meetings included physicians and nurses caring for primary PCI patients, but did not include technicians.	Yes*
Create a multiple care area group that includes leadership of each care area and meets monthly	Documentation was provided for all but six of the hospital's monthly meetings held between CY 2015 and CY 2022. Meetings were held monthly during this period with one exception. No meeting was held in April 2020.	Yes
Primary and elective PCI only provided to suitable patients	There were no cases determined to be inappropriate by two or more of the three criteria used to evaluate appropriateness.	Yes

*With a condition



Recommendation

Staff recommends that the Commission issue a Certificate of Ongoing Performance that permits MSMHC to continue providing primary and elective percutaneous coronary intervention services for four years subject to the following two conditions.



Condition 1

- 1) Demonstrate that documentation of PCI cases accurately captures all patient care through the following:
 - a) Provide MHCC staff with a copy of its revised training materials aimed at ensuring proper documentation during cardiac catheterization procedures on or before May 31, 2024.
 - b) Provide MHCC staff with records of which CCL staff have undergone the revised training and the dates when the training took place on or before May 31, 2024.
 - c) Provide MHCC staff with documentation of the findings from the random monthly documentation audits for October 2023 – March 2024, and actions taken to resolve problems identified through the audits on or before May 31, 2024.
 - d) Complete additional auditing of documentation for PCI cases after May 31, 2024, for additional six-month periods, if requested by MHCC staff, and report the results within 30 days of the end of the audit period.



Condition 2

2) Demonstrate the hospital is holding bi-monthly interventional case review meetings that include technicians, as required in COMAR 10.24.17.07D(5)(a) through the following:

MSMHC shall submit to the Commission attendance lists for each of these meetings held between May and October by Dec 1 of each year and attendance lists for meetings held between November and April by June 1 of each year until at least December 1, 2025. After this date, the Executive Director may release MSMHC from the reporting requirement if the Executive Director determines that the hospital has achieved substantial compliance with this.