



MARYLAND
Health Care
Commission

Certificate of Ongoing Performance for Primary and Elective PCI Services

UNIVERSITY OF MARYLAND
ST. JOSEPH MEDICAL CENTER (UM SJMC)

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 CY 2020 through March 2024, there was never a time when a patient was diverted, deferred, or treated differently due to equipment or cardiac catheterization laboratory (CCL) room concerns.	Yes
Door-to-balloon (DTB) times of 90 minutes or less for 75 percent of primary PCI cases	UM SJMC met the DTB standard in all quarters between January 2020 and Q1 2024.	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 all 12-month periods from April 2019 through June 2024.	Yes

UM SJMC'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	0.00	[0.00, 1.94]	0.78	Yes
2023q2-2024q1	0.00	[0.00, 2.33]	0.79	Yes
2023q1-2023q4	0.64	[0.02, 3.46]	1.88	Yes
2022q4-2023q3	0.76	[0.02, 4.11]	1.91	Yes
2022q3-2023q2	2.05	[0.43, 5.79]	1.89	Yes
2022q2-2023q1	1.74	[0.36, 4.91]	1.89	Yes
2022q1-2022q4	1.32	[0.16, 4.61]	2.00	Yes
2021q4-2022q3	2.19	[0.46, 6.19]	2.11	Yes
2021q3-2022q2	0.89	[0.02, 4.81]	2.18	Yes
2021q2-2022q1	1.18	[0.03, 6.40]	2.82	Yes
2021q1-2021q4	1.40	[0.04, 7.55]	2.74	Yes
2020q4-2021q3	0.00	[0.00, 6.50]	2.18	Yes
2020q3-2021q2	6.66	[2.19, 14.99]	7.51	Yes
2020q2-2021q1	8.49	[2.34, 20.88]	7.55	Yes
2020q1-2020q4	4.33	[0.53, 15.17]	6.89	Yes
2019q4-2020q3	3.19	[0.39, 11.21]	6.37	Yes
2019q3-2020q2	2.64	[0.32, 9.25]	6.06	Yes
2019q2-2020q1	1.32	[0.03, 7.16]	5.99	Yes

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



UM SJMC'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	0.90	[0.33, 1.95]	1.99	Yes
2023q2-2024q1	0.77	[0.21, 1.96]	2.00	Yes
2023q1-2023q4	0.66	[0.22, 1.54]	1.99	Yes
2022q4-2023q3	0.61	[0.20, 1.41]	2.02	Yes
2022q3-2023q2	0.49	[0.13, 1.24]	2.02	Yes
2022q2-2023q1	0.60	[0.22, 1.30]	2.05	Yes
2022q1-2022q4	1.01	[0.44, 1.98]	2.14	Yes
2021q4-2022q3	1.39	[0.64, 2.61]	2.20	Yes
2021q3-2022q2	2.08	[1.11, 3.51]	2.26	Yes
2021q2-2022q1	2.62	[1.40, 4.43]	1.16	Yes
2021q1-2021q4	2.41	[1.16, 4.40]	1.16	Yes
2020q4-2021q3	1.85	[0.85, 3.48]	2.23	Yes
2020q3-2021q2	1.44	[0.58, 2.95]	1.18	Yes
2020q2-2021q1	1.11	[0.36, 2.58]	1.21	Yes
2020q1-2020q4	1.41	[0.57, 2.88]	1.13	Yes
2019q4-2020q3	1.50	[0.60, 3.06]	1.06	Yes
2019q3-2020q2	1.01	[0.27, 2.56]	1.00	Yes
2019q2-2020q1	1.29	[0.48, 2.79]	0.95	Yes

Source: MHCC Staff's compilation of results from UM SJMC's quarterly reports from the ACC-NCDR CathPCI for PCI cases performed between April 2019 and June 2024.



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	UM SJMC provided meeting minutes and other detailed information regarding the hospital's quality assurance activities that were initiated during the reporting period, demonstrating that the hospital identified areas for improvement and took action to address concerns.	Yes
Total program PCI volume of 200 cases or greater, annually	The total number of PCI cases performed annually at UM SJMC ranged from 447 cases in CY 2020 to 706 cases in CY 2023.	Yes
Total primary PCI volume of 49 cases or greater, annually	The number of primary PCI cases ranged from 91 to 115 cases annually between CY 2020 and CY 2023.	Yes

Staff Analysis and Conclusions



Summary of Standard	Applicant Information and Staff Analysis	Recommend Finding Hospital Meets Standard
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 January 2019 through December 2023; for each external review period, between 5.0 and 8.7 percent of elective PCI cases were reviewed. An appropriate number of cases were reviewed for each physician.	Yes
Semi-annual review of at least three PCI cases or 10% of cases for each interventionalist, whichever is greater, or all cases if fewer than three were performed during the review period	The hospital met the standard through a combination of internal and external reviews for all interventionalists from July 2019 through December 2023.	Yes
Develop a formal process for interventional case review that includes regularly scheduled meetings held at least every other month	UM SJMC provided documentation for interventional case review meetings held from CY 2020 through CY 2024. These meetings included interventionalists, and other physicians, nurses, and technicians who care for primary PCI patients. Except in CY 2020 when five meetings took place, between seven and nine meetings were held each year during the review period.	Yes

Staff Analysis and Conclusions



Summary of Standard	Applicant Information and Staff Analysis	Recommend Finding Hospital Meets Standard
Create a multiple care area group that includes leadership of each care area and meets monthly	UM SJMC provided documentation of meetings held between June 2019 and December 2024. Between 10 and 12 meetings occurred each year during the review period, except for in CY 2020, when only nine meetings were held.	Yes
Elective PCI only provided to appropriate patients	From January 2019 through December 2023, only two elective PCI case were found to be rarely appropriate according to clinical criteria and ACC/AHA appropriate use criteria.	Yes
Primary PCI only provided to suitable patients	There were no STEMI patients who received thrombolytic therapy that subsequently failed. According to the hospital's ACC-NCDR CathPCI reports, no patients have received primary PCI inappropriately during the review period.	Yes



Recommendation

Staff recommends that the Commission issue a Certificate of Ongoing Performance that permits University of Maryland St. Joseph Medical Center to continue providing primary and elective percutaneous coronary intervention services for four years.