



MARYLAND
Health Care
Commission

Certificate of Ongoing Performance for Primary and Elective PCI Services

UNIVERSITY OF MARYLAND
UPPER CHESAPEAKE MEDICAL CENTER (UCMC)

SEPTEMBER 17, 2025



Categories of Standards for PCI Certificates of Ongoing Performance

- ▶ 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 Approval
<p>10.24.17.07D(4)(b) –</p> <p>Door-to-balloon time (DTB) of 90 minutes or less for least 75 percent of appropriate primary PCI patients.</p>	<p>UCMC met the DTB standard in 14 of the 20 quarters from January 2020 through December 2024. For rolling eight-quarter periods between January 2020 and December 2024, the hospital met the standard in all periods.</p>	<p>Yes</p>

Staff Analysis and Conclusions



Quarter	Total Primary PCI Volume	Cases with DTB <= 90 minutes	Percent of Cases with DTB <=90 Minutes	Percent of Cases with DTB <=90 Minutes – Rolling 8 Quarters
CY 2020 Q1	41	35	85.4%	
CY 2020 Q2	32	28	87.5%	
CY 2020 Q3	21	14	66.7%	
CY 2020 Q4	22	16	72.7%	
CY 2021 Q1	24	20	83.3%	
CY 2021 Q2	30	25	83.3%	
CY 2021 Q3	21	17	81.0%	
CY 2021 Q4	23	17	73.9%	80.4%
CY 2022 Q1	23	18	78.3%	79.1%
CY 2022 Q2	30	25	83.3%	78.4%
CY 2022 Q3	21	20	95.2%	81.4%
CY 2022 Q4	21	14	66.7%	80.8%
CY 2023 Q1	21	14	66.7%	78.9%
CY 2023 Q2	25	18	72.0%	77.3%
CY 2023 Q3	23	18	78.3%	77.0%
CY 2023 Q4	18	15	83.3%	78.0%
CY 2024 Q1	19	16	84.2%	78.7%
CY 2024 Q2	14	12	85.7%	78.4%
CY 2024 Q3	13	12	92.3%	77.3%
CY 2024 Q4	17	14	82.4%	79.3%

Source: MHCC Staff analysis of ACC-NCDR CathPCI data, January 1, 2020 – Dec. 31, 2024.

Staff Analysis and Conclusions



Summary of Standard	Applicant Information and Staff Analysis	Recommend Approval
<p>10.24.17.07C(4)(a) and .07D(5)(a) – A formal process for interventional case review at meetings held at least every other month with required attendance by physicians, nurses, and technicians who care for primary PCI patients.</p>	<p>An insufficient number of meetings were held, sometimes with long gaps between meetings.</p> <p>CY 2019 – 4 meetings CY 2020 – 7 meetings CY 2021 – 4 meetings CY 2022 – 4 meetings CY 2023 – 1 meeting CY 2024 – 12 meetings January to June 2025 – 6 meetings</p>	<p>Yes, with condition</p>
<p>10.24.17.07C(4)(b) and .07D(5)(b) – Multiple care area group meeting monthly to review all issues related to the primary PCI system, identify problem areas, and develop solutions.</p>	<p>CY 2019 – 10 meetings CY 2020 – 8 meetings CY 2021 – 12 meetings CY 2022 – 11 meetings CY 2023 – 12 meetings CY 2024 – 12 meetings January to June 2025 – 6 meetings</p>	<p>Yes</p>

Staff Analysis and Conclusions



Summary of Standard	Applicant Information and Staff Analysis	Recommend Approval
10.24.17.07D(6) - A hospital shall maintain a risk-adjusted mortality rate that is consistent with high quality patient care.	For STEMI cases, the hospital's risk-adjusted mortality rate was statistically significantly worse than the national benchmark in four reporting periods, from the reporting period ending 2023 Q3 through the reporting period ending 2024 Q2. This led to a focused review.	Yes

Staff Analysis and Conclusions



UCMC Adjusted Mortality Rates (AMR) by Rolling 12-Month Reporting Period for STEMI Patients and Performance on MHCC Standard

Reporting Period	Hospital AMR	95% CI	National AMR	Meets MHCC Standard
2024q2-2025q1	3.11	[0.38, 10.90]	0.73	Yes
2024q1-2024q4	3.57	[0.43, 12.52]	0.74	Yes
2023q4-2024q3	3.03	[0.37, 10.63]	0.75	Yes
2023q3-2024q2	4.48	[0.93, 12.69]	0.78	No
2023q2-2024q1	4.13	[0.86, 11.72]	0.79	No
2023q1-2023q4	6.22	[2.05, 14.02]	1.88	No
2022q4-2023q3	6.62	[2.18, 14.91]	1.91	No
2022q3-2023q2	4.49	[0.93, 12.69]	1.89	Yes
2022q2-2023q1	3.37	[0.41, 11.83]	1.89	Yes
2022q1-2022q4	5.28	[1.10, 14.95]	2.00	Yes
2021q4-2022q3	4.75	[0.99, 13.48]	2.11	Yes
2021q3-2022q2	4.15	[0.86, 11.80]	2.18	Yes
2021q2-2022q1	4.14	[0.86, 11.77]	2.19	Yes

Source: MHCC Staff analysis of ACC-NCDR CathPCI reports for STEMI cases performed between April 2021 and March 2025.



Recommendation and Condition

MHCC staff recommends that the Commission find that UCMC meets the requirements for a Certificate of Ongoing Performance. Staff recommends that the Commission issue a Certificate of Ongoing Performance that permits UCMC to continue providing primary and elective PCI services for four years with the following condition:

UCMC shall submit to Commission staff, by January 31, 2026, the attendance lists for the interventional case review meetings that are held between July 1, 2025, and December 31, 2025, and submit attendance lists for interventional case review meetings held between January 1, 2026, and June 30, 2026, by July 31, 2026. UCMC shall continue to report this information every six months until the Executive Director releases UCMC from the reporting requirement.