



Application for Certificate of Ongoing Performance for Cardiac Surgery Services

**NOTE: ALL PAGES OF A HOSPITAL'S APPLICATION SHOULD BE
NUMBERED CONSECUTIVELY.**

**Information Regarding Application for a Certificate of Ongoing Performance to Provide
Cardiac Surgery Services**

The following application form shall be used by hospitals when applying for a **Certificate of Ongoing Performance for Cardiac Surgery**. A hospital may not provide cardiac surgery services without a Certificate of Ongoing Performance except for the specific exceptions found in COMAR 10.24.17. Provisions of COMAR 10.24.17 are shown in bold, and listed beneath each is the information that the Commission requires to evaluate each application.

The applicant shall cooperate with the Commission, Commission staff, and any authorized representative(s) of the Commission that requests additional information in the course of the application's review.

The form is intended to be completed using Microsoft Word. Applicants are expected to enter narrative text in response to questions, complete the tables and forms, and submit additional documents as required. The applicant shall file the following with the Maryland Health Care Commission according to the schedule published in the Maryland Register: an original application, including the applicant affidavit with signature and supporting documents. **Please submit the application through MHCC's sFTP space. An account must be set up for the individual who will be submitting the application through MHCC's sFTP space. Please upload both a non-confidential version of the application and a confidential version. It should be assumed that the non-confidential version may be posted on MHCC's web site.** It is also fine to submit confidential information as separate files that are referenced in the application. An applicant is not required to submit paper copies of the application. Please contact MHCC staff if there are any questions regarding the submission of information. Questions should be directed to:

Alankrita Olson, MD, MPH
Chief, Acute Care Policy and Planning
alankrita.olson@maryland.gov

MARYLAND

HEALTH

CARE

COMMISSION

MATTER/DOCKET NO.

DATE DOCKETED

Application for Certificate of Ongoing Performance for Cardiac Surgery Services

Applicant Information

Applicant _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

Mailing Address (if different) _____

City _____ County _____ State _____ Zip Code _____

Medicare Provider Number(s) _____ National Provider Identifier _____

Primary Person to be contacted on matters involving this application:

Name _____

Title _____

Address _____

Address _____

City _____ County _____ State _____ Zip Code _____

Telephone _____ Facsimile _____ E-mail _____

Additional or Alternate Person to be contacted on matters involving this application:

Name _____

Title _____

Address _____

Address _____

City _____ County _____ State _____ Zip Code _____

Telephone _____ Facsimile _____ E-mail _____

Review Criteria for a Certificate of Ongoing Performance (COMAR 10.24.17)

Data Collection

COMAR 10.24.17.07B(3) Each cardiac surgery program shall participate in uniform data collection and reporting. This requirement is met through participation in STS-ACSD, with submission of duplicate information to the Maryland Health Care Commission. Each cardiac program shall also cooperate with the data collection requirements deemed necessary by the Maryland Health Care Commission to assure a complete, accurate, and fair evaluation of Maryland's cardiac surgery programs.

Q1. Please address the hospital's compliance with this standard.

Quality

COMAR 10.24.17.07B(4)(a) and (b) The chief executive officer of the hospital shall certify upon request by Commission staff that the hospital fully complies with each requirement for conducting and completing quality assurance activities specified in this chapter, including those regarding internal peer review of cases and external review of cases. A hospital's application for a Certificate of Ongoing Performance shall demonstrate that it has taken appropriate action in response to concerns identified through its quality assurance processes.

Q2. Please provide an overview of the hospital's quality assurance process as it pertains to cardiac surgery cases, including explanations of the structure and responsibilities of committees and key individuals involved.

Q3. Please provide information about quality assurance activities related to cardiac surgery services, since last reported in the hospital's Certificate of Ongoing Performance application, including results from internal peer review and external review of cases.¹ At a minimum, the information submitted should include minutes from meetings of committees that address quality issues that pertain to patients undergoing cardiac surgery. For internal peer review meetings to discuss individual cases, it is most useful to provide conclusions and information on follow-up, if applicable. It is best to provide only limited non-sensitive information to identify the cases evaluated through peer review processes. If key information from internal peer review meetings is already captured in summary form in other meeting minutes or documents submitted, it is not necessary to provide duplicate information. The dates of meetings for peer review of cases and a list of attendees should be provided. If a regularly scheduled meeting for peer review was canceled, please provide an explanation. The results of external reviews, including case reviews, should be provided.

¹ Note that the Commission is a medical review committee under § 1-401(b)(15) of the Health-Occupations Article ("H-O") of the Annotated Code of Maryland, provided that the data or medical information under review is furnished to the Maryland Health Care Commission by another medical review committee. The records of a medical review committee are not admissible or discoverable under most circumstances. See H-O § 1-401(d). Under the Maryland Public Information Act, General Provisions Article § 4-301(l) and § 4-306, the Commission would deny requests to inspect records provided by a hospital's medical review committee.

Q4. Describe the actions that have been taken in response to concerns identified through the hospital's quality assurance processes, if these actions are not fully described in the meeting minutes or external review reports submitted.

Q5. Please identify the key performance metrics tracked by the hospital and provide information on how the hospital has performed on these measures, since reported in the hospital's last Certificate of Ongoing Performance application, as applicable. Please include the benchmark or performance goal(s) for each measure.

Q6. Please provide a copy of the hospital's policies regarding when external review of a case will be sought or explain the policy, if there is not a formal written policy.

Q7. Please submit a letter of commitment signed by the chief executive officer: stating that the hospital will continue to work to identify areas for improvement in the quality and outcomes of its cardiac surgery program; and acknowledging that the hospital will continue to submit a report annually, or upon request, that details its quality assurance activities including internal and external peer review of cases.

Performance Standards

COMAR 10.24.17.07B(5)(a) A cardiac surgery program shall meet all performance standards established in statute or in State regulations. Applicable performance measures include:

- (i) The hospital shall maintain an STS-ACSD composite score for CABG of two stars or higher. If the composite score for CABG from the STS-ACSD is one star, or if a hospital fails to receive a star rating, for four consecutive rating cycles, the hospital's cardiac surgery program will be evaluated for closure based on a review of the hospital's compliance with State regulations and recently completed or active plans of correction. Upon notice from the Executive Director of the Commission, the hospital shall voluntarily relinquish its authority and close its cardiac surgery services in a timely manner.***
- (ii) The hospital shall maintain a risk-adjusted mortality rate that is consistent with high quality patient care.***

Q8. Please provide a signed statement from the hospital's chief executive officer confirming the hospital's commitment to meeting all applicable performance standards.

Q9. Please explain the actions taken by the hospital, if it received an overall composite rating of one star for CABG cases for any STS reporting periods or if the hospital received one star for any of the four components of the overall composite rating for CABG cases. If the hospital did not receive a composite star rating for a reporting period, please explain.

COMAR 10.24.17.07B(5)(b) and (c) A hospital with an all-cause 30-day risk-adjusted mortality rate for a specific type of cardiac surgery, such as CABG, that exceeds the national average beyond the acceptable margin of error calculated for the hospital by the Commission is subject to a focused review. The acceptable margin of error is the 95 percent confidence interval calculated for the hospital's all-cause 30-day risk-adjusted mortality rate for a specific type of cardiac surgery case. A hospital with an STS-ACSD composite score for

CABG of one star for two consecutive rating cycles will be subject to a focused review.

Q10. The data required by this standard will be provided directly to the Maryland Health Care Commission by the Society of Thoracic Surgeons. MHCC staff will then provide this data to hospitals with cardiac surgery services. If the hospital did not meet this standard, please detail what actions the hospital has taken, or is taking, to reduce operative mortality rates for CABG patients. If updated information on the performance of the hospital is available that suggests the hospital's performance has improved, please explain and provide documentation.

Volume Requirements

COMAR 10.24.17.07B(6)(a) and (b) and (c) A cardiac surgery program shall maintain an annual volume of 200 or more cardiac surgery cases. A cardiac surgery program that fails to reach an annual volume of 100 cardiac surgery cases for two consecutive years will be subject to a focused review. A cardiac surgery program that fails to reach an annual volume of 100 cases for three or more consecutive years will be subject to a focused review of cases performed in the 12-month period following the prior focused review, unless the Executive Director determines that a 24-month period is appropriate, based upon considerations that include the results of the prior focused review, patient outcomes for morbidity and mortality, and the cardiac surgery program's most recent STS star ratings.

*****Note: The volume requirement for cardiac surgery programs was waived for CY 2020 and CY 2021, and for programs measuring case volume for fiscal years beginning in July and ending in June, compliance with the volume requirement is waived for FY 2020 and FY 2021, as stated in MHCC Bulletin 21-01 dated August 27, 2021.²***

Q11. Please provide information about the annual volume of the cardiac surgery procedures performed at the hospital for the last four calendar or fiscal years, ending with the most recent quarter of data submitted to the Health Services Cost Review Commission. If not all cases counted by the hospital as cardiac surgery are included in the STS-ACSD, please explain.

² https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_cardiaccare/documents/MHCC%20bulletin_20210827.pdf

Applicant Affidavit

I solemnly affirm under penalties of perjury that the contents of this application, including all attachments, are true and correct to the best of my knowledge, information, and belief. I understand that if any of the facts, statements, or representations made in this application change, the hospital is required to notify the Commission in writing.

If the Commission issues a Certificate of Ongoing Performance to permit the hospital to continue to perform cardiac surgery services, the hospital agrees to timely collect, and report complete and accurate data as specified by the Commission. I further affirm that this application for a Certificate of Ongoing Performance to perform cardiac surgery services has been duly authorized by the governing body of the applicant hospital, and that the hospital will comply with the terms and conditions of the Certificate of Ongoing Performance and with other applicable State requirements.

If the Commission issues a Certificate of Ongoing Performance to permit the hospital to perform cardiac surgery services, the hospital agrees that it will voluntarily relinquish its authority to provide cardiac surgery services upon receipt of notice from the Executive Director of the Commission if the hospital fails to meet the applicable performance standards included in a plan of correction when the hospital has been given an opportunity to correct deficiencies through a plan of correction.

I have been designated by the Board of Directors of the applicant hospital to complete this affidavit on its behalf.

Signature of Hospital-Designated Official _____

Printed Name of Hospital-Designated Official _____

Title _____

Date _____