

# Summary of Standards for PCI Certificates of Ongoing Performance



## Data Collection

- ▶ Submission of data to ACC-NCDR & MHCC

## Institutional Resources

- ▶ Primary PCI services available 24 hours/day, 7 days/week
- ▶ Door-to-balloon times of 90 minutes or less for 75% of STEMI cases
- ▶ Adequate staffing (e.g., interventionalists, nurses, technicians, data managers)
- ▶ Physician director of interventional cardiology
- ▶ Administration support of program
- ▶ Continuing medical education program
- ▶ Formal agreements with tertiary care center and licensed specialty care ambulance service if cardiac surgery not available on-site

## Quality

- ▶ Interventional case review and multiple care area group meetings
- ▶ External review of elective PCI cases (Elective PCI programs)
- ▶ Individual interventionalist review
- ▶ Quality assurance activities

## Patient Outcome Measures

- ▶ Rolling 12-month STEMI adjusted mortality rates are not statistically significantly worse than the national benchmark (Primary PCI programs)
- ▶ Rolling 12-month Non-STEMI adjusted mortality rates are not statistically significantly worse than the national benchmark ( Elective PCI programs)

## Physician Resources

- ▶ Rolling 24-month physician PCI volume 50 or greater averaged annually
- ▶ Physicians are board certified
- ▶ Physicians complete continuing medical education
- ▶ Physicians participate in on-call schedule

## Volume

- ▶ Rural programs exceed 36 cases and non-rural programs exceed 49 cases of primary PCI annually
- ▶ Target volume of 11 primary PCI cases annually per physician
- ▶ Target volume of 200 total cases annually (Combined Elective and Primary PCI programs)

## Patient Selection

- ▶ Primary PCI services provided to appropriate patients only
- ▶ Elective PCI services provided to appropriate patients only

# Summary of Staff Recommendations on Select Standards for WOMC's PCI Certificate of Ongoing Performance Application



<b>Standard</b>	<b>Staff Analysis/Applicant Information</b>	<b>Recommend Finding Hospital Meets Standard</b>
Primary PCI services available 24 hours per day, 7 days per week	The CCL was unavailable only two days during the review period for unavoidable maintenance.	Yes
Door-to-balloon (DTB) 90 minutes or less for 75% of cases	Over rolling eight-quarter periods, White Oak Medical Center complied with this standard in all but four periods (2016 Q2, 2018 Q2, 2019 Q1, and 2019 Q3); across all quarters, between 66.7% and 100% 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 similar to the national benchmark for STEMI and Non-STEMI cases for the 12-month periods ending in December 2019, March 2020, June 2020, September 2020, December 2020, and March 2021.	Yes
Program PCI volume 200 cases or greater annually	Total PCI volume ranged from 669 to 796 cases annually between fiscal year 2014 and fiscal year 2019.	Yes
Program primary PCI volume is 49 cases or greater annually	Primary PCI volume ranged from 49 to 73 cases annually between calendar year 2015 and calendar year 2019.	Yes

# Summary of Staff Recommendations on Select Standards for WOMC's PCI Certificate of Ongoing Performance Application (continued)



<b>Standard</b>	<b>Staff Analysis/Applicant Information</b>	<b>Recommend Finding Hospital Meets Standard</b>
Semi-annual external review of at least 5% of randomly selected elective PCI cases and at least 3 cases per physician or all cases if the interventionalist performed fewer than three cases	Semi-annual reviews were completed in September 2014 through August 2020; for each external review, between 5% and 17.2% of cases were reviewed.	Yes
Evaluation of at least 10% of each individual interventionalist's cases that overlaps with the required semi-annual external review of at least 3 PCI cases, or all cases if fewer than 3 performed during the review period.	Standard is met by a combination of external and internal review.	Yes
Multiple care area group meetings monthly	Documentation was provided for eleven meetings in 2015 and seven meetings in 2016, 2019 and 2020. Twelve meetings were held in 2017 and ten in 2018. Four meetings were held between January and June 2021.	Yes, with Condition
Interventional case review meetings bi-monthly	Documentation was provided for ten meetings in 2015 and nine meetings in 2016 and 2018. Ten meetings were held in 2017, and seven meetings in 2019 and 2020. In 2021, five meetings were held through June.	Yes, with condition
Elective PCI only provided to suitable patients	MHCC requested additional information on cases deemed rarely appropriate over the review period. No trends were identified by the hospital for these cases.	Yes