

## Summary of Staff Recommendations on Select Standards for Meritus Medical Center'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	There were no times when all cardiac catheterization laboratories were closed simultaneously from January 2015 to June 26, 2020.	Yes
Door-to-balloon (DTB) 90 minutes or less for 75% of cases	Between 79% and 93% of non-transfer primary PCI cases had a DTB of 90 minutes or less in each rolling eight-quarter period between January 2015 and December 2019.	Yes
Program PCI volume 200 cases or greater annually	Total PCI volume ranged from 280 to 308 cases annually between fiscal years 2015 and 2019.	Yes
Program primary PCI volume is 49 cases or greater annually	Primary PCI volume ranged from 79 to 102 cases annually between 2015 and 2019.	Yes
Physician PCI volume of 50 cases or greater on average annually over 24 months for physicians who perform primary PCI	Volume logs and staff analysis of ACC-NCDR CathPCI data indicate this standard was met for each physician.	Yes

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<b>Standard</b>	<b>Staff Analysis/Applicant Information</b>	<b>Recommend Finding Hospital Meets Standard</b>
Interventional case review meetings every other month that require attendance by physicians, nurses, and technicians who care for primary PCI patients	Two to five interventional cardiology meetings were held annually from January 2015 to December 2019. Additional case review with nurses and technologist infrequently occurred.	Yes with Condition
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	External reviews of between 12.2% and 16.9% of PCI cases per year were completed; at least semi-annual reviews were completed for January 2016 through December 2019.	Yes
Semi-annual review of at least 3 PCI cases or 10%, whichever is greater, or all cases if fewer than 3 performed during the review period for each individual interventionalist	At least 6 cases per interventionalist were reviewed per year via external review and additional cases were reviewed internally; through a combination of external and internal review of cases, at least 10% of cases were reviewed per interventionalist.	Yes

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<b>Standard</b>	<b>Staff Analysis/Applicant Information</b>	<b>Recommend Finding Hospital Meets Standard</b>
Hospital shall maintain a risk-adjusted mortality rate consistent with high quality patient care	MMC performed similar to the national benchmark for STEMI cases for the four 12-month periods ending in December 2019, March 2020, June 2020 and September 2020.	Yes
Primary PCI only provided to suitable patients	No cases were identified as inappropriate by internal or external review.	Yes
Elective PCI only provided to suitable patients	There was one case determined to be “rarely appropriate” with respect to one or more of the following: clinical criteria, angiographic criteria, and ACC/AHA appropriateness criteria. MMC provided information about the follow-up on the case.	Yes