

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 OR cardiac surgery 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+ cases on average annually)
- Physicians are board certified
- Physicians complete continuing medical education
- Physicians participate in the on-call schedule

Volume

- Annual primary PCI volume for rural programs exceeds 36 cases and for non-rural programs exceeds 49 cases
- Target volume of 11 primary PCI cases annually per physician
- Target volume of 200 total PCI 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 the Certificate of Ongoing Performance
Application of Adventist HealthCare Shady Grove Medical Center (SGMC)

Standard	Staff Analysis/Applicant Information	Recommend Finding Hospital Meets Standard
Primary PCI services available 24 hours per day, 7 days per week	There was one time when all cardiac catheterization laboratories were closed simultaneously from January 2015 to December 2019.	Yes
Door-to-balloon (DTB) 90 minutes or less for 75% of cases	Between 87.6% and 90.5% 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	PCI volume ranged from 263 to 302 cases annually between calendar year 2015 and calendar year 2019.	Yes
Program primary PCI volume is 49 cases or greater annually	Primary PCI cases ranged from 142 to 165 annually between calendar year 2015 and calendar year 2019.	Yes
Physician PCI volume of 50 cases or greater on average annually over 24 months	Volume logs from SGMC and staff analysis of ACC NCDR CathPCI data indicate this standard was met for each physician.	Yes

Summary of Staff Recommendations on Select Standards for the
Certificate of Ongoing Performance Application of SGMC (continued)

Standard	Staff Analysis/Applicant Information	Recommend Finding Hospital Meets Standard
Multiple care area group meetings monthly	Between 9 and 12 meetings were held annually between 2015 and 2020.	Yes
Interventional case review meetings at least every other month that require attendance by interventionalists, nurses, and technicians who care for primary PCI patients	Ten to twelve peer review committee meetings were held annually from January 2015 to December 2020. Program holds monthly meetings, even though only bimonthly meeting are required.	Yes
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 the interventionalist performed fewer than three cases	Semi-annual external reviews were completed from October 2014 through September 2020; for each review, between 10.1% and 19.7% of cases were reviewed.	Yes

Summary of Staff Recommendations on Select Standards for the Certificate of Ongoing Performance Application of SGMC (continued)

Standard	Staff Analysis/Applicant Information	Recommend Finding Hospital Meets Standard
Hospital shall maintain a risk-adjusted mortality rate consistent with high quality patient care	Shady Grove Medical Center 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, and September 2020.	Yes
Primary PCI only provided to suitable patients	No cases were identified as inappropriate.	Yes
Elective PCI only provided to suitable patients	No cases were identified as inappropriate.	Yes