

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 Suburban Hospital's PCI Certificate of Ongoing Performance Application



Standard	Staff Analysis/Applicant Information	Recommend Finding Hospital Meets Standard
Primary PCI services available 24 hours per day, 7 days per week	The only time the CCL was unavailable was due to unavoidable circumstances. CCL closed on April 26 and May 10, 2019, due to power transfer to a new control center.	Yes
Door-to-balloon (DTB) 90 minutes or less for 75% of cases	Over rolling eight-quarter periods, Suburban complied with this standard in the ten most recent periods, but not in the six periods ending between 2017 Q1 and 2018 Q2; between 68.3% and 87.0% of non-transfer primary PCI cases had a DTB of 90 minutes.	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 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 cases ranged from 403 to 490 annually between fiscal year 2015 and fiscal year 2019.	Yes
Program primary PCI volume is 49 cases or greater annually	Primary PCI cases ranged from 89 to 96 annually between calendar year 2015 and calendar year 2019.	Yes

Summary of Staff Recommendations on Select Standards for Suburban Hospital's PCI Certificate of Ongoing Performance Application



(continued)

Standard	Staff Analysis/Applicant Information	Recommend Finding Hospital Meets Standard
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	An annual review was completed in 2015 and semi-annual reviews were completed in 2016 through 2019; for each external review, between 9.6% and 20.7% of cases were reviewed.	Yes
Semi-annual external review of at least 3 PCI cases or 10% of cases, whichever is greater, or all cases if fewer than 3 performed during the review period for each individual interventionalist	Standard is met by a combination of external and internal review.	Yes
Multiple care area group meetings monthly	Documentation was provided for only one meeting in 2016 and 2017, but the hospital reported between four and six additional meetings took place. In 2018 and 2019, documentation and the frequency of meetings improved. Nine meetings were held in 2019.	Yes, with Condition
Primary PCI only provided to suitable patients	No cases were identified as inappropriate.	Yes
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