

**IN THE MATTER OF
SUBURBAN HOSPITAL**

*** BEFORE THE
* MARYLAND HEALTH
* CARE COMMISSION**

Docket No.: 17-15-CP003

**STAFF REPORT & RECOMMENDATION
CERTIFICATE OF ONGOING PERFORMANCE
FOR CARDIAC SURGERY SERVICES**

October 21, 2021

I. INTRODUCTION

A. Background

In 2012, the Maryland legislature passed a law directing the Maryland Health Care Commission (MHCC or the Commission) to adopt new regulations for the oversight of both cardiac surgery and percutaneous coronary intervention (PCI) services. The law directed MHCC to establish a process and minimum standards for obtaining and maintaining a Certificate of Ongoing Performance that incorporates to the extent appropriate recommendations on standards for cardiac surgery services and PCI services from a legislatively mandated Clinical Advisory Group (CAG). The law also directed MHCC to incorporate several specific requirements in its regulations.

After extensive discussion with the CAG comprised of national and regional experts and considering the CAG's and other stakeholder's recommendations, COMAR 10.24.17, the Cardiac Surgery and PCI Services chapter (Cardiac Surgery Chapter) of the State Health Plan for Facilities and Services (State Health Plan) was replaced in August 2014. The Cardiac Surgery Chapter was subsequently replaced in November 2015, and on April 19, 2018, the Commission adopted a replacement Cardiac Surgery Chapter as proposed permanent regulations. The primary change to the Cardiac Surgery Chapter that affects cardiac surgery programs was an evolving definition of cardiac surgery that may affect a hospital's compliance with volume standards for a Certificate of Ongoing Performance for cardiac surgery. These regulations became effective on January 14, 2019.

The Cardiac Surgery Chapter contains standards for evaluating the performance of established cardiac surgery services in Maryland and determining whether a hospital should be granted a Certificate of Ongoing Performance. A Certificate of Ongoing Performance for cardiac surgery authorizes a hospital to continue to provide these services for a specified period of time. At the end of the time period, the hospital must again demonstrate that it continues to meet the requirements in COMAR 10.24.17.07B for a Certificate of Ongoing Performance in order for the Commission to renew the hospital's authorization to provide cardiac surgery services.

B. Applicant

Suburban Hospital

Suburban Hospital (Suburban) is a 228-bed not-for-profit community hospital located in Bethesda (Montgomery County). Since June 30, 2009, Suburban Hospital has been a member of Johns Hopkins Medicine. Suburban Hospital established its cardiac surgery program in August 2006. In accordance with the 2004 Cardiac Surgery Chapter then in effect, the Certificate of Need (CON) granted to Suburban for the establishment of a cardiac surgery program required it to meet the minimum volume standard of 200 open heart surgery cases annually within 24 months of beginning operation and to maintain the minimum volume standard for open heart surgery in each subsequent year of operation. The CON also had a condition requiring Suburban to submit an annual report about the benefits and costs of its cardiac surgery program. These two conditions

were lifted on December 21, 2018. However, Suburban is still subject to a condition that it will submit annually to the Commission, within 150 days after the end of the hospital's fiscal year (FY), a written report that includes an evaluation of the effectiveness of the hospital's proposed regional outreach efforts related to cardiovascular disease prevention and early diagnosis program.

Service Area

Four health planning regions for adult cardiac surgery services are defined in COMAR 10.24.17. Suburban is located in the Metropolitan Washington health planning region (HPR). This HPR includes Calvert, Charles, Frederick, Montgomery, Prince George's, and St. Mary's Counties and the District of Columbia. Six other hospitals in this health planning region provide cardiac surgery services for adults. Two of these hospitals, Washington Adventist Hospital and the University of Maryland Prince George's Hospital Center, are located in Maryland. The other three hospitals, MedStar Washington Hospital Center, George Washington University Hospital, and Children's National Medical Center are located in the District of Columbia. One District of Columbia hospital in this HPR has a low volume of adult cardiac surgery cases, Children's National Medical Center, which primarily serves pediatric patients.

C. Staff Recommendation

MHCC staff recommends that the Commission approve Suburban's application for a Certificate of Ongoing Performance to continue providing cardiac surgery services. A Certificate of Ongoing Performance is granted when a cardiac surgery program demonstrates compliance with specific standards for quality. A description of Suburban Hospital's documentation and MHCC staff's analysis of this information follows.

II. PROCEDURAL HISTORY

Suburban filed a Certificate of Ongoing Performance application on October 26, 2017. On April 13, 2018, Suburban submitted responses to questions and provided additional requested information concerning its application for a Certificate of Ongoing Performance for cardiac surgery services. A focused review was performed by a contractor secured by MHCC because of Suburban's adjusted mortality rates in one year. MHCC staff received the final focused review report on October 29, 2020. MHCC requested additional information on May 5, 2021, August 17, 2021, and October 4, 2021. Suburban submitted additional information on June 10, 2021, September 13, 2021, and October 8, 2021.

III. PROJECT CONSISTENCY WITH REVIEW CRITERIA

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.

Suburban Hospital participates in the Society of Thoracic Surgeons' adult cardiac surgery data registry (STS-ACSD) and submits STS data to MHCC staff as required.

Staff Conclusions

Suburban has complied with the submission of STS data to MHCC staff in accordance with the established schedule. In 2015, MHCC staff conducted an audit of the STS data for each Maryland hospital to validate that all hospitals submitted accurate and complete information to the STS-ACSD. Advanta Government Solutions, MHCC's contractor for the audit, did not identify any concerns regarding the accuracy or completeness of Suburban's STS data for the period July 1, 2014 through December 31, 2014. MHCC staff concludes that Suburban complies with this standard.

Quality

COMAR 10.24.17.07B(4)(a) The chief executive officer of the hospital shall certify annually to the Commission 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.

Jessica Melton, President of Suburban Hospital, submitted a letter stating that she is committed to working with the hospital's cardiac surgery team to identify areas of improvement in the quality and outcomes of the program. She also stated that, annually or upon request, Suburban will provide a report on the program's quality assurance activities and that the hospital is committed to meeting all applicable performance standards for the program based on the COMAR regulations to maintain the Certificate of Need for the cardiac surgery program.

Staff Conclusions

MHCC staff concludes that Suburban Hospital complies with this standard.

COMAR 10.24.17.07B(4)(b) The hospital shall demonstrate that it has taken appropriate action in response to concerns identified through its quality assurance process.

Suburban Hospital explained that the quality assurance process has changed over the course of the review period because of efforts to improve and standardize reviews of cases. Suburban stated that the reviews are focused with the use of Phase of Care Mortality Analysis (POCMA), an evidence-based tool. Additionally, Suburban submitted a summary of recommendations from an external review that was initiated by the hospital and the actions completed in response. Suburban described several examples of quality improvement actions taken. For example, in December 2018, a High-Risk Assessment Review was implemented. All patients identified as "High Risk," have an ad hoc review preoperatively by a multidisciplinary group of providers who are not directly involved in the case. Another example is that roles and responsibilities were clarified for the Cardiac Surgical Advanced Practice Providers.

Suburban reported that there are three distinctly different committees for its cardiac surgery program. These committees are: 1) Cardiothoracic Collaborative (CT Collaborative)¹, 2) Heart Care Collaborative (HCC), and 3) Cardiothoracic Morbidity and Mortality (CT M&M).

The CT Collaborative is a quality performance improvement working group. While the name of this group has changed over time, Suburban explained that the CT Collaborative meetings include a review of a standard dashboard of quality measurements. The data elements in the dashboard include the rate of post-op atrial fibrillation, the number of episodes of renal failure, the length of hospital stays, the time spent by patients on mechanical ventilators post-surgery, the use of blood products by procedure and provider, the rate of reoperations, the number of readmissions within 30 days after discharge, and the number of hospital acquired infections. Suburban explained the basis for adoption of the benchmarks and provided information on its performance relative to these benchmarks.

Suburban also noted that the CT Collaborative has developed a more standardized and consistent approach to quality performance through a greater focus based on dashboard trends. Members of the CT Collaborative include cardiothoracic surgeons, infection control specialists, pharmacy representatives, physical medicine and rehabilitation staff, respiratory therapy staff, care coordination staff, leadership from the progressive care unit, and intensive care staff. Other attendees may include staff from the emergency department, hospitalists, cardiac data base managers, and a patient and family centered care representative. In CY 2015, four meetings were held. In 2016, monthly meetings occurred from January to June, except for the month of May. For the remainder of the year, Suburban reported that formal meetings were not held due to a reduction in staffing between July 2016 and January 2017. However, Suburban noted that cases with morbidity and mortality were still reviewed during this period, and the CT Collaborative met on an ad hoc basis to resolve operational concerns. The CT Collaborative held eight meetings in 2017, seven meetings in 2018, nine meetings in 2019, and ten meetings in 2020.

The Heart Care Collaborative (HCC), established in 2019, reviews high risk cases and cases of interest for educational purposes. The HCC reviews the cases of patients whose care is provided across the continuum of cardiac services offered at the hospital with the goal of providing timely decision making for prospective cases and for identifying and implementing improvement opportunities from the retrospective review of cases. Other complex and high-risk cases are discussed for proactive planning of staged interventional procedures, including hybrid procedures requiring other specialized equipment, treatment, or consideration of transfer to other facilities for specialized care. Suburban reported eight HCC meetings in 2019 and six meetings in 2020. Additionally, Suburban submitted documentation of cases reviewed in some of these meetings and meeting minutes and agendas.

The CT M&M reviews mortality and complications of cardiac surgery procedures. Suburban reported that prior to February 2017, cases with morbidity or mortality were reviewed as part of the CT Collaborative meetings. Suburban reported that five separate CT M&M meetings were held in 2017; nine meetings were held in 2018; six meetings were held in 2019; and four

¹ Previously preferred to as CTQA.

meetings were held in 2020. Suburban submitted a record of the cases reviewed and a brief description of the follow-up on cases reviewed in 2019 and 2020.

Staff Conclusions

Suburban provided information documenting its quality assurance activities and the actions taken in response to identified quality concerns. MHCC staff reviewed this information and concludes that the hospital is following up on concerns identified.

MHCC staff concludes that Suburban Hospital complies with this standard.

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. 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 for two consecutive cycles, the program will be subject to a focused review. If the composite score for CABG from the STS-ACSD is one star for four consecutive rating cycles, the hospital's cardiac surgery program shall be evaluated for closure based on a review of the hospital's compliance with State regulations and recently completed or active plans of correction.

Staff Conclusions

Suburban has consistently maintained an STS composite score for coronary bypass graft (CABG) surgeries of two stars or higher, as required. Table 1 shows the star ratings for each of 12 overlapping 12-month periods, the volume of CABG cases included in the ratings for each period, and the overall percentage of Suburban's volume of cardiac surgery included in the STS ratings. As shown in Table 1, approximately 57 to 74 percent of Suburban's cardiac surgery volume is included in the composite STS star ratings for the period July 2014 through December 2020. Hospitals with cardiac surgery programs typically perform other types of cardiothoracic surgery and perform CABG in combination with other cardiac surgical procedures. Consequently, for an individual patient who requires a different type of cardiac surgery, the information included in Table 1 may not be relevant. However, the Cardiac Surgery Chapter uses CABG as a reference point based not only on the recommendations of its Clinical Advisory Group but also on the continued advice of its current Cardiac Services Advisory Committee, which includes cardiac surgeons and interventional cardiologists. CABG is one of the most common procedures performed, which allows for a consistent and fair basis for comparing programs and evaluating the overall performance of hospitals, with respect to one type of cardiac surgery.

The STS composite star rating for CABG surgeries has four components. The first component is the absence of operative mortality, which is measured by the percentage of patients who do not die during the hospitalization for CABG surgery or within 30 days of this surgery, if

discharged.² The second component is the absence of major morbidity, which is defined to include any one of the following: reoperation; stroke; kidney failure; infection of the chest wound from surgery; or prolonged support by a breathing machine.³ For the first two components, STS adjusts the results in each case based on the severity of illness for each patient. The third component is use of at least one internal mammary artery, which has been known for more than a decade to function longer than a vein graft.⁴ The fourth component is receipt of all four specific perioperative medications that are believed to improve patient outcomes. The first component, the absence of operative mortality carries the most weight in the overall composite star rating for CABG, approximately 80%.⁵ Nationally, the vast majority of programs receive a two-star rating, indicating the program did not perform significantly worse or better than expected.⁶

² Society of Thoracic Surgeons. (2017). STS Public Reporting Online. Retrieved from <https://publicreporting.sts.org/cabg-composite-score>

³ Society of Thoracic Surgeons. (2017). STS Public Reporting Online. Retrieved from <https://publicreporting.sts.org/cabg-composite-score>

⁴ Cameron, A., Davis, K.B., Green, G., Schaff, H.V. (1996). Coronary bypass surgery with internal-thoracic-artery grafts – effects on survival over a 15-year period. *New England Journal of Medicine*, 334(4):216-9; Goldman, S., Zadina, K., Moritz, T., Ovitt, T., Sethi G, Copeland, JG, . . . VA Cooperative StudyGroup #207/297/364 (2004). Long-term patency of saphenous vein and left internal mammary artery grafts after coronary artery bypass surgery: results from a Department of Veterans Affairs Cooperative Study. *Journal of the American College of Cardiology*, 44(11):2149-56. <https://doi.org/10.1016/j.jacc.2004.08.064>; Loop, F.D. (1996). Internal-thoracic-artery grafts. Biologically better coronary arteries. *New England Journal of Medicine*, 334(4):263-5.

⁵ Society of Thoracic Surgeons. (June 2018). Report Overview- Risk Adjustment Supplement STS Report- Period Ending 12/31/2017.

⁶ Society of Thoracic Surgeons. (June 2018). Report Overview- Risk Adjustment Supplement STS Report- Period Ending 12/31/2017.

**Table 1: Suburban Hospital's Cardiac Surgery Volume,
CABG Volume, and Composite STS Star Ratings for CABG by Reporting Period**

12-Month Reporting Period	July 2014- June 2015	Jan. 2015- Dec. 2015	July 2015- June 2016	Jan. 2016- Dec. 2016	July 2016- June 2017	Jan. 2017- Dec. 2017	July 2017- June 2018	Jan. 2018- Dec. 2018	July 2018- June 2019	Jan. 2019- Dec. 2019	July 2019- June 2020	Jan. 2020- Dec. 2020
Composite Star Rating ¹	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★
Total CABG Cases Included ²	134	126	111	121	125	121	132	138	121	107	87	86
Total Cardiac Surgery Volume ³	223	210	194	185	169	180	199	198	180	169	135	131
Estimated Percentage of Cardiac Surgery Cases Included in CABG Star Rating	60%	60%	57%	65%	74%	67%	66%	70%	67%	63%	64%	66%

Sources: Suburban Hospital submitted copies of its star ratings and CABG volume to MHCC for each time period shortly after receiving the information from STS; total cardiac surgery volume is based on MHCC staff analysis of HSCRC discharge abstract for July 2014- December 2020.

¹ The maximum number of stars awarded is three stars. Two stars indicates that a program is neither significantly better nor worse than the national average for cardiac surgery programs participating in the STS-ACSD.

² The number of eligible procedures ranges within the components of the star rating; the number in the table reflects the number of eligible procedures for the mortality component.

³ Cardiac surgery case volume prior to January 2019 is based on counting discharges with any procedure code that is included in a definition of cardiac surgery in COMAR 10.24.17, effective in November 2015. The cardiac surgery case volume for after January 2019 is based on counting discharges with any procedure code that is included in the current definition of cardiac surgery in COMAR 10.24.17, effective January 2019.

COMAR 10.24.17.07B (5)(b) The hospital shall maintain a risk-adjusted mortality rate that is consistent with high quality patient care. A hospital with an all-cause 30-day risk-adjusted mortality rate for a specific type of cardiac surgery, such as CABG cases, 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.

Staff Conclusions

The standard above, that references a national average, was adopted in January 2019. Prior to 2019, the standard referenced a statewide average. Across all Maryland hospitals, generally the all-cause risk adjusted operative mortality rates for isolated CABG fall within a relatively narrow range. For example, for the 12-month period January 2015 to December 2015, the performance of Maryland cardiac surgery programs ranged from zero to 2.4% and for the 12-month period January 2016 to December 2016, the performance of Maryland cardiac surgery programs ranged from zero to 3.4%. In recent years, the range has increased to span from approximately zero to six percent. However, given the very low-level of operative mortality across most programs and the volume of cases typically performed at individual hospitals, this performance measure cannot be used to discriminate among programs, except to identify outliers relative to the average for all Maryland cardiac surgery programs.

The difference between Suburban Hospital's all-cause 30-day risk adjusted operative mortality rate for isolated CABG cases and the average rate for all Maryland cardiac surgery programs was statistically significantly different in one of the eight rolling 12-month reporting periods between January 2015 and December 2018. Prior to 2019, a hospital's performance on this measure was acceptable as long as the hospital's 95% confidence interval (CI) at least partially overlapped with the statewide average for all Maryland cardiac surgery programs. For the period of July 2016 to June 2017, Suburban performed statistically significantly worse on operative mortality for isolated CABAG cases compared to the average for all Maryland cardiac surgery program. The average for all Maryland cardiac surgery programs, 2.2% fell outside of Suburban's 95% CI of [2.4, 11.6]. The results are shown graphically in Figure 1. In Figure 1, a black diamond indicates the average for all Maryland cardiac surgery programs, and a '+' indicates Suburban's performance. As shown in Figure 1, the black diamond falls within the CI for Suburban's performance in each reporting period except for period from July 2016 to June 2017.

For the two reporting periods for which data is available and the national average is the performance benchmark for operative mortality in isolated CABG cases, Suburban's performance was not statistically significantly different than the national average. As shown in Table 2, for both CY 2019 and CY 2020, Suburban's confidence interval overlaps with the national risk-adjusted mortality rate, an indication that it is not statistically significantly different than the national average.

A focused review was performed by the Michigan Society of Thoracic and Cardiovascular Surgeons' Quality Collaborative (MI Quality Collaborative) for cases of mortality during the July 2016 to June 2017 period. This review included the categorization of six operative deaths and

used the POCMA method. The review also included a 29-question survey that was completed by members of the Quality, Patient Safety, & Improvement team. The MI Quality Collaborative concluded that the program has implemented appropriate measures to improve outcomes for cardiac surgical patients that have been successful following a previous external review the hospital conducted that included a review of the cases targeted by MHCC staff's focused review.

MHCC staff concludes that Suburban Hospital meets this performance standard.

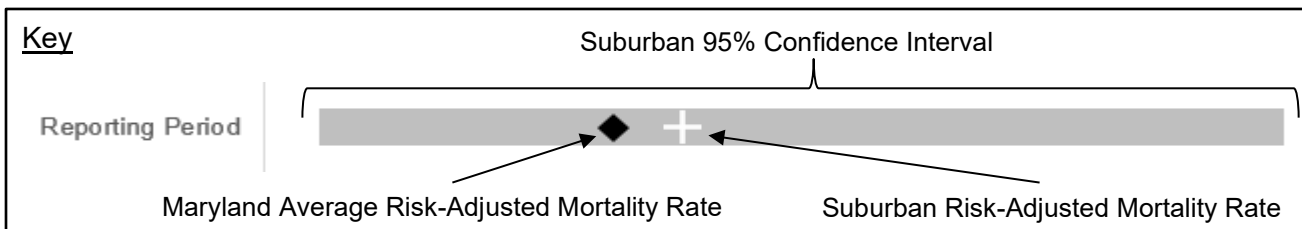
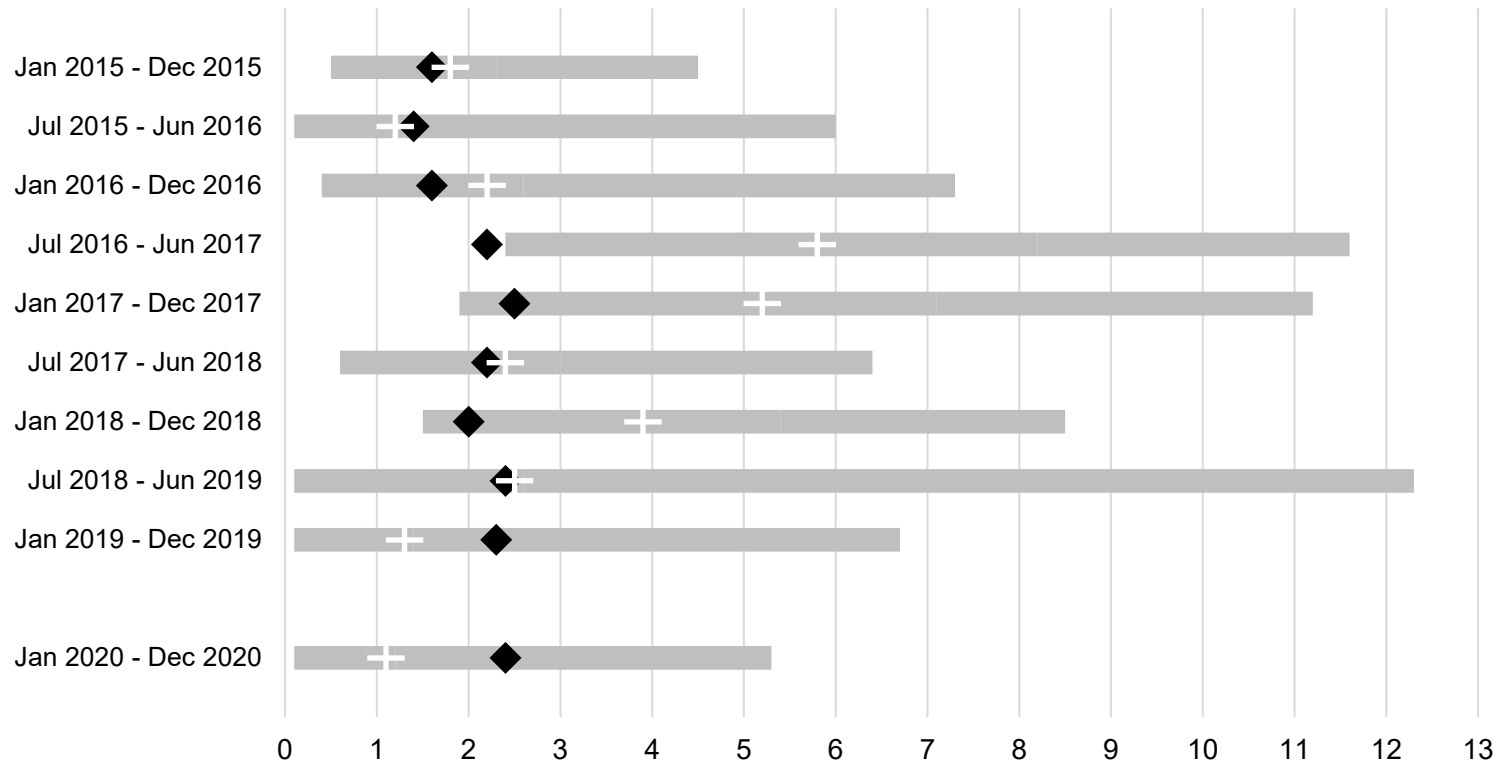
Table 2: All-Cause 30-Day Risk Adjusted Operative Mortality for Isolated CABG: Suburban Hospital Compared to the National Average and Average for All Maryland Cardiac Surgery Programs by Reporting Period

Cardiac Surgery Program	All-Cause 30-Day Risk-Adjusted Isolated CABG Operative Mortality										
	Jan 2015 - Dec 2015	Jul 2015 - Jun 2016	Jan 2016 - Dec 2016	Jul 2016 - Jun 2017	Jan 2017 - Dec 2017	Jul 2017 - Jun 2018	Jan 2018 - Dec 2018	Jul 2018 - Jun 2019	Jan 2019 - Dec 2019	Jul 2019 - Jun 2020	Jan 2020 - Dec 2020
Suburban Hospital	1.8 (0.5, 4.5)	1.2 (0.1, 6.0)	2.2 (0.4, 7.3)	5.8 (2.4, 11.6)	5.2 (1.9, 11.2)	2.4 (0.6, 6.4)	3.9 (1.5, 8.5)	2.5 (0.1, 12.3)	1.27 (0.1, 6.7)	Unavailable	1.1 (0.1, 5.3)
National	2.2	2.1	2.2	2.3	2.3	2.3	2.3	2.2	2.2	Unavailable	2.5
Statewide	1.6	1.4	1.6	2.2	2.5	2.2	2.0	2.4	2.3	Unavailable	2.4

Source: STS analysis of data from hospitals participating in the STS-ACSD registry.

Notes: It is not valid to compare Maryland hospitals to each other and rank them based on the risk-adjusted operative mortality rates for individual hospitals. The risk-adjusted operative mortality rates and confidence intervals only provide information on whether a hospital has performed significantly worse or better relative to the statewide or national risk-adjusted operative mortality rate, as applicable. The composite star ratings should be relied upon for determining whether a hospital performs statistically significantly better or worse than another hospital across a range of factors.

Figure 1: All-Cause 30-Day Risk-Adjusted Operative Mortality Rates for Isolated CABG: Suburban Hospital Compared to the Average for All Maryland Cardiac Surgery Programs by Reporting Period



Volume Requirements

COMAR 10.24.17.07B(6) Volume requirements.

(a) A cardiac surgery program shall maintain an annual volume of 200 or more cases.

(b) 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.

(c) 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 for 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.

Suburban Hospital reported a volume of 232 cases in FY 2015, 225 cases in FY 2016, 190 cases in FY 2017, 206 cases in FY 2018, 183 cases in FY 2019, and 132 cases in FY 2020. Suburban explained that in FY 2017, a surgeon left and the program was limited to two surgeons until August 2017. In addition, in FY 2019, the program's high-risk analysis led to more prudent case selection, and referrals from one payer shifted to other facilities. In FY 2020, the COVID-19 pandemic contributed to restriction of elective cases, and Suburban reported that a transition to new operating suites negatively impacted cardiac surgery volume. However, in June 2021, Suburban noted that the total number of procedures for FY 2021 was projected to be greater than 200 because 188 cases were performed between July 2020 and May 2021. Suburban also noted that transcatheter aortic valve replacement growth continues to decrease the number of aortic valve replacement cases.

Staff Conclusions

MHCC staff analyzed the HSCRC discharge data for Suburban and the information reported to the STS-ACSD by Suburban for the review period. Based on MHCC staff's analysis of the HSCRC data, Suburban performed 222 cardiac surgery cases in FY 2015, 194 cases in FY 2016, 169 cases in FY 2017, 199 cases in FY 2018, and 180 cases in FY 2019. MHCC staff concludes that these counts may be lower than the volume reported by Suburban for this period for several reasons. For years prior to 2019 and the first half of FY 2019, the volume calculated by MHCC staff reflects the regulations effective November 2015. Staff also notes that each discharge is counted as one case, even if multiple cardiac surgery procedures were performed on a patient. Suburban may have reported the number of procedures, rather than cases.

MHCC Bulletin 20-03 announced temporary changes to the requirements for cardiac surgery programs during the COVID-19 pandemic. This bulletin states that the calculation of case volume will exclude the months during which a state of emergency remained in effect in Maryland, as volume was negatively impacted by the pandemic due to elective procedures being paused for some time and changes in care-seeking patterns. The state of emergency was declared in March 2020 and remained in effect through August 2021. MHCC Bulletin 21-01 provides updated

guidance about changes to the evaluation of compliance with performance standards for cardiac surgery programs; compliance with case volume standards is waived for FY 2020 and FY 2021.

Suburban Hospital did not meet the requirement that it maintain an annual volume of 200 cases or more, failing to reach this target in FY 2017, FY 2018, and FY 2019. However, in all three of these years, MHCC analyses show that volume was well above 100 cases. Staff notes that an annual volume below 200 cases is no longer a trigger for the Commission to request closure of a cardiac surgery program. Suburban was formally released from a CON condition that required it to maintain an annual volume of 200 cases or more in December 2018, but given the changes in the law in 2012 and Cardiac Surgery Chapter, the hospital should not be held to a different standard than other hospitals in FY 2017, FY 2018, and FY 2019.

The comprehensive update of the Cardiac Surgery Chapter undertaken after the 2012 law amendments involved a reexamination of the relationship between case volume and outcomes based on more recent research literature. Although cardiac surgery programs are expected to attain an annual volume of 200 cases or more, it is acceptable for a program to perform less than 200 cases per year, or even less than 100 cases per year, as long as the program demonstrates the provision of high-quality care. MHCC staff's review of Suburban's mortality rates, the STS star ratings, and the results of the focused review suggest that the program provides quality care and is committed to quality improvement.

IV. RECOMMENDATION

Based on the above analysis and the record in this review, MHCC staff concludes that Suburban Hospital meets all of the requirements for a Certificate of Ongoing Performance found in COMAR 10.24.17.07B. Staff also notes that Suburban must continue to comply with Condition 3 of its CON for the cardiac surgery program, which is shown below.

3. Suburban Hospital will submit annually to the Commission, within 150 days after the end of the hospital's fiscal year, a written report that includes an evaluation of the effectiveness of the hospital's proposed regional outreach efforts related to cardiovascular disease prevention and early diagnosis program. The annual report will include Suburban Hospital's progress in obtaining new partners in Prince George's, Calvert, Charles, and St. Mary's Counties to collaborate on regional outreach efforts related to cardiovascular disease prevention, early diagnosis and care, with particular emphasis on outreach to African American and other minority populations. The report shall also specify improvement targets and provide quantitative data documenting Suburban's progress in contacting and serving African American and other minority individuals.

The Executive Director of the Maryland Health Care Commission recommends that the Commission issue a Certificate of Ongoing Performance that permits Suburban Hospital to continue providing cardiac surgery services for four years.