



MARYLAND
Health Care
Commission

Certificate of Ongoing Performance for Primary and Elective PCI Services

JOHNS HOPKINS HOWARD COUNTY
MEDICAL CENTER (JH HCMC)

MAY 21, 2026



Summary of Standards for PCI Certificates of Ongoing Performance (COMAR 10.24.17)

- ▶ Data Collection
- ▶ Institutional Resources
- ▶ Quality
- ▶ Patient Outcome Measures
- ▶ Physician Resources
- ▶ Volume
- ▶ Patient Selection

Staff Analysis and Conclusions



Summary of Standard	Applicant Information and Staff Analysis	Recommend Finding Hospital Meets Standard
Provide primary PCI services as soon as possible and not to exceed 90 minutes from patient arrival for at least 75 percent of appropriate patients	Over rolling eight-quarter periods, JH HCMC complied with this standard in all but five time periods. Between 68.6 and 84% of non-transfer primary PCI cases had a DTB time of 90 minutes or less.	Yes

Staff Analysis and Conclusions



Time Period	Total PCI Volume	Cases w/ DTB Time \leq 90 Minutes	Percent of Cases with DTB \leq 90 Minutes
CY 2019 Q1 – CY 2020 Q4	171	133	77.8%
CY 2019 Q2 - CY 2021 Q1	179	138	77.1%
CY 2019 Q3 - CY 2021 Q2	174	134	77.0%
CY 2019 Q4 - CY 2021 Q3	172	137	79.7%
CY 2020 Q1 - CY 2021 Q4	168	134	79.8%
CY 2020 Q2 - CY 2022 Q1	164	129	78.7%
CY 2020 Q3 - CY 2022 Q2	159	125	78.6%
CY 2020 Q4 - CY 2022 Q3	156	119	76.3%
CY 2021 Q1 - CY 2022 Q4	145	111	76.6%
CY 2021 Q2 - CY 2023 Q1	128	99	77.3%
CY 2021 Q3 - CY 2023 Q2	128	97	75.8%
CY 2021 Q4 - CY 2023 Q3	124	89	71.8%
CY 2022 Q1 - CY 2023 Q4	121	83	68.6%
CY 2022 Q2 - CY 2024 Q1	120	83	69.2%
CY 2022 Q3 - CY 2024 Q2	131	93	71.0%
CY 2022 Q4 - CY 2024 Q3	137	103	75.2%
CY 2023 Q1 - CY 2024 Q4	140	107	76.4%
CY 2023 Q2 – CY 2025 Q1	144	108	75.0%
CY 2023 Q3 – CY 2025 Q2	143	108	75.5%
CY 2023 Q4 – CY 2025 Q3	151	111	73.5%

Staff Analysis and Conclusions



Summary of Standard	Applicant Information and Staff Analysis	Recommend Finding Hospital Meets Standard
<p>Develop a formal process for interventional case review meetings to occur at least every other month</p>	<p>JH HCMC completes interventional case reviews in the STEMI Care Committee each month. JH HCMC provided meeting attendees, dates, and minutes for 11 or 12 meetings in all CYs, apart from only six meetings in CYs 2020 and 2021, when the hospital reported staff turnover as the cause for missing meeting minutes from July 2020 through June 2021.</p>	<p>Yes</p>
<p>Create a multiple care area group that meets monthly to review all issues related to the primary PCI system, identify problem areas, and develop solutions.</p>	<p>JH HCMC accomplishes compliance with this standard by convening the STEMI Care Committee monthly. This group provides a platform for interventional case review discussions and issues related to the primary PCI system. JH HCMC provided meeting attendees, dates, and minutes for 11 or 12 meetings in all CYs, apart from only six meetings in CYs 2020 and 2021, when the hospital reported staff turnover as the cause for missing meeting minutes from July 2020 through June 2021.</p>	<p>Yes</p>



Staff Analysis and Conclusions

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<p>Semi-annual external review of at least five percent of PCI cases performed bi-annually that includes at least three cases per physician or all cases if the interventionalist performed fewer than three cases</p>	<p>From January 2020 to June 2023, MHCC staff verified that at least three cases were reviewed for each interventionalist providing elective PCI at JH HCMC. If fewer than three cases were performed by an interventionalist, then all cases were reviewed, with one exception resulting from a technical error. JH HCMC instituted a formal auditing process that is completed twice a year to verify that cases are not excluded from external review.</p>	<p>Yes</p>
<p>Each interventionalist's performance will be evaluated through an internal or external review of at least 10 cases, or 10 percent of cases, whichever is greater</p>	<p>JH HCMC provided the number of cases reviewed, both internally and externally, for each interventionalist, for CYs 2020 through 2024. According to the information provided, this standard was not met for eight interventionalists in 2020, five in 2021, nine in 2022, and eight in 2023 and 2024.</p>	<p>Condition Required</p>



Staff Analysis and Conclusions

Summary of Standard	Applicant Information and Staff Analysis	Recommend Finding Hospital Meets Standard
<p>A hospital shall maintain a risk-adjusted mortality rate for STEMI PCI cases that is consistent with high quality patient care and exceeds the established benchmark beyond the 95 percent confidence interval calculated for the hospital's all-cause in-hospital risk-adjusted mortality rate for STEMI PCI cases.</p>	<p>For the three rolling 12-month periods ending in Q4 2023, Q1 2024, and Q2 2024, JH HCCMC's adjusted mortality rate for STEMI PCI cases was statistically significantly worse than the national benchmark. A focused review was conducted, and the findings and recommendations were shared with the hospital. The risk-adjusted mortality metric has since improved and meets the standard.</p>	<p>Yes</p>

JH HCMC's Adjusted Mortality Rates (AMR) by Rolling 12-Month Periods - STEMI



Reporting Period	Hospital AMR for STEMI Cases	95% Confidence Interval	National AMR for STEMI Cases	Meets MHCC Standard
2021q1-2021q4	1.56	[0.04, 8.40]	2.17	Yes
2021q2-2022q1	1.80	[0.05, 9.65]	2.19	Yes
2021q3-2022q2	0.00	[0.00, 7.83]	2.18	Yes
2021q4-2022q3	0.00	[0.00, 9.61]	2.11	Yes
2022q1-2022q4	0.00	[0.00, 9.29]	2.00	Yes
2022q2-2023q1	3.26	[0.08, 17.42]	1.89	Yes
2022q3-2023q2	3.64	[0.09, 19.28]	1.89	Yes
2022q4-2023q3	8.49	[1.78, 23.29]	1.91	Yes
2023q1-2023q4	8.01	[2.23, 19.14]	1.88	No
2023q2-2024q1	6.08	[1.27, 16.78]	0.79	No
2023q3-2024q2	5.60	[1.17, 15.66]	0.78	No
2023q4-2024q3	1.78	[0.05, 9.58]	0.75	Yes
2024q1-2024q4	1.96	[0.05, 10.58]	0.74	Yes
2024q2-2025q1	1.78	[0.05, 9.61]	0.73	Yes
2024q3-2025q2	1.93	[0.05, 10.33]	0.80	Yes
2024q4-2025q3	2.07	[0.05, 11.13]	0.81	Yes

Source: MHCC staff compilation of results from the hospital's quarterly reports from the ACC-NCDR CathPCI data registry for PCI cases performed between January 2021 and September 2025.

Staff Analysis and Conclusions



Summary of Standard	Applicant Information and Staff Analysis	Recommend Finding Hospital Meets Standard
Each physician who performs primary PCI agrees to participate in an on-call schedule	All physicians who provide primary PCI at JH HCMC were included in the monthly on-call schedules provided by the hospital, except for one. The hospital explained that that PCI operator exclusively provides call coverage at Frederick Health Hospital.	Yes
The target volume for an existing program with both primary and non-primary PCI services is 200 cases annually	JH HCMC provided fewer than 200 total PCI cases in three of the five full years that the hospital provided both primary and elective PCI services: 177 in CY 2022, 178 in CY 2023, and 183 in 2025. The volume of 200 cases is a target, not a strict requirement.	Yes
The target volume for each physician who performs primary PCI is 11 or more primary cases annually	Each interventionalist who performed primary PCI at JH HCMC completed at least 11 primary PCI procedures annually, except for one in CY 2023, and that physician resumed operating above the target volume the following year.	Yes



Recommendation

Staff recommends that the Commission issue a Certificate of Ongoing Performance that permits Johns Hopkins Howard County Medical Center to continue providing primary and elective percutaneous coronary intervention services for four years, with the following condition:

JH HCMC shall evaluate the performance of each interventionalist through an internal or external review, by completing an annual review of at least 10 cases, or 10 percent of randomly selected PCI cases, whichever is greater, and all cases if the interventionalist performed fewer than 10 cases at the hospital, as require in COMAR 10.24.17.07C(4)(d). The hospital shall submit to Commission staff the number of PCI cases completed by each interventionalist, along with a list of cases reviewed for each interventionalist, for each six-month period, by February 1 and August 1 of each year, beginning with the list of cases reviewed for each interventionalist from January through June 2026, which is due on August 1, 2026. This condition is in effect until at least August 2028, to document compliance with this condition. After this date, MHCC's Executive Director may release JH HCMC from the reporting requirement if the Executive Director determines that the hospital has achieved substantial compliance with this condition.