

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 exceed 49 cases
- 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 UPMC Western Maryland 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	There were no times 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 91.5% and 96.4% 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 cases ranged from 287 to 349 annually between calendar year 2015 and calendar year 2019.	Yes
Program primary PCI volume is 36 cases or greater annually	Primary PCI cases ranged from 43 to 61 annually between calendar year 2015 and calendar year 2019.	Yes
Multiple care area group meetings monthly	Between 6 and 9 meetings were held annually between 2015 and 2019; program reported that meetings have been held monthly from October 2020 through April 2021	Yes with Condition

Summary of Staff Recommendations on Select Standards for
UPMC Western Maryland PCI Certificate of Ongoing Performance Application
(continued)

Standard	Staff Analysis/Applicant Information	Recommend Finding Hospital Meets Standard
Interventional case review meetings at least every other month that require attendance by interventionalists, nurses, and technicians who care for primary PCI patients	Two to four peer review committee meetings were held annually from January 2015 to December 2019. Additional case review infrequently occurred. Starting in October 2020, UPMC Western Maryland committed to performing interventional case review at meetings at least every other month and tracking attendees.	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	Semi-annual reviews were completed in 2015 through 2019; for each external review, between 8.0% and 10.7% of cases were reviewed. One interventionalist had cases from 2017 to 2019 reviewed later because they were not initially included in the regular semiannual review.	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	All PCI cases were reviewed internally from January 2015 to December 2019.	Yes

Summary of Staff Recommendations on Select Standards for
UPMC Western Maryland PCI Certificate of Ongoing Performance Application
(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	UPMC Western Maryland 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 “rarely appropriate” with respect to ACC/AHA appropriateness criteria. External review raised very few concerns about clinical appropriateness or angiographic appropriateness.	Yes