

Elective PCI Questions and Answers

Questions on Presentation:

1. Will ACE need to visit 3 times in the first year? What do we need to show for ACE in the application? What are the ACE requirements after approval? Dept Response: Yes ACE will visit 3 times in the first year at 3, 6, and 12 months. Must comply with section 4(11) at the time of application and section 10(5) to comply with project delivery requirements.
2. Is there another agency other than ACE that you are aware of since the standards say ACE or another equal certification? Dept Response: At this time we are in the process of discussing the requirements with Corazon but have not made a determination yet. We are considering allowing applicants to select the accreditation institution.
3. Can we amend the existing PPCI contract with the current OHS hospital to include EPCI? Dept Response: Yes you can provide an addendum or amended contract that will acknowledge inclusion of the EPCI service related requirements at the applicant hospital.
4. Is it ok to have multiple contracts with multiple OHS hospitals? E.g., one hospital for the patient transfer agreement and another hospital for staff training Dept Response: This will be ok with the department within reasonability, as long as all the contract items required in the standards are covered. We suggest no more than 2 separate OHS hospitals for such contracts.
5. What is the time frame for projecting volume? Form and standards day last 12-months but that is not the same that can be verified by BMC2. Dept Response: The data for PCI must be verified please use the most recent verifiable data

Questions on Commitment form:

1. Is this the total number of cases at each hospital by doctor? Dept Response: Yes. Commitments must be from each doctor at each facility and verified by the Director of cardiology or BMC2.
2. Does a Doctor need to commit all of their EPCI cases or can they commit a portion of the cases? Dept Response: Yes a doctor must commit all or portion of QUALIFYING EPCI CASES from one committing hospital in support of only one applicant hospital. The doctor may choose to commit portion of his/her cases in order to maintain CCE volume at committing hospital. But the same doctor from that same committing hospital can't commit EPCI cases (if remaining) to any other applicant hospital or EPCI application. However, if the same doctor performed EPCI cases at a different committing hospital, the same doctor can commit those EPCI cases to a different EPCI application.

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Questions on the Summary Page:

1. We get to count 100% of 4(a) and 4(b)?

Dept Response: Yes.

2. Do the patients in 4(b) need to have received a diagnostic cardiac cath (CC) or just be an inpatient at the applicant hospital?

Dept Response: The patient just needs to have been an inpatient and transferred out for EPCI, no diagnostic CC required. NOTE: Make sure not to count one EPCI case twice.

3. Is there a data source we can use to get this information from the other hospital to complete the information in 4(b), 4(c), and 4(d)? We don't feel our competing hospitals will give us this information. [Elective PCI date, cardiologist name, outcome of PCI]

Dept Response: The Department believes the applicant hospital can get this information through the committing physician.

4. Is the information to be charted in 4(d) tied to the 210-F commitment form?

Dept Response: Yes the information presented in 4(d) must align with the submitted commitment forms. MAKE SURE THE CASES REPORTED IN 4(d) ARE NOT ALREADY COUNTED IN ANOTHER CATEGORY.

5. What if the cath lab director refuses to sign the commitment form to verify the number of cases? Can we use BMC2 data to verify?

Dept Response: Yes BMC2 can be used for case verification.

6. Section 4(d) 'Service Date at the applicant hospital', applicant hospitals do not think that there needs to be any relationship between the patient and the applicant hospital other than the committing physician.

Dept Response: The form has been revised. This is no longer needed.

7. Verification of volume form. How do we get this information from competing hospitals that will not share this information with us? Is there a data source we can use?

Dept Response: The data source would be CON annual survey Section E – cardiac cath. Submit a FIOA request for this information by an email to: MDHHS-FOIA@michigan.gov .