Cardiac Interventional Center Re-Verification Application Procedures & Instructions

2026



Maryland Institute for Emergency Medical Services Systems
Office of Care Integration

TABLE OF CONTENTS

1 GENERAL INFORMATION AND INSTRUCTIONS 2

1.1 INTRODUCTION 2
1.2 CONTENTS OF APPLICATION PACKAGE 2
1.3 FINAL SUBMISSION DEADLINE 2
1.4 APPLICATION REVIEW 2
1.5 COSTS RELATED TO DESIGNATION 3
1.6 AMENDMENTS TO APPLICATIONS 3
1.7 SITE SURVEYS 3
1.8 NON-COMPLIANCE 3
1.9 EVALUATION CRITERIA 4
1.10 STATE DISCLAIMER 4

2 APPLICATION PACKAGE FORMAT AND CONTENT 5

2.1 APPLICATION FORMAT 5
2.2 APPLICATION CONTENT 5

3 APPLICATION PACKAGE SECTIONS 6

3.1 COVER LETTER 6
3.2 TABLE OF CONTENTS 6
3.3 EXECUTIVE SUMMARY 6
3.4 NARRATIVE DESCRIPTION OF COMMITMENTS AND CAPABILITIES 6
3.5 APPENDICES AND EXHIBITS 10

4 REQUIRED FORMS 11

4.1 FORM 1: FACILITY IDENTIFICATION PAGE 11
4.2 FORM 2:CARDIAC INTERVENTIONAL CENTER CONTACT IST 12

5 APPENDIX CHECKLIST 13

6 EXHIBIT CHECKLIST 14

7 GLOSSARY OF TERMS AND ABBREVIATIONS 15

1 General Information and Instructions

1.1 Introduction

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) will accept applications from acute care hospitals that wish to be considered for designation as a Cardiac Interventional Center under the Code of Maryland Regulations (COMAR) 30.08.16, Cardiac Interventional Center Standards. Current regulations are available on the State of Maryland Division of State Documents website at https://dsd.maryland.gov/Pages/COMARSearch.aspx using the navigation pane on the left side of the screen.

1.2 Contents of Application Package

All applications must be submitted in the form of an electronic "Application Package," containing the application and all supporting information and documents that are required for the specific designation. All applications must be typewritten. Each applicant must complete the application and submit the entire electronic copy of the completed application with required signatures clearly identified as the original and all supporting documents in Microsoft Word or Adobe Acrobat (pdf) to MIEMSS via the MIEMSS Hospital Designation Application Center (MHDAC) website. The link to the MHDAC website is https://www.mhdac.com.

MIEMSS shall provide each applicant with a username and password to access the secured MHDAC website to submit the completed application.

All Application Packages submitted to MIEMSS become final effective with the announced submission deadline date. Applicants will not be permitted to make adjustments or modifications to an Application Package after the effective deadline date. Applications and support documentation may be modified or exchanged prior to the deadline date.

1.3 Final Submission Deadline

The application must be submitted no later than **October 16, 2026 at 3:00 p.m.**

1.4 Application Review

MIEMSS' staff will examine all Application Packages to determine completeness and compliance with regulation specifications. All applications must be completed in accordance with the instructions set forth in this package, and all information must be provided in its entirety prior to the submission deadline date. No suppositions will be made relative to missing information or to the applicant's failure to provide a complete application package. Therefore, applicants must provide a response to all questions set forth in these instructions.

If MIEMSS staff, upon their initial review, determines the application to be incomplete, the applicant hospital will have an opportunity to provide information or missing documentation to complete their application. The applicant hospital may subsequently return the amended Application Package to MIEMSS within 30 days of notification of the incomplete application.

Any application can be denied if it is determined to be incomplete, or if it deviates from the criteria set forth in COMAR 30.08 or from the requirements contained herein. MIEMSS reserves the right to deny any or all applications.

All materials submitted by a hospital with their application package shall become the property of MIEMSS and shall be subject to applicable laws and regulations.

1.5 Costs Related to Designation

All costs incurred by an applicant hospital in relationship to the preparation and submission of an Application Package will be the sole responsibility of the applicant hospital and shall not be subject to any reimbursement by MIEMSS.

The applicant hospital will be responsible for all costs and payments associated with an on-site survey, which may be performed as a component of the designation process.

Costs associated with an appeal related to a designation determination, a denial of an application, or an adjustment to the designation level are the sole responsibility of the applicant hospital. MIEMSS shall not be responsible for any costs or liabilities associated with, or incurred by, the applicant hospital that are related to complying with designation criteria or providing patient care as a result of a designation as a Cardiac Interventional Center.

1.6 Amendments to Applications

MIEMSS reserves the right to issue amendment(s) to the application requirements prior to the deadline date for filing submissions. Any such amendment(s) will be issued no later than 30 business days prior to the final submission deadline date and will be provided only to those respondents who submitted letters of intent. Failure to address any additional requirement(s) or request(s) for information, not previously required, will result in the denial of an application.

1.7 Site Surveys

MIEMSS staff will conduct an on-site survey. Maryland Health Care Commission (MHCC) staff may accompany MIEMSS during the on-site survey.

The site survey will include a review of patient care and Cardiac Interventional Center program records. Survey findings will complement the general information provided in the Application Package. The survey date, interview list, chart review format and other details of the survey will be disclosed to the applicant hospital(s) approximately 30 days before the site survey.

1.8 Non-compliance

All applicant hospital(s) shall be in compliance with the standards in COMAR 30.08.16 at the time of application submission. In cases where the applicant hospital(s) is not in compliance with those standards, but has demonstrated its full commitment to comply with those standards within a defined time frame, the applicant shall identify the area of noncompliance and provide an explanation specifying:

- The details of non-compliance,
- An action plan to achieve compliance, and
- A projected time line for the action plan.

Non-compliance with a standard that is not disclosed during the application period may result in the subsequent denial of a designation. However, identification of a non-compliant area and a

plan of corrective action do not guarantee designation. All such determinations will be at the discretion of MIEMSS and will be based on recommendations of MIEMSS staff.

1.9 Evaluation Criteria

Factors considered in the designation process may include:

- The submitted written application,
- The report and recommendations from the MIEMSS site review,
- The information relative to patient outcomes that was obtained during any previous designation time period, if applicable,
- The applicant hospital's ability to meet the needs of the specific region or applicable geographic area,
- The ability of the applicant hospital to comply with applicable regulations governing the Maryland Trauma and Specialty Referral Care System, and
- Any other information deemed relevant by MIEMSS.

1.10 State Disclaimer

Submission of an Application Package to MIEMSS does not commit or require MIEMSS to designate a hospital as a Cardiac Interventional Center or to reimburse any costs incurred in the preparation of an application in response to this request.

MIEMSS reserves the right to:

- Accept or reject any or all application(s) received as a result of the request for applications,
- Negotiate with a qualified applicant(s) regarding the restructuring of any element(s) or system design, or
- Cancel the call for applications in part or in its entirety.

If a facility is designated as a Cardiac Interventional Center, MIEMSS makes no promises or guarantees concerning the number or the acuity of any or all patients that may be subsequently transported to that designated center.

In the event information in any part of this application is incongruous with Maryland or federal statutes or regulations, such statutes or regulations shall take precedent over statements or information contained in this application.

2 APPLICATION PACKAGE FORMAT AND CONTENT

2.1 APPLICATION FORMAT

The format of the application shall be as follows:

Font:	Times New Roman or Arial.
Font size:	12.
Margins:	1 inch top/bottom; 1.25 inches left/right.
Page number:	Bottom. All pages including forms, appendices and exhibits must be numbered consecutively.
Spacing:	Single space text. Double space between paragraphs and section breaks.
Justification:	Left justify text.
Tabs:	Applications, appendices and exhibits must be tabbed for ease of reference.

2.2 APPLICATION CONTENT

Each application shall be prepared and presented as described in this section. Each application shall show compliance with the applicable sections of COMAR 30.08.16 and provide the required documentation specified in these application instructions.

The length of the entire Application Packet, inclusive of application, appendices, forms and exhibits should not exceed 400 pages. The following sections are required:

- Cover letter (1-2 pages);
- Table of contents;
- Executive summary (maximum 6 pages);
- Narrative description (maximum 125 pages);
- Required appendices (maximum 200 pages), and
- Optional exhibits (total application length should not exceed 400 pages).

3 APPLICATION PACKAGE SECTIONS

3.1 COVER LETTER

In this section, the applicant hospital shall express its intent to seek designation as a Cardiac Interventional Center. The person(s) authorized to bind the hospital to agreements must sign the cover letter. Only the signature of the individual(s) who is/are authorized to legally bind the hospital will be accepted as an authorizing signature(s) on the submitted application. This section is limited to 2 pages.

3.2 TABLE OF CONTENTS

Each Application Package must begin with a complete table of contents with page numbers identified for each major and minor section. All supporting documentation and information must be provided in the sequence indicated in these application instructions.

3.3 EXECUTIVE SUMMARY

In this section, the applicant hospital shall summarize the hospital's key features, identify its capabilities and add any additional information not covered in the following narrative checklist sections. This section is limited to 6 pages.

3.4 NARRATIVE DESCRIPTION OF COMMITMENTS AND CAPABILITIES

In this section, the applicant hospital shall describe its commitments and capabilities related to the Cardiac Interventional Center Standards and requirements of the Regulations governing the Maryland Trauma and Specialty Referral Care System according to the format of questions provided. This section is limited to 125 pages.

3.4.1 Background

(1) Briefly describe the hospital's history of PCI program approval from the Maryland Health Care Commission, including any conditions attached to the approval if applicable.

(2) Describe the hospital's geographical and population catchment areas.

(3) Describe the hospital's role in educating the community to call 911 with chest pain.

(4) Provide in **Appendix A** the following:
   (a) Copy of license as an acute care hospital by the hospital licensing authority in the jurisdiction in which the hospital is located; and
   (b) Copy of Maryland Health Care Commission approval, authorizing the hospital to perform primary PCI.

3.4.2 Hospital Commitment

(1) Discuss organizational strengths and weaknesses identified relevant to Cardiac Interventional Center designation and actions taken as a result.

(2) Briefly describe bylaws, contracts and budgets specific to acute cardiac care that indicate the hospital's commitment to the financial, human, and physical resources necessary to support the hospital's designation as a Cardiac Interventional Center. Discuss any underlying operational and/or budgeting assumptions that, if found to be vulnerable, place the Cardiac Interventional Center's continued operation at risk. Detail actions taken or plans in place to reduce the identified risks.

(3) Provide in **Appendix B** the following:
   (a) An updated Board of Directors' resolution stating that the hospital agrees to meet the standards of COMAR 30.08.16 for designation as a Cardiac Interventional Center;
   (b) An organizational chart showing key Cardiac Interventional Center personnel;
   (c) Curricula vitae of the CIC Director, CCL Director, CCL Nurse Director/Manager, demonstrating training and expertise in cardiovascular disease; and
   (d) A written policy that demonstrates the hospital has established the Cardiac Interventional Center to: Monitor the care delivered to STEMI patients; Improve the quality of care delivered to STEMI patients; Ensure that STEMI patients will receive timely medical care commensurate with the hospital's designation as a Cardiac Interventional Center.

(4) Describe the roles and level of contribution made by all other health care, administrative and support staff for the hospital's Cardiac Interventional Center.

3.4.3 Emergency Department

(1) Discuss how ED clinical staff who triage patients in the ED or care for acute coronary syndrome patients are assigned and trained in:
   (a) Identification and assessment of STEMI; and
   (b) Treatment of STEMI.

(2) Describe mechanisms to ensure a member of the ED clinical staff evaluates each patient with ACS-like symptoms within ten (10) minutes of the patient's arrival at the ED. Provide information on staffing, physical resources/layout, communications technologies and triage workflow. Provide copies of ED pathways relevant to acute coronary syndrome and STEMI in **Appendix C**.

(3) Provide in **Appendix C** written care protocols for the treatment of acute coronary syndrome that address:
   (a) STEMI;
   (b) Stabilization of vital functions;
   (c) Initial diagnostic tests;
   (d) Administration of medications including fibrinolytics; and
   (e) Timely and safe patient transfer, when appropriate.

(4) Discuss methods by which appropriate clinical staffing to meet the triage criterion is assured. Specifically describe ED staffing strengths and weaknesses and resulting actions taken. Include a discussion of staffing protocols, on-call contingencies and budgeting.

(5) Describe the hospital's participation in the pre-hospital care system. The description should include, e.g., the EMS region, geo-political boundaries, medical control and base station activities, as well as quality assurance feedback provided to EMS providers related to the diagnosis of STEMI in the field.

(6) Patient transports to specialty referral centers are not governed by diversion policies, therefore Cardiac Interventional Centers must be available to receive STEMI patients regardless of yellow or red alert status. Describe how the ED staff ensures that STEMI patients are not diverted when the hospital is on yellow or red alert. Include in **Appendix C** the hospital policy and procedure for participation in the County Hospital Alert Tracking System (CHATS).

3.4.4 Cardiac Catheterization Lab

(1) Describe mechanisms to ensure the hospital has cardiovascular interventional services available 24 hours a day with appropriately trained support staff. Provide information on staffing, credentialing/competency sustainment, physical resources/layout and communications technologies. Provide copies of cardiac catheterization lab protocols relevant to STEMI in **Appendix D**.

(2) Describe the policy for notification and arrival of the interventional cardiologist and cath lab staff from the time of notification of a STEMI. Provide in **Appendix D** a copy of the policy.

(3) Describe the role of each member of the cath lab team. Provide in **Appendix D** a list of personnel and titles staffing the hospital's cardiac catheterization team.

(4) Discuss methods by which the hospital ensures 24-hour availability of the cardiac catheterization team. Include a discussion of staffing protocols, on-call contingencies and budgeting.

(5) Provide copies of cardiac catheterization team staff schedules for the 2 months immediately preceding the application in **Appendix D**.

(6) Describe procedures for rapidly activating the cardiac catheterization team to care for STEMI patients within 30 minutes of notification. Include pre-hospital activation as well as in-house activation. Provide in **Appendix D** copies of policies and protocols ensuring the presence of an appropriately credentialed physician to evaluate and stabilize an acute cardiac care patient, a registered nurse and a technician capable of activating the cardiac catheterization lab when patients are transported directly to the cardiac catheterization lab.

(7) Discuss procedures for multiple STEMI patients arriving at the CCL simultaneously. Include the CCL policy for caring for multiple STEMI patients in **Appendix D.**

(8) Describe the single call access system designated to receive alerts of STEMI patients by EMS as well as from transferring hospitals that results in immediate communication with the accepting interventional cardiologist.

3.4.5 Coronary Care Unit

(1) Describe how the receiving Coronary Care Unit admits the patient after initial treatment and stabilization.

(2) If the patient was transferred from a non-primary PCI hospital, describe how disposition and/or outcome data are communicated back to the applicant hospital and primary care physician and evaluated.

(3) For CICs without cardiac surgery, include in **Appendix E** policy and protocols for interhospital transfers to CICs with cardiac surgery as well as formal agreements with transport services and the receiving hospital(s) with cardiac surgery.

(4) Describe the number of designated Coronary Care Unit beds for the care of STEMI patients. Describe workflow, physical resources/layout and communications technologies.

(5) Include in **Appendix E** a back-up plan for when the Coronary Care Unit is full.

3.4.6 Laboratory/Diagnostic Service

(1) Describe mechanisms ensuring the ability 24 hours a day to perform laboratory and diagnostic services for patients with symptoms of acute coronary syndrome including, but not limited to:
   (a) Blood chemistries;
   (b) Coagulation studies;
   (c) Electrocardiograms; and
   (d) Chest radiographs.

3.4.7 Quality Management

(1) Designated Cardiac Interventional Centers are required to participate in a manner approved by MIEMSS in the American Heart Association Get With the Guidelines-CAD. Describe how data entry and analysis for STEMI is staffed and resourced. Include current contract agreement with AHA (and NCDR Action Registry if applicable), in **Appendix F.**

(2) Include in **Appendix F** a letter of agreement signed by cardiac catheterization lab director and hospital CEO to participate in any state specialty care quality management activities of MIEMSS or MHCC approved by MIEMSS.

(3) Discuss resources and workflows used to develop STEMI protocols, including policy to update protocols. Discuss methods used to assess and improve compliance with the protocols.

(4) Include current CIC policy for physician peer review in **Appendix G.**

(5) Provide examples of EMS and public education offerings related to STEMI. Discuss the process for providing immediate feedback to EMS providers for STEMI patients. Discuss strengths and weaknesses associated with the existing process and any changes that have been made to improve the process.

(6) Discuss the results of two (2) time-specific and measurable objectives that were initially identified to be tracked by the hospital in annual comparison studies and ongoing plans based on those results.

(7) Provide in **Appendix F** a membership list and list of meeting dates for the hospital's Cardiac Interventional Center quality assurance medical review committee convened under COMAR 30.08.16 (D) (8), Quality Management. Discuss how the quality assurance function is staffed and resourced to ensure its effectiveness. Discuss routine and for-cause reviews of practice patterns and the action planning process. Provide examples of cases in which practice patterns have been modified.

(8) Discuss how the Cardiac Interventional Center quality assurance medical review committee articulates with other hospital bodies. Provide information on how specific STEMI treatment benchmarks and STEMI treatment quality improvement goals are communicated and reported.

(9) Discuss modifications, if any that have been made to the hospital's performance improvement plan since the last CIC application in 2018. Discuss hospital policy for review of the PIP.

3.5 APPENDICES AND EXHIBITS

Any required appendices shall be included with the hospital's application package. Appendices may include required forms, protocols, curriculum vitae, and other documents or evidence to support the application. This section is limited to 200 pages.

Exhibits may be included with the Application Package at the applicant's discretion; however, they must be available for review by the survey committee on the scheduled day of the on-site survey.

4 REQUIRED FORMS

4.1 FORM 1: FACILITY IDENTIFICATION PAGE

Maryland Institute for
Emergency Medical Services Systems

2023 Application for
Cardiac Interventional Center Reverification

_____
Complete Official Name of Applicant Hospital

_____
Date of Application

Official Contact Individual for This Application:

_____
Name

_____
Title

_____
Address

_____ _____ _____
City State Zip Code

_____ _____
Telephone Number Fax Number

_____
Email Address

4.2 FORM 2: CARDIAC INTERVENTIONAL CENTER CONTACT LIST

Department	Name	Title	Phone Number/ Email
Hospital Administration			
Cardiovascular Interventional Center Director			
Cardiac Catheterization Lab Director			
CCL Nurse Manager			
ED Medical Director			
ED Nurse Manager			
QA/Data Collection Nurse			

5 APPENDIX CHECKLIST*

Contents	Include as Appendix #
Background Documents and Required Forms	A
Commitment Documentation	B
ED Documents	C
CCL Documents	D
CCU Documents	E
Quality Management Documents	F

* Appendices shall be included with the application.

6 EXHIBIT CHECKLIST

Contents	Include as Exhibit #
Door-to-Balloon data available for review	1
CCL schedule log for most recent 12 months	2
CCL down times for most recent 12 months with detailed explanation and plan	3
CCL response time logs for most recent 12 months	4
Medical Review Committee meeting minutes and quality improvement measures	5

Exhibits need not be included with the application, but shall be available for review at the on-site survey.

7 GLOSSARY OF TERMS AND ABBREVIATIONS

Acronym/Term	Definition/Explanation
ACS	Acute Coronary Syndrome
Base station	Hospital ED unit designated to provide online medical direction in accordance with COMAR 30.03.06.02
CCL	Cardiac Catheterization Lab
CEO	Chief Executive Officer
CIC	Cardiac Interventional Center
COMAR	Code of Maryland Regulations
ED	Emergency Department
EMS	Emergency Medical Services
CCU	Coronary Care Unit
MHCC	Maryland Health Care Commission
MIEMSS	Maryland Institute for Emergency Medical Services Systems
PCI	Percutaneous Coronary Intervention
STEMI	ST-Elevated Myocardial Infarction
Submission Deadline	TBD