

DEPARTMENT OF HEALTH
Statement of Work
June 25, 2007

Purpose:

Conduct an evidence-based review and provide a report to the Department of Health, which identifies the circumstances and makes recommendations when adult elective percutaneous coronary interventions should be allowed in Washington at hospitals that do not otherwise provide on-site cardiac surgery. The department will consider the results of the review and information in the report when developing rules for the issuance of a certificate of need to hospitals to provide elective percutaneous coronary interventions without on-site cardiac surgery.

Statement of Work:

The report shall include evidence based RECOMMENDATIONS that address:

- Types of procedures:
 - Identify the types of percutaneous coronary interventions that should be included in the review standards. Use Diagnostic Related Groups (DRGs) when possible to identify procedures.
- Patient Safety:
 - Minimum volume standards for cardiologists.
 - Include recommendation for differing standards based on experience of individual cardiologists, if appropriate.
 - Include recommendation whether volume standards for cardiologists may be attained at multiple hospitals.
 - Minimum credentialing requirements for cardiologists.
 - Minimum levels of other specialty staff and credentialing requirements.
 - Minimum level of ancillary support services within the community or other local hospitals. (Examples: transfer agreement to hospitals with cardiac surgery, access to and agreements with emergency transportation providers, certification or credentialed status and skill level of emergency medical transportation providers.)
 - Maximum transport times based on clinical outcomes to a heart surgery hospital site, including door to dilation time, cath lab to heart surgery operating suite, and weather and traffic conditions.
 - Identify patient exclusion criteria that should apply for projections of volume standards.
- Optimization of clinical performance
 - Minimum volume standards for interventional programs
 - Identify volume standards. If evidence supports that a different volume standard for rural vs urban facilities is necessary to improve access, then the recommendation must document that overall quality and increased risk is off-set by the improved access.
 - Optimum volumes for interventional programs.

The contractor will provide the department with a report that address each of the identified areas in the statement of work.

The contractor will provide the department with copies of published studies reviewed for developing the recommendations in the report.

The contractor will grade and provide the department with the basis for grading the published studies reviewed and the relevance to developing the recommendations in the report.

The contractor will provide the department with copies of all survey data collected for developing the recommendations in the report.

The contractor will provide the department with copies of all statistical evaluations produced for developing the recommendations in the report.

The contractor will provide summary evidence based tables supporting all recommendations.

The contractor will make an onsite presentation of findings to department management.

The contractor will make an onsite presentation of findings at an open public meeting in Washington State.

General Approach:

Systematically search, review and analyze the relevant evidence for each of the areas identified in the statement of work.

The evaluation of the quality of the evidence base or grading of reports should be modeled to meet the standards proposed by the U.S. Preventive Services Task Force or similar quantitative evaluation approach.