



Ohio Administrative Code

Rule 3701-84-75 Pediatric cardiac catheterization service standards.

Effective: May 15, 2023

(A) The provisions of rules 3701-84-75 to 3701-84-79 of the Administrative Code are applicable on the effective date of this rule to each pediatric cardiac catheterization service performing procedures on patients less than eighteen years of age, regardless of the date the service was initiated. A pediatric cardiac catheterization service may serve a patient greater than eighteen years of age if the patient's attending physician and the pediatric service's medical director determine that the pediatric service best serves the needs of the patient.

(B) All pediatric cardiac catheterization services will:

(1) Have on-site a pediatric cardiovascular surgery service immediately accessible from the pediatric cardiac catheterization laboratory by gurney; and

(2) Have an experienced pediatric cardiovascular surgical team available in less than sixty minutes on a twenty-four hour a day, seven days a week basis in the event that emergency open heart surgery is required.

(C) Each pediatric cardiac catheterization service will have explicit criteria consistent with current recommendations of recognized professional societies and accrediting bodies, specifying the number of times a year an appropriately privileged physician performs each catheterization procedure in order to retain privileges to perform that procedure.

(D) Each pediatric cardiac catheterization service will have immediate access to services for:

(1) Hematology and coagulation disorders;

(2) Electrocardiography;

(3) Diagnostic radiology,



(4) Clinical pathology;

(5) Doppler-electrocardiography;

(6) Pulmonary function testing; and

(7) Microbiology.

(E) Each pediatric cardiac catheterization service will have established criteria for patient selection and appropriateness that are specific to each procedure performed in the service.

(F) Each pediatric cardiac catheterization service will have a written policy requiring the documentation of any internal review of surgeons with a combination of high risk adjusted mortality and low individual surgeon volume.

(G) Each pediatric cardiac catheterization service, will enroll and be actively submitting data to a pediatric cardiac catheterization data registry.

(H) A cardiac catheterization service for pediatric patients will only be provided in a fully permanent setting within the permanent frame of the building of a registered hospital that is classified as a general hospital, a children's hospital or a special hospital - cardiac, that primarily furnishes limited services to patients with cardiac conditions. The hospital will:

(1) Operate inpatient pediatric medical and surgical services in the same building that are accessible by gurney from the pediatric cardiac catheterization laboratory;

(2) Operate a pediatric intensive/critical care unit with registered special care beds, that is reviewed and accredited or certified as such as part of the hospital's accreditation or certification program in the same building and accessible by gurney from the pediatric cardiac catheterization laboratory. The unit will provide appropriate equipment and staff to care for pediatric cardiac patients and have twenty-four hour monitoring capability



(3) Provide a setting in the same building as the pediatric cardiac catheterization laboratory in which ambulatory pediatric cardiac catheterization patients can be observed for at least four hours after the procedure; and

(4) Provide adequate physician coverage to manage postprocedure complications.

(I) A pediatric cardiac catheterization service that performs same-day pediatric cardiac catheterization will have written criteria for same-day catheterization and discharge.

(1) These written criteria should establish discharge requirements such as:

(a) Absence of bleeding;

(b) Presence and adequacy of pulses and perfusion;

(c) Access to medical evaluation and care after discharge; and

(d) Parental understanding and ability to observe overnight.

(2) The written criteria should account for the following when determining whether the patient is eligible for discharge on the day of the cardiac catheterization:

(a) Cardiac physiology;

(b) Differences in procedure type;

(c) Patient age;

(d) Expected patient and parental compliance with discharge instructions;

(e) Travel distance; and

(f) Duration of procedure and time of completion.