Print Form

FLORIDA DEPARTMENT OF HEALTH

CHILDREN'S MEDICAL SERVICES
CARDIAC SURGICAL SERVICES

RE-EVALUATION FORM

Facility _____ **Date** _____

A. FACILITY VOLUME	**YES**	**NO**	**# Performed**
1. 150 pediatric cardiac surgeries are performed annually.	☐	☐	_____

Comments: _____

_____

_____

B. SERVICE		
1. The Pediatric Cardiovascular Surgery Program is co-located on the same campus with a CMS approved Pediatric Cardiac Catheterization Laboratory	☐	☐
2. The Pediatric Cardiovascular Surgery Program is affiliated with a CMS approved Pediatric Cardiac Clinic Facility	☐	☐
3. The Pediatric Cardiovascular Surgery Program has an accredited pediatric and general surgery training programs with house staff, or has other arrangements to provide 24-hour physician or house staff coverage	☐	☐
4. General pediatric coverage with sub-specialty capability, 24 hours a day, seven days a week is available	☐	☐
5. An effective system, with documentation, of rapid referral and transportation is available	☐	☐

Comments: _____

_____

_____

C. PRE-OPERATIVE PREPARATION		
1. Dedicated pediatric patient rooms with provision for parent/guardian to remain overnight	☐	☐
2. Clear instructions to parents and patient with visits to cath lab, intensive care, and other sites as needed, consistent with their ability to comprehend	☐	☐
3. Care management conference between the pediatric cardiologist, pediatric cardiovascular surgeon, and other professional staff as necessary as documented in the patient record	☐	☐

Comments: _____

_____

_____

D. POST-OPERATIVE CARE

	YES	NO
1. Care is under direction of the involved cardiovascular surgeon in communication with, and support of, the post-operative cardiovascular team composed of		
• pediatric intensivist	☐	☐
• pediatric cardiologists	☐	☐
• neonatologists	☐	☐
• anesthesiologists	☐	☐
• other personnel as needed	☐	☐

Comments: _____

_____

_____

E. RESOURCES

1. Personnel

a. Cardiac surgeon(s) with special training, interest, and experience with pediatric cardiac patients and certification by the American Board of Thoracic Surgery or the American Osteopathic Association in the area of thoracic surgery

_____ NAME _____ EMPLOYMENT DATE

_____ NAME _____ EMPLOYMENT DATE

b. Associate thoracic & cardiovascular surgeon

_____ NAME _____ EMPLOYMENT DATE

_____ NAME _____ EMPLOYMENT DATE

c. Pediatric sub-specialists, available for consultation & management of patients with heart disease, with expertise in

Hematology

_____ NAME _____ EMPLOYMENT DATE

_____ NAME _____ EMPLOYMENT DATE

Nephrology

_____ NAME _____ EMPLOYMENT DATE

_____ NAME _____ EMPLOYMENT DATE

1. Personnel (cont.)

Neurology

NAME EMPLOYMENT DATE

NAME EMPLOYMENT DATE

Infectious Disease

NAME EMPLOYMENT DATE

NAME EMPLOYMENT DATE

Critical Care

NAME EMPLOYMENT DATE

NAME EMPLOYMENT DATE

Pulmonology

NAME EMPLOYMENT DATE

NAME EMPLOYMENT DATE

d. Radiologist trained in cardiopulmonary disease

NAME EMPLOYMENT DATE

NAME EMPLOYMENT DATE

e. Anesthesiologist with training & experience in open & closed heart pediatric anesthesia

NAME EMPLOYMENT DATE

NAME EMPLOYMENT DATE

f. Respiratory therapist with training and experience in short and long-term ventilatory support in infants and children

NAME EMPLOYMENT DATE

NAME EMPLOYMENT DATE

1. Personnel (cont.)

g. Perfusionist certified by the American Board of Cardiovascular Perfusion or American Osteopathic Association in the area of cardiovascular perfusion

_____ NAME _____ EMPLOYMENT DATE

_____ NAME _____ EMPLOYMENT DATE

h. Specially trained nurses for pre-operative evaluation & instruction of patient and family, intensive care, & convalescent care

_____ NAME _____ EMPLOYMENT DATE

_____ NAME _____ EMPLOYMENT DATE

i. Pathologist with skills and training in cardiovascular pathology

_____ NAME _____ EMPLOYMENT DATE

	YES	NO
j. The facility has identified and utilizes a core surgical team	☐	☐

Comments: _____

_____

_____