Print Form

FLORIDA DEPARTMENT OF HEALTH

CHILDREN'S MEDICAL SERVICES
CARDIAC CATHETERIZATION LABORATORY

RE-EVALUATION FORM

Facility: _____ **Date:** _____

		YES	NO	# Performed
A.	**SERVICE VOLUME**			
	1. 150 cardiac caths (single patient encounters) performed annually (Do not include isolated myocardial biopsies)	☐	☐	_____

Comments: _____

_____

_____

B.	**PRACTITIONER VOLUME**		
	1. 50 cardiac catheterizations performed by each practitioner annually.	☐	☐
	2. 25 procedures annually per practitioner performing electrophysiology studies.	☐	☐
	3. 25 procedures annually per practitioner performing interventional procedures.	☐	☐

Comments: _____

_____

_____

C.	**SERVICE**		
	1. Co-location of a designated CMS in-patient facility for pediatric cardiac surgery	☐	☐
	2. The cath lab is located within a facility completely equipped to accommodate all aspects of the medical & surgical care of patients	☐	☐

Comments: _____

_____

_____

D. RESOURCES

1. Personnel

a. Physician in charge of the procedure must be board-certified or board eligible by either the Sub-Board of Pediatric Cardiology of the American Board of Pediatrics or the American Osteopathic Association in the area of pediatric cardiology.

_____ _____
NAME EMPLOYMENT DATE

b. Associate Physician - a second physician familiar with cath procedures is available in the lab or in close proximity

_____ _____
NAME EMPLOYMENT DATE

1. Personnel (cont.)

c. Consulting physicians - immediately available within the center, or in close proximity, including:
Anesthesiologist with pediatric expertise

_____ _____

Thoracic surgeon with pediatric expertise

_____ _____
NAME EMPLOYMENT DATE

d. Full-time R.N. with special training in cardiovascular techniques & care of children, including special skills pre-catheterization evaluation and instruction, care of the patient post-cath, and discharge teaching for the patient and family.

_____ _____
NAME EMPLOYMENT DATE

e. Cardiovascular technologist

_____ _____
NAME EMPLOYMENT DATE

f. Recording cardiovascular technologist, who has no other responsibilities during procedures, must be available.

_____ _____
NAME EMPLOYMENT DATE

g. There must be immediate access to personnel trained in equipment repair and maintenance

_____ _____
NAME EMPLOYMENT DATE

	YES	NO
h. All technologists in the cath lab are certified by the Cardiovascular Credentialing Institute as Registered Cardiovascular Technologist (RCVT)	☐	☐

It is not necessary for one person to fulfill each separate job category. Cross training for other personnel classifications permits 24-hour coverage of essential team functions.

Comments: _____

_____

_____

	YES	NO
2. Equipment Biplane angiography capable of higher framing rates (30-60 fps), and higher injection rates (up to 40 ml/s) is available	☐	☐

Comments: _____

_____

_____

3. Electrical Safety and Radiation Protection

	YES	NO
Electrical safety & radiation protection shall be followed in accordance with the manufacturer's recommendations and applicable State and Federal guidelines	☐	☐

Comments: _____

_____

_____

4. Records

a. Permanent record of real time study includes video, disk, or chart	☐	☐
b. Interpretation and final approval of study reports is performed by a physician who is board certified or board eligible in pediatric cardiology	☐	☐
c. Medical records are retained for a period of no less than seven (7) years in a locked area	☐	☐

Comments: _____

_____

_____

5. Medical Records Review

To warrant an initial inspection of the facility, a minimum of 25 consecutive pediatric cardiac catheterization cases within a specified time period are available	☐	☐

Comments: _____

_____

_____