**Section 1110.1230 Open Heart Surgery – Review Criteria**

a) Peer Review – Review Criterion. The applicant must document the mechanism for peer review of an open heart surgery program.

b) Establishment of Open Heart Surgery – Review Criterion. The applicant must document that a minimum of 200 open heart surgical procedures will be performed during the second year of operation or that 750 cardiac catheterizations were performed in the latest 12 month period for which data is available. Anticipated open heart surgical volume must be documented by historical referral volume of at least 200 patients directly referred following catheterization at the applicant facility to other institutions for open heart surgery for each of the last two years.

c) Unnecessary Duplication of Services – Review Criterion. The applicant must document that the volume of any existing service within 90 minutes travel time from the applicant will not be reduced below 350 procedures annually for adults and 75 procedures annually for pediatrics. Documentation shall consist of proof of contact of all facilities within 90 minutes travel time currently providing open heart surgery to determine the projected impact the project will have on existing open heart surgery volume.

d) Support Services – Review Criterion. The applicant must document that the following support services and facilities are immediately available on a 24-hour basis and how such services will be mobilized in the case of emergencies.

1) Surgical and cardiological team appropriate for age group served.

2) Cardiac surgical intensive care unit.

3) Emergency room with full-time director, staffed 24 hours for cardiac emergencies with acute coronary suspect surveillance area and voice communication linkage to the ambulance service and the coronary care unit.

4) Catheterization-angiographics laboratory services.

5) Nuclear medicine laboratory.

6) Cardiographics laboratory, electrocardiography including exercise stress testing, continuous electrocardiograph (ECG) monitoring and phonocardiography.

7) Echocardiography service. This may or may not be a part of the cardiographics laboratory.

8) Hemotology laboratory.

9) Microbiology laboratory.

10) Blood gas and electrolyte laboratory with microtechniques for pediatric patients.

11) Electrocardiographic laboratory.

12) Blood bank and coagulation laboratory.

13) Pulmonary function unit.

14) Installation of pacemakers.

15) Organized cardiopulmonary resuscitation team or capability.

16) Preventive maintenance program for all biomedical devices, electrical installations, and environmental controls.

17) Renal Dialysis.

e) Staffing – Review Criterion

1) The applicant must document that a cardiac surgical team will be established. Such a team must be composed of at least the following:

A) Two cardiac surgeons (at a minimum, one of which must be certified and the other qualified by the American Board of Thoracic Surgery) with special competence in cardiology, including cardiopulmonary anatomy, physiology, pathology, and pharmacology; extracorporeal perfusion technique; and interpretation of catheterization angiographic data.

B) Operating room nurse personnel (Registered Nurse (RN), Licensed Practical Nurse (LPN), Surgical Technician). The nurse to patient ratio for the ICU module of open heart surgery patient care should be no less than one nurse per one patient in the immediate recovery phase and one nurse per two patients thereafter.

C) Anesthesiologists (Board certified by the American Board of Anesthesiology).

D) Adult Cardiologists (Board certified by the American Board of Internal Medicine with subspecialty certification in cardiology).

E) Physician who is Board certified in anatomic and clinical pathology, with special expertise in microbiology, bloodbanking, lab aspects of blood coagulation, blood gases, and electrolytes.

F) Pump technician, or operator of the extracorporeal pump oxygenator, who should have in-depth experience on the active cardiac surgical service that includes perfusion physiology, mechanics of pump operation, sterile technique, and use of monitoring equipment, whether he/she be a physician, nurse or technician.

G) Radiologic Technologist experienced in angiographic principles and catheterization procedure techniques who is experienced in the usage, operation and care of all catheterization equipment.

2) Documentation shall consist of:

A) letters of interest from potential employees;

B) applications filed with the applicant for a position;

C) signed contracts with required staff; or

D) a narrative explanation of how other positions will be filled.

(Source: Amended at 16 Ill. Reg. 16108, effective October 2, 1992)