Ohio Administrative Code

Rule 3701-83-19.2 Cardiac catheterization procedures in an ambulatory surgical facility - transfer agreements and standards.

Effective: February 16, 2026

(A) An ambulatory surgical facility that provides any cardiac catheterization, either diagnostic and/or interventional procedures allowed under 3701-83-19.1 of the Administrative Code, will have hospital transfer agreements that are in accordance with section 3702.303 of the Revised Code. The open-heart surgery service that is party to a transfer agreement is referred to as the receiving service. If any diagnostic or interventional cardiac catheterization services are performed, the ambulatory surgical facility will maintain a formal written transfer agreement for emergency medical and/or surgical management with a state of Ohio licensed hospital that provides open heart surgery services. Each transfer agreement necessitated by this rule will not be further than thirty miles under section 3702.3010 of the Revised Code from the ambulatory service facility to the receiving service.

(1) The transfer agreement will include:

(a) Provisions addressing indications, contraindications, and other criteria for the emergency transfer of patients in a timely manner;

(b) Assurance of the initiation of appropriate medical/surgical management in a timely manner;

(c) Assurance that surgical back-up is available for urgent cases during all ambulatory services facility hours of operation;

(d) Specification of mechanisms for continued substantive communication between the ambulatory surgical facilities medical director and physicians occur with the receiving service;

(e) Provisions for a collaborative training program by the ambulatory surgical facility to the receiving service. This training includes cardiologists from the diagnostic and interventional ambulatory surgical facility and the cardiologist/cardiothoracic surgeon from the receiving service;

(f) Provisions for the recommendation by the medical director of the receiving service, regarding the

ambulatory surgical facility's credentialing criteria;

(g) Provisions for annual drilling activities to review and test the components of the written transfer agreement protocol. An actual emergent patient transfer consistent with the written transfer protocol within the calendar year meets the provisions for an annual drill;

(h) Immediate access to services for hematology and coagulation disorders; electrocardiography; and diagnostic radiology; and

(i) Access to clinical pathology, nuclear medicine and nuclear cardiology, doppler-echocardiography, pulmonary function testing, and microbiology will be available within a reasonable amount of time to meet the needs of the service.

(B) If diagnostic and/or interventional procedures are performed, the ASF will maintain a formal written agreement with a ground and/or air ambulance service that can commit to on-site availability within thirty miles of notification and is capable of advanced cardiac life support and intra-aortic balloon pump transfer of a patient to the hospital party to the written transport protocol required by paragraph (A)(1) of this rule. Ground and/or air ambulance service agreements should be consistent with the recommendations set forth in the 2014 expert consensus document, table 3: facility requirements.

(C) The ASF will establish and maintain a quality assessment review process, including methodology, for reviewing the quality of cardiac catheterization procedures performed by each physician credentialed to perform such procedures. The review methodology will, at a minimum, assess the following:

(1) Appropriateness of cardiac catheterization studies and interventions;

(2) Technical quality of cardiac catheterization studies;

(3) Procedure result;

(4) Rate of therapeutic success; and

(5) Rate of procedural complications;

(D) The ASF will have explicit criteria based upon current recommendations of recognized professional societies and accrediting bodies, specifying the number of times a year an appropriately privileged physician will perform each catheterization procedure in order to retain privileges to perform that procedure;

(E) The ASF will conduct an ongoing review of all cases with mortality or significant morbidity within sixty days of the procedure;

(F) The ASF will establish and maintain a database to support the review process detailed in paragraph (D) of this rule. The results of analysis and review will be documented and used to guide periodic random and selected peer reviews of individual physicians with respect to maintaining their credentials to perform specific cardiac catheterization procedures;

(G) The ASF will provide appropriate equipment and staff to care for coronary patients pre and post procedures and to provide up to twenty-four-hour monitoring capability;

(H) The ASF will provide a setting in which ambulatory cardiac catheterization patients can be observed for at least two to six hours after the procedure as based on appropriate clinical guidelines set forth in the 2023 expert consensus document, depending on the access site and the nursing assessment of the patient; and

(I) The ASF will provide adequate physician coverage to manage post-procedure complications.

(J) In addition to the provisions in paragraph (A) of this rule, each ASF that provides cardiac catheterization procedures beyond diagnostic will, at a minimum, equipment consistent with the 2014 expert consensus document, table 3: facility requirements.