Open Heart Surgery, Transplant Surgery Committee, & Cardiac

Catheterization Committee (OHTCCOM)

Virtual

March 16, 2026, at 4:00 p.m.

Agenda

1. Call to Order and Welcome
2. Roll Call
3. Review of Agenda
4. Public Comment Period
5. Approval of Meeting Minutes of February 27, 2026
6. Review of Criteria and Standards:
    a. Open Heart
    b. Cardiac Cath; Need for New Service
7. Wrap-Up
8. Meeting Adjournment

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Meeting Minutes
SHSP TF – OHTC Committee
(Open Heart Surgery, Transplant Surgery, & Catheterization Committee)
February 27, 2026, at 8:30 a.m.
Virtual

Task Force Members in Attendance (alphabetical by last name): Dr. Kathy Baker (chair), Mr. Michael Desjadon, Mr. Paul Dreyer, Ms. Amanda Dulin

Absent committee members: Dr. Thomas Eppes

Staff in Attendance (alphabetical by last name): –Mr. Geoff Garner, Senior Policy Analyst, VDH OLC; Mr. Antwon Jacobs COPN Supervisor; Ms. Casey Miller, Policy Analyst

Dr. Baker called the meeting to order at 8:33 pm.

Ms. Miller called the roll; quorum was established.

The meeting minutes from February 26, 2026, were unanimously approved.

Dr. Baker proposed in the full taskforce meeting that the committee agrees to make language changes consistent, aligning with VHI data and VHI definitions, so that there is an overall alignment throughout the standard.

Mr. Dreyer asked if the committee can still make changes to the red-lined version of open-heart standards after reporting.

Ms. Miller advised that the committee could continue to make changes. She advised the red-lined version that will be presented to the full task force will exclude the open-heart standard.

Mr. Garner advised Dr. Baker to walk through the changes and the rationale behind those changes.

A virtual meeting was scheduled for March 16, 2026, at 4:00 pm.

The meeting adjourned at 8:41 am.

DRAFT

Redlined Version

Open Heart Surgery, Transplant Surgery Committee, & Cardiac Catheterization Committee (OHTC)

State Health Services Plan Task Force

Updating Definitions in the VAC regarding Open Heart Surgery, Transplant Surgery Committee, & Cardiac Catheterization
https://law.lis.virginia.gov/admincode/title12/agency5/chapter230/section10/
Redlined Document

Participants:

VDH Policy Staff:

Goal: Determine which definitions in the Open Heart Surgery, Transplant Surgery Committee, & Cardiac Catheterization in the Virginia Code need the following:

- Added
- Brought up-to-date
- Deleted

Recommended Revisions

1. **Wait Time** –
2. **Travel Time -**
3. **SHSP** –
4. **SMFP -**

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12VAC5-230-10. Definitions.

"Maturity" means the minimum number of transplants would be performed in the third full year of operation.

"Open heart surgery" means a surgical procedure requiring the use or immediate availability of a heart-lung bypass machine or "pump." The use of the pump during the procedure distinguishes "open heart" from "closed heart" surgery. Open heart surgery is represented by the following APR-DRGs:

- 160 - MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY
- 162 - CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX
- 163 - CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX
- 165 - CORONARY BYPASS W AMI OR COMPLEX PDX
- 166 - CORONARY BYPASS W/O AMI OR COMPLEX PDX

Statutory Authority

§§ 32.1-12 and 32.1-102.2 of the Code of Virginia.

Criteria and Standards for Open Heart Surgery

12VAC5-230-440. Travel time.

A. Open heart surgery services should be within 60 minutes driving time one way under normal conditions of 95% of the population of the health planning district using mapping software as determined by the commissioner.

B. Such services shall be available 24 hours a day, seven days a week.

12VAC5-230-450. Need for new service.

A. No new open heart services should be approved unless:

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1. The service will be available in an inpatient hospital with an established cardiac catheterization service that has performed an average of 1,200 DEPs for the relevant reporting period and has been in operation for at least 30 months;

2. Open heart surgery services located in the health planning district performed an average of 400 open heart and closed heart surgical ~~procedures~~ cases for the relevant reporting period; and

3. The proposed new service will perform at least 150 ~~procedures~~ cases per room in the first year of operation and 250 ~~procedures~~ cases per room in the second year of operation without significantly reducing the utilization of existing open heart surgery services in the health planning district.

B. Preference may be given to a project that locates new open heart surgery services at an inpatient hospital more than 60 minutes driving time one way under normal condition from any site in which open heart surgery services are currently available and:

1. The proposed new service will perform an average of 150 open heart ~~procedures~~ cases in the first year of operation and 200 ~~procedures~~ cases in the second year of operation without significantly reducing the utilization of existing open heart surgery rooms within two hours driving time one way under normal conditions from the proposed new service location below 400 ~~procedures~~ cases per room; and

2. The hospital provided an average of 1,200 cardiac catheterization DEPs during the relevant reporting period in a service that has been in operation at least 30 months.

12VAC5-230-460. Expansion of service.

Proposals to expand open heart surgery services shall demonstrate that existing open heart surgery rooms operated by the applicant have performed an average of:

1. 400 adult equivalent open heart surgery procedures in the relevant reporting period if the proposed increase is within one hour driving time one way under normal conditions of an existing open heart surgery service; or

2. 300 adult equivalent open heart surgery procedures in the relevant reporting period if the proposed service is in excess of one hour driving time one way under normal conditions of an existing open heart surgery service in the health planning district.

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12VAC5-230-470. Pediatric open heart surgery services.

No new pediatric open heart surgery service should be approved unless the proposed new service is provided at an inpatient hospital that:

1. Has pediatric cardiac catheterization services that have been in operation for 30 months and have performed an average of 200 pediatric cardiac catheterization procedures for the relevant reporting period; and

2. Has pediatric intensive care services and provides specialty or subspecialty neonatal special care.

12VAC5-230-480. Staffing.

A. Open heart surgery services should have a medical director who is board certified in cardiovascular or cardiothoracic surgery by the appropriate board of the American Board of Medical Specialists.

In the case of pediatric cardiac surgery, the medical director should be board certified in cardiovascular or cardiothoracic surgery, with special qualifications and experience in pediatric cardiac surgery and congenital heart disease, by the appropriate board of the American Board of Medical Specialists.

B. Cardiac surgery should be under the direct supervision of one or more qualified physicians.

Pediatric cardiac surgery services should be under the direct supervision of one or more qualified physicians.

Part IX. Organ Transplant

12VAC5-230-700. Travel time.

A. Organ transplantation services should be accessible within two hours driving time one way under normal conditions of 95% of Virginia's population using mapping software as determined by the commissioner.

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B. Providers of organ transplantation services should facilitate access to pre and post transplantation services needed by patients residing in rural locations be establishing part-time satellite clinics.

12VAC5-230-710. Need for new service.

A. There should be no more than one program for each transplantable organ in a health planning region.

B. Performance of minimum transplantation volumes as cited in 12VAC5-230-720 does not indicate a need for additional transplantation capacity or programs.

Statutory Authority

12VAC5-230-720. Transplant volumes; survival rates; service proficiency; systems operations.

A. Proposals to establish organ transplantation services should demonstrate ~~that the minimum number of transplants would be performed annually when the program reaches~~ maturity. ~~The minimum number transplants of required by organ system is:~~

Kidney	30
Pancreas or kidney/pancreas	~~12~~ 6
Heart	17
Heart/Lung	~~12~~ 6
Lung	12
Liver	21
Intestine	2

Note: Any proposed pancreas transplant program must be a part of a kidney transplant program that has achieved a minimum volume standard of 30 cases per year for kidney

transplants as well as the minimum transplant survival rates stated in subsection B of this section.

B. ~~Applicants shall demonstrate that they will achieve and maintain at least the minimum transplant patient survival rates. Minimum one-year survival rates listed by organ system are:~~ Applicants shall demonstrate that they will achieve and maintain one-year survival rates equal to or higher to the ~~latest~~ most recent Tier III performance of the Scientific Registry of Transplant Recipients ~~<inbed link www.srtr.org >~~

~~Kidney~~	~~95%~~
~~Pancreas or kidney/pancreas~~	~~90%~~
~~Heart~~	~~85%~~
~~Heart/Lung~~	~~70%~~
~~Lung~~	~~77%~~
~~Liver~~	~~86%~~
~~Intestine~~	~~77%~~

12VAC5-230-730. Expansion of transplant services.

A. Proposals to expand organ transplantation services shall demonstrate at least two years successful experience with all existing organ transplantation systems at the hospital.

B. Preference may be given to a project expanding the number of organ systems being transplanted at a successful existing service rather than developing new programs that could reduce existing program volumes.

12VAC5-230-740. Staffing.

Organ transplant services should be under the direct supervision of one or more qualified physicians.

Statutory Authority

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§ 32.1-102.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 25, Issue 9, eff. February 15, 2009.

Website addresses provided in the Virginia Administrative Code to documents incorporated by reference are for the reader's convenience only, may not necessarily be active or current, and should not be relied upon. To ensure the information incorporated by reference is accurate, the reader is encouraged to use the source document described in the regulation.

As a service to the public, the Virginia Administrative Code is provided online by the Virginia General Assembly. We are unable to answer legal questions or respond to requests for legal advice, including application of law to specific fact. To understand and protect your legal rights, you should consult an attorney.

Article 1. Criteria and Standards for Cardiac Catheterization Services

12VAC5-230-380. Travel time.

Article 1
Criteria and Standards for Cardiac Catheterization Services

Cardiac catheterization services should be within 60 minutes driving time one way under normal conditions of 95% of the population of the health planning district using mapping software as determined by the commissioner.

Historical Notes

Derived from Virginia Register Volume 25, Issue 9, eff. February 15, 2009.

12VAC5-230-390. Need for new service.

A. No new fixed site cardiac catheterization service should be approved for a health planning district unless:

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1. Existing fixed site cardiac catheterization services located in the health planning district performed an average of 1,200 cardiac catheterization DEPs per existing and approved laboratory for the relevant reporting period;

2. The proposed new service will perform an average of 200 DEPs in the first year of operation and 500 DEPs in the second year of operation; and

3. The utilization of existing services in the health planning district will not be significantly reduced.

B. Proposals for mobile cardiac catheterization laboratories should be approved only if such laboratories will be provided at a site located on the campus of an inpatient hospital. Additionally, applicants for proposed mobile cardiac catheterization laboratories shall be able to project that they will perform an average of 200 DEPs in the first year of operation and 350 DEPs in the second year of operation without significantly reducing the utilization of existing laboratories in the health planning district below 1,200 ~~procedures~~ DEPs.

*Ms. Cameron advised this needs to be further discussed by the OHTC Sub Committee.

C. Preference may be given to a project that locates new cardiac catheterization services at an inpatient hospital that is 60 minutes or more driving time one way under normal conditions from existing services if the applicant can demonstrate that the proposed new laboratory will perform an average of 200 DEPs in the first year of operation and 400 DEPs in the second year of operation without significantly reducing the utilization of existing laboratories in the health planning district.

12VAC5-230-400. Expansion of services.

Proposals to increase cardiac catheterization services should be approved only when:

1. All existing cardiac catheterization laboratories operated by the applicant's facilities where the proposed expansion is to occur have performed an average of 1,200 DEPs per existing and approved laboratory for the relevant reporting period; and

2. The applicant can demonstrate that the expanded service will achieve an average of 200 DEPs per laboratory in the first 12 months of operation and 400 DEPs in the second 12 months of operation without significantly reducing the utilization of existing cardiac catheterization laboratories in the health planning district.

12VAC5-230-410. Pediatric cardiac catheterization.

No new or expanded pediatric cardiac catheterization services should be approved unless:

1. The proposed service will be provided at an inpatient hospital with open heart surgery services, pediatric tertiary care services or specialty or subspecialty level neonatal special care;

2. The applicant can demonstrate that the proposed laboratory will perform at least 100 pediatric cardiac catheterization procedures in the first year of operation and 200 pediatric cardiac catheterization procedures in the second year of operation; and

3. The utilization of existing pediatric cardiac catheterization laboratories in the health planning district will not be reduced below 100 pediatric cardiac catheterization procedures per year.

12VAC5-230-420. Nonemergent cardiac catheterization.

A. Simple therapeutic cardiac catheterization. Proposals to provide simple therapeutic cardiac catheterization are not required to offer open heart surgery service available on-site in the same hospital in which the proposed simple therapeutic service will be located. However, these programs shall adhere to the requirements described in subdivisions 1 through 9 of this subsection.

The programs shall:

1. Participate in the Virginia Heart Attack Coalition, the Virginia Cardiac Services Quality Initiative, and the Action Registry-Get with the Guidelines or National Cardiovascular Data Registry to monitor quality and outcomes;

2. Adhere to ~~strict~~ written patient-selection criteria;

3. Perform annual institutional volumes of 300 cardiac catheterization procedures, of which at least 75 should be percutaneous coronary intervention (PCI) or as dictated by American College of Cardiology (ACC)/American Heart Association (AHA) Guidelines for Cardiac Catheterization and Cardiac Catheterization Laboratories effective 1991;

4. Use only AHA/ACC-qualified operators who meet the standards for training and competency;

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5. Demonstrate appropriate planning for program development and complete both a primary PCI development program and an elective PCI development program that includes routine care process and case selection review;

6. Develop and maintain a quality and error management program;

~~7. Provide PCI 24 hours a day, seven days a week;~~

~~8.~~ 7. Develop and maintain necessary agreements with a tertiary facility that must agree to accept emergent and nonemergent transfers for additional medical care, cardiac surgery, or intervention; and

~~9.~~ 8. Develop and maintain agreements with an ambulance service capable of advanced life support and intra-aortic balloon pump transfer that ~~guarantees~~ is capable of a 30-minute or less response time.

B. Preference shall be given to programs which provide PCI 24 hours a day, seven days a week;

~~B.~~ C. Complex therapeutic cardiac catheterization. Proposals to provide complex therapeutic cardiac catheterization should be approved only when open heart surgery services are available on-site in the same hospital in which the proposed complex therapeutic service will be located. Additionally, these complex therapeutic cardiac catheterization programs will be required to participate in the Virginia Cardiac Services Quality Initiative and the Virginia Heart Attack Coalition.

Derived from Virginia Register Volume 25, Issue 9, eff. February 15, 2009; amended, Virginia Register Volume 37, Issue 14, eff. March 31, 2021.

12VAC5-230-430. Staffing.

A. Cardiac catheterization services should have a medical director who is board certified in cardiology and has clinical experience in performing physiologic and angiographic procedures.

In the case of pediatric cardiac catheterization services, the medical director should be board-certified in pediatric cardiology and have clinical experience in performing physiologic and angiographic procedures.

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B. Cardiac catheterization services should be under the direct supervision or one or more qualified physicians. Such physicians should have clinical experience in performing physiologic and angiographic procedures.

Pediatric catheterization services should be under the direct supervision of one or more qualified physicians. Such physicians should have clinical experience in performing pediatric physiologic and angiographic procedures.

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