

**Title: Transcatheter Aortic Valve Replacement (TAVR) Privilege Criteria**

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Location: Saint Joseph Regional Medical Center (SJPMC); Mishawaka		Department: Medical Staff Services (14001_80012)

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**POLICY:**

In all TAVR procedures, the interventional cardiologist and cardiac surgeon must both be present during critical intra-operative aspects of the procedure to ensure joint participation and optimal patient-centered care. (Also known as Transcatheter Aortic Valve Implementation (TAVI)).

1. Physicians must meet the following criteria:
  - A. Education: M.D. or D.O.
  - B. Training:
    - 1) Board certified according to Medical Staff Bylaws in Interventional Cardiology or Cardiac Surgery
    - 2) Successfully completed a training course in Transcatheter Aortic Valve Replacement (TAVR) offered by a manufacturer if this has not been a part of the curriculum of either the Residency or Fellowship.
  - C. Experience:
    - 1) Cardiovascular surgeon with:
      - a)  $\geq 100$  career open heart surgeries of which  $\geq 25$  are aortic valve related
    - 2) Interventional cardiologist with:
      - a) Professional experience with 100 career structural heart disease procedures; or
      - b) 30 left-sided structural procedures in the last 12 months; and
      - c) Procedures for a) and b) include but are not limited to: EVAR, TVAR, percutaneous left ventricle assist device, left atrial appendage occlusion, mitral valvuloplasty, balloon aortic valvuloplasty, perivalvular leak closure, transcatheter mitral valve replacement, balloon mitral valvuloplasty, and percutaneous mitral valve repair.
      - d) Required procedures can be acquired by scrubbing in with another SJPMC physician who has TAVR credentialing. The primary operator will be the physician who is TAVR credentialed.
  - D. Proctoring:
    - 1) 5 concurrent cases
  - E. Program Current Competency:
    - 1) A cardiovascular surgeon and an interventional cardiologist whose combined experience maintains the following:
      - a)  $\geq 20$  TAVR procedures in the prior year, or;
      - b)  $\geq 40$  TAVR procedures in the prior 2 years

**References/Standards:**

- Policy Origin Date: May 2019
- Review Date: October 2019
- Revised Date: August 2019
- Effective Date: June 2019
- Reviewed/Recommended By: Medical Executive Committee
- Policy 220