



BHRS Standards

What's New?

Jason Collinson - Highly Specialised Cardiac Physiologist



Presentation Objectives

- The BHRS and physiologist involvement on Council
- Updated standards document - What's new?
- My thoughts on future standards and developments
- Call for your support



British Heart Rhythm Society



- Membership and council structure
- Close working relationship with patient groups, the MHRA, industry representatives
- Standards, guidelines, research, audit, certification



Physiologist Involvement

- BHRS physiologist representation at
 - The NSHCS theme board
 - IQIIPS clinical reference group
 - SCST meeting
 - STP OSFA station writing and exam boards
- Worked towards improving communication with members
- Contributed to letters, responses, guidelines and standards



BHRS Standard

(<http://bhirs.com/standards>)

- CRM Devices (Apr 17)
(Updated)



- CRM in patients with congenital heart disease (Feb 16)
- EP and catheter ablation in adults (Feb 16)

Cardiac Physiologist Requirements for PPM implants

- Min. 2 trained CP actively involved in ppm implant and f/u
- Min. 1 with certification (BHRS, EHRA, IBHRE)
- Support min. 35 new ppms implants per year
(no. can include ICD, CRT-D/P implants)
- CPD required



Cardiac Physiologist Requirements for ICD/CRT implants

- Min. 2 trained CP actively involved in ICD/CRT implant and f/u
- Documented experience of 25 ICD + 25 CRT implants
25 ICD + 25 CRT f/u
- Support **min. 30** new ICD/CRT implants or upgrades per year
- CPD required



Cardiac Physiologist

Requirements for ppm/ICD/CRT follow up

- Min. 2 trained CP actively involved follow up, ILS and CPD
- Min. 1 with certification (BHRS, EHRA, IBHRE)
- Clear protocols, local trust policies
- ICD/CRT must have 24-hour service
 - Multiple shocks
 - Non delivery of therapy
 - Other device related issues



Remote Monitoring

- Extremely useful tool
- Reduces the number of patient visits
- Recommended where possible and appropriate



Out of Hours Bradyarrhythmia Emergencies

- Temporary pacing wires should be available 24/7
- Permanent pacemaker implantation within 24 hours
- Best practice
 - implant a ppm as a primary procedure
 - 24/7 ppm implantation is desirable

New Device Types and Techniques

- High volume centres
- Experienced appropriately trained operators
 - small numbers max 2
- Appropriate governance, audit, registry

Day Case Device Implantation

- Possible without increased complication rates
- Recommend a clear local protocol
- Patients should have a device check post implant, a chest X-ray if indicated and a suitable observation period prior to discharge

End of Patient Life Management

- Centres should follow a local protocol
- All centres should have a deactivation of ICD function policy (should include domiciliary visits)
- Multidisciplinary consensus
- Informed consent must be documented

Audit

- Must collect data on patients, devices and follow up
- Must contribute to timely implant data electronically to the National CRM Database
- Indications for implantation, early and late complications should be presented annually at the relevant groups

The Year Ahead - What's next?

- Review and update of EP standards
- Lead extraction standards
- Review of CIEDs at the time of surgery guidelines
 - (radiotherapy guidance)

My thoughts

- Development of new and updating of existing standard documents
- Improving communication lines with members
- Development of educational materials
- Addressing the workforce issues



Update follow up of CIEDs guidance

- Currently and appendix to main document
- Should be a stand alone document
- Considerations
 - Management of device detected atrial arrhythmias
 - Management of device patients with worsening HF
 - Home monitoring
 - Management of VT - when to refer for ablation?

Development of new standards/guidance

- Cardiac Physiology/Nurse Led ILR service, implantation
- Guidance for S-ICD/Leadless pacemaker CP involvement at implant and follow up
- How to develop integrated referral pathways/services



Improving communication with members

- News update emails
- Updating the website (members only zone, new content)
- Use of social media



Development of Educational Materials

- Development of DLM modules
 - (re-accreditation points)
- E-learning?
- Resource for useful links



Active Involvement with Workforce Issues

- Build on our relationship with other societies
- Continue involvement with the NSHCS
- Collectively we need to find a solution



We would like to hear from you!

- Are there standards or guidance that would help your clinical practice?
- How can we help you improve patient care?
- What can the society do for you?



We need your Feedback!



admin@bhrs.com

Support, Feedback, Contribute, CONTACT



[@cardiacjase](https://twitter.com/cardiacjase)

jason.collinson@nhs.net

