BHRS Standards

What’s New?

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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
  ▫ IQUIPS 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://bhrs.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!

Support, Feedback, Contribute, CONTACT

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