BHRS 2018
An Update

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‘Improving and extending lives by treating arrhythmias’

- Changes affecting cardiac physiologist
- Raise awareness and promote new and revised standards
- Promote the website and increased educational resources
- Discuss latest developments and plans
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• Who are the BHRS
• Purpose and Mission
• Structure and Council
BHRS physiologist contributions

- NSHCS theme board
- IQUIPS clinical reference group
- AHCS Professional council
- STP OSFAs
- BHRS Education Committee
- BHRS Website and Communications

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• Change
  ▫ Membership Fee
  ▫ Logbook submissions
  ▫ GDPR
  ▫ Certification Exam

http://www.bhrs.com/certification

Certification Examination

The 2019 examination will take place on Sunday 6th October 2019 at Heart Rhythm Congress, The ICC, Birmingham

Revision course: Saturday 29th June 2019 at Manchester Royal Infirmary, Lecture Theatre 1, Oxford Road, Manchester, M13 9WL

Registration will open in the new year
What’s NEW?

- New and Revised Standards
- Improved the website creating exclusive members only pages
- Increased educational content on the site
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• New Standards

http://www.bhrs.com/standards
Revised Standards

Addition of two paragraphs recommending that CRM device implanting centres have agreements and arrangements in place that allow their patient’s access to MRI scanning.

http://www.bhrs.com/standards
Magnetic Resonance Imaging in patients with cardiac implantable electronic devices

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July 18

Magnetic resonance imaging (MRI) is used increasingly for diagnostic purposes and to assess responses to treatment, and the recognition that many cardiac device (IIR, Pacemaker, and ICD) patients will have a clinical indication for an MRI scan, has led to the development of MRI conditional devices which allow patients to undergo MRI scanning. In addition, selected patients with non-MRI conditional cardiac devices have undergone MRI scanning without deleterious effects on either the patient or on device function. The presence of a cardiac device is therefore, not a contraindication to an MRI scan.

MRI Scanning in Patients with MRI Conditional Devices

The development of MRI conditional devices has allowed patients with specified implantable cardiac monitors, pacemakers, ICDs & CRT-P/D devices to undergo MRI scanning safely. MRI “safe” activation reprograms the device to VOO for non-pacing dependent patients or VOO pacing for dependent patients, reducing the risk of inappropriate pacing inhibition.

Patients with MRI conditional systems undergoing scans within the indications of device should have the device programmed according to the manufacturer’s instructions and the patient monitored appropriately. There is little or no risk of significant harm to the patient. Implantable cardiac monitors (ECG loop recorders)
NEW Standards for non-medical staff ILR implanting

http://www.bhrs.com/standards

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NEW Proposed standards for consultation

Proposed
BHRS STANDARDS FOR LEAD EXTRACTION
August 2018

http://www.bhrs.com/standards

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- Website Improvements
  - New Layout
  - Updated and New Content
  - Dedicated pages
  - Members only pages

http://www.bhrs.com
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- Operational Policies
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**ECG/EGM Challenge**
Editorial Programme

- Re-certification points
- Evidence of CPD
- Shared learning

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**Journal Club**

Reduction in Inappropriate Therapy and Mortality through ICD Programming. MADIT-RIT. (December 2012)

MADIT-RIT was a randomised trial designed to test the efficacy of three anti-tachy programming configurations in 1500 patients with a primary-prevention ICD. The three programming configurations were high-rate therapy with: 1) a 2.5-second delay before the initiation of therapy at a heart rate of ≥200 beats per minute, 2) delayed therapy, with a 60-second delay at 170 to 199 beats per minute, a 12-second delay at 200 to 249 beats per minute, and a 2.5-second delay at ≥250 beats per minute and a 3) conventional programming with a 2.5-second delay at 170 to 199 beats per minute and a 1.0-second delay at ≥200 beats per minute. The primary outcome was the first occurrence of inappropriate therapy, with secondary end points of death from any cause and the first episode of syncope.

Outcome: During the average 1.4 year follow-up period, programming of ICD therapies for ventricular tachyarrhythmias of ≥200 beats per minute or faster vs. conventional programming (HR 0.21; 95% CI 0.13 to 0.34; P<0.001), or with a prolonged delay in therapy at 170 beats per minute or higher vs. conventional programming (HR 0.24; 95% CI 0.15 to 0.40; P<0.001), was associated with reductions in inappropriate therapy. High rate programming vs. conventional programming (HR 0.45; 95% CI, 0.24 to 0.85; P=0.01) and delayed therapy vs. conventional programming (HR 0.56; 95% CI, 0.30 to 1.02; P=0.06), were also associated with a reduction in all-cause mortality.
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Educational Resources

Cardiac Rhythm Management (CRM) Reference Guides

CRM reference guides hold a vast amount of information on pacemakers, ICDS and leads. Some of the information available include device X-ray ID codes, magnet and battery behaviour, lead types and generator information. They can be particularly useful in determining compatibility between lead types and generator header connectors at generator changes and for upgrades.


Electromagnetic Interference (EMI) Compatibility Guides

Detailed advice is offered in the guides below on precautions to take when patients with cardiac implantable electronic devices (CIEDs) use electrical equipment.

Boston CIED and EMI guide (2016)
Medtronic electromagnetic compatibility guide (Current)

Exercising with an ICD

Below is a guide from the Arrhythmia Alliance with advice for patients on exercising with an ICD.

A-A ICD and exercise guide

Travel with a CIED

Below are links to manufacturer specific webpages offering travel advice to patients with CIED’s. These pages are an excellent resource for patients concerned about travelling abroad and can be highlighted to patients as a resource of information. There are also search tools available to help locate hospitals close to patient holiday destinations which are equipped to help patients with CIEDs should they become unwell when abroad.

ABBOTT
MEDTRONIC


http://www.medtronic.com/traveling/
Research

BHRS Multi Centre Trials Group (MCTG)
April 2018 Meeting report

Trial Summaries and Protocols
- SOLVE CRT
- Predict VF II
Fellowship of the BHRS (FBHRS)

- Fellowship is a recognition of the accomplishments and impact of an individual on their field.

- Fellowship may be awarded to individuals who have sustained high levels of achievement, for example through leadership, influence, senior responsibility, innovation, and professional service.

- Fellowship confirms an individual’s position as a leading professional and confers recognition among peers.

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Partnership with AER Journal

AER Journal announces official partnership with the BHRS.

London, 5 October – Arrhythmia & Electrophysiology Review (AER) announces the launch of an official partnership with the British Heart Rhythm Society (BHRS). As the official journal of the BHRS, the AER Journal will be disseminated directly to BHRS members with the mutual goal to improve patient care and extend lives by treating arrhythmias.

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Workforce - BHRS Survey

Partnership with Radcliffe Cardiology
Webinars and Roadshow

BHRS Bursaries

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- Work with the NSHCS
  - STP curriculum review
  - ASP modules

- Work with IQUIPS

- Update follow up standards

- Maintain website progress, improve communications/social media

- Workforce - survey, lobby parliament
We need your Support!

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Support, Feedback, Contribute, CONTACT

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