

Cardiac Rhythm Management Audit Project Device Procedure Report

NICOR Report for St Thomas Hospital
2021-22

This report is based on data extracted on **11 January, 2023**.
Period extracted: **1 April 2014 - 31 March 2022**.
Document prepared on **March 17, 2023**.
NICOR

Table of Contents

1	Data Quality/Completeness	3
2	Centre Activity	5
3	Operator Activity	5
4	Centre compliance with national guidance	8
5	1-year all-cause re-intervention	10

1 Data Quality/Completeness

Number of records in 2021-22 = **1184**

Number of records after cleaning and removal of duplicates = **1176**

1.1 Year on year change in total reported activity

This calculation is intended to highlight major changes in reported activity, especially due to missing submissions, according to the implanted system type (field 3.12, “maximum system capability”).

Table 1: Number of implanted system

System	2020-21	2021-22	Percentage change	Definitions
Pacemaker	327	363	11	3.12 = AAIR,VVIR,DDDR
ICD	115	138	20	3.12 = ICD-VR,ICD-DR,ICD-SQ
CRT P+D	145	197	35.9	3.12 = CRT-P, CRT-D

In accordance with ONS guidance, exact data have been suppressed where case numbers are less than 3 and approximate values provided- if applicable- when suppressed values could be derived, to ensure anonymity of patient data.

The analysis include all procedures where field 3.11 (“Intervention Category”) = new system (first implant), generator change, upgrade, generator + lead, or downgrade.

1.2 Implanted system type validation against generator

This calculation is intended to highlight errors in the reported implanted system type. This is a key field used in most of the analyses. Field 3.12 (“maximum system capability”) has been compared to the make and model of generator (fields 3.19 and 3.20) as entered. An apparently “invalid” entry may occasionally be correct if, for example a CRTD generator is implanted with no LV lead so the max system capability is ICD-DR. This table only summarises system type validation for patients with options 1 to 5 in field 3.11 (“Intervention Category”).

Table 2: Validation of maximum system capability against generator

	n	%
Valid 3.12 (max system capability) matches 3.20 (generator model)	681	96.2
Invalid 3.12 (max system capability) does not match 3.20 (generator model)	27	3.8
Invalid 3.20 (generator model) blank or uninterpretable	0	0
Invalid 3.12 (max system capability) blank or uninterpretable	0	0
Invalid 3.12 and 3.20 blank or uninterpretable	0	0
Total	708	100

Exact data have been suppressed where case numbers are less than 3 and approximate values provided- if applicable- when suppressed values could be derived, to ensure anonymity of patient data.

Rarely, mismatches may be appropriate (e.g. a CRT-D generator with no LV lead), but most commonly field 3.12 is blank or incorrect, e.g. where VVIR is reported instead of ICD-VR. Field 3.20 is difficult to interpret due to multiple ways the generator is typed by centres.

1.3 Data completeness

The tables in this section show the percentages of records for a number of important fields. Please note that the red/amber/green boundaries defined below do not indicate that achieving >95% in each field (green) is considered adequate. For obviously important fields such as GMC, NHS No, Intervention category, Maximum system capability, generator model (where applicable), centres should aim for 100% completeness and the boundaries in future years will become more stringent to reflect this.

A “non-blank” entry does not imply that data are valid, let alone correct. GMC number entries that are not seven digits are regarded as invalid and are not counted. For this reason, the activity data for a centre or operator later in the report may be smaller than the expected figures in Tables 3-6. In future, validity checks on other fields (e.g. permissible values for NYHA class and QRSd) will be introduced.

>=95%
90-95%
<90%

Table 3: Data completeness of demographics

	NHS No.	1.04 Surname	1.05 Forename	1.06 DOB	1.07 Sex	1.08 Postcode
Demographics	99.3	100	100	100	100	98.8

Table 4: Data completeness of clinical details for patients requiring new implants and upgrades only

	2.02	2.03	2.04	2.05	2.06*	2.07*	2.09*	2.10*	2.08 ^a
	Aetiology	Symptom	ECG indic.	Atr rhyt	NYHA	LV function	QRSd	QRS morph	ICD indic
Clinical Details	99.6	98.8	99	100	99.1	98.2	99.6	99	100

* only required for ICD and CRT procedures.

^a only required for ICD procedures

Table 5: Data completeness of procedure details

	3.03*	3.09*	3.11	3.12	3.13 ^a	5.01	3.19 ^b	3.20 ^b	3.21 ^b
	First Op GMC	Cons. GMC	Interven	System type	Fluoro	Acute comp.	Manuf	Model	Serial No
Procedure Details	95.5	94.8	99.1	100	99.8	100	100	100	100

* exclude monitor procedures

^a Records in which fields 3.11 = 1,3,4

^b Records in which fields 3.11= 1-5

2 Centre Activity

The table shows the reported interventions for the centre based on field 3.11 (“Intervention Category”) and 3.12 “Max. system capability”).

Table 6: Number of procedures by intervention category

	First Implant	Generator Change	Upgrade	Other	Undefined	Total
PPM (total) (including LCP)	258 (18)	73 (< 3)	< 3 (0)	84 (11)	0 (0)	< 419 (< 32)
ICD-TV	90	21	4	19	< 3	< 138
ICD-subcutaneous	9	4	< 3	4	0	< 20
CRT-P	40	13	15	10	< 3	< 82
CRT-D	46	35	21	35	< 3	< 140
Other/blank	0	0	0	64	5	69
ILR	-	-	-	-	-	306

Exact data have been suppressed where case numbers are less than 3 and approximate values provided- if applicable- when suppressed values could be derived, to ensure anonymity of patient data.

Pacemaker = AAIR, VVIR, DDDR, VDDR; ICD-TV = ICD-VR, ICD-DR, ICD-VDDR. LCP = leadless cardiac pacemakers, identified by 3.20 generator model. Records in which fields 3.11 or 3.12 are blank are not reported; for those in which 3.11 = 9 (monitor procedure only) are not broken down by intervention category.

3 Operator Activity

In this year’s and future reports, doctors will be solely identified by the stated seven-digit GMC number, and the name will be identified via the GMC register. This is because of the common finding of multiple submitted spellings of names. For records in which the GMC number is not given or invalid, the operator will not be identified. A procedure has been ascribed to a doctor if his/her GMC number appears as first or second (scrubbed) operator, or as responsible consultant (fields 3.03, 3.06, or 3.09). It follows that each procedure may count toward the activity of up to three doctors, but if GMC numbers are missing, it may not be counted at all.

For doctors implanting bradycardia pacemakers only, BHRS standards (2017) recommends a minimum of 35 new implants a year; for those undertaking complex (ICD/CRT) procedures, a minimum of 30 of complex implants/upgrades is recommended, with a minimum of 60 total pacemaker/complex implants.

The table shows annual activity (as either first/second scrubbed operator, or responsible consultant) for each doctor uniquely identified by GMC registration No.

Table 7: Number of fitted devices

GMC No.	Name	Pacemaker (implant/upgrade)	Pacemaker (other)	ICD/CRT (im- plant/upgrade)	ICD/CRT (other)	Primary Specialty
7138290	Abd Razak, Muhamad	11	7	6	< 3	Trainee
4650636	Adhya, Shaumik	15	9	22	9	Cardiology
7402964	Ahmed-Jushuf, Fiyyaz	< 3	< 3	< 3	6	Trainee
3167184	Austin, Brian	< 3	< 3	< 3	< 3	Cardiothoracic surgery
4498100	Avlonitis, Vassilios	0	0	< 3	0	Cardio-thoracic surgery
7264126	Aziz, Waqar	< 3	0	0	0	Trainee
7656797	Baghdasaryan, Lilit	0	0	< 3	0	
6149085	Behar, Jonathan	31	18	18	20	Cardiology
7280649	Blake, Sarah	16	5	11	3	Trainee
2448378	Blauth-Muszkowski, Christopher	0	0	< 3	< 3	Cardiothoracic surgery
7005259	Bosco, Paolo	0	< 3	3	< 3	Cardio-thoracic surgery
7568279	Buckley, Una	6	5	< 3	< 3	Cardiology
7072465	Campbell, Sarah	5	< 3	< 3	3	Trainee
4640567	Chan, Cheuk	6	3	10	< 3	Cardiology
3065440	Cooklin, Michael	7	7	< 3	< 3	Cardiology
6160838	Dhillon, Gurpreet	15	8	16	4	Cardiology
2488675	Gill, Jaswinder	22	14	20	13	Cardiology
7014362	Gould, Justin	56	27	37	24	Cardiology
7280929	Hill, Paul	0	< 3	4	< 3	Trainee
7809765	Hohendanner, Felix	9	5	14	5	
7130814	Hurrell, Harriet	< 3	0	0	0	Trainee
6105400	Jogiya, Roy	14	9	13	6	Cardiology
7014644	Leung, Lisa	18	6	21	6	Cardiology
6138633	Lucchese, Gian Luca	0	< 3	0	0	Cardio-thoracic surgery
7049764	Malaweera, Anura	16	9	25	11	Cardiology
7429064	Moosai, Kishan	7	7	9	6	Trainee
7020627	O'Gallagher, Kevin	< 3	0	0	0	Cardiology
7639579	O'Hare, Daniel	14	17	21	19	
4636126	O'Neill, Mark	0	< 3	0	0	Cardiology
7738571	Oskouian, Leila	0	0	0	< 3	
7074923	Regan, William	5	< 3	4	< 3	Paediatric cardiology
3497830	Rinaldi, Christoph	12	32	22	42	General (internal) medicine and Cardiology
4703170	Shetty, Anoop	33	18	38	21	Cardiology
7406735	Simpson, Rupert	< 3	< 3	< 3	< 3	Trainee
6105619	Sugihara, Conn Pdraig	23	10	23	4	Cardiology

7760383	Tonko, Johanna	31	24	21	18	General (internal) medicine and Cardiology
7136526	Wilcox, Joshua	8	< 3	4	< 3	Trainee
4713225	Wright, Matthew	45	18	29	12	Cardiology

Exact data have been suppressed where case numbers are less than 3, to ensure anonymity of patient data.
 “Pacemaker” and “ICD/CRT” are derived from field 3.12; “implant/upgrade” and “other” are from field 3.11

4 Centre compliance with national guidance

Centres' reported activity is evaluated against contemporary national guidance for bradycardia pacing and ICD implantation. NICE recommendations for CRT are complex and do not cover all indications, so CRT compliance will not be reported this year.

4.1 BHRS standard (2017) for centres implanting bradycardia pacemakers

For centres implanting bradycardia pacemakers, BHRS standards (2017) recommend an annual minimum of 80 new implants (100 for training centres). In the table below, amber is 10% below or above this threshold.

Table 8: Number of implanted bradycardia pacemakers

n	
Total new pacemakers procedures	258

Exact data have been suppressed where case numbers are less than 3, to ensure anonymity of patient data. Data are derived from fields 3.11 and 3.12 as in previous tables

4.2 BHRS standard (2017) for centres implanting ICD/CRT devices

For centres undertaking complex (ICD/CRT) device procedures, BHRS standards (2017) recommend an annual minimum of 60 (total implants + upgrades will be reported). In the table below, amber is 10% below or above this threshold.

Table 9: Number of implanted ICD/CRT devices

n	
Total new/upgrade ICD/CRT	226

Exact data have been suppressed where case numbers are less than 3, to ensure anonymity of patient data. Data are derived from fields 3.11 and 3.12 as in previous tables

4.3 NICE TA324: Dual chamber pacing in sinus node disease without AV block

Table 10: Pacing in sinus node disease

Eligible PPM Implants	No. meeting guidance	% meeting guidance	% not meeting guidance	% indeterminate
47	42	89.4	10.6	0

Exact data have been suppressed where case numbers are less than 3, to ensure anonymity of patient data.

¹ PPM Eligible: Records in which (i) "Intervention" indicates first implant and (ii) "Max system capability" indicates simple pacemaker and (iii) "Atrial rhythm" is not sustained atrial arrhythmia and (iv) "ECG indication" indicates sinus node disease.

² Meeting guidance: No. of records in previous column where recommended type has been implanted (3.12 = AAIR or DDDR)

³ Not Meeting guidance: % of records where other system (i.e. VVIR/VDDR) has been implanted

⁴ Indeterminate: % of records where compliance cannot be adjudicated due to missing/invalid data

4.4 NICE TA88: Dual chamber pacing in AV block

Table 11: Pacing in AV block

Eligible PPM Implants	No. meeting guidance	% meeting guidance	% not meeting guidance	% indeterminate
154	136	88.3	11.7	0

Exact data have been suppressed where case numbers are less than 3, to ensure anonymity of patient data.

¹ PPM Eligible: Records in which (i) “Intervention” indicates first implant and (ii) “Max system capability” indicates simple pacemaker and (iii) “Atrial rhythm” is not sustained atrial arrhythmia and (iv) “ECG indication” indicates AV block or conduction disease.

² Meeting guidance: No. of records in previous column where recommended type has been implanted (3.12 = DDDR or VDDR)

³ Not Meeting guidance: % of records where other system (i.e. AAIR or VVIR) has been implanted

⁴ Indeterminate: % of records where compliance cannot be adjudicated due to missing/invalid data

4.5 NICE TA314: ICD for primary prevention

Table 12: Primary prevention ICD implants

Eligible ICD Implants	No. meeting guidance	% meeting guidance	% not meeting guidance	% indeterminate
75	65	86.7	12	1.3

Exact data have been suppressed where case numbers are less than 3, to ensure anonymity of patient data.

¹ ICD Eligible: Records in which (i) “Intervention” indicates first implant and (ii) “Max system capability” indicates ICD-VR or ICD-DR or ICD-SQ and (iii) “ICD indication” indicates primary prevention.

² Meeting guidance: No. of records where either (i) “Aetiology” indicates cardiomyopathy other than DCM (HCM, ARVC, amyloid, sarcoid, other), channelopathy or structural congenital HD; or (ii) “LV function” is poor; and “NYHA status” is not IV.

³ Not Meeting guidance: % of records where the above criteria are not met

⁴ Indeterminate: % of records where compliance cannot be adjudicated due to missing/invalid data

4.6 NICE TA314: ICD for secondary prevention

Table 13: Secondary prevention ICD implants

Eligible ICD Implants	No. meeting guidance	% meeting guidance	% not meeting guidance	% indeterminate
23	19	82.6	17.4	0

Exact data have been suppressed where case numbers are less than 3, to ensure anonymity of patient data.

¹ ICD Eligible: Records in which (i) “Intervention” indicates first implant and (ii) “Max system capability” indicates ICD-VR or ICD-DR or ICD-SQ and (iii) “ICD indication” indicates secondary prevention.

² Meeting guidance: No. of records in previous column where procedures were either (i) “Symptom” includes cardiac arrest or aborted sudden death; or (ii) “Symptom” includes syncope and “ECG indication” includes nonsustained VT/VF or sustained VT/VF or torsade de pointes; or (iii) “ECG Indication” includes sustained VT/VF and LV Function is poor

³ Not Meeting guidance: % of records where the above criteria are not met.

⁴ Indeterminate: % of records where compliance cannot be adjudicated due to missing/invalid data

5 1-year all-cause re-intervention

As an index of late complications, we will be reporting all-cause re-intervention within 12 months of a first device implant. This will be ascribed to the original implanting centre, not the centre undertaking the re-intervention where the re-intervention was at a different centre. In this analysis, patients have been tracked by both NHS No. and Hospital/Hospital No. However, because under-reporting of NHS No. may lead to re-interventions being under-identified, the national report will only include centres with $\geq 90\%$ completeness of NHS No. in both years (2020-21 and 2021-22) used for analysis; the data deficiency will be highlighted for other centres.

It is understood that re-intervention does not always reflect a complication from the original procedure: it may be due to a manufacturers recall or a change in clinical indication, for example. In future reports, we will take these factors (if appropriately documented in later fields in the dataset) into account.

Table 14: Re-interventions within a year

	No. of first implants in 2020/21 [*]	Re-interventions within 1 year [†]
Simple devices	230	20 (8.7%)
Complex devices	144	15 (10.42%)

Exact data have been suppressed where case numbers are less than 3 and approximate values provided- if applicable- when suppressed values could be derived, to ensure anonymity of patient data.

^{*} No. of patients where “Intervention” = first implant and “Max system capability” indicates AAIR/VVIR/DDDR/VDDR (simple) or ICD-VR/ICD-DR/ICD-SQ/CRTP/CRTD (complex)

[†] Of these, no. of patients identified who have undergone a further intervention (other than ‘monitor procedure only’) within 365 days.

Of first implants performed in 2020-21, 2 patient(s) with simple devices and 2 patient(s) with complex devices had a reintervention within one year in a different hospital.