

EP/Ablation Procedures Procedure Report

NICOR Report for Royal Brompton Hospital
2015-16

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NICOR

Table of Contents

1	Data Quality/Completeness	3
2	Centre Activity	5
3	Operator Activity	6
4	Centre compliance with national guidance	7

1 Data Quality/Completeness

Number of records in 2015-16 = **959**

Number of records after cleaning and removal of duplicates = **959**

1.1 Year on year change in total reported activity

This calculation is intended to highlight major changes in reported centre activity for simple and complex ablations (derived from fields 3.19 and 3.12) – which may be due to under-reporting rather than actual changes in activity. In some cases, large changes may be due to the merger, closure, or opening of centres.

Table 1: Number of ablation procedures

Type	2014-15	2015-16	Percentage change	Definitions
Simple ablation	282	292	3.5	{3.19 = 1} AND {3.12 = 17, 20, 12a-d, 5a}
Complex ablation	419	535	27.7	{3.19 = 1} AND {3.12 = 15, 3a, 4a/b, 13a/b, 14a-e}

Definitions:

- Simple ablations are defined as records for which 3.19 (Ablation attempted?) = Yes AND 3.12 (Ablation procedure) = 1 or more of the following targets, (but no complex targets):
 - complete AV nodal
 - AVNRT - slow or fast pathway
 - accessory pathway
 - cavotricuspid isthmus
- Complex atrial ablations are defined as records for which 3.19 (Ablation attempted?) = Yes AND 3.12 (Ablation procedure) = 1 or more of the following targets:
 - atrial fibrillation
 - atrial ectopy/focal atrial tachycardia
 - re-entrant atrial tachycardia right sided (not CTI)
 - re-entrant atrial tachycardia left sided
- Complex ventricular ablations are defined as records for which 3.19 (Ablation attempted?) = Yes AND 3.12 (Ablation procedure) = 1 or more of the following targets:
 - PVCs
 - VT
- If a record indicates both simple and complex targets, the procedure is counted as complex

1.2 Ablation procedure validation

This calculation is intended to highlight missing or inconsistent entries in the fields relating to whether ablation was performed (field 3.19), and if so what target (field 3.12). These are obviously key fields, yet are sometimes completed incorrectly. We have examined fields 3.19 and 3.12 along with 3.21 “Ablation energy source” and 3.26 (“Ablation success?”), and tried to adjudicate whether ablation was actually performed (hence column headings: “Ablation”, “No ablation” and “Unclear”), and whether the four fields are complete and consistent.

Table 2: Validation of ablation procedures

Data fields 3.12, 3.19, 3.21, 3.26	Ablation	No Ablation	Unclear
Data complete/consistent	778 (91.1%)	23 (26.1%)	0
Data incomplete/inconsistent	76 (8.9%)	65 (73.9%)	17
Total	854	88	17

The exact logic used to derive Table 2. is complex but can be forwarded on request. But, for example,

- If in a record, 3.19 (Ablation performed) = “0. No” yet other fields state that there was an ablation energy source, a target, and a degree of success/failure, it will be counted in the table as “Ablation”, but the data are clearly “incomplete/inconsistent”.
- If in a record, 3.19 (Ablation performed) = “0. No”, and there is no indication of ablation energy source or success, yet a target (3.12) is given, this will be counted in the table as “No Ablation”, but “Data complete/consistent” on the basis that 3.12 was simply the *intended* target.

1.3 Data completeness

The tables in this section show the percentages of records that are non-blank 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, Ablation type (where ablation performed), 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. For example, a GMC number that is not 7 digits will count in this analysis, but is not valid (and of course an incorrect 7-digit GMC number may have been entered). 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 might suggest.

>=95%
90-95%
<90%

Table 3: Data completeness of demographics

	1.03 NHS	1.04 Surname	1.05 Forename	1.06 DOB	1.07 Sex	1.09 Pcode
Demographic details	88.9	100	100	100	100	94.9

Table 4: Data completeness of clinical information

	2.01	2.02	2.03	2.04	2.05	2.06	2.07
	Underlying heart dis.	Prev surg or interventn	Structural congen HD	Documented prior AF	Other doc. arrhythmia	Indication for proced.	Previous ablation
Clinical Details	96.4	80.7	81.4	34.8	95.3	94.9	32.5

The most common reason for low scores in some fields is that they have been left blank. For patients with structurally normal hearts, field 2.01 (“Underlying heart disease”) should be (“0. None”). Field 3.19 (“Ablation attempted?”) should never be blank. Unfortunately, the current dataset does not have the option

(“0. None”) for fields 2.07 (“Previous ablation”) and 4.04 (“Previous anti-arrhythmic drugs”), so a low score in these fields does not necessarily indicate poor data quality. This oversight has been amended in the latest dataset revision and we encourage centres to enter (“0. None”) where appropriate.

Table 5: Completeness of procedural fields

	3.01 Procedure time	3.02 Procedure urgency	3.04 1st Op. GMC no.	3.10 Consultant GMC No.	3.12 Ablation procedure	3.13 Mapping techniques	3.16 Total fluoro time (min)
Procedure	0	99.5	99.6	100	97.9	99.5	13.1
	3.18 Procedure durat (min)	3.19 Ablation attempted?	3.21 Abl. energy source	3.23 Transseptal approach?	3.24 Epicardial approach?	3.26 Success?	3.28 Acute Complication
Procedure	100	98.2	96.5	97.4	76.1	96.1	99.5

3.12, 3.13, 3.21, 3.26 are only required if 3.19 = “1. Yes”

In field “3.01 Procedure date/time”, date is a pre-requisite for a record to be saved, and is therefore 100% complete by definition. However, the time component is also necessary (and cannot be “00:00” or “00:01”) in order to identify the rare instances of two procedures on the same day, and avoid one being deleted as a duplicate. Thus, Table 5. only reports the completeness of the time component of field “3.01 Procedure date/time”.

Table 6: Data completeness of atrial fibrillation ablation details

	4.01 LA size/vol	4.03 Rhyt at start	4.04 Prev AADS
AF ablation details	14.2	83	5

AF ablation details is only applicable if field “3.12 ablation procedures” = 15 (AF ablation)

2 Centre Activity

The table shows the reported procedures for the centre, based solely on field 3.19 (“Ablation attempted?”- rather than the adjudicated column headings in Table 2) and 3.12 (“Ablation procedure”). Acute outcomes are based on field 3.26 (“Success?”).

Table 7: Type of ablation by procedure outcome (n)

	N	<i>Acute outcome</i>				
		Success	Partial	Fail	Indeterminate	Blank
No ablation/unknown	105	-	-	-	-	-
<i>Simple targets</i>						
AVNA	21	18	1	0	0	2
AVNRT	82	77	0	1	0	4
AP	76	60	0	6	2	8
CTI	147	141	2	1	1	2
Total Simple Procedures	292	-	-	-	-	-
Simple Multi-Target	1	-	-	-	-	-
<i>Complex Atrial</i>						
AF total	359	347	4	1	0	7
Cryo balloon	3	-	-	-	-	-
EAT/IART only	103	85	8	5	2	3
Total Complex Atrial	462	-	-	-	-	-
<i>Complex Ventricular</i>						
PVC/VT focal only	46	32	6	5	2	1
VT scar etc.	28	19	0	2	2	5
Total Complex Ventricular	74	-	-	-	-	-
Total Complex Cases	535	-	-	-	-	-
Other/Blank	27	-	-	-	-	-
Ablation in CHD	66	-	-	-	-	-

Definitions:

- No ablation/unknown A procedure is only counted as an ablation if field 3.19 = “1. Yes”. Some procedures do not result in ablation because: it was not intended; no substrate or arrhythmia was found; because of a complication or risk thereof.
- Simple targets For combined procedures, each “target” is counted separately (e.g. CTI + AP will count once for each target). However, a procedure is counted as “simple” if there is one or more simple targets, but no complex targets). Thus, the combination AF + CTI will count towards the CTI count but not the simple procedure count. AVNA = AV node ablation, AVNRT = AV nodal re-entrant tachycardia (slow or fast pathway), AP = one or more accessory pathways and CTI = cavotricuspid isthmus ablation for typical or clockwise flutter.
- Complex Atrial “AF total” = left atrial ablation for AF, using any energy type. Cases with AF and additional targets (simple procedures and AT/IART) are included within “AF total”. “Cryo balloon” is a subset of “AF total”. “EAT/IART only” = atrial ectopics/ectopic atrial tachycardia/intraatrial re-entrant tachycardia (not typical flutter) without concomitant AF ablation.
- Complex Ventricular “PVC/VT focal only” = target includes PVCs and VT (outflow or other focal) but not VT-scar, fascicular, or bundle branch re-entry. “VT Scar etc” = target includes VT-scar, fascicular or bundle branch reentry.
- Ablation in CHD If field 2.03 indicates presence of complex structural congenital heart disease.

3 Operator Activity

BHRS standards recommend that doctors out of training that undertake catheter ablation perform a minimum volume of 50 cases per year in total; if complex ablations are undertaken, a minimum volume of 25 complex cases is recommended and ≥ 50 complex cases is desirable.

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

the above minimum volumes do not apply. Note that name, specialty and training status are taken from the GMC List of Registered Medical Practitioners in September 2018, some time after the period covered by the report, so the status of some doctors may have changed.

Table 8: Number of ablation procedures undertaken by doctors

GMC No.	Name	No ablation	Simple	Complex	Primary Specialty
3065550	Clague, Jonathan	13	65	78	Cardiology
6138251	Ernst, Sabine	10	38	116	Cardiology
3358029	Foran, John	4	24	16	Cardiology
7436789	Gomez Pulido, Federico	3	8	14	Cardiology
4736710	Haldar, Shouvik	4	6	10	Cardiology
4017187	Hussain, Wajid	4	6	16	Cardiology
4552817	Jarman, Julian	14	36	76	Cardiology
4723710	Jones, David	0	9	18	Cardiology
4572804	Kontogeorgis, Andrianos	1	9	6	Cardiology
4580122	Lim, Eric	17	30	58	
6070308	Mantziari, Aglaia-Angeliki	1	2	2	Cardiology
3585645	Markides, Vias	5	20	72	Cardiology
4049087	Norman, Mark	0	0	1	Cardiology
6057096	Panikker, Sandeep	10	31	45	Cardiology
6113831	Papasavvas, Ilias	0	3	3	
7464369	Roy, Karine	7	20	64	
4542133	Salukhe, Tushar	14	36	49	Cardiology
6076616	Shabeeh, Husain	2	5	11	Cardiology
7061921	Suman Horduna, Irina	0	2	0	Cardiology
2619903	Till, Janice	5	34	4	Paediatric cardiology
6030099	Viswanathan, Karthik	1	7	8	Cardiology
4005793	Wong, Tom	15	22	76	Cardiology

In this and future reports, doctors will be solely identified by their seven-digit GMC number; their name will be derived from the GMC List of Registered Medical Practitioners (this is because the use of multiple different spellings of names is common). For records in which the GMC number is absent or invalid, the operator will not be identified. A procedure is ascribed to a doctor if his/her GMC number appears as first or second (scrubbed) operator, or as responsible consultant (fields 3.04, 3.07 or 3.10). It follows that each procedure may count toward the activity of up to three doctors, but if GMC numbers are missing, it may not count to any.

4 Centre compliance with national guidance

Centres' reported activity is evaluated against contemporary national guidance for simple and complex ablations. BHRS standards (2016) recommend that centres performing catheter ablation undertake a minimum volume of 100 cases/year, and that those undertaking AF ablation undertake a minimum volume of 50 such cases/year. In the table below, amber indicates a number 10% below or above the recommended minima.

Table 9: Total number of ablation procedures

Procedures	
Total ablation procedures	827
AF ablation procedures	359