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To All Concerned Parties:

The indications for ICD therapy have expanded as the results of clinical trials for primary prevention of sudden cardiac death have shown an increase in survival. Resynchronization therapy trials have also shown an improvement in quality of life as well as survival. As increasing numbers of patients are receiving these devices, it is imperative that the physicians involved in the care of these patients have the appropriate expertise in indications, techniques for implantation, complications, programming and follow-up of these devices. Historically, these devices were managed and implanted only by the cardiac electrophysiologist who had completed appropriate training. However, there are now physicians, other than cardiac electrophysiologists, that are requesting privileges to care for this patient population.

Guidelines for training and credentialing have been developed by the Heart Rhythm Society, the leader in arrhythmia therapy. These recommendations are for the pacemaker implanter who now wishes to implant defibrillators for prophylactic indications (i.e. for patients who are at high risk for a life-threatening ventricular arrhythmia but who have not yet experienced an event.) An experienced cardiac electrophysiologist should care for those patients who have experienced sustained ventricular tachycardia or fibrillation as management of these arrhythmias can be quite challenging. It is with this in mind that I recommend to you the following guidelines that should be followed when credentialing a physician to manage these patients.

Requirements for credentialing should include:

- #1. Documentation of current experience: 35 pacemaker implantations per year and 100 implantations over the prior 3 years
- #2. Proctored ICD implantation experience: Ten implantations and five revisions – proctored by a cardiac electrophysiologist in the institution where the privilege is requested
- #3. Proctored CRT implantation experience: Five implantations – proctored by a cardiac electrophysiologist in the institution where the privilege is requested.

- #4. Completion of didactic course and/or NASPEXAM
- #5. Monitoring of patient outcomes, complication rates and appropriate prophylactic indications.
- #6. Established patient follow-up
- #7. Maintenance of competency with 10 ICD and CRT procedures per year.

Fulfillment of these requirements should be demonstrated prior to commencement of unsupervised ICD and/or CRT implants and should require submission of the following to the hospital credentialing committees:

- #1. Letter and documentation of current experience and privileges
- #2. Certification from endorsed CME program that the individual has completed the course and associated testing and/or successful passing of the NASPEXAM
- #3. Letter from an appropriate proctor documenting successful completion of the required number of proctored implants
- #4. Letter documenting the follow-up plan and a corresponding or co-signed letter from the electrophysiologist with whom the individual will be collaborating.

I hope that you will consider these guidelines and forward them on to your respective credentialing committees for action. My primary objective in recommending these guidelines is safety for the patient. A secondary objective would be to protect the hospital from litigation associated with the performance of critical procedures by inadequately trained personnel.

If you would like to discuss these issues, please do not hesitate to contact me.

Sincerely,

