



Quality and Performance



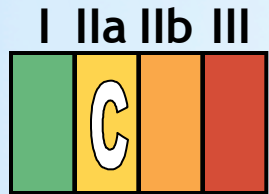
Every PCI program should operate a quality improvement program that routinely: a) reviews quality and outcomes of the entire program; b) reviews results of individual operators; c) includes risk adjustment; d) provides peer review of difficult or complicated cases, and; e) performs random case reviews.



Every PCI program should participate in a regional or national PCI registry for the purpose of benchmarking its outcomes against current national norms.



Certification and Maintenance of Certification



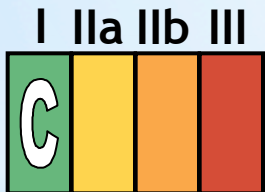
It is reasonable for all physicians that perform PCI to participate in the American Board of Internal Medicine interventional cardiology board certification and maintenance of certification program.



Operator and Institutional Competency and Volume



Elective/urgent PCI should be performed by operators with acceptable annual volume (≥ 75 procedures) at high-volume centers (> 400 procedures) with onsite cardiac surgery.



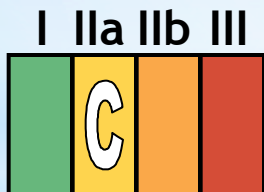
Elective/urgent PCI should be performed by operators and institutions whose current risk-adjusted outcomes statistics are comparable to those reported in contemporary national data registries.



Operator and Institutional Competency and Volume (cont.)



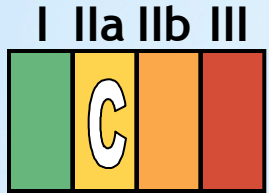
Primary PCI for STEMI should be performed by experienced operators who perform more than 75 elective PCI procedures per year and, ideally, at least 11 PCI procedures for STEMI per year. Ideally, these procedures should be performed in institutions that perform more than 400 elective PCIs per year and more than 36 primary PCI procedures for STEMI per year.



It is reasonable that operators with acceptable volume (≥ 75 PCI procedures per year) perform elective/urgent PCI at low-volume centers (200 to 400 PCI procedures per year) with onsite cardiac surgery.



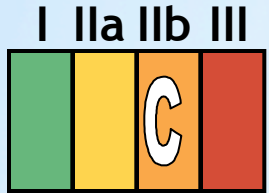
Operator and Institutional Competency and Volume (cont.)



It is reasonable that low-volume operators (<75 PCI procedures per year) perform elective/urgent PCI at high-volume centers (>400 PCI procedures per year) with onsite cardiac surgery. Ideally, operators with an annual procedure volume <75 should only work at institutions with an activity level of more than 600 procedures per year. Operators who perform <75 procedures per year should develop a defined mentoring relationship with a highly experienced operator who has an annual procedural volume of at least 150 procedures per year.



Operator and Institutional Competency and Volume (cont.)



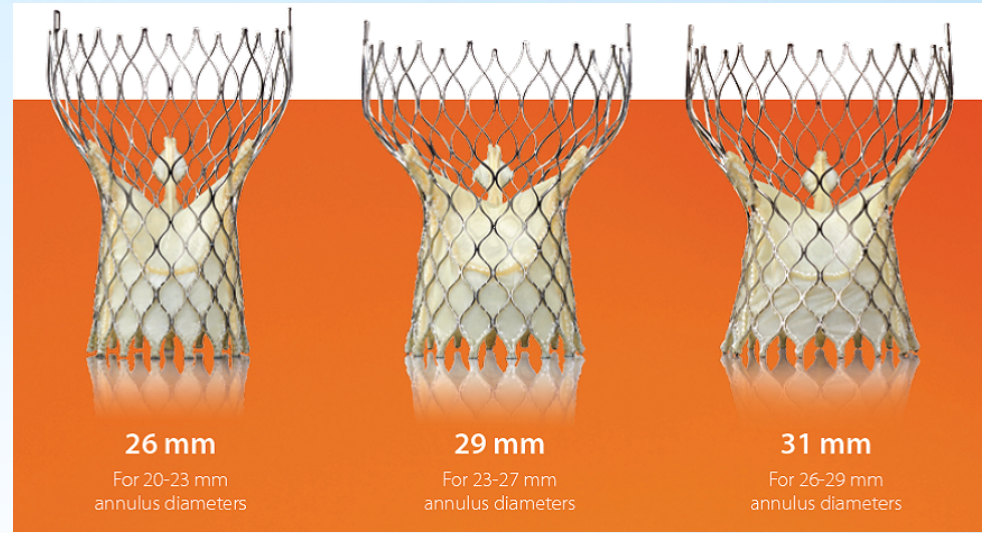
The benefit of primary PCI for STEMI patients eligible for fibrinolysis when performed by an operator who performs <75 procedures per year (<11 PCIs for STEMI per year) is not well established.



No Benefit

It **is not recommended** that elective/urgent PCI be performed by low-volume operators (<75 procedures per year) at low-volume centers (200 to 400 procedures per year) with or without onsite cardiac surgery. An institution with a volume of <200 procedures per year, unless in a region that is underserved because of geography, should carefully consider whether it should continue to offer this service.

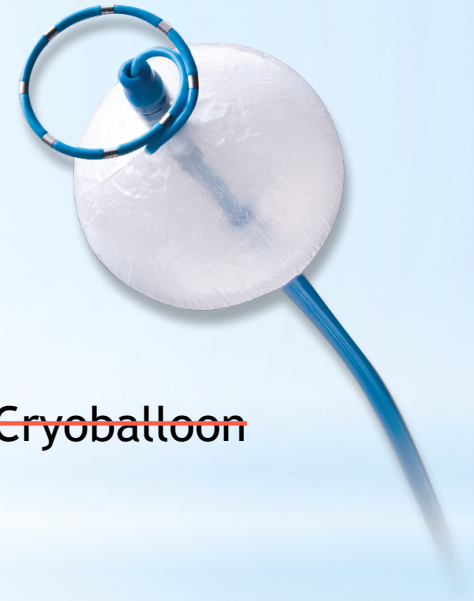
Latest Medical Devices



Latest Medical Devices



~~Full Body MRI Scan~~
~~SureScan MRI IPG~~



Cryoballoon



Phased RF catheter



Viva XT CRTD

THANK YOU