



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, NY 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

December 2, 2004

Dear Hospital Administrator:

Enclosed find the guidelines developed and approved at the October 25, 2004 Cardiac Advisory Committee meeting. Current policy in New York State restricts Electrophysiology procedures to facilities with Certificate of Need (CON) approval for cardiac catheterization laboratory.

With Electrophysiology studies becoming increasingly sophisticated, the Cardiac Advisory Committee was asked to develop guidelines to further define the setting in which procedures are performed. Information was gathered and reviewed from facilities, experts in the field, and literature.

As you will see, the Cardiac Advisory Committee has divided the procedures into low, intermediate and high risk with correlating settings in which the procedures can be performed. These guidelines are to be used in conjunction with existing New York State regulations for cardiac catheterization services and are effective immediately.

If you have any questions or concerns, please contact Paula M. Waselauskas, RN, MSN, Administrator, Cardiac Services Program at (518) 402-1016.

Sincerely,

Wayne M. Osten
Director
Office of Health Systems Management

Enclosure

Cardiac Advisory Committee Guidelines for the Performance of Electrophysiology Procedures.

The Cardiac Advisory Committee (CAC) approved the following guidelines for the performance of Electrophysiology Procedures (EP) to be used in conjunction with existing New York State regulations for cardiac catheterization services.

I. Background

Current policy in New York State restricts EP to facilities with Certificate of Need (CON) approval for cardiac catheterization laboratories. With electrophysiology studies becoming increasingly sophisticated, the Cardiac Advisory Committee (CAC) was asked to develop guidelines regarding the setting in which these procedures should be performed.

The workgroup discussed the increasing complexity of EP procedures, equipment required, staffing, risks, and economic concerns. With the goal of how to best provide for individuals undergoing EP procedures the workgroup focused on the need to be equipped to care for patients who may develop complications related to the procedure (for example: cardiac tamponade or vascular dissection).

II. Recommendations

Previously it was recommended that electrophysiology studies were most appropriately performed in comprehensive cardiac centers with interventional cardiology and cardiac surgery on site. With the changing complexity of procedures and the credentialing/board certification of electrophysiology physicians, the CAC has divided the procedures into low, intermediate or high risk and developed the following guidelines for the setting in which electrophysiology studies can be performed.

Procedure	Setting/Facility Capability
LOW RISK	
Single and double chamber pacemakers	Do not require an electrophysiology laboratory.
INTERMEDIATE RISK	
Diagnostic EP procedures, atrial tachycardia, AV junction, AV node Re-entry and Accessory Pathway Ablation procedures; ICD implants and Biventricular pacers.	Electrophysiology laboratory with a minimum of thoracic surgical support. Ready access to facilities with comprehensive cardiac services (interventional and cardiac surgery services)
HIGH RISK	
Atrial Fibrillation and All Ventricular Tachycardia ablations, all procedures performed on the left side of the heart, and chronic lead extraction using laser (It was recommend that chronic lead extraction be performed in the Operating Room).	Electrophysiology laboratory with comprehensive cardiac surgical services on site.

Approved October 25, 2004