**C M C H I S T N**

**Minutes of EECP Meet**

On 16/4/2019; 3rd Floor, TNHSP

**Participants:**

1. Dr Kannan, Professor & HoD of Cardiology, Stanley Medical College.
2. Dr Ashok Victor, Professor of Cardiology, Royapettah Govt Hospital.
3. Dr G. Justin Paul, Professor of Cardiology, Madras Medical College.
4. Dr Mariappan, Professor of Cardiothoracic Surgery, Madras Medical College.
5. Dr Dhamodaran, Professor of Cardiothoracic Surgery, Stanley Medical College.
6. Dr S. Manoharan, Professor of Cardiothoracic Surgery, Govt Multi Super Speciality Hospital, Omandurar Estate.
7. Dr Vivekanandan, Deputy Director, TNHSP.
8. Medical Officers, TNHSP.
9. Ms Sukheshini , DGM , UIIC
10. Ms Prema Mukilan, Chief Manager UIIC.
11. CMOs of three TPAs.
12. **Indication for EECP**

**“**Chronic stable angina, that is refractory to optimal medical management and without options for revascularization”

***For Internal Reference:***

Cases of Refractory Angina conforming to the following criteria:

1. Angioplasty is not an option due to coronary Anatomy.
2. CABG is not an option due to High risk (expectant complications or Co-morbid conditions) and the graftablity of vessels are poor or coronary anatomy is not amenable.
3. Optimal Medical management for a minimum of 6 months has not helped.
4. Limiting Angina leading to poor quality of life (New York Heart Association Class III or IV
5. **Contraindications for EECP: (*For Internal Reference***)
6. Heart Failure (Congestive and Refractory)
7. Patients with clinically significant valvular disease (Aortic insufficiency, mitral or aortic stenosis) and pulmonary disease
8. Arrhythmias and Atrial pacing
9. peripheral vascular disease involving the iliofemoral arteries including DVT
10. patients having Bleeding disorders or on anticoagulation meds with PT >1.5
11. Any surgical intervention within 6 weeks or Cardiac catheterization within 1–2 weeks
12. **Preauth Requirements**
13. Certification from Professor / Unit head of Cardiology that optimal medical management has been tried and medical reasons for not considering Angioplasty as an option.
14. Certification from Professor / Unit Head of Cardiothoracic Surgery why CABG is not an option with medical reasons.
15. Consent of the patient – Counselling to be done by Professors of Cardiology & Cardiothoracic Surgery duly attesting the consent.
16. Details of optimal medical management for 6 months.
17. Conventional Coronary Angiogram is mandatory. CT Coronary Angiogram will not be accepted.
18. Routine Insurance requirements such as Preauth Form, Clinical Photograph, Angiogram report and Images / Video, Echo report with images / video.
19. Patient refusal is not a criterion to undergo EECP under the scheme. If any patient refuses PTCA / CABG, counselling to be done by Professor / Unit Head of Cardiology and Cardiothoracic Surgery.
20. **Claim Requirements**
21. EECP report, Charts,
22. Incident report,
23. Echo report, images / videos,
24. Photograph taken during procedure
25. **Regulatory & Infrastructure Requirements**
26. EECP facilities may be installed only in hospitals with:
    1. Coronary Angiogram / Angioplasty Facility.
    2. Cardiothoracic Department
    3. 24 hour ICU manned by a Cardiologist.
27. EECP must be supervised by a qualified Doctor with a minimum qualification of M.B; B.S, recognised by Medical Council of India who is certified in ACLS protocol by a Medical educational institution .
28. While Department of Cardiology of Government Medical Colleges may help in treating emergency complications arising out of EECP, all responsibilities including legal responsibility will rest upon the provider of EECP.
29. The procedure and complications of EECP must be clearly displayed in the language comprehendible to the patients.