

# **International Childrens** **Heart Fund**

**Special Projects**

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- **Center of Excellence Program throughout the global 10 regions**
- **Demonstration “on site” research/development initiatives**
- **Regional Consultants Program – Global CT Surgery Database**
- **Voluntary Equipment/Supply Depot**

# Centers of Excellence Program

Throughout the ten regions of the world, divided by geographic and population boundaries, and separated into 3 major time zones, center of excellence programs in cardiothoracic surgery within each region will be identified by the ICHF. They will serve as hubs for the region where quality cardiothoracic surgical services are offered, along with teaching/education and training initiatives, as well as research/development projects for that region. Specific criteria for designation and proposed initiatives for each center or have been developed, adjusting for local social, political, economic, environmental, and demographic constraints.

## Criteria for the center of excellence program are divided into 4 areas:

**Clinical:** The center performs care and operations on both domestic and foreign patients. The cost ranges from free or donated care, discounted care, private or government insurance, or out of pocket. Team visits program to host program (as below).

**Education/ Training:** Observational or visiting short term programs are available (1-3 months). An institutional humanitarian/ voluntary program is in place. Non-accredited fellowship program (1-2 years). Donor team visit program (short-term-10-14 days)

**Research/Development:** International clinical and basic research initiatives are fostered.

### **Financial/Administrative/ Political/ Logistical:**

Non-profit foundation (NGO-501©3)

Marketing-website

Fund raising-donation program

Affiliations with other NGO's

MOU's

Equipment/devices/consumables

Global/ Regional Database

## **Research/Development Initiative**

**It is clear that future research and development plans/projects will occur in developing countries and emerging countries that are closer to where the pathology is<sup>(1,2)</sup>. This is especially true for rheumatic heart disease, congenital heart disease, tuberculosis, lung and esophageal cancer, and chest trauma. Working with industry, established centers in the developed countries, and host centers in developing countries, collaborative efforts will be endorsed and promulgated by the ICHF.**

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**(1) Sir Magdi Yacoub, The Importance of Research at the Local Level in Developing Countries. 83<sup>rd</sup> Annual Meeting of AATS, May, 2004, (<http://www.aats.org/webcast/aatslo/index.html>)**

# **Regional Consultants Program**

## **Global CT Surgery Database**

To date there is no international database in cardiothoracic surgery. Existing information is derived and extrapolated from the Unger report <sup>(1)</sup>, CTSNET physician registration, anecdotal reports in the literature, society memberships, corporate information/sources, and the EACTS effort <sup>(2,3)</sup>. Recently, the World Society for Pediatric and Congenital Heart Surgery published a international survey of Cardiovascular services. ([Link Here](#))

A regional system of consultants/advisors in the ten global regions is suggested to gather and track the number of CT surgeons, centers, and annual caseloads in their region. Once established and the results collated, a voluntary international database will be established, and updated annually. The ultimate goal is to gather and collate global information and statistics so as to track annual trends, growth patterns, and developments. Hopefully, this will form the basis to develop international evidence based consensus, guidelines, recommendations, and standards for cardiothoracic surgery.

(1) Unger, F. Worldwide Survey on Cardiac interventions 1995. *Cor Europaeum* 1999; 7: 128-146

(2) Wyse, RKH, Taylor, K.M. The development of an International Surgical Registry: The ECSUE Project. *Europ. J. Cardio-thorac Surg* 1999; 16: 2-8.

(3) Underwood MJ, Hu S, Lee CN, Kappetein AP, Bridewater B. International benchmarking of cardiac surgical activity and outcomes. *Asian Cardiovasc Thorac Ann.* 2012;20:9-11.

## **Product (Equipment/Supply) Depot**

**At the present time, the major amount of equipment/supplies, product, or “stuff” provided to NGO’s involved in voluntary/humanitarian cardiothoracic surgery projects is donated or purchased at discounted prices. Most NGO’s protect their sources, with little sharing or co-operation. Corporate donations, especially heart valves, pacemakers, and disposable items such as oxygenators, cannulas, perfusion packs, suture, and drugs are becoming more difficult and logistically more bureaucratic to obtain.**

**A co-operative/collaborative project that creates a central warehouse or depot with an updated inventory/organizational structure is proposed to better serve the NGO’s and work with corporate to provide a more dynamic, fluid, and equitable system. A preliminary project is being developed with International Aid, an NGO in Spring Lake, Michigan. This will help provide more equity and accountability in the distribution and tracking of product. Already cooperative projects have been completed in Vietnam and India.**