

# Optimising organisational efficiencies in the treatment of patients with severe, symptomatic aortic stenosis

Well-established evidence favouring TAVI over SAVR has been the basis for clinical practice changes during the COVID-19 pandemic.<sup>1,3</sup> The need for increased accessibility to TAVI during the pandemic further highlighted the organisational benefits of TAVI such as shorter hospital stays, reduced need for ICU, increased number of treatments per day.<sup>1,3</sup>

These benefits can ultimately lead to financial ones, improved waiting lists and less demand for beds.<sup>4</sup> Results from the 3M TAVI study, which evaluated the safety and efficiency of the Vancouver 3M clinical pathway, showed that TAVI-led efficiencies allowed for next-day discharge with excellent safety and efficacy outcomes.<sup>6</sup> This study also revealed that the Edwards Lifesciences SAPIEN 3 valve can support hospitals with patient pathway optimisation.<sup>6</sup>

There is a proven need to increase hospital efficiencies, including lowering in-hospital complications to improve outcomes for patients as well as increasing access to beds for other patients.<sup>6,7</sup> More importantly, improved efficiency and lower complication rates will improve patient waiting times. Studies have shown that increased patient times can adversely affect patient mortality and morbidity while patients wait for intervention.<sup>8-10</sup>

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## References

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