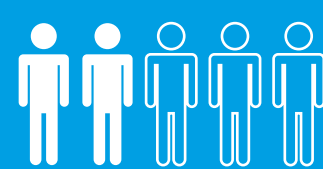


# Transcatheter aortic valve implantation can alleviate staff shortages in cardiology care in the UK

## The Covid-19 pandemic caused staff shortages and reduced standards of patient care



A survey sent to EAPCI\* members from across the world, revealed areas of cardiology care that suffered during the COVID-19 pandemic<sup>1</sup>

\*EAPCI=European Association of Percutaneous Cardiovascular Intervention

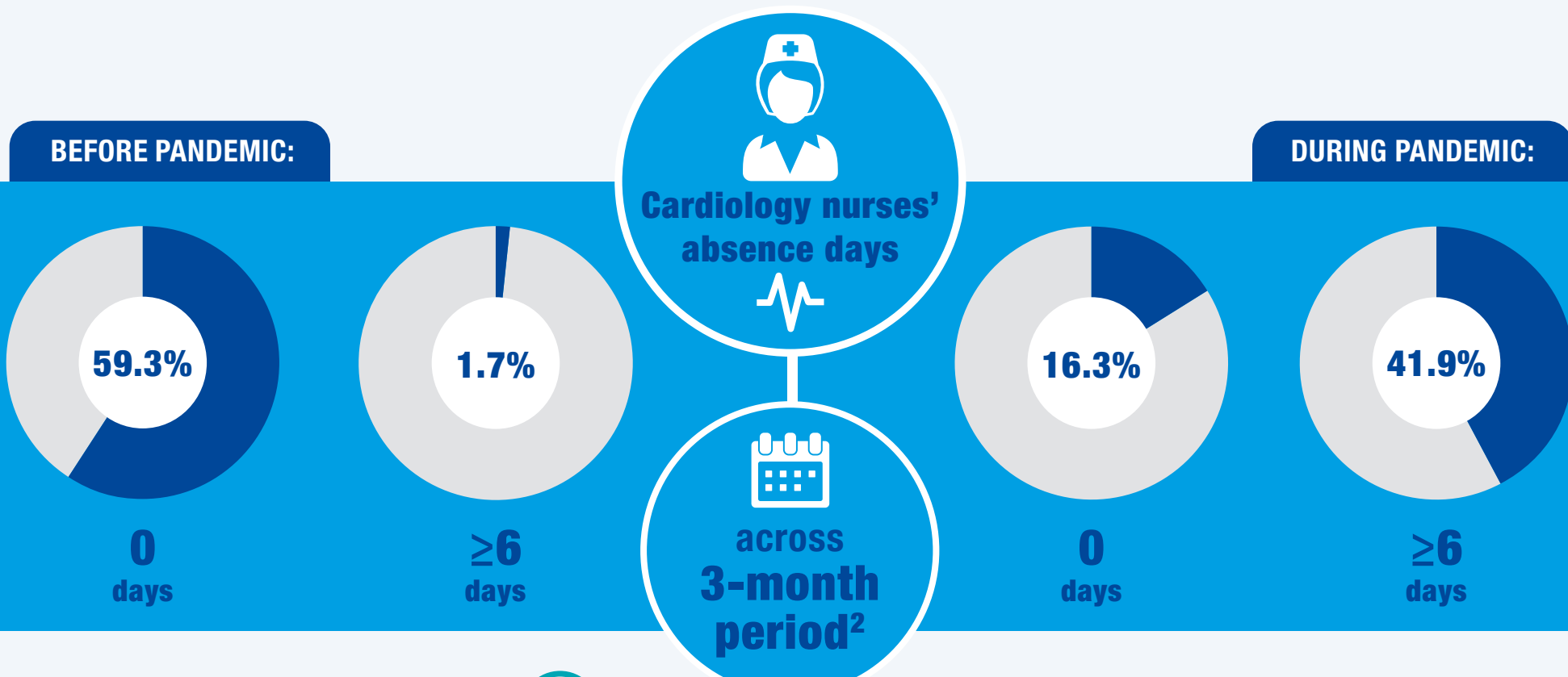
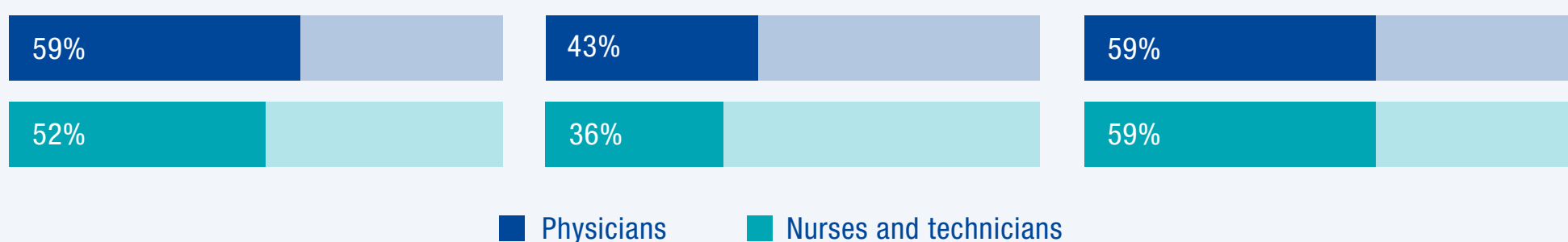
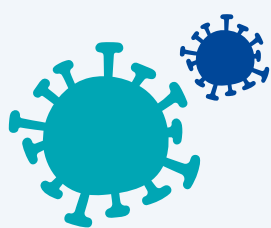
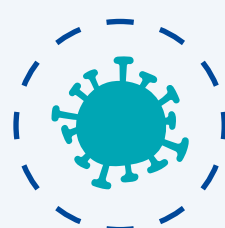


% of catheterisation lab clinicians reporting having ≥1 colleagues:<sup>1</sup>

IN QUARANTINE

INFECTED WITH COVID-19

DISPATCHED TO OTHER DEPARTMENTS IN NEED



DELAYED TREATMENT RESULTS IN<sup>3</sup>

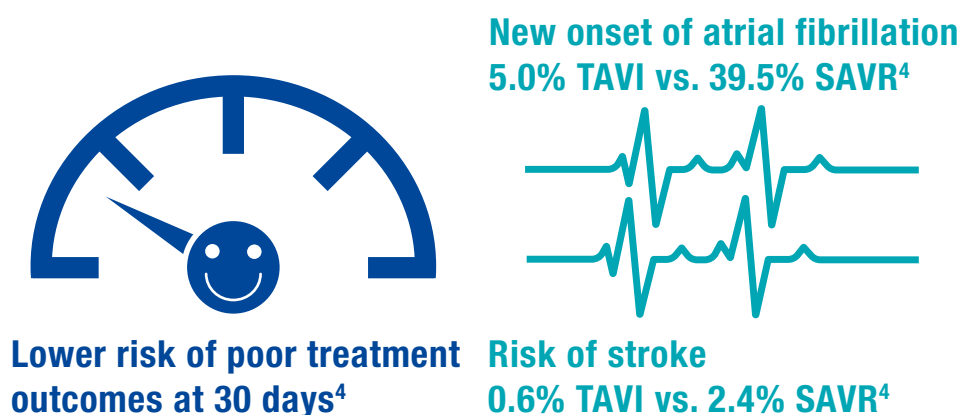
- Exacerbate risk of emergency hospital admissions
- Initiate a cascade of complications of worsening heart failure related to severe valvular heart disease, including the loss of independent function
- Deteriorating symptoms

MISSED NURSE CARE WAS REPORTED MOST FOR<sup>2</sup>

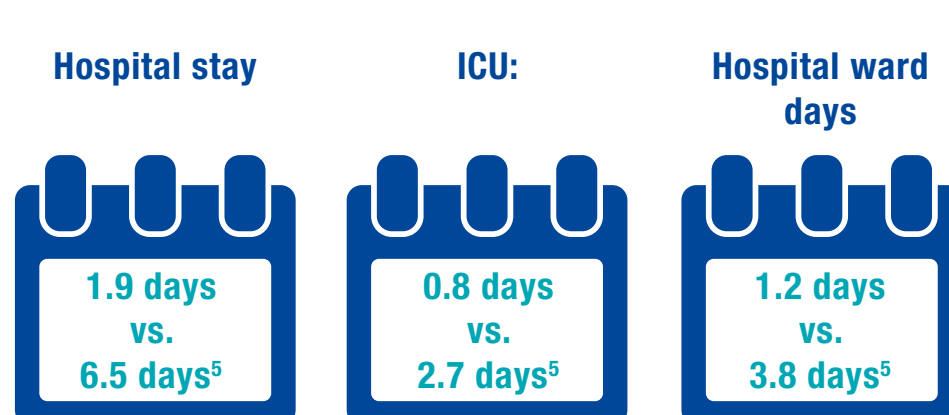
- Ambulation three times a day
- Turning patient every 2 hours
- Response to call light initiated within 5 minutes
- Wound care

## A shift to TAVI can improve capacity through shorter length of stay

LOWER RISK OF COMPLICATIONS

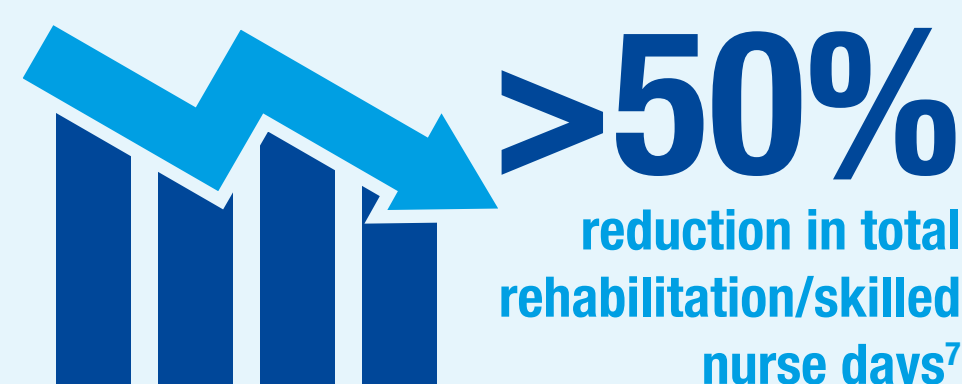
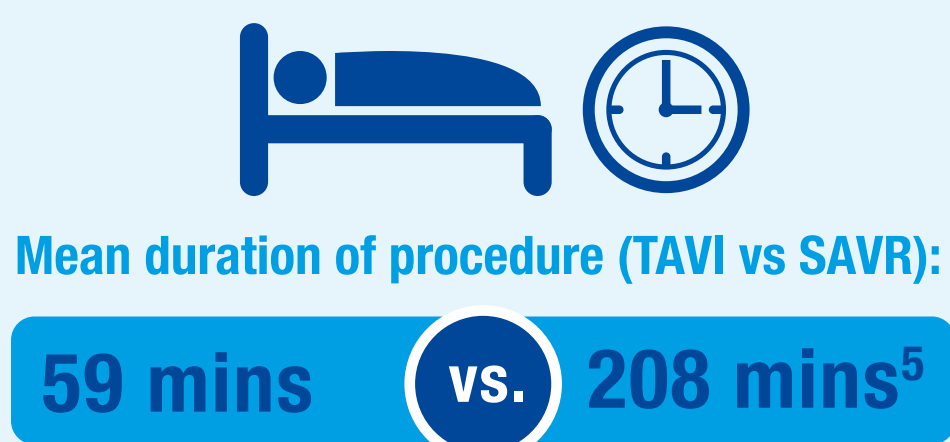


SHORTER LENGTH OF STAY (TAVI VS. SAVR)



TAVI enables rapid integration into the home environment and a more efficient use of resources which is key to tackle the shortage of hospital beds following the Covid-19 pandemic.<sup>6</sup>

## TAVI requires fewer staff working hours than SAVR



Implementing a TAVI coordinator can reduce time spent on diagnostics and operating room attendance, patient admissions, and on the general ward could increase capacity for other jobs.<sup>8</sup>

NURSING STAFF:

MEDICAL TECHNICAL ASSISTANCE:

Before

15.6

6.2

After

14.2

5.3

p=0.001

p=0.008

Staffing hours/TAVI patient before and after implementation of a TAVI coordinator<sup>8</sup>

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