



Impact of covid pandemic on VA practices: The Netherlands

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Global Networking Session: Pandemic impact on VA



Disclosure



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Demographics The Netherlands



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Health Care statistics: The Netherlands

41.543 km²



41.543 km²

Number of Hospitals: 305

Number of hospital beds: 39.900

Number of IC beds: 1250

Professionals working in health care: 1,4 million

Professionals working in hospitals: 0,1 million

VA Statistics: The Netherlands

Estimation:

In 1000 bed hospital:
With about 90% PIVC and 10% CVC
+/- 100.000 PIVC per year
+/- 10.000 CVC per year

=> 100 PIVC per bed per year
=> 10 CVC per bed per year

With 40K beds in the Netherlands this means:
=> 4 million PIVC per year
=> 0,4 million CVC per year

41.543 km²



Health insurance: The Netherlands

The Netherlands has **social health insurance**

Every citizen of the Netherlands is having access to all care available

Obligated financial contribution per person:

- Children < 18 years do not pay health insurance
- Inhabitants of 18 years and older pay monthly €110-150

Statistics Covid pandemic: The Netherlands

Number of COVID-19 cases in the Netherlands:

Cummulative 8,38 million COVID cases (2020 – Aug 2022)

Cummulative COVID-19 related deaths 22600 (2020- Aug 2022)

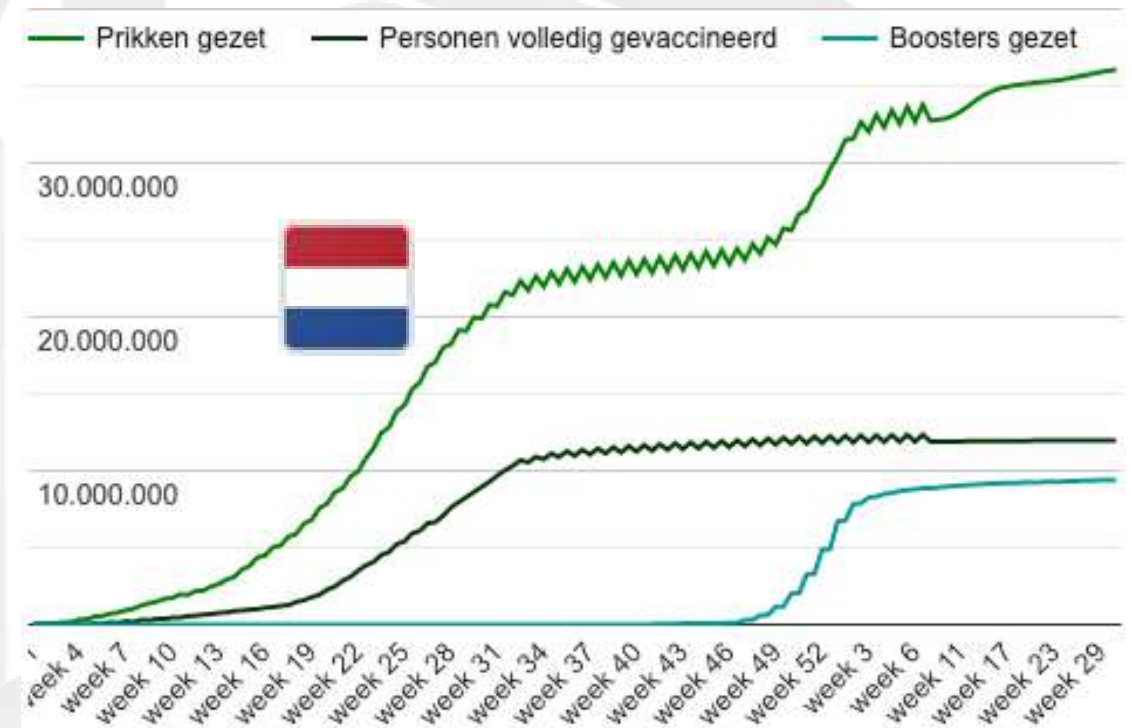
Vaccinations Netherlands:

Vaccinations given: 36.1 mln

Fully vaccinated: 12.0 mln

% of population: 68.6%

- Since Sept 2022 a new program started for immunesuppressed patients, health care workers and age > 60



Impact of COVID-19 pandemic on health care

- ICU strategy: # of ICU beds were upgraded to 1250.
 - At its peak, all ICU bed were taken and overflow to German hospitals
 - End of August 30 COVID patients in ICU
- Work stress and burn out
- Long term health effect due to higher COVID infection of health care workers
- Shortage of health professionals
- Primary focus on medical care for COVID patients and treatment
- ‘Standard’ care was stopped or postponed with serious consequences
 - Still not ‘back to normal’ (Sept. ‘22)
- High impact on the community, tolerance and economics

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VA Implementation experiences

- Prone position treatment of patients on ventilator
 - New technique, required VA training
- High need for reliable and safe vascular access in difficult circumstances
 - Personnel protection
 - Time consuming
- Exhaustion and burn out of personnel
 - Drain in health care, shortage of trained VA personnel
 - Higher demands on remaining staff.

Vascular Access Netherlands

- More effort to improve vascular access
 - Provide a guideline in Dutch to prevent protocols based on personal thoughts and experience
 - Increase extra hospital IV treatment
 - Interprofessional collaboration
 - Education
 - Training
 - Communication
 - Decision making
 - Include patients

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Conclusions

- COVID-19 pandemic resulted in changes of Dutch health care ways of working
- COVID-19 patients delayed regular care with serious health consequences
- A national interprofessional guideline is needed
- New ways of working and patients selection needed
- Prevention is key!
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