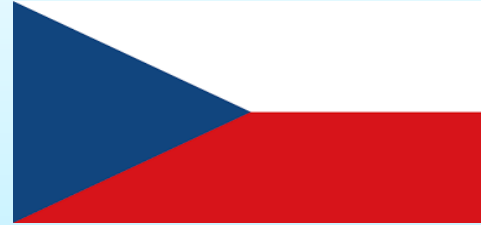


WOCOVA  
7th World Congress on Vascular Access



16-18 OCTOBER MEGARON  
**2022** ATHENS  
GREECE



**What did vascular teams  
learn from COVID-19 in The Czech Republic?  
M.Douglas, A.Drobilicova, J.Charvat, I.Constantine**

17 October 2022

**Global Networking Session: Pandemic impact on VA**

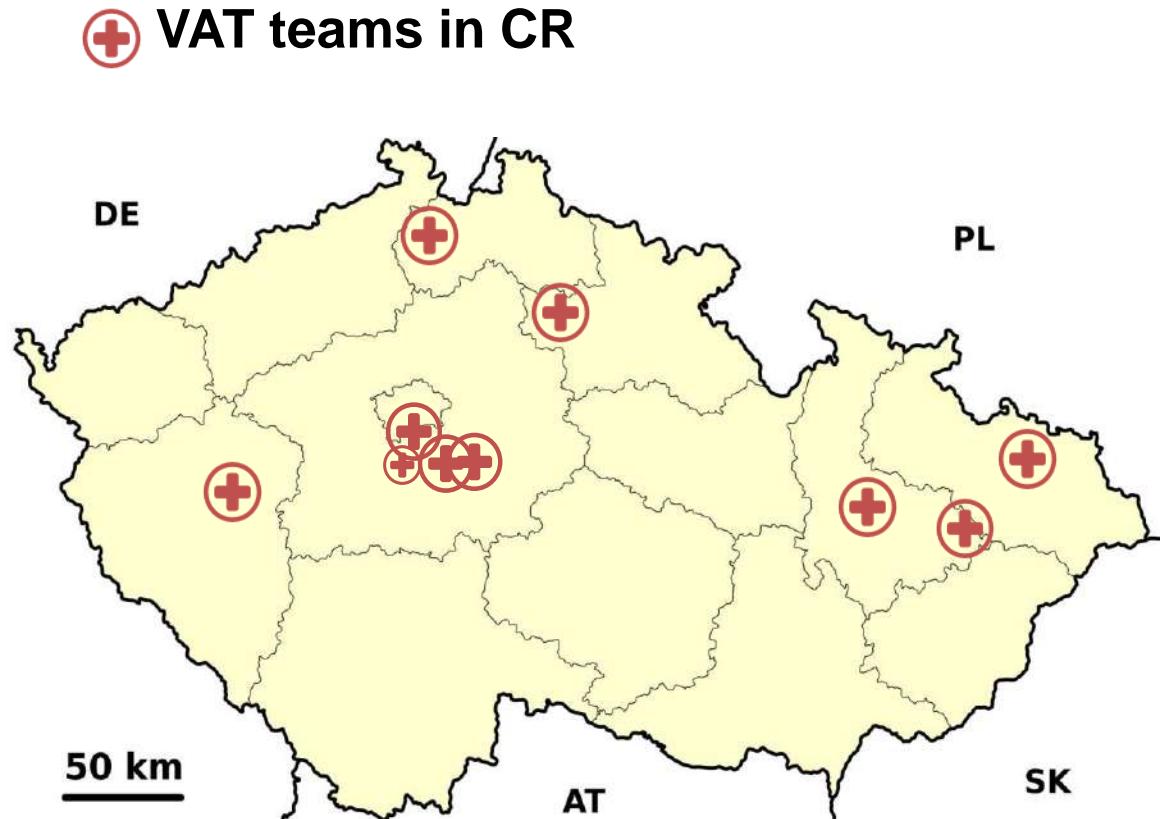
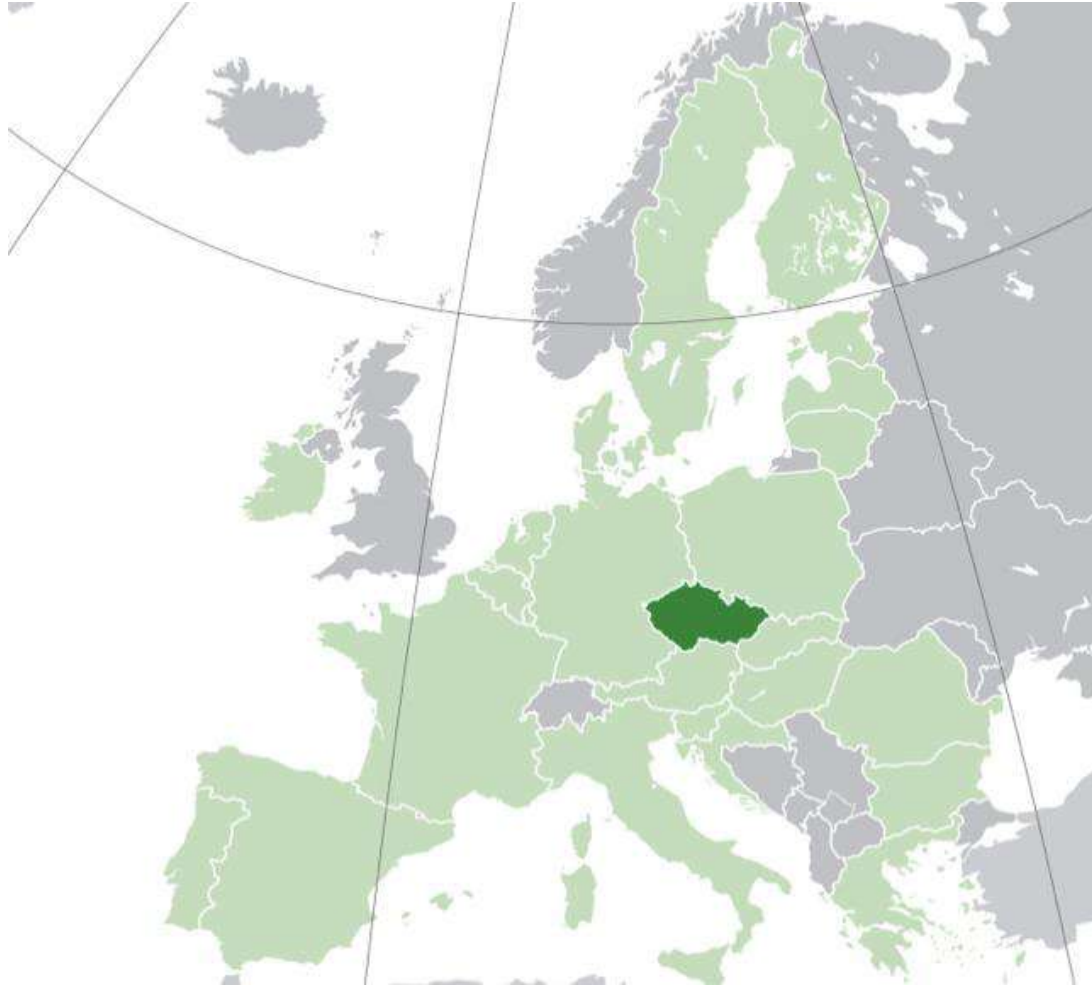


# Disclosure

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- Teleflex
- BD
- 3M
- Hartmann
- Medsol

# Demographics The Czech Republic



# Health Care statistics: The Czech Republic



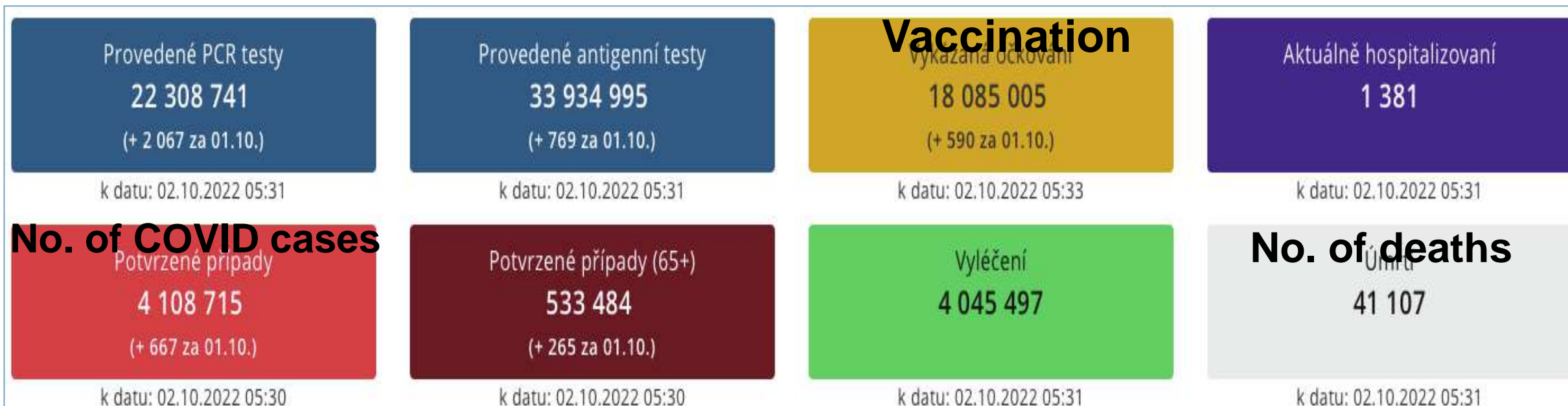
Landscape: 78,871km<sup>2</sup>  
Population: 10,516,707  
Number of Hospitals: 187  
Number of hospital beds: 77,937  
Number of ICU beds: 1899  
Professionals working  
in health care: 221,567  
Nurses: 82,576  
**Number of nursing led VAT  
teams: 3**

# Statistics Covid pandemic: The Czech Republic

## Number of COVID-19 cases in the Czech Republic:

Cummulative 4,1 million COVID cases (2020 – Oct 1st 2022)

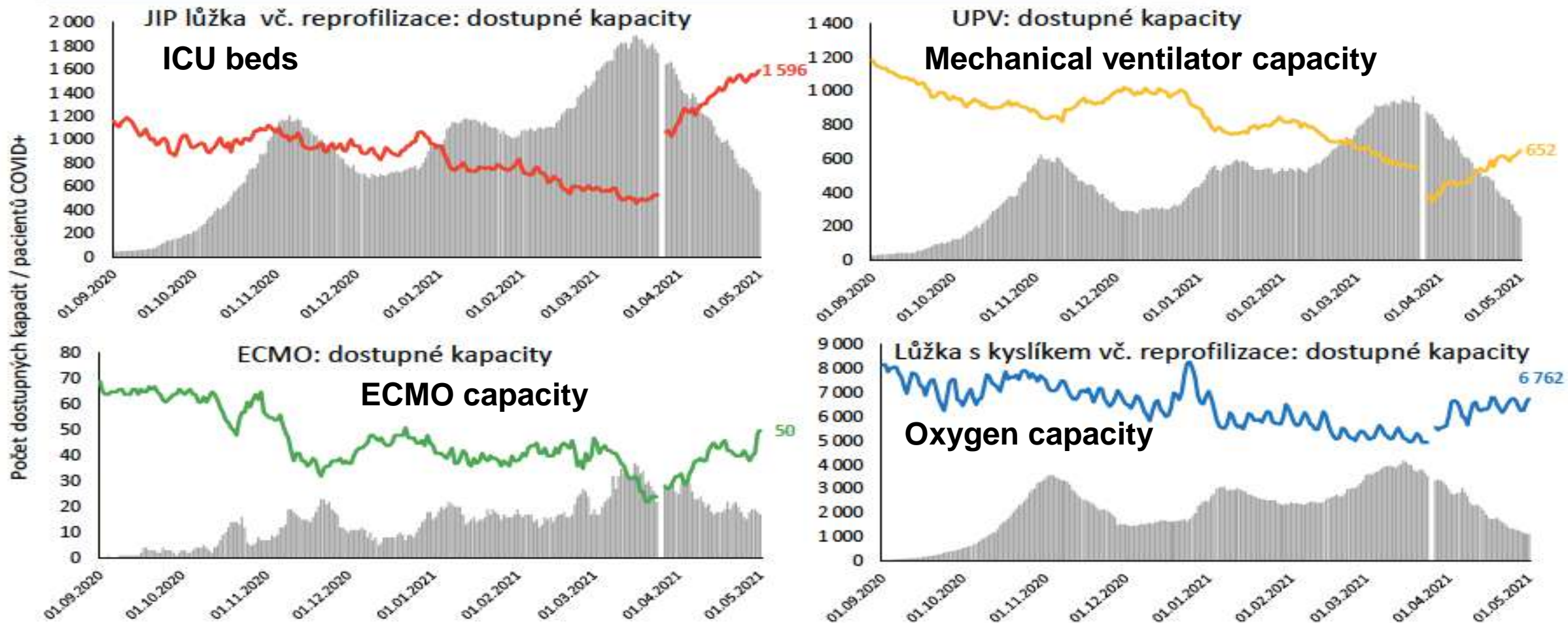
Cummulative COVID-19 related deaths 41,107 (2020 – Aug 2022)



# Number of ICU beds in COVID 19

## Dostupná kapacita intenzivní péče: ČR v časovém vývoji

— Dostupné kapacity dle hlášení nemocnic  
— Kapacity obsazené COVID pacienty



# Impact of COVID-19 pandemic on health care

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## Spring 2020

- Limited experiences with COVID, lots of fear.
- Provision of care diminished, all planned procedures cancelled, except for oncology, acute care and COVID patients.
- First cases of COVID patients 3/2020, less patients compared to autumn.
- Prone position challenge, but handled by skilled ICU staff.
- VAT– insertions continued, preferably at bedside, outpatient care continued.
- Staff taken for use at ICU's, HDU – personal shortage.
- Getting used to COVID PPE's, insertions longer, ...
- Issues with lockdown regions – vital cooperation with homecare services

# Impact of COVID-19 pandemic on health care

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## Autumn 2020 onwards

- Workload extremely high, staff suffer from being overtired, worried and stressed.
- Creation of new units and teams overnight.
- False idea VAT team is not inserting, PICCs cannot deliver so much fluids.
- VAT inserted with help of unskilled staff.
- Increased benefits, if staff knew about PICCs and midlines from home unit-referrals, also improved care of vascular access.
- Priority stabilization of respiratory functions.
- 1<sup>st</sup> line of choice for ICU patients 3 lumen CVC, HDU and ward areas PIV, midlines, PICCs.
- Need for wireless USG and ECG navigation.
- **Educational activities stopped.**



# Impact of COVID-19 pandemic on health care

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**2021**...Education partially resumed 😊.

- Use of international GAVACELT guidelines.
- SPPK on-line webinars, meetings.
- COVID version of certified courses.
- Online resources, videos (dressing, flushing) for nursing staff available on Hospital Intranet.

# Statistics 2020 - 2022

PICC	FN Motol Prague	FN Olomouc	FN Ostrava	FN Plzen
2020	23	31	12	24
2021	94	68	57	38
2022	24	13	34	53
<b>Total:</b>	<b>141</b>	<b>112</b>	<b>103</b>	<b>115</b>

Midline	FN Motol Prague	FN Olomouc	FN Ostrava	FN Plzen
2020	17	9	5	28
2021	205	6	9	28
2022	34	1	0	18
<b>Total:</b>	<b>256</b>	<b>16</b>	<b>14</b>	<b>74</b>

# Challenges for VAT

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## Impact on insertions:

- Limited staffing.
- Insertions under limited conditions, on new units.
- PPE's.
- Time consuming, one insertion – 1 hour, dressings 30 minutes.
- Once +ve experience with VAT team, tendency to call again.
- Support of nursing staff.
- +ve ECG navigation, ability to use line immediately.

## Impact on care:

- Limited staffing.
- Staff w/no previous experience with PICC/midline/CVC.
- Challenge to do dressings, flushing.
- Material shortage (Griplock, CHG dressings).
- Patient factor – restless, agitated, skin often wet.
- Time constrains.

# What did we learn from COVID-19?

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- Hospital with established nursing VAT teams used PICCs, midlines and long peripheral catheters.
- Units with previously educated nursing staff had minimal complications with lines.
- Use of SecurAcath, CHG dressings, IV Advanced dressing improved line outcome.
- Need to adapt limited working conditions, be flexible.
- We got to know new teams, helped and learned from each other.
- Need to support and solve complications with all CVADs for patients from outskirt hospitals, long-term facilities, homecare services.
- We have respect for COVID, but it did not stop us providing quality care to our patients.
- In our teams we can rely on each other.
- **Education must continue...**

# Conclusion

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“The goal of education and wisdom is for a person to see a clear path of life ahead of him, walk carefully along it, remember the past, know the present and foresee the future.”

J.A. Komensky (teacher of nations)

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