



Cardiovascular Care Complicated by COVID-19

*Understanding our
Post-Pandemic Landscape*

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Diverging Impacts of a Pandemic

Acute vs. Elective Care

Healthcare workers became the non-negotiable frontline defense for a nation in need of care once the COVID-19 pandemic emerged. And providing care on that frontline took its toll in different ways, as healthcare workers balanced the new, pandemic-related stress the rest of the nation was feeling while also managing the unique stresses of their profession during this historic moment in time.

As providers in acute care situations began to see longer days, nurses and technicians in the cardiovascular care community began to experience the opposite. **With elective procedures on hold, it wasn't uncommon for cardiac cath labs that once saw 25-30 procedures a day to hope to complete five.**

And as patient volume changed, so too did internal workflows as facility managers and administrators worked with nurses and technicians to minimize opportunities for exposure among providers and the patients they were treating.

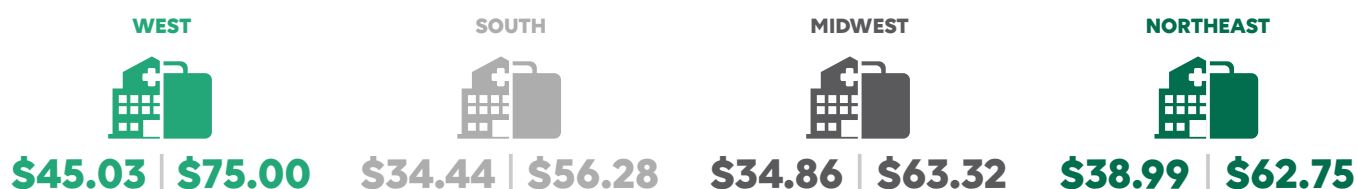
The COVID-19 pandemic presented a swift, seismic shift for the cardiovascular care industry with a resulting ripple effect that could shape the delivery of care in the months ahead.

While some healthcare workers are exhausted and leaving the profession altogether, others are still counting on a backlog of elective procedures to shore up a stunted case volume. And many who lost hours, wages and benefits during the height of the pandemic — experienced most severely across the South, according to Springboard's most recent [Wage Survey](#) — are still waiting for patient volumes to return to pre-pandemic levels.

In contrast, some facilities are so in need of cath lab, electrophysiology (EP) and interventional radiology (IR) talent to address the backlog of procedures, they're offering increased compensation (as compared to pre-pandemic levels) in an effort to entice highly qualified clinicians.

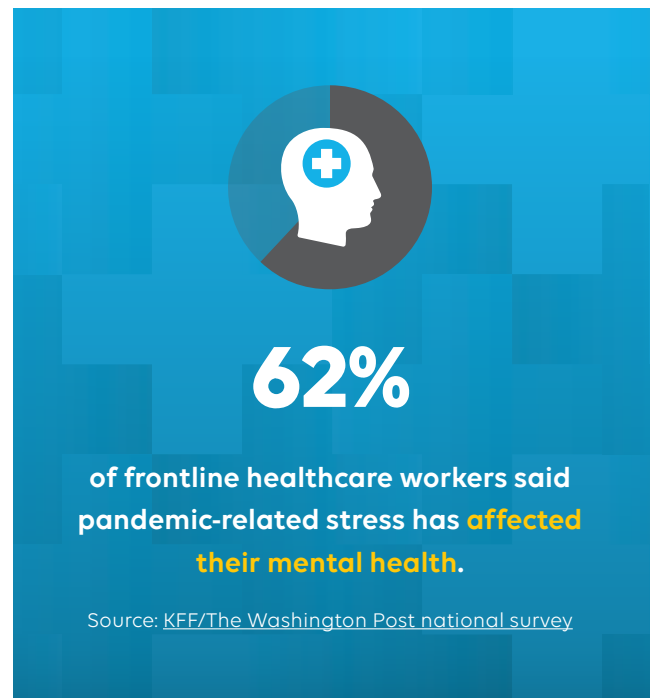
Average Traveler Compensation by Region

Hourly rate of non-travelers compared to travelers (from our [2020 Wage Survey](#))



With millions already vaccinated, and individual states lifting mask mandates, it's clear the nation is reopening in phases even as new variants of the virus begin to circulate and take hold.

That means administrators and facility managers will need to continue to **practice flexibility with staff and be mindful of new details related to safety protocols, the mental health of nurses and technicians, adjusted workflows, how delayed care could impact cardiovascular patients and an education gap** that may need to be filled in a field that is already short the number of skilled professionals it needs.



Delayed Care, Decreased Utilization

An Abruptly Idle Corps of Clinicians

As stay-at-home orders were introduced across the country during the spring of 2020, they impacted more than nightlife and travel. Those orders, coupled with narrowing hospital capacities nationwide, changed how cardiovascular care was delivered — if it was at all.

Patients chose to defer care for fear of becoming exposed to the virus in a medical setting. At the same time, cardiac cath labs and electrophysiology labs all but halted operations entirely as elected officials ordered a moratorium on elective procedures to align with mandates to isolate, and facility administrators repurposed cath lab treatment space to prioritize it for emergency, COVID-related patient care.

That abrupt change meant nurses and technologists in cardiac cath labs and electrophysiology labs became virtually idle while interventional radiologists experienced a decrease in utilization to a lesser degree. Many experienced layoffs, while some clinicians with critical care

experience were able to transition to COVID-19 wings of their facilities where support was needed.

Factored together, statistics indicate an increase in certain cardiovascular-related deaths following the onset of the pandemic as patients chose to delay care, which could have a long-term impact on patient care and patient outcomes — affecting the cardiovascular care community.

“These findings raise serious concerns for long-term adverse cardiovascular health outcomes resulting from decreased diagnosis,”

said Andrew J. Einstein, MD, PhD, lead author of the study, associate professor of medicine at Columbia University Vagelos College of Physicians and Surgeons, and a cardiologist at New York-Presbyterian/Columbia University Irving Medical Center.

↓ **64%**

Decrease in volume of cardiac diagnostic procedures from March 2019 to April 2020.

↓ **80-95%**

Decrease in electrophysiology procedure volume following the onset of the COVID-19 pandemic.

↓ **41%**

Decrease in outpatient interventional radiology procedures after COVID-19 took hold.

A Staffing Snapshot

The Importance of Morale and Education

Staffing has long been the Achilles heel of facility managers and administrators, thanks to a well-documented shortage of qualified clinicians and an environment that — on a good day — takes a toll on its professionals. Add in a pandemic, and staffing shortages become an even bigger challenge.

One recent survey indicates that about a quarter of healthcare workers have considered leaving their jobs since the beginning of the pandemic, while about 10% did resign. A survey conducted by the American Nurses Foundation found that a majority of respondents were exhausted, and many felt undervalued by their supervisors and unprotected against the COVID-19 virus while treating patients.

For facility managers and administrators who require a fully-staffed cath lab, low morale and increasing exits from the industry by qualified clinicians creates a difficult scramble when balancing patient care and working to avoid staff burnout.

+ 11,000,000

Projected additional nurses needed to avoid a shortage, according to the U.S. Bureau of Labor Statistics.

To compound the shortage of qualified nurses and technicians, **the rollback of procedures created by the COVID-19 pandemic has created an education gap.**

As workflows were adjusted to keep teams separated and caseloads were minimized to avoid unnecessary exposure during a challenging time, hands-on education in clinical environments — such as those that help cath lab, EP and IR nurses and technologists move forward professionally — was put on hold.



One study indicated a nearly 52% drop in caseloads for interventional radiology fellows early in the pandemic, a decrease that could impact a clinician's ability to fulfill graduation requirements — further impacting an already challenging staffing landscape.



What Lies Ahead

The COVID-19 Long Game

Based on statistics, staffing will remain an ongoing challenge for the healthcare industry, including cardiac cath lab specialties. As testing, screening and preventative measures become a part of a new procedural protocol for elective surgeries, if they haven't already, facility managers and administrators will need to navigate an added layer when trying to achieve efficiency in patient care.

Looking ahead, the impact of the COVID-19 pandemic will be felt in a variety of ways, each of which will have staffing implications.



Workload to be Redistributed and Capacity Alleviated

The backlog of elective procedures will begin to be alleviated by the second half of 2021, as predicted by Frost & Sullivan, which also anticipates that teleradiology and AI-based solutions will help redistribute workload and alleviate capacity issues.



Patient Volume to Increase

COVID-19 survivors, according to the CDC, could experience long-term cardiovascular and respiratory abnormalities, which could increase patient volume for cardiac teams.

Of course, an unexpected opportunity presented by the pandemic was the pressure it created for EP lab nurses and technologists to work outside their comfort

zones when it came to mapping, ablating, implanting and extracting. Many EP lab professionals actually expanded their skillsets as a result.



Need for Care to Increase with Poorer Outcomes

Outcomes for cardiovascular disease are dependent on early and effective diagnosis. Delays in treatment and diagnosis, which occurred during the height of the pandemic, could result in a greater need for care and poorer outcomes for cardiac patients long-term, which could strain cardiac care teams.

- Transthoracic echocardiography — **down 59%**
- Transesophageal echocardiography — **down 75%**
- Stress tests — **down 76%**
- Coronary angiography — **down 55%**

Solutions for a New Era

A Proactive Approach

Facility managers and administrators are faced with seemingly constant challenges. Every day is different, yet the goal of having healthy patients and a happy staff remains consistent through it all — with or without a pandemic.

Solutions exist to meet the obstacles presented by the COVID-19 pandemic, and most go hand in hand.

Staffing, capacity, morale and education all live within the same professional ecosystem.

Challenge: Clinicians, from nurses to technicians, feel undervalued.

Solution: Create an environment that shows staff members that their dedication to providing care, even in precarious moments, is appreciated and important. Find ways to acknowledge the commitment demonstrated by staff even when their own health is at risk.

Challenge: Frontline healthcare workers are emotionally drained and may need mental health support.

Solution: Foster an environment that feels safe and encourages attention to mental health, and be mindful that many clinicians may still feel they can and should handle mental health challenges on their own.

Challenge: Maintaining a fully-staffed cath, EP or IR lab is difficult as capacity fluctuates.

Solution: Work with a partner to find highly qualified traveling nurses who are eager to fill immediate needs and able to alleviate short-term capacity challenges.

Challenge: Finding top-tier talent is an urgent need to clear a backlog of procedures.

Solution: Increased compensation for cath lab nurses and technicians is one way to get the attention of in-demand professionals, a trend Springboard anticipates will continue into 2022.

Challenge: A lapse in hands-on education during the pandemic may stunt graduation trajectories for up-and-coming technicians and nurses.

Solution: Invest in education platforms that allow for remote learning, award CE credits, prepare students for industry certification and improve the clinical capacity of a lab.

Challenge: Clinical teams and organizations need to evolve to help diminish inequities in the delivery of care.

Solution: Workforce development initiatives that focus on culturally and racially diversifying teams could offer a valuable path forward to build trust with underserved or underrepresented communities.



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About Springboard Healthcare

Since 2002, Springboard Healthcare has been working with the nation's top organizations and healthcare systems to provide skilled clinicians to help facilities, along with crucial training to elevate cardiovascular care as a whole.

Our annual wage survey is a sought-after resource for those in the field, and it keeps our fingers on the pulse of important issues such as compensation, hours and continuing education.

And, our team's industry experience is unmatched. As one of the premier healthcare staffing agencies, we understand the needs of cardiovascular care units inside and out. And, we're here to put our expertise to work for you.

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