Happier Patients and Improved Workflow at the MedStar Washington Hospital Center EP Lab: Early Ambulation and Same-Day Discharge for AF Ablation Using VASCADE MVP®

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Same-Day Discharge at MedStar Washington Hospital Center (n = ~1,000 AF patients)		
Workflow	**Pre-MVP**	**SDD with VASCADE MVP®**
Pull Sheaths	EP Lab	EP Lab
Closure Method	Manual Compression	VASCADE MVP
Time to Ambulation	4-6 hours	2 hours
SDD for AF Ablation Patients	0%	90%

MedStar Washington Hospital Center is the flagship of the 10-hospital MedStar Health system, which serves patients throughout the national capital and Baltimore metropolitan regions. Our team of 20 cardiac electrophysiologists works in multiple regional locations and annually performs about 4,000 cases, including 2,000 ablations, in MedStar Washington Hospital Center's 8-procedure-room cardiac electrophysiology (EP) suite.

For years, we achieved femoral vein hemostasis after cardiac ablation by post-sheath removal manual compression (MC), followed by 4 to 6 hours of bed rest. Such prolonged immobilization can be uncomfortable for patients. It can also cause post-operative logjams, impact nursing workflow, consume hospital beds, and diminish lab throughput and productivity.

Enabling Same-Day Discharge for AF Ablation[1] Using VASCADE MVP®—A New Norm

Our VASCADE MVP® experience began in 2019 after MedStar Washington Hospital Center was selected to be an investigator site in the AMBULATE Trial. The technology contributed to our launching an early ambulation program for femoral venous procedure patients. In the case of our atrial fibrillation ablations, VASCADE MVP has facilitated a highly successful same-day discharge (SDD) workflow. Since starting the program, we have treated over 1,000 AF ablation patients under a targeted protocol that gets patients out of bed and out of the hospital quickly.

Our ability to "protocolize" SDD for AF ablation created a new standard of care, enabling early ambulation and SDD to be the norm in our EP Lab. While rare exceptions still require overnight stay—e.g., patients with multiple comorbidities, those who prefer to spend the night, highly complex or late-case ablations—the vast majority (>90%) of our AF ablation patients go home the same day.

> "Today our techs are closing with VASCADE MVP in over 90% of our venipuncture cases."

Same-day discharge has been an improvement over our previous MC workflow, increasing lab and staff efficiencies while enhancing the patient experience. It has allowed us to realize:

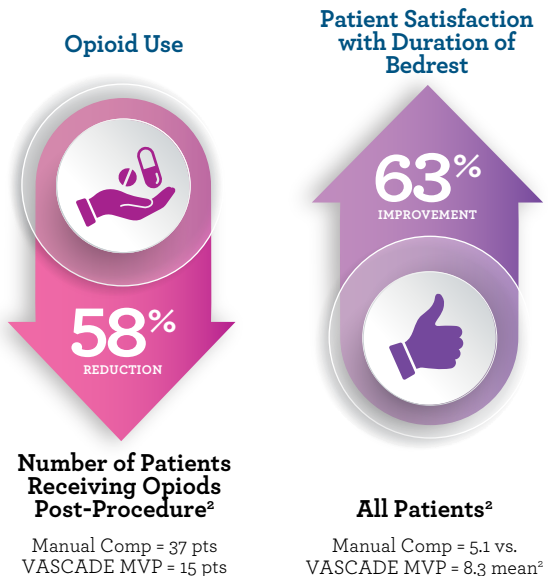
- Quicker lab turnover
- Shorter post-procedure care
- Reduced overall expenses
- Reduced hospital length of stay
- Expansion of our service line

As an example of time impact, the roughly 15-20 minutes of lab time reduction per patient undergoing VASCADE MVP closure are followed by about 4 hours of bedrest savings.

> "Per patient, we see ~15-20 minutes of lab time savings translate into ~4 hours of bedrest savings."

Patients First—Improving the Care Experience

In the prospective, multicenter, randomized AMBULATE Trial[2], VASCADE MVP demonstrated a median time to ambulation of 2.2 hours compared to 6.1 hours with MC.



Number of Patients Receiving Opiods Post-Procedure[2]

Manual Comp = 37 pts
VASCADE MVP = 15 pts

All Patients[2]

Manual Comp = 5.1 vs.
VASCADE MVP = 8.3 mean[2]

> "Same-day discharge has become our rule rather than exception. The vast majority of our AF ablation patients go home the same day."

The AMBULATE Trial also showed a 58% reduction in opioid use and 63% increase in all-patient satisfaction for the post-procedure interval.

At MedStar Washington Hospital Center, we have seen similar patient results. Shorter bedrest times coupled with same-day discharge continue to generate favorable feedback from patients and family members.

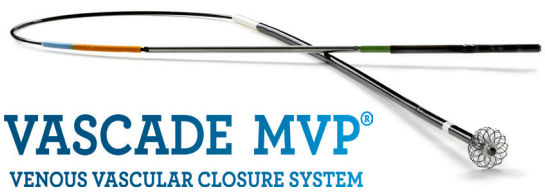
Conclusion

SDD is now standard practice in our EP lab, particularly for AF ablation. It has improved clinical workflow, lab efficiencies, and our patients' experience.

Dr. Eldadah was not financially compensated by Cardiva Medical for this publication, and the content is an accurate presentation of his personal opinions. Refer to the product IFU before use for important safety information.

About VASCADE MVP®

VASCADE MVP® venous vascular closure device was designed for EP procedures, and it is the only FDA-approved closure device for use following cardiac ablations.[3] VASCADE MVP is used with 6F-12F inner diameter (15F maximum outer diameter) procedural sheaths, including ArcticFront™ cryoablation (Medtronic) and Watchman™ left atrial appendage closure (Boston Scientific). VASCADE MVP can be used in single or multiple access sites, in one or both limbs.



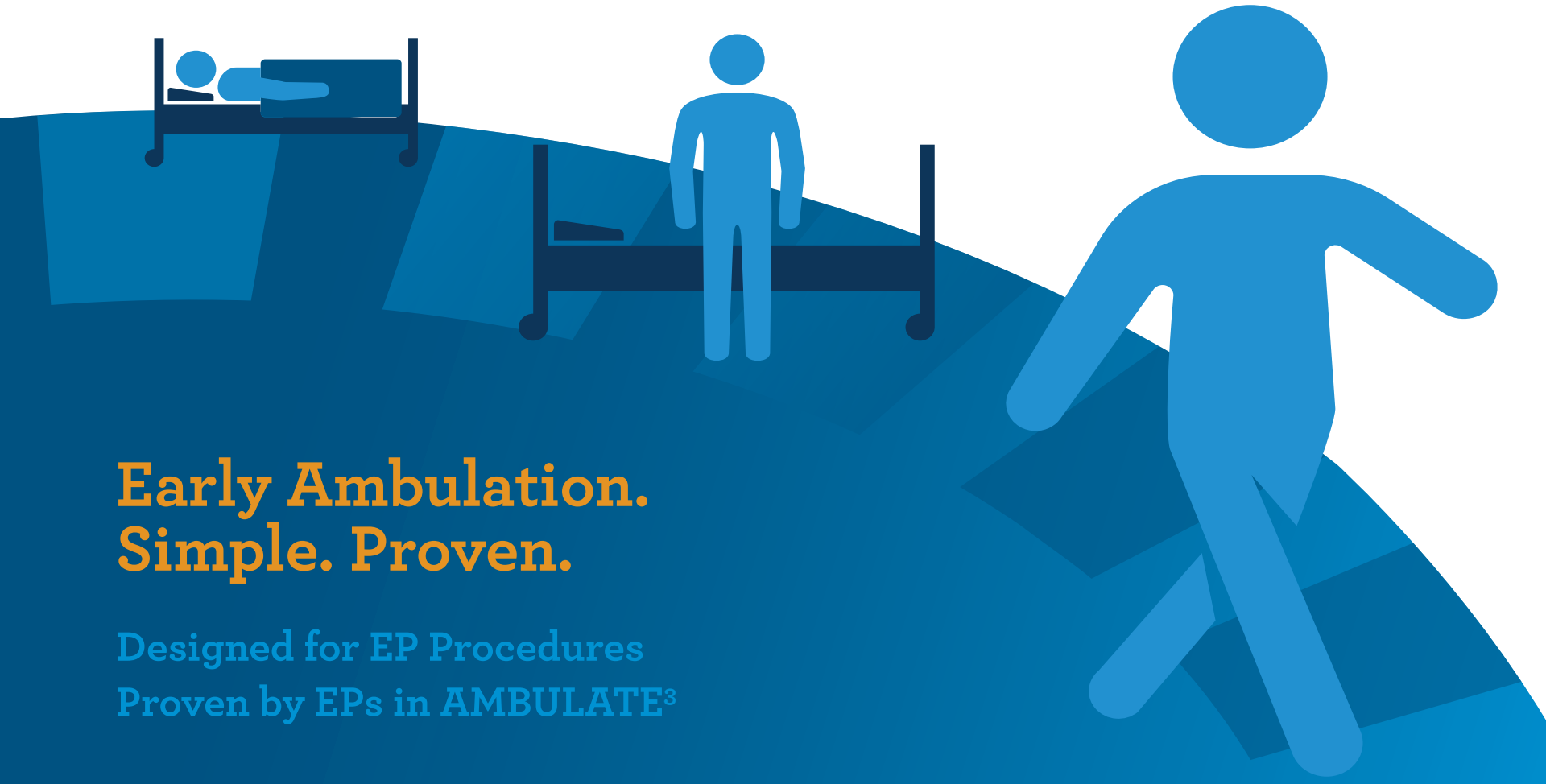
1. VASCADE MVP demonstrated median Time to Discharge Eligibility of 2.5 hours in the AMBULATE Clinical Trial.
2. Natale A, et al. Venous vascular closure system versus manual compression following multiple access electrophysiology procedures: THE AMBULATE Trial. JACC Clin Electrophysiol October 2019. DOI: 10.1016/j.jacep.2019.08.013.
3. Cardiac ablations requiring two or more access sites within the same limb. See VASCADE MVP IFU 3972. January 2021.

VASCADE MVP®

VENOUS VASCULAR CLOSURE SYSTEM

Enabling Same-Day Discharge for Cardiac Ablation Patients[1]

The only FDA-approved closure device for use following cardiac ablations[2]



Early Ambulation. Simple. Proven.

Designed for EP Procedures Proven by EPs in AMBULATE[3]

2.2 hrs	Median Time-To-Ambulation (3.9 hour reduction)
2.5 hrs	Median Time-To-Discharge Eligibility
63%	Improvement in All-Patient Satisfaction for Bed Rest Duration
58%	Reduction in Opioid Use

To learn more visit www.cardivamedical.com or call 866.602.6099

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