



OBJECTIVES

The VIP-Cardio survey (Value-based Indicators for Patients-centered Cardiovascular Care) aims to provide essential data on cardiac Patients Reported Outcomes and Experiences from healthcare in Greece. Thus, herein we present data related to ψcardiac patients experiences from hospitalization

METHODS

A prospective non-interventional observational study with the participation of cardiac patients who suffered a first-time Acute Myocardial Infarction (AMI) or underwent trans-catheter aortic valve implantation (TAVI) was conducted, from November 2022 to November 2024. Under study patients were derived from four public tertiary hospitals in Greece (3 in Attica and 1 in Thessaloniki). Patients' experiences were investigated (via telephone interviews) using the questionnaire of Zinckernagel L, et al. (BMJ Open 2017) (values range from 1 to 4, with higher scores indicating more positive self-reported experiences). The questionnaire was translated into Greek and adapted in the Greek language through face to face interviews. In addition, patients were interviewed in relation to rehabilitation guidance and support they received after the acute phase of care. Descriptive statistical analysis was performed using SPSSv.21. The study was carried out only after obtaining the informed consent of the participants. Moreover, the study protocol was harmonized with the General Data Protection Regulation and has been approved by all competent bodies.

RESULTS

Out of 565 **AMI** patients [mean age 63 (SD=11.9), 78.9% men, 46.7% STEMI] and 261 **TAVI** patients [mean age 81 (SD=4.9), 51.5% men, 78.9% self expandable implant], 381 patients (318 AMI and 63 TAVI) have been interviewed in relation to their experiences from provided healthcare.

As depicted in Figure 1, the vast majority of both AMI and TAVI patients, reported that had received advice/guidance on physical exercise, on dietary regime as well treatment and any potential related issues after the onset of cardiac event and they followed them. However, it is worth noting that about 10% of TAVI patients stated that they didn’t receive advice/guidance on quitting smoking after onset of illness and moreover about 35% of AMI patients reported that they didn’t receive advice/guidance on sexual life and relationships related to illness.

Patients stated that co-morbidities were taken into account by the physicians to a very satisfactory degree (mean 3.89, SD =0.5 for AMI and 3.99, SD=0.1 for TAVI patients), and they positively evaluated the communication they had, both during hospitalization and on an outpatient basis with health care providers (mean 3.67, SD =0.3 for AMI and 3.7, SD=0.2 for TAVI patients), as well as the information they received about the disease and treatment (mean 3.74, SD =0.4 for AMI and 3.73, SD=0.6 for TAVI patients). However, their positive experiences regarding the information they received about the psychosocial impact of cardiac issues on their lives (mean 2.13, SD =1.3 for AMI and 2.78, SD=1.4 for TAVI patients), were significantly limited. In addition, patients with AMI reported relatively limited involvement of their relatives/caregivers in the plan of care (mean 3.1, SD =1.2)

CONCLUSIONS

Results underline the necessity for in depth information of cardiac patients about the psychosocial effects of the disease on their lives and more active participation of patients' relatives/caregivers in their planning of care.

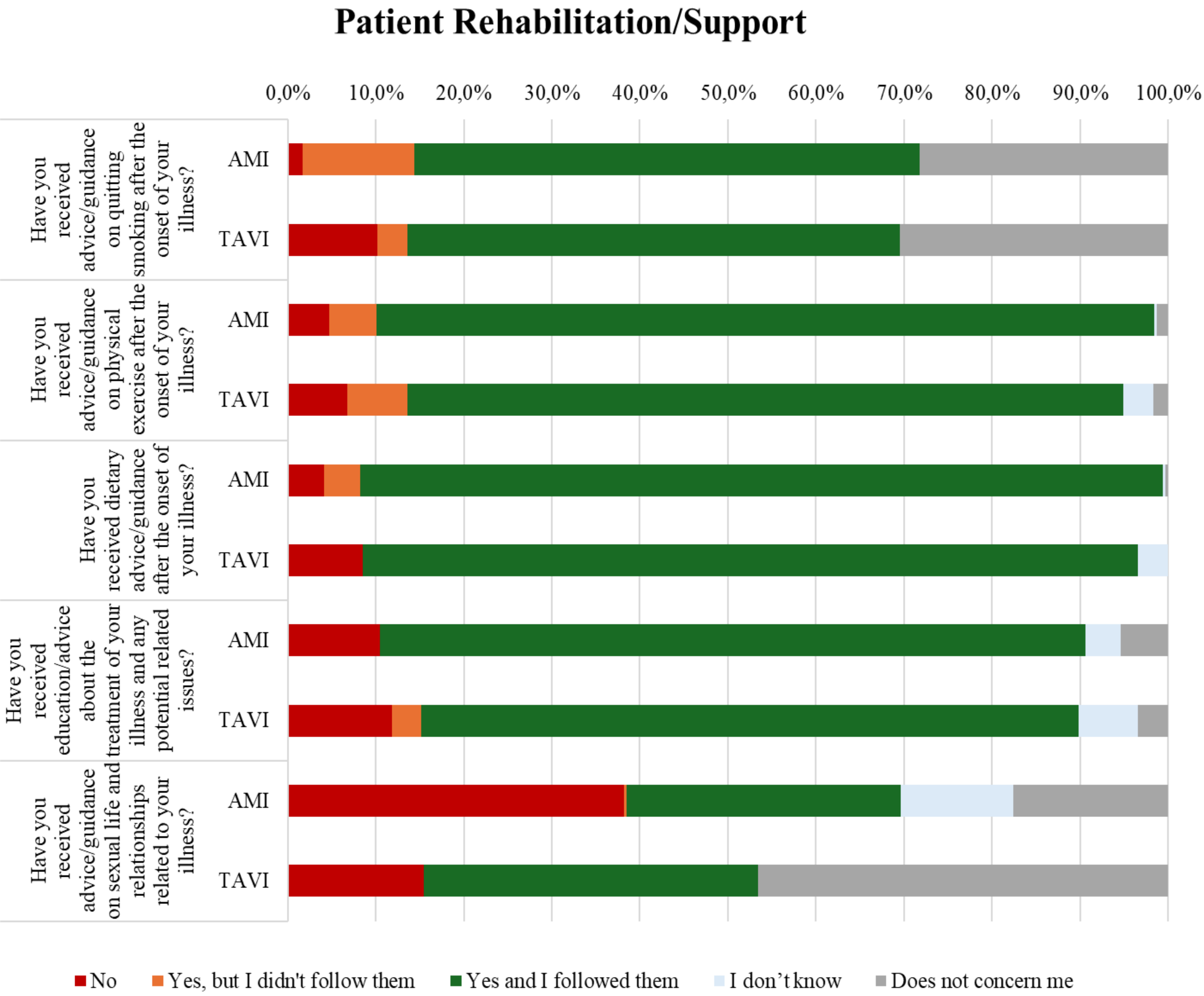


Figure 1: Patients responses related to rehabilitation guidelines /support they received

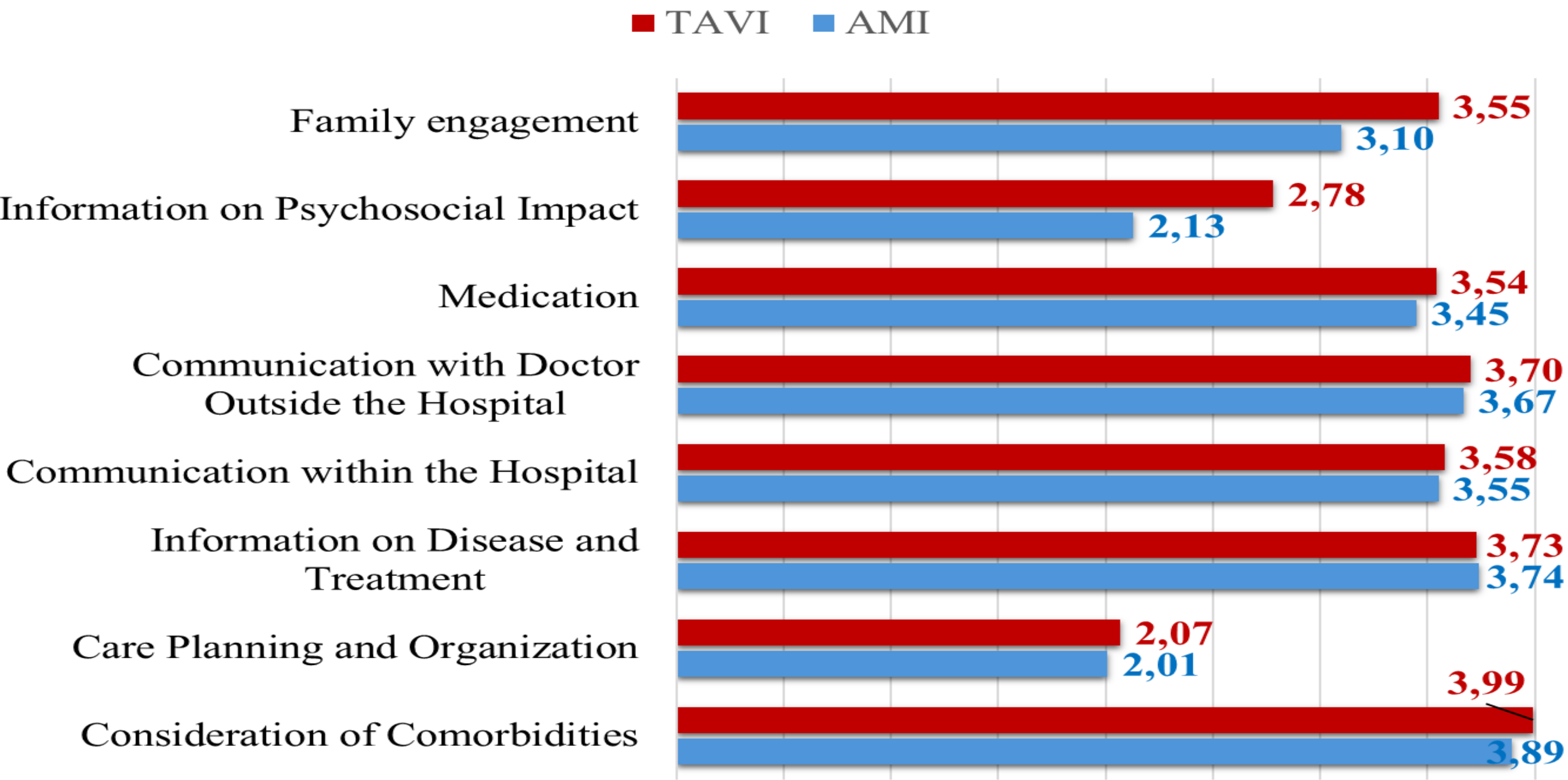


Figure 2: Average score of patients’ experiences