

TAVR Home Monitoring Pathway Elevate the standard of care

Elevate and create a new standard of excellence in care with Philips Mobile Cardiac Telemetry – MCOT TAVR Home Monitoring Pathway. Protect patients from potential post-discharge complications, such as sudden death due to delayed high-grade heart block (DH-AVB), that can occur days to weeks after hospital discharge through the implementation of MCOT.¹

Nearly 1/3

of the transfemoral TAVR patients who died within 30 days post-procedure were after hospital discharge.²

Benefits



Decrease length of stay (LOS)¹



Reduce sudden risk of death¹



Avoid unnecessary permanent pacemaker (PPM) implantations³

10%

post-TAVR outpatient MCOT detected DH-AVB.⁴ 9%

of patients require placement of PPMs post discharge.4 6 days

median time to develop DH-AVB post-procedure.4

(Range 3-24 days)

Philips TAVR Home Monitoring Pathway enables your organization to meet the 2020 ACC Expert Consensus Guidelines on TAVR which recommends post-TAVR outpatient remote monitoring within 48 hours if the patient is without clear pacemaker indications but is at risk for DH-AVB.³

Philips TAVR home monitoring pathway

TAVR procedure valve inserted.

Hospital discharge. Philips MCOT placed on patient. Follow-up patient management.

Up to 30 days of MCOT continuous monitoring

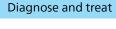


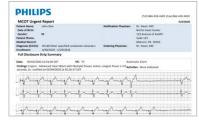


MCOT near-real-time monitoring with SmartDetectAl algorithm optimizes the capture of critical arrhythmias such as second and thirddegree heart block, bradycardia and pause.

Findings are processed in a priority queue for review by a senior cardiac monitoring technician ensuring rapid physician notification when required.*

Increase patient compliance with MCOT's simple and easy to wear patch technology that enables patients to go about their daily life with ease. Also available with lead wire and Flex wear options.

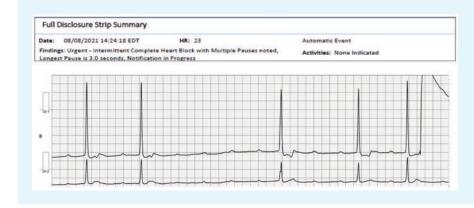




Actionable reports provide the right data and insights to accelerate confident, clinically smart cardiac care delivery for quick and accurate diagnosis and treatment.

Urgent/emergent reports are delivered and accessible for immediate clinician review, diagnosis and intervention.*

Daily reports are available to the clinician throughout the prescribed monitoring period (up to 30 days).



Detection of DH-AVB post-TAVR

Female, 70 years old Diagnosis: DH-AVB

Findings: Intermittent complete heart block with multiple pauses

noted HR: 23

Automatic recording/no symptoms

Comments: Verbal notification

For more information, please contact your local Philips Account Executive, visit our website at www.philips.com/ECGSolutions or scan this QR code.



¹ Based on Physician Testimonial: Kabir Bhasin, MD, Electrophysiologist and Director of Clinical Education, Lenox Hill Hospital at Northwell Health. Northwell Health post-TAVR Monitoring Experience Comprehensive TAVR monitoring program. BioTelemetry, September 11, 2021 https://www.gobio.com/tavr/.



^{*} Based on physician customizable notification criteria

² Saif Anwaruddin, Nimesh D. Desai, et al. Evaluating Out-of-Hospital 30-Day Mortality After Transfemoral Transcatheter Aortic Valve Replacement: An STS/ACC TVT Analysis Coronary. J Am Coll Cardiol Cardiovasc Interv. 2021 Feb, 14 (3) 261–274.

3 Lilly S, Deshmukh A, Epstein A, et al. 2020 ACC Expert Consensus Decision Pathway on Management of Conduction Disturbances in Patients Undergoing Transcatheter Aortic Valve Replacement: A Report of the American College of Cardiology. 2020;76(20):2391-2411. doi:10.1016/j.jacc.2020.08.050

4 Mobile Cardiac Telemetry utilized in this study was the ACT (Ambulatory Cardiac Telemetry) Monitor by BioTel Heart. Reference: Ream K, Sandhu A, Valle J, et al. Ambulatory Rhythm Monitoring to Detect Late High-Grade Atrioventricular Block Following Transcatheter Aortic Valve Replacement. J Am Coll Cardiol. 2019;73(20):2538–2547.