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Background

VTE Risk

- >60% VTE occurs >75yrs
- Age + comorbidities
- Risk persists <3 months



Prescribing

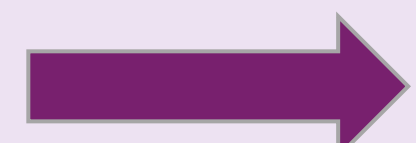
Bleeding risk

- #1 location: GI
- #1 mortality: intracranial
- VTE treatment vs prophylaxis = higher risk



Deprescribing

Extended VTE prophylaxis post discharge



Increased bleeding



Aim:

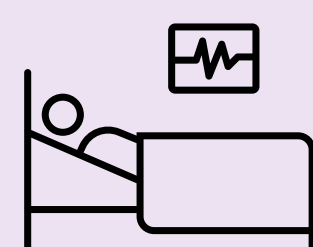
- Improve VTE prophylaxis both prescribing + deprescribing
- Patients admitted to acute frailty ward
- Ward 8, St John's Hospital, Lothian
- By December 2024



Methodology

Identified Points for Review:

- Frailty Ward admission
- Delayed discharged



Initial data Collection:

1. Medical staff survey
2. 2x initial data sets 1 month apart

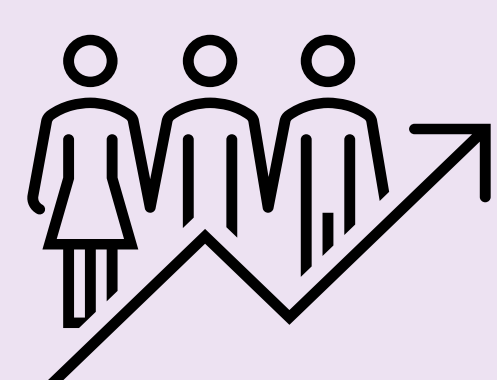
Exclusion criteria:

- End-of-life care
- Already on anticoagulant



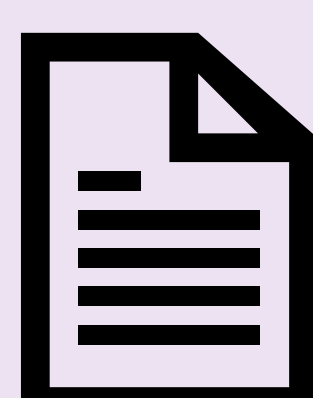
Intervention:

- Medical staff education
- Trak (inpatient record)
- Delayed Discharge Proforma Shortcut
- Simultaneous ward QI project developed admissions proforma



Proforma - \ward8DD:

- Presenting complaint
- Summary of issues during admission
- DNACPR/AWI (Valid)
- Discharge plans/reason for delayed discharge
- Planned discharge date
- VTE reviewed
- Immediate discharge letter complete
- Bowels
- Acute updates
- Physiotherapy/ occupational therapy/ social work updates



Results

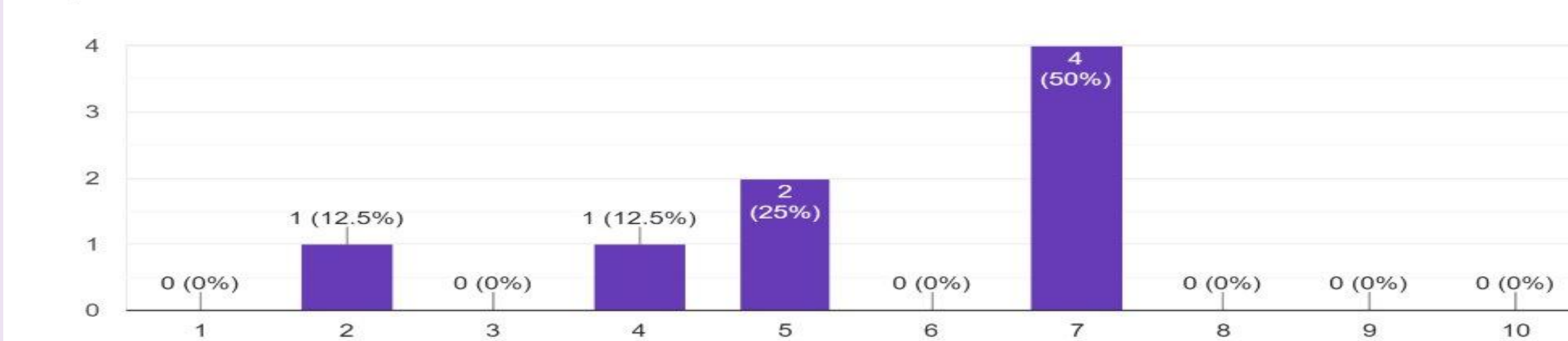
Staff Survey:

- Only 44% deprescribe when 'delayed discharge'
- 1/3rd know to access VTE prophylaxis intranet guidance
- Less confident about deprescribing vs prescribing



How good do you think Ward 8 are at VTE prophylaxis management?

8 responses

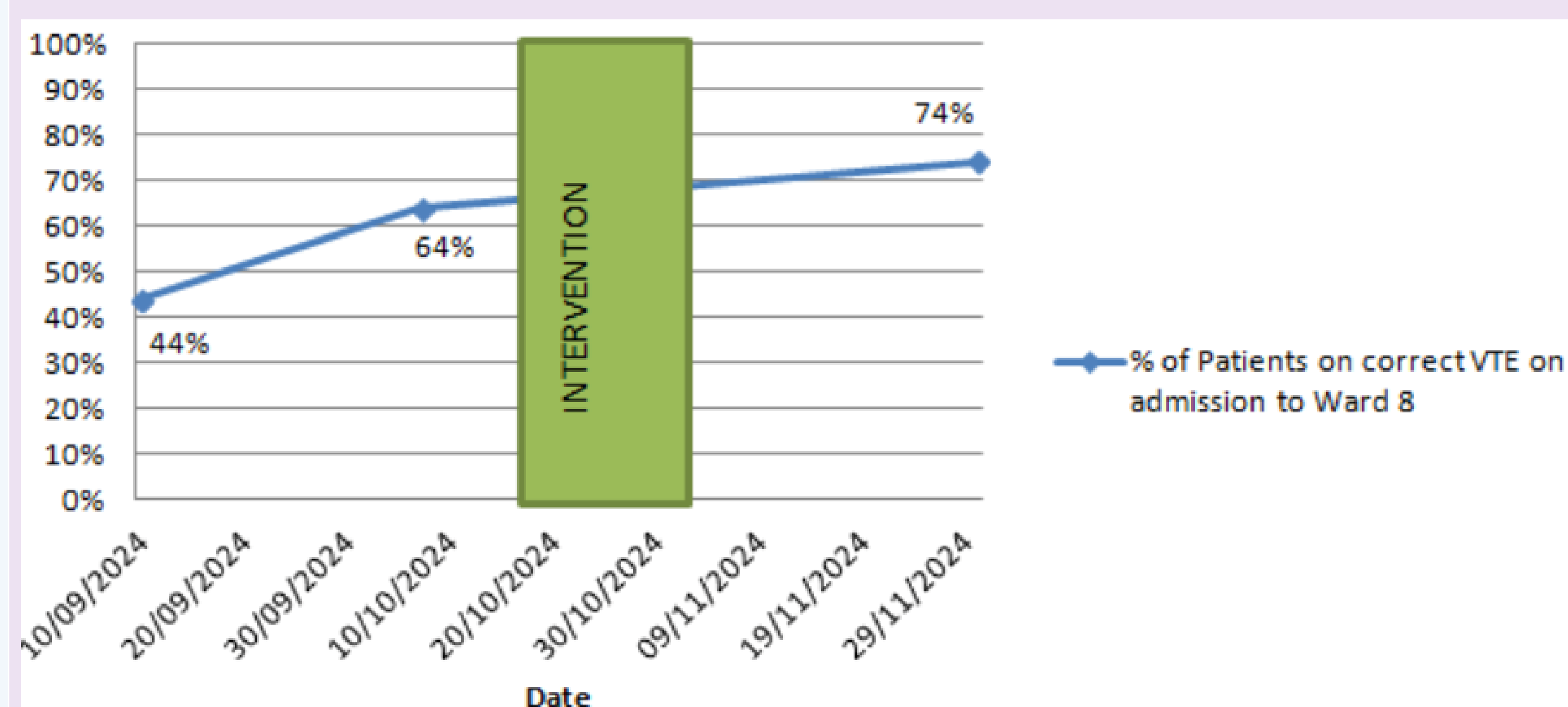


Data Collection (pre-intervention):

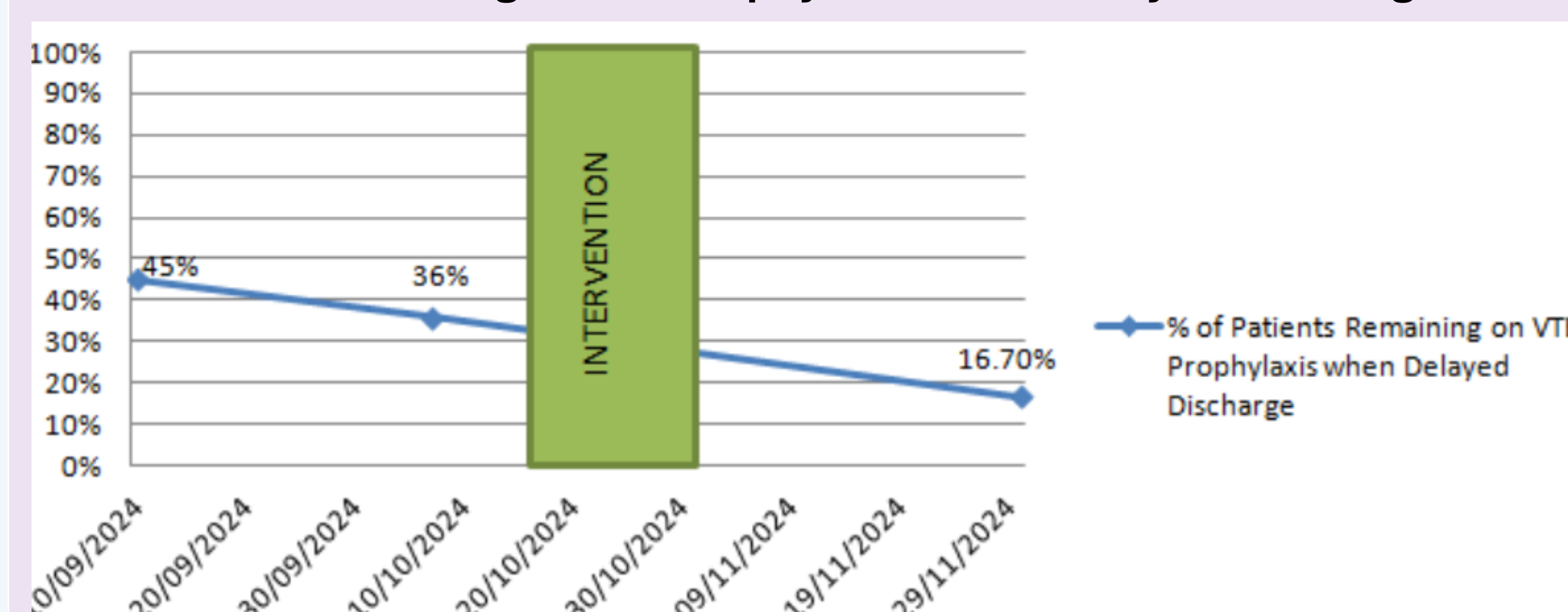
Outcome Measure	Mean Result
% Correct prophylaxis on admission	54%
% Remained prophylaxis when delayed discharge	40%

Cost: Dalteparin injection: £2.82 per 5000U graduated syringes

% of Patients on Correct VTE Prophylaxis on Admission to Ward 8:



% of Patients Remaining on VTE Prophylaxis when Delayed Discharge:



Conclusion

1. Based on the American Society of Hematology guidelines, extended VTE prophylaxis is not recommended due to the bleeding risk being higher than the risk of thrombosis. **The percentage of patients remaining on VTE prophylaxis once deemed 'Delayed Discharge' improved by 60%**
2. **The percentage of patients on the correct VTE prophylaxis on admission, improved by 28% after our intervention**
3. >80 years = 1/100 annual incidence of VTE
4. Acute illness with hospitalisation = 10-fold increase of VTE

Next Steps:

- Resend staff survey to look at post-education results
- Consider auditing further prescribing amendments in frailty patients, such as dose adjustments according to weight and renal function
- Ensure the continued use of the new trak proformas as each rotation of junior medical staff begin working on ward 8

References

1. NHS Lothian Intranet: Antithrombotic guidance
2. Schönemann HJ, Cushman M, Burnett AE, Kahn SR, Beyer-Westendorf J, Spencer FA, Rezende SM, Zakai NA, Bauer KA, Dentali F, Lansing J, Balduzzi S, Darzi A, Morgano GP, Neumann I, Nieuwlaat R, Yyepes-Núñez JJ, Zhang Y, Wiercioch W. American Society of Hematology 2018 guidelines for management of venous thromboembolism: prophylaxis for hospitalized and nonhospitalized medical patients. Blood Adv. 2018 Nov 27;2(22):3198-3225. doi: 10.1182/bloodadvances.2018022954.
3. Jacobs LG. Prophylactic anticoagulation for venous thromboembolic disease in geriatric patients. J Am Geriatr Soc. 2003 Oct;51(10):1472-8. doi: 10.1046/j.1532-5415.2003.51469.x. MID: 14511171.