

Pharmacists Leading the Fight Against Venous Thromboembolism

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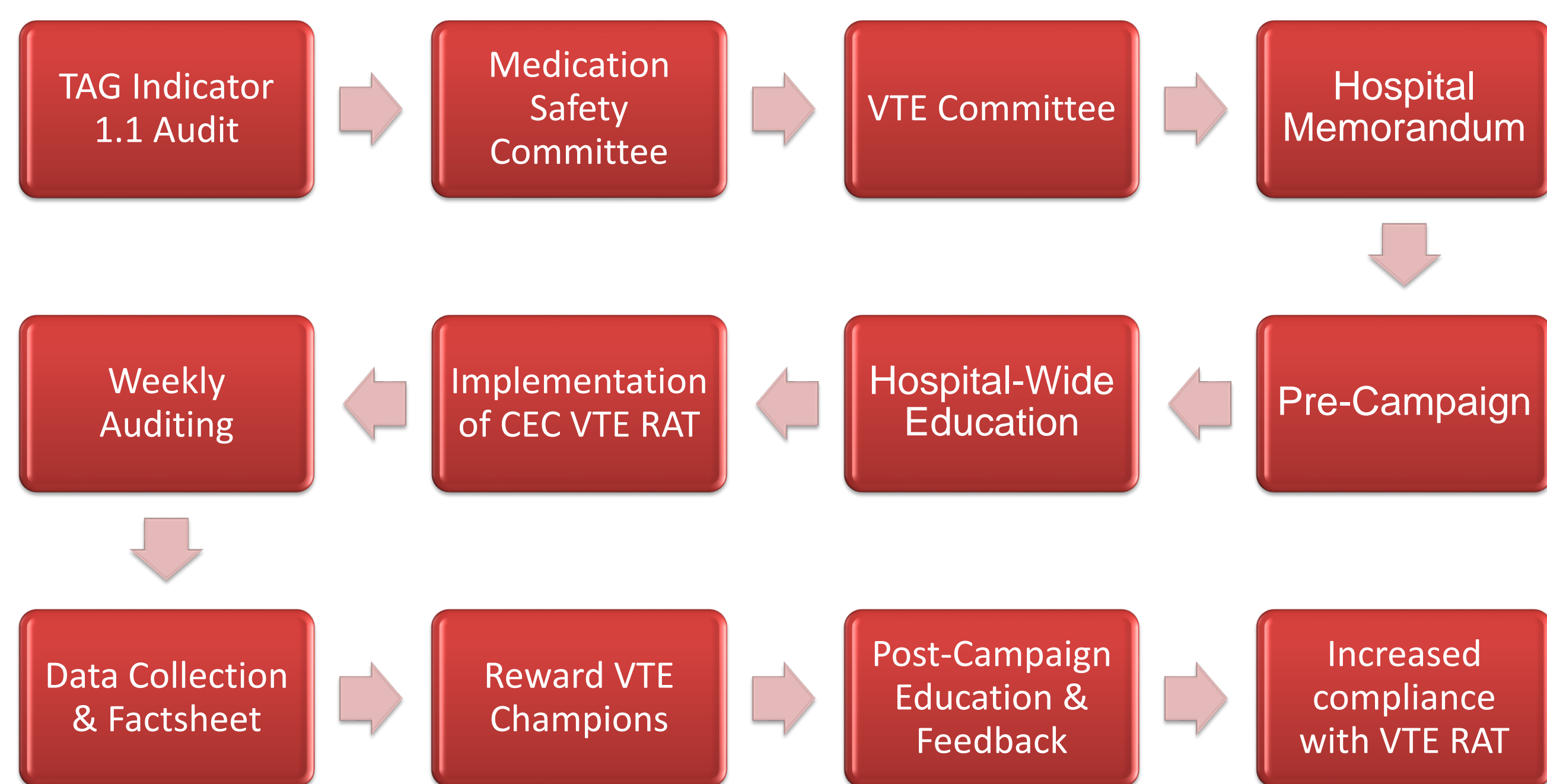
BACKGROUND

NSW Health policy dictates that all adult inpatients should be risk assessed for Venous Thromboembolism (VTE) within 24 hours of admission to hospital.¹ Two audits of the TAG indicator 1.1 for VTE risk assessment tool (RAT) completion at a Tertiary Referral Hospital, revealed 0% compliance.²

AIM

A pharmacy-led collaboration between Executives, Pharmacy, Medical, Surgical, Nursing, Administrative Staff and Patients to achieve 100% compliance with the Clinical Excellence Commission's (CEC) VTE RAT within 24 hours of admission.³

METHODS



RESULTS

Within the first month post-implementation, weekly hospital-wide audits capturing 30% of all inpatients showed a rising trend from 0%-50% compliance with the VTE RAT within 24 hours of admission. The percentage of appropriate pharmacological prophylaxis increased twofold post implementation, from 19%-38%, which demonstrates a positive effect on prescribing practices and patient safety. Data is visually presented in a single-page factsheet, disseminated fortnightly to all specialties. Exceptional prescribers are acknowledged and rewarded fortnightly.

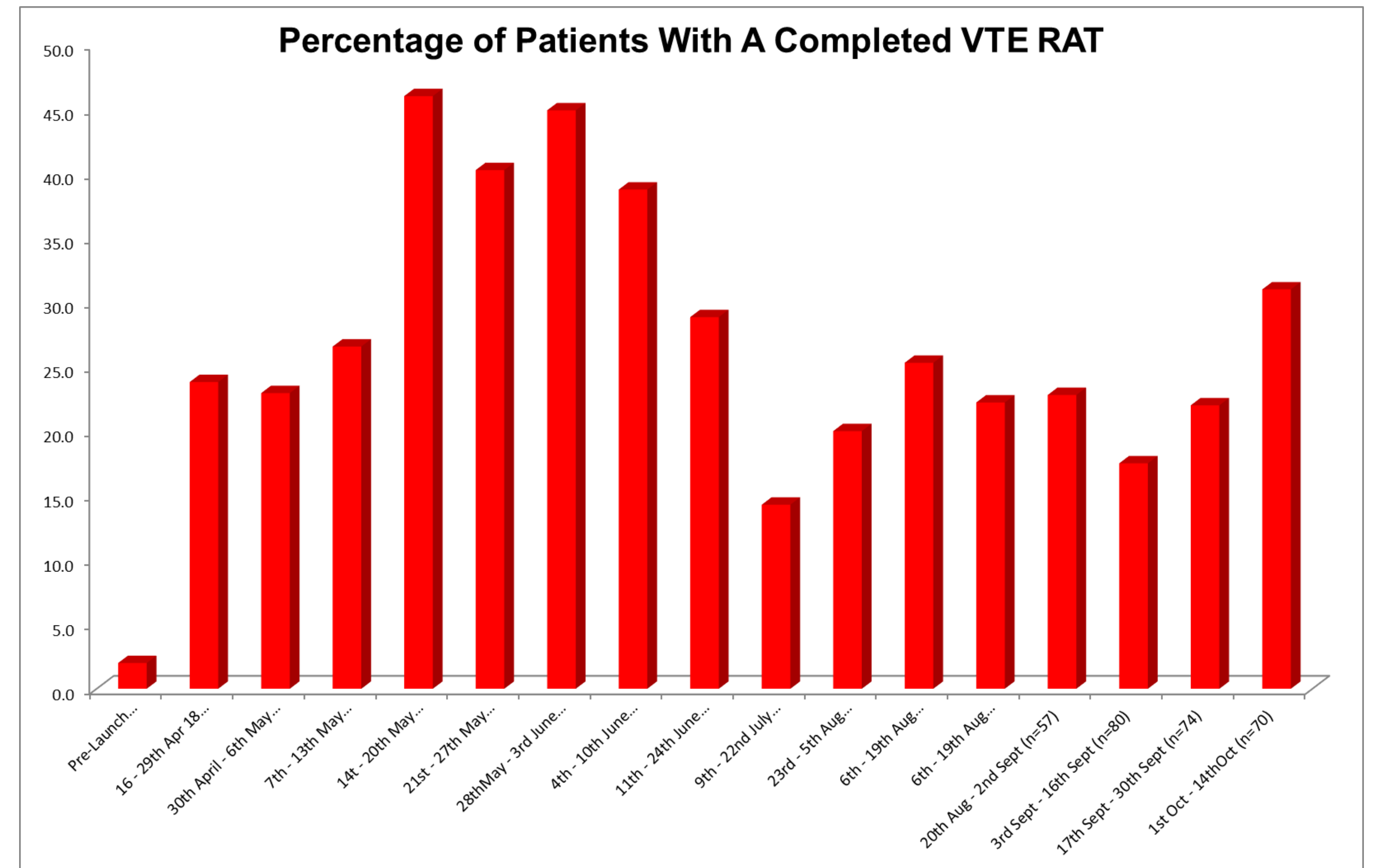


Figure 1. Percentage of Patients With A Completed VTE Risk Assessment Tool (RAT)

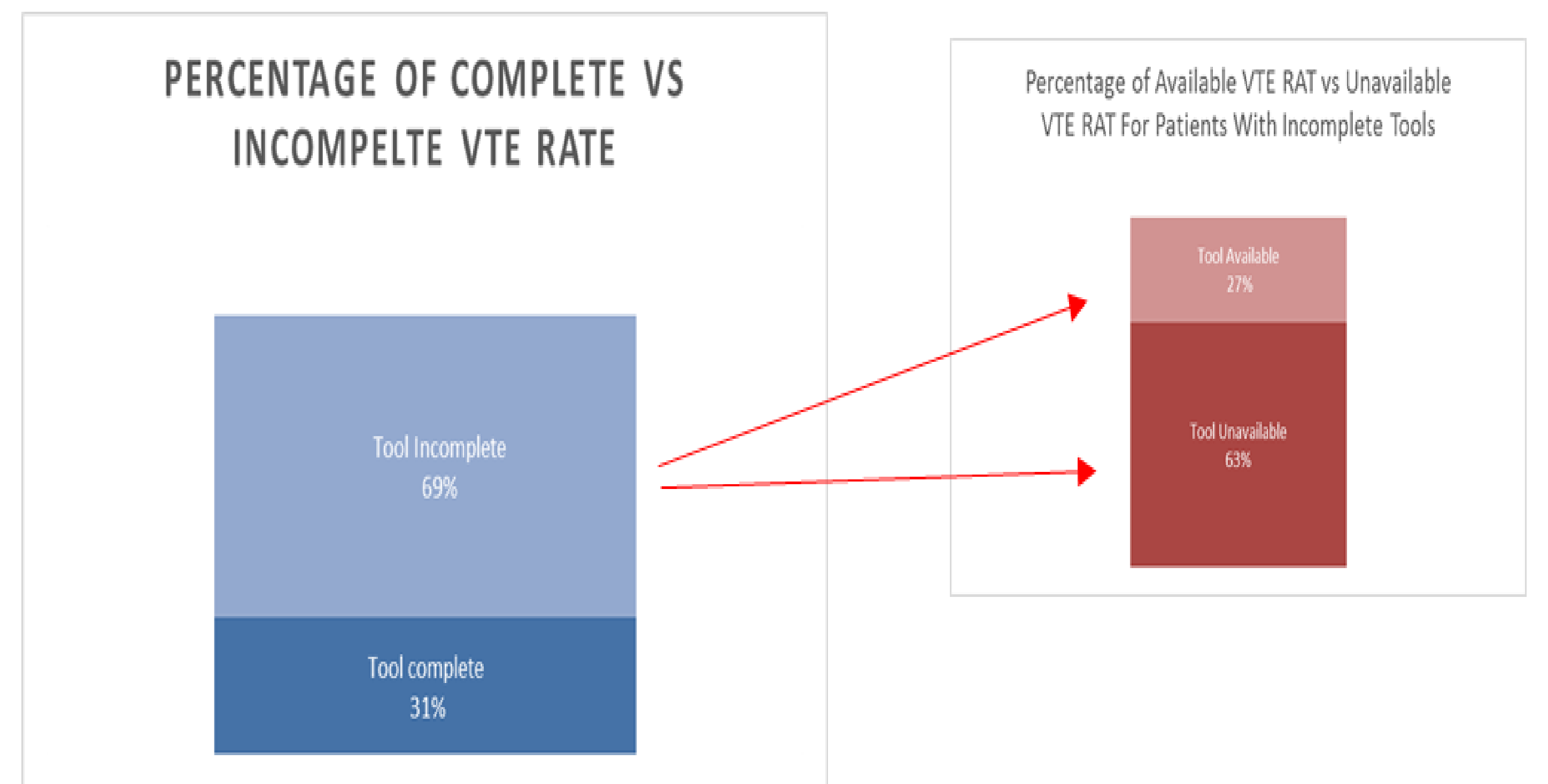


Figure 2. Response To Feedback – Percentage of VTE RAT Available in Charts With Incomplete Forms

CONCLUSION

The leadership showed by pharmacy ensures patients are appropriately assessed and prescribed VTE prophylaxis based on their level of risk. The multidisciplinary top-down, bottom-up approach to quality improvement shows strong governance of VTE risk assessment in compliance with NSW Health policy. Although stated aims are not yet met, further interventions including education, feedback and integration into electronic systems will ensure sustainable change.

REFERENCES

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