WORLD THROMBOSIS DAY
OCTOBER 13

Thrombosis UK

care UK

Aspirin:
A game Changer?

Implementation process of a new VTE prevention national guideline

Mr Nurul AHAD, Mr Stephane Jaglin

Agenda

- Case for change
- Process for implementing the change
- Challenges and opportunities
- Implementation & safety nets
- Conclusion & next steps

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The case for change

Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism

NICE guideline [NG89] Published date: March 2018 Last updated: August 2019 Uptake of this guidance

- Need for less aggressive agents
- Improved surgical pathways (ERAS)
- NICE guideline ng89 March 2018
  - **Aspirin** first line TKR/THR

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Process of change

- Creation of a work group (MDT)
- Study of the ng89 guideline
- Direct communication with NICE peers
- Discussions within the organisation
- Literature review of the evidence

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Challenges

- Natural resistance to change
- Variance of practice between hospitals
- Choice of VTE agents more complex
- New challenges (interactions, contra-indications, licensing...)
- Change of our electronic VTE risk assessment

Opportunities and Solutions

- More choice of agents for Surgeons:
- VTE prevention tailored to Patient's specifics
- Good opportunity to review processes in depth
- Teds, mechanical

Policy implementation

- Early communication via medical directors
- Monthly updates at Clinical governance
- Common Q&A + specific email address for queries
- Monitoring all Care-UK RCAs:
  - First audit 26 vtes: 12 relevant
  - None related to aspirin
  - No increase since aspirin (6500 joints / year)

Safety nets

- Training sessions on governance day
- Feedback system via emails to the team
- 6 monthly review of national RCAs
- Ongoing review of queries fed to Q&As
- Ongoing review of literature

Conclusion, next challenge

- Focus on early mobilisation
- Patient factor
- Day case arthroplasty
  - Already showing less VTEs
  - Less revisions needed

Questions
Comments
Suggestions

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