Aspirin: A game Changer?

Implementation process of a new VTE prevention national guideline

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Agenda

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