
VTE AWARD – GENERAL

Excellent Quality Improvement programme that advanced practice in thrombosis prevention or management

CHELSEA AND WESTMINSTER HOSPITAL

Building on VTE stewardship with interventions across two hospital sites Chelsea and Westminster Hospital NHS Foundation Trust

Anticoagulation stewardship is a multidisciplinary approach in VTE healthcare focussed on the optimal anticoagulation management to ensure patient safety, quality and effectiveness.

Post COVID-19 pandemic, and in light of:

- Growing operational and service pressures,
- Restructuring of services/pathways and staffing,
- Implementation of a new electronic prescribing, medicines and administration (ePMA) system covering four large acute Trusts in North West London,
- The VTE stewardship underwent review and resumed quarterly VTE audits, with a dashboard as feedback, shared learning, actions and key messages for: VTE risk assessment completion rates on admission within 14 hours and within 24 hours of admission.
- Assessing prescribed pharmacological thromboprophylaxis within 14 hours and within 24 hours of admission.
- If appropriate, assessing the administered pharmacological thromboprophylaxis within 14 hours and within 24 hours of admission.
- Assessing the prescribed mechanical thromboprophylaxis during admission where clinically indicated.
- Development, review and update of VTE guidelines (the Trust has more than 45 user-friendly VTE/ anticoagulation clinical guidelines including resources to support safe prescribing, administration and monitoring of anticoagulants).

The passionate VTE team also developed/updated key resources, including:

- A new infographic for anticoagulation reversal in minor, moderate to severe and life-threatening bleeding was developed to support reversal agents and dosing.
- A pocket guide on direct oral anticoagulants (DOACs) summarising dosing, assessment prior to prescribing, duration of therapy, pharmacological properties, effect on clotting tests, adverse effects, drug interactions, bleeding management, contraindications and risk factors for bleeding, converting between anticoagulant agents.

- With availability of generic DOACs, new Trust patient information leaflets for atrial fibrillation, DVT and PE were developed to support patient counselling and education when patients newly initiated on DOACs. These leaflets were shared with other North West London acute Trusts to help standardise provision of patient information.

Following an audit on patient information for inpatients, the ePMA system was updated to include patient information e.g. signs and symptoms of blood clots and when to seek urgent medical attention on the discharge summary.

Additionally, ePMA optimisation includes:

- Electronic VTE risk assessment for patients in lower limb immobilisation.
- Warfarin prescribing at 2pm to allow review, appropriate prescribing and follow-up on INR results during working day with access to specialists and less burden for on-call teams.
- DOAC prescribing specific information on indications and loading and maintenance dosing to facilitate safe prescribing.
- New proforma to standardise documentation for anticoagulation counselling ensuring patients have received written and verbal information.
- New drug history proforma for patients established on anticoagulation for relevant details to assist on admission management, during admission and follow-up arrangements on discharge.

The Trust has achieved $\geq 95\%$ VTE risk assessment completion, and quarterly audits with more than 98% appropriate thromboprophylaxis prescribing with one hospital site achieving 100% in 2024-25.

The Trust was successful in securing revalidation accreditation as a VTE Exemplar Centre in 2023 and has been awarded 'Anticoagulation Centre for Excellence' by the Anticoagulation Forum.