VTE AWARD

Enhancing Patient Experience

IMPERIAL COLLEGE HEALTHCARE NHS TRUST

The anticoagulation discharge pathway (ADP) at Imperial College Healthcare NHS Trust is a new model which was implemented to enhance patient experience and improve patient outcomes for patients starting new anticoagulant therapy.

Launched in September 2024 the pathway is supported by a multidisciplinary team of consultants, pharmacists, nurses and administrative staff. As a tertiary centre, the new pathway streamlines patient discharge with safe anticoagulation follow up, regardless of where they live in London.

Primary goals included:

- Reducing admission rates.
- Preventing avoidable adverse events.
- Ensuring timely outpatient follow-up.
- Improving patient education around their condition and treatment.
- Provision of adequate supplies of anticoagulation.

Using an online in-house referral form, local clinicians can submit a referral to the thrombosis team. This is reviewed daily by a consultant or pharmacist and the patient is then triaged to either the low molecular weight heparin (LMWH) clinic, direct oral anticoagulant (DOAC) clinic or new patient warfarin clinic.

Current waiting times for clinics are:

- LMWH – up to 10 days.
- DOAC clinic – up to 14 days.
- New patient warfarin clinic – up to four days.

Patient feedback has already shown that 80% strongly agree with statements asked feedback and none have responded with lower than 'neutral' across all questions which included:

- Receiving education and information around their condition had empowered them to actively engage in their healthcare.
- Agreement that they experienced less stress and confusion post-discharge.
- There was accessibility to dedicated pharmacists and nurse-led clinics who provided expert counselling on their anticoagulation therapy and increased their understanding and confidence in managing their condition.

Benefits to the NHS have been identified from the streamlined, online referral system with centralised email support for queries and automated confirmations. These include:

- Improved communication.
- Minimalised delays.
- Improved discharge efficiency.
- Led to a reduction in re-admission rates.
- Made a positive improvement to patient safety by reducing medication errors.