EFFECT OF A MULTIFACETED CLINICAL DECISION SUPPORT INTERVENTION ON ADHERENCE TO THROMBOPROPHYLAXIS GUIDELINES IN NON-SURGICAL PATIENTS

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AIM AND OBJECTIVES
A multifaceted intervention was introduced to increase adherence to thromboprophylaxis guidelines in non-surgical patients.
- Primary objective: to determine the effect of the intervention on guideline adherence.
- Secondary objective: to study the effect on guideline adherence specifically in patients with a high VTE risk.
- Exploratory objective: to determine how many VTEs may have been prevented.

BACKGROUND AND IMPORTANCE
- Venous thromboembolism (VTE) is a potentially fatal complication of hospitalisation, affecting ±3% of non-surgical patients.
- Administration of low molecular weight heparins to appropriate patients decreases VTE incidence with 80%, but guideline adherence is notoriously low.

MATERIALS AND METHODS
A prospective study with a pre- and post-intervention measurement was conducted between October 2018 and March 2020. The components of the intervention are presented in Table 1. Adherence to guidelines was assessed by calculating the Padua prediction and Improve bleeding risk score for each patient.

RESULTS
170 patients were included. No significant differences in baseline characteristics between both groups were present.
- Guideline adherence significantly increased from 42/85 to 70/85 (Table 2).
- Guideline adherence in the patient group with a high VTE risk also increased significantly from 30/55 to 43/51.
- Extrapolation of these results to an annual admission rate of 25,000 patients in our hospital resulted in the potential prevention of ±261 VTEs per year.

CONCLUSION AND RELEVANCE
- Our multifaceted intervention significantly increased guideline adherence from 42/85 to 70/85, preventing ± 261 VTEs per year in our hospital.
- Implementation of this multifaceted intervention globally may prevent numerous VTEs.

REFERENCES