DOES THE COMPLETION OF A RISK ASSESSMENT TEMPLATE IMPROVE THE RATE OF APPROPRIATE VENOUS THROMBOEMBOLISM RISK MANAGEMENT FOR HOSPITALISED MEDICAL PATIENTS?

Authors: Oran Quinn, Jeremy Sargent, Elaine Conyad, Our Lady of Lourdes Hospital, Drogheda

Background

- VTE is associated with substantial morbidity and mortality (1,2)
- 34 VTE related deaths in Europe are linked to hospitalisation (3)
- Patients with multiple risk factors for VTE are at greater risk (4,5)
- NICE (UK) recommends completing a risk assessment for all hospitalised patients (6)
- Risk assessments are often not completed in a busy hospital environment

Objective(s)

- This study aimed to assess whether completion of a VTE risk management template (fig.1) could positively influence appropriate VTE risk management.

Method

- A risk management template (RMT) was created and attached to the medication administration record for medical patients admitted to the hospital from the acute medical assessment unit (AMAU), Medical patients from the Emergency Department (ED) were admitted without recourse to this assessment template. Details of the VTE risk management of patients admitted from both units were collected and compared.

Results

- 207 patients were included for analysis - AMAU (n=122) ED (n=85).
  - 73.8% of AMAU patients were offered appropriate prophylaxis compared to 54.1% of ED patients (p=0.0074)
- Patients in AMAU with a completed RMT were significantly more likely to be offered appropriate prophylaxis than patients without a completed template (p=0.0153) and in ED (p=0.0001).
  - 86% of patients with completed risk assessment templates were given appropriate prophylaxis compared to 65.3% of AMAU patients without a completed assessment (p=0.0153) (Fig. 2)
- Twenty doctors admitted patients from both locations during the study. Their median percentage of appropriate risk management for patients admitted from the AMAU was 100.0% (IQR 50-100) compared to 46.5% for the same group of doctors admitting patients from ED (IQR 18.8 – 80.0, p=0.0428). (Fig. 3)

Conclusions

- Patients with a completed RMT were significantly more likely to be offered appropriate prophylaxis than patients who did not have a completed template.
- Individual doctors were significantly more likely to manage a patient’s risk of VTE appropriately when they completed a RMT.
- This work demonstrates the value of completing VTE risk management templates on admission for all patients to ensure appropriate prophylaxis is offered to patients at risk.

Discussion/Limitations

- Reliably estimating mobility status was not possible - all patients were considered to have reduced mobility.
- Indicators of reduced mobility were included on the RMT to assist prescribers in this assessment.
- The number of doctors included in the study was small - a larger study would be necessary to confirm these initial findings.

References


Contact information: oran.quinn@hse.ie