OACs in the POAC: Bridging the Gap

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S. E. A. Action Plan



AIM

Reduce perioperative risk for anticoagulated patients and reduce the likelihood of preventable procedure delays by improving perioperative anticoagulation planning.

BACKGROUND

Within an island based Rural General Hospital a small team of preoperative assessment clinic (POAC) staff work with patients and the wider multidisciplinary team to safely take patients through their procedures.

most difficult therapeutic decisions for the team to complete, balancing the risk of bleeding and clotting. The POAC must give patients tailored plans based on their:

1) Comorbidities 3) Planned Procedure **5)** Their Location (central, remoter isles etc.)

2) Previous Interventions **4)** Other Medications

Using Significant Event Analysis (SEA) of OAC/POAC **issues as a driver,** an interdisciplinary team formed to review the strengths and weaknesses of the current process. Their aim was to reduce variation, support staff, foster responsibility in teams and provide clear information provide clear information for patients and staff to safely manage Oral AntiCoagulation in the perioperative period.

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METHODS

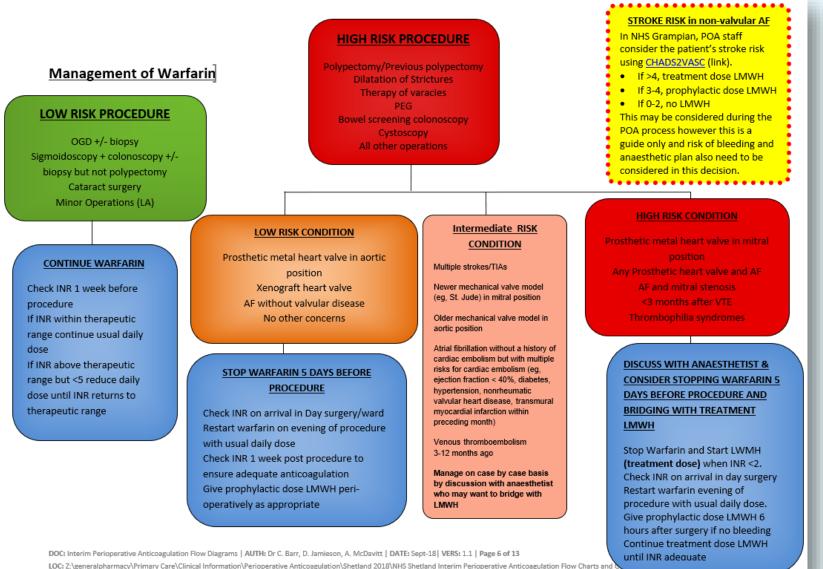
- 1. Use SEA to identify weaknesses in current system which have lead to variation
- 2. Develop an action plan and discrete areas of work from SEA learning
- 3. Deliver on action plan and review outcomes of work
- 4. Involve patient representatives
- 5. Checking each step with expert opinion and evidence based guidelines.(1-3)

REFERENCES

1. Keeling D et al. Peri-operative management of anticoagulation and antiplatelet therapy. BJH. 2016;175(4):602-13. 2. Veitch AM et al. Endoscopy in patients on antiplatelet or anticoagulant therapy..: Gut. 2016;65(3):374. Douketis, J et al. Perioperative Anticoagulant Use for Surgery Evaluation (PAUSE) Study: A Perioperative Management Plan for Patients with Atrial Fibrillation Who Are Receiving a Direct Oral Anticoagulant. Blood 2018 132:LBA-5; doi: https://doi.org/10.1182/blood-2018-120770

The POAC team assess patients for a wide variety of procedures: endoscopy to major surgery. Perioperative management of Oral Anticoagulants (OACs) is one of the

Update Clinical Guidance



OAC specific flow charts were developed to support decision making for each agent and class.

As a result of stakeholder feedback and new evidence, guidance will be continually reviewed.

Clear Staff Responsibilities and Awareness



There is **increased staff recognition and** awareness of their responsibilities in ensuring perioperative anticoagulation is considered fully for each patient.

Develop a Patient Plan and Communication Tool

operative Assessment Cli ilbert Bain Hospita 1595 743000 Ext- 3 ase note this plan, ensure you understand it and show it to any healthcare provider that you see, mak ents to see your GP/practice nurse as required. If your medications change after this plan has been made 4 days befor procedure procedure 2 days before The day befor Day 1 after proce

Day 2 after proc Day 3 after proce Day 4 after proce operative Assessment Nur Sign & Date Sign & Date Consultar naesthetist/Surgeo **Clinical Pharmaci** Sign & Date O THE PATIENT AND HEALTH CENTRE red: (name and re Sign & Date Signature & Dat Sign & Date

A **clear** patient communication tool was developed with patients to communicate information effectively.

The tool was also for use post procedure; with teams updating plans and communicating updates to the patient and other health care team, quickly and effectively.

IT infrastructure was made available so that plans could be uploaded to the patients SCIStore and pushed out to GP surgeries, to avoid plans being misplaced.

Clinical Pharmacy Support for Medication Plans

Staff responsibilities are provided on the reverse of every patient anticoagulant plan.

Audit Outcomes so far...

80%

20%



On average, 2.5 patients require plans each week (min = 1, max = 4)

Staff are more clinical decision making (POAC and Pharmacy)

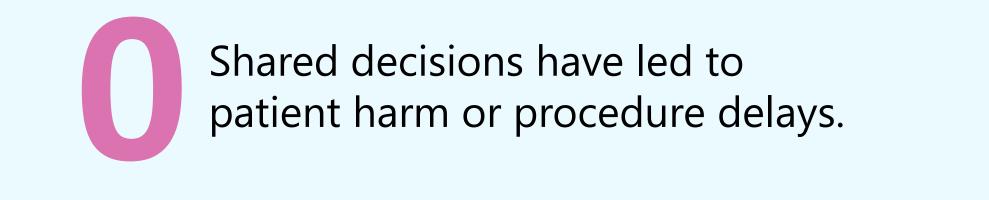
confident with shared

Changes are typically due to clarification of bleeding risk by surgeons

followed.

Of the recommendations

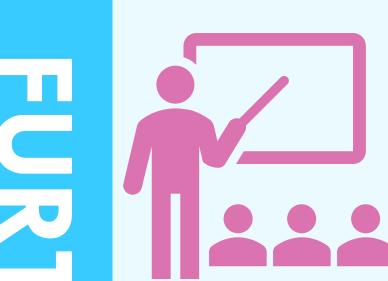
made, over **80% are**



Clinical Pharmacists now provide support to the POAC for every patient prescribed OACs.

Pharmacists screen patients and provisionally recommend perioperative anticoagulation management to POAC staff, Anaesthetists and Surgeons.

OAC Staff Training and Education



Clinical Pharmacists have prioritised OAC education for medical and surgical teams.

Educational sessions will be offered to the multidisciplinary team on perioperative management of anticoagulants within NHS Shetland.



Pharmacy create and maintain a record of all decisions made, with relevant information informing the decision.

Together with the POAC, regular audit of decisions and input will continue to inform the clinical decision making



process and the way both services work together.

There is a need to work with the IT infrastructure solution to ensure that plans are made available within SCI.

Next Steps... From auditing the impact of the changes, actions are needed to support the MDT in completing perioperative plans in an evidence based way, making them accessible by all those involved: the patient and both primary and secondary care professionals.

The POAC and Pharmacy will continue to increase staff and organisational awareness of OACs generally, and their use in the perioperative period through staff education sessions.

The Multidisciplinary Team will continue to review, update and communicate guidance changes with staff as new evidence becomes available and partners in other boards finalise and release their perioperative guidance.

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