

Compliance with the NICE guidelines for VTE prophylaxis for adult patients undergoing surgery in a district general hospital: a sustainable Quality Improvement Project

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Synopsis

- Introduction
- Aims and objectives
- Methodology
- Results of 1st audit cycle
- Changes implemented
- Results if 2nd audit cycle
- Conclusion



Introduction

- NICE Guidelines NG89
 - Use either anti-emblosim stockings (AES) or intermittent pneumatic compression devices(IPC) +/pharmacological prophylaxis based on the risk assessment.
- It was observed that
 - many patients had both AES and IPC in theatre
 - a few patients with no risk factors had AES
- NHS contributes 4% of England's GHG emissions





Aims & Objectives



- To ensure VTE thromboprophylaxis for adults undergoing surgery as per NICE guidance: *clinical impact*
- To reduce financial costs arising from inappropriate use: *economical impact*
- To reduce carbon footprint arising from inappropriate mechanical thromboprophylaxis: *environmental impact*
- To educate and improve awareness among theatre staff empowering them to question practice: *social impact*

Methodology



- Prospective data collection included 100 adult patients undergoing surgery in various theatres
- Source of data: Anaesthetic chart, VTE risk assessment and perioperative pathway.
- Period of data collection:
 - First cycle: Aug 2019 to Nov 2019
 - Second cycle: Aug 2022 to Nov 2022
- Site: Pinderfields General Hospital, Wakefield.

Data collection sheet



- Age
- Sex
- BMI
- ASA grade
- Comorbidities
- Day-case or inpatient
- VTE Risk score
- Surgery

- Type of anaesthetic
- Total anaesthetic time
- TEDS used: Y/N
- Flotrons used: Y/N
- Pharmacological prophylaxis: Y/N
- Patient position
- IV fluids

Results of 1st cycle Use of mechanical thromboprophylaxis **OVERTREATED** TEDS **FLOWTRONS TEDS &** NONE **FLOWTRONS**

Extra expense £ 660 per hundred patients

Changes implemented



THINK VTE

TED STOCKINGS OR FLOWTRONS OR BOTH??

• TEDS- £1.93 per pair

+

Flowtrons- £9.52- £23.70 per pair depending on size

NICE GUIDELINES 2018

SURGERY	RECOMMENDATION
Abdominal, thoracic and bariatric surgery	Either anti-embolism stockings OR intermittent pneumatic compression until mobility not significantly reduced.
Head and Neck surgery- Oral, Maxillofacial and ENT	Either anti-embolism stockings OR intermittent pneumatic compression
Orthopaedic surgeries	
 Fragility fractures of pelvis, hip or proximal femur 	Intermittent pneumatic compression at admission if pharmacological prophylaxis is contraindicated.
Joint replacements	Pharmacological prophylaxis with anti-embolism stockings until discharge
 Non-arthroplasty knee surgery, foot and ankle surgery 	Pharmacological prophylaxis if requiring immobilisation, total anaesthesia time >90 min, VTE risk outweighs bleeding
Upper limb surgery	Not needed if giving local or regional anaesthetic for upper limb surgery.

USE EITHER TEDS



- Presented in department governance meeting.
- Educational posters introduced in all anaesthetic rooms.



Bar diagrams on right: 2nd cycle, compared against 1st cycle (on left)

Results of 2nd cycle

-economical & environmental impact



Conclusion



- Patient safety improved through better adherence to VTE guidelines.
- Reduction in over-usage of flotrons and TEDS ultimately led to financial savings and reduction of carbon footprint.
- Lesser waste generation for incineration (disposal method recommended by the manufacturers of both TEDS and Flotrons) and hence decrease in carbon emissions from waste disposal. (not calculated as not weighed)

References



- 1. All Party Parliamentary Thrombosis Group (APPTG) Survey Results 2018. <u>http://apptg.org.uk/wp-content/uploads/APPTG-annual-survey-report-2018-compressed.pdf</u>
- 2. Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism. NICE guideline [NG89] March 2018
- 3. National Health Service. Delivering a 'Net Zero' National Health Service. NHS England and NHS Improvement, 2020
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 2022. Centre for Sustainable Healthcare