

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.

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

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
- 2) Previous Interventions
- 3) Planned Procedure
- 4) Other Medications
- 5) Their Location (central, remoter isles etc.)

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.

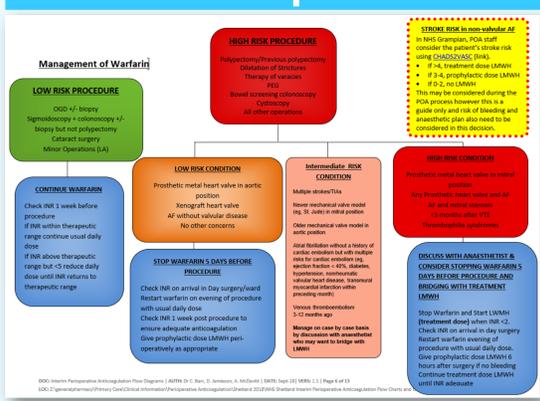
METHODS

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:

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3. 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>

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.

Develop a Patient Plan and Communication Tool

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.

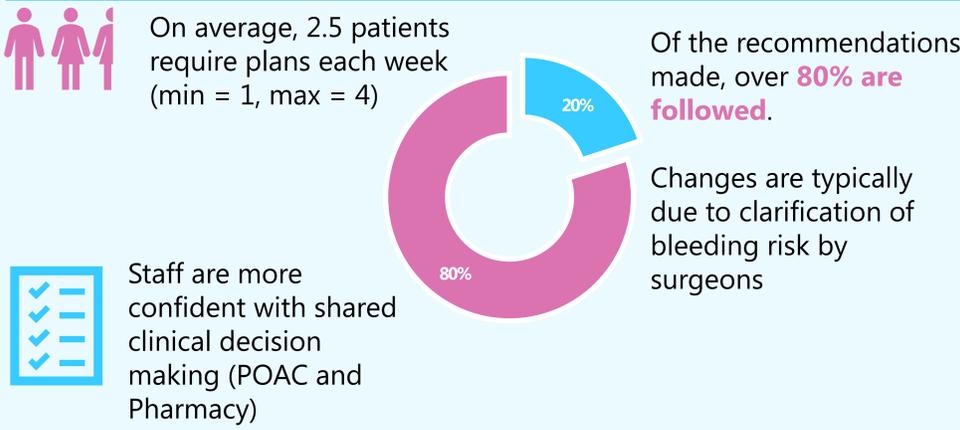
Clear Staff Responsibilities and Awareness



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

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

Audit Outcomes so far...



0 Shared decisions have led to patient harm or procedure delays.

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.

ACTIONS - OUTCOMES - FURTHER WORK

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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