



Venous thromboembolism

Prudent healthcare, pathways... and a journey in medical leadership

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Background

- DVT approx 1.6 per 1,000
- PE > 3-4 per 100,000
- NICE CG144, QS29
- Prudent Healthcare, 'A Healthier Wales'

Quad of aims

Purpose Implement VTE pathway in Acute and Ambulatory Medicine in Princess of Wales Hospital in keeping with NICE guidance	Customer/impact • Fewer attendances • Resilient service • Evidence-based care
Deliverables • Co-production • Appropriate pathway • Successful implementation	Success criteria • Pathway embedded • Reduced unnecessary variation – investigating, prescribing • Improved follow-up to new ratio

NICE



Be informed..

Take a lead..

Understand

Current practice



Above the waterline

- Laboratory services
- Pharmacy
- Follow-up : New
- History

VTE workload (Feb-Apr)

265 Ultrasound leg vv

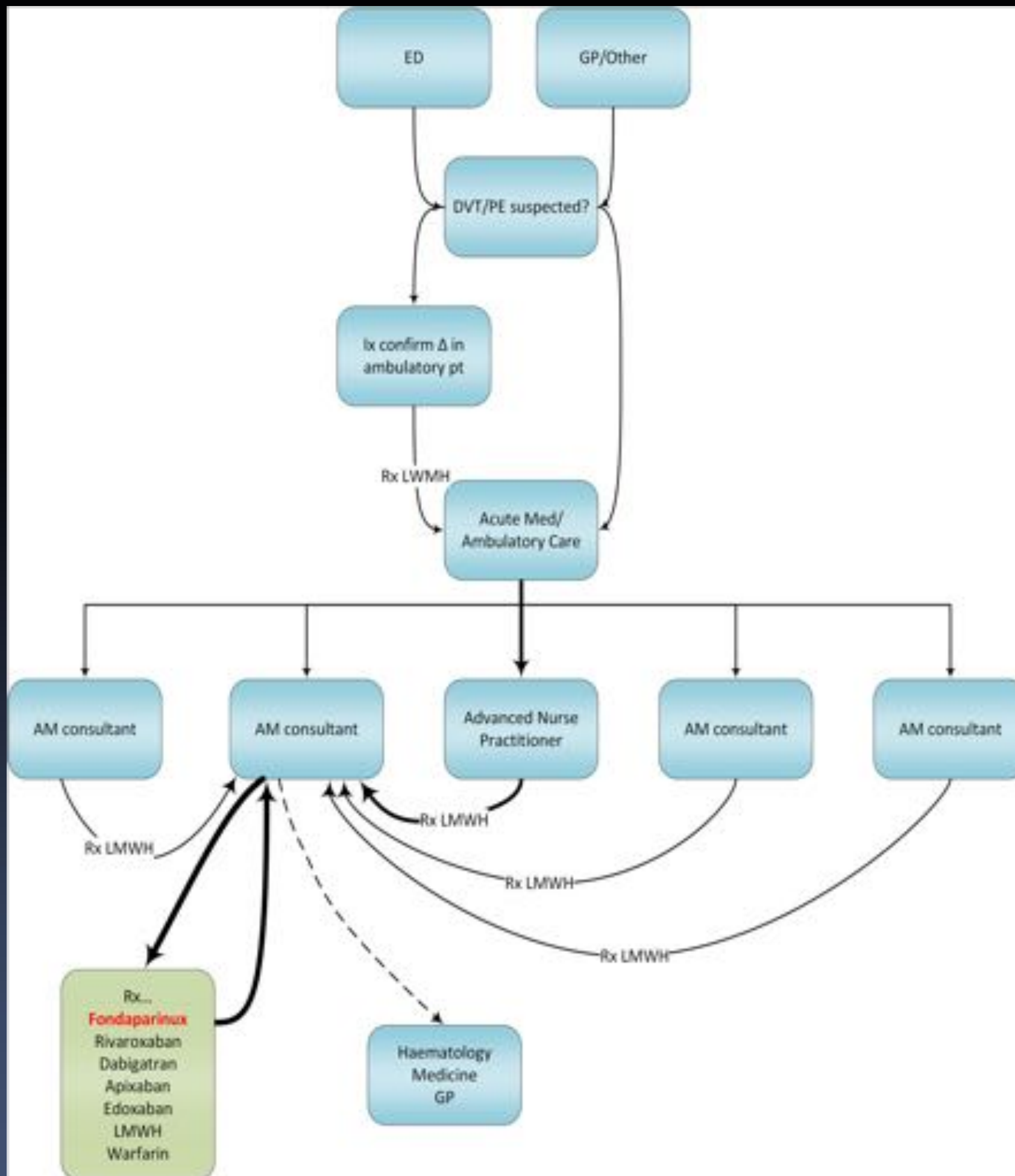
285 CTPA

29 DVT, 14 PE

(13 thrombophlebitis)

Expected rate for catchment population of 160,000

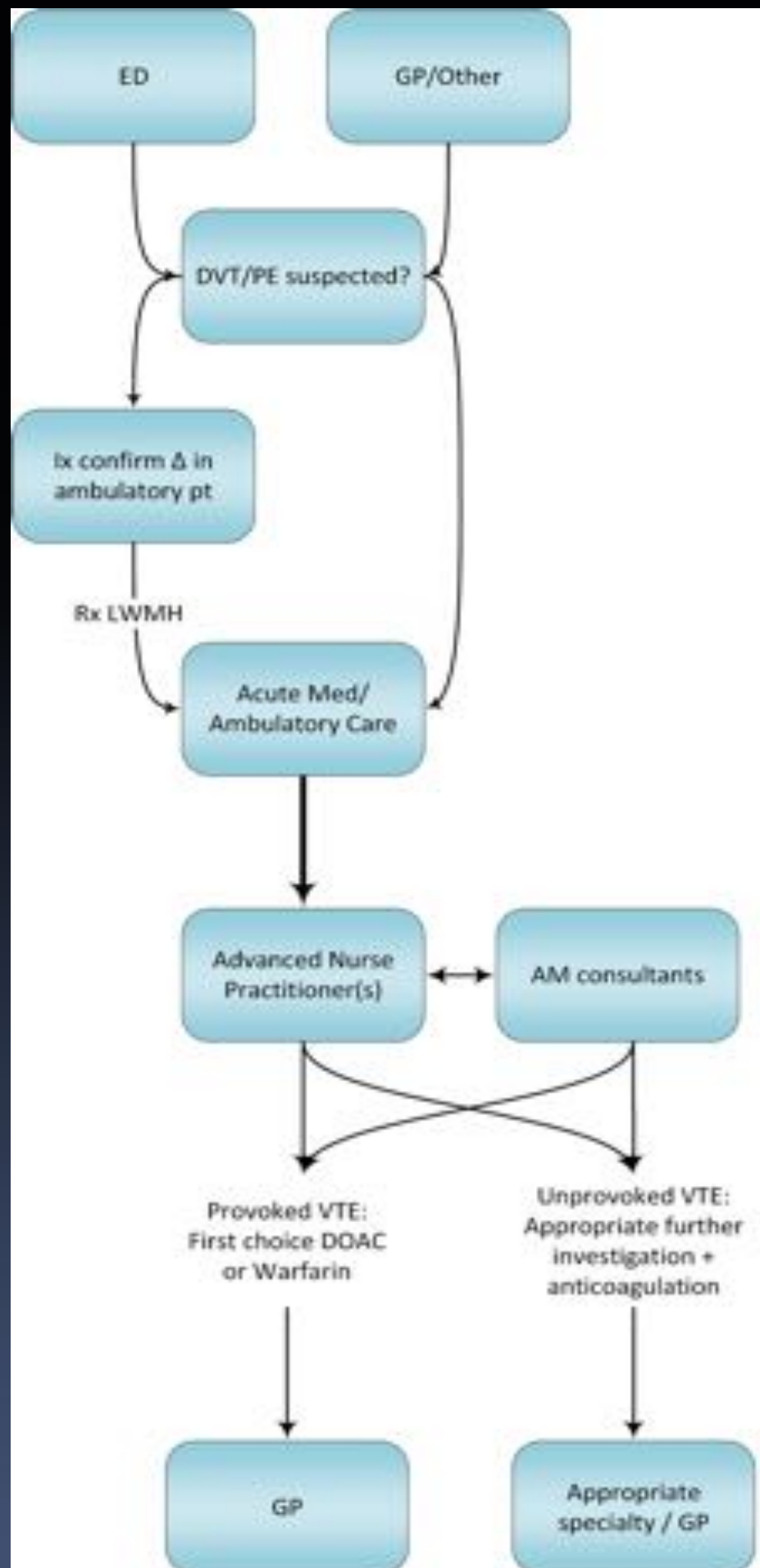
Original process



LMWH = low molecular weight heparin

Fondaparinux, DOACs, Warfarin = other anticoagulant meds

Potential process



Below the waterline

- Long history
- Dionysian culture – flat hierarchy, reluctant spokesperson, autonomous professionals
- Interpersonal issues, conflict

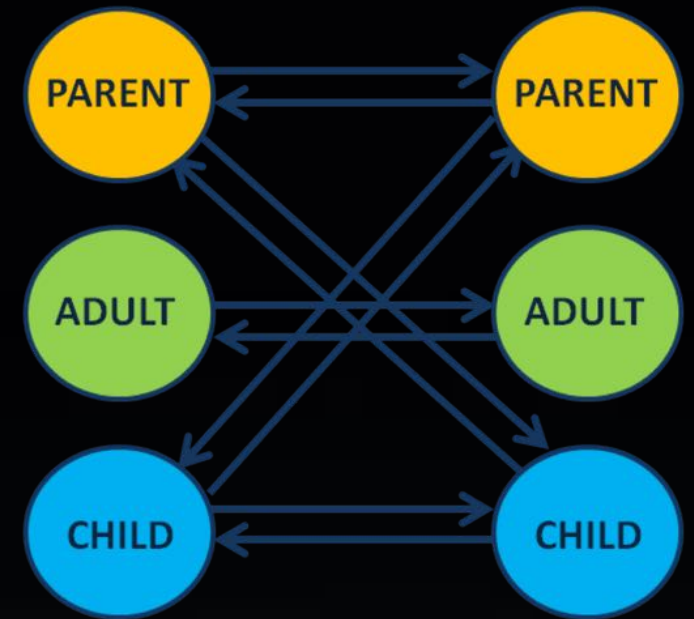


Make a plan...

Improve &
measure...

Keep going

Stakeholder engagement



😐 Lead clinician

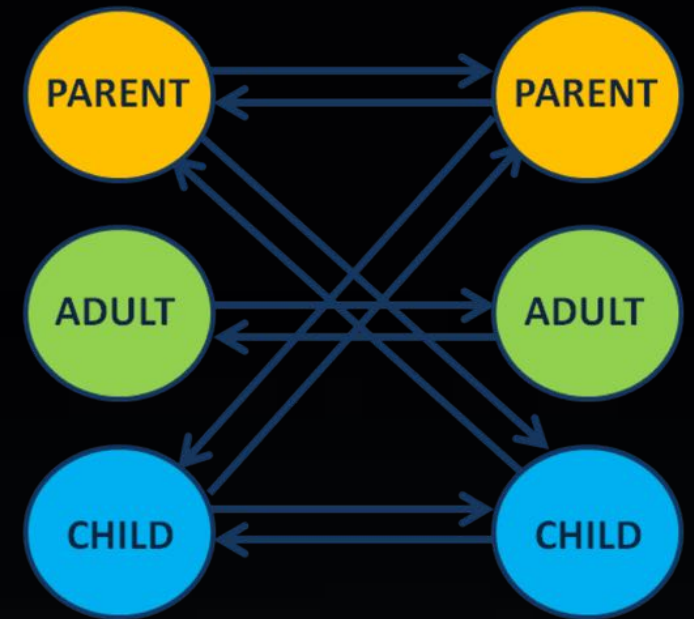
😊 Specialist nurse for anticoagulation

😊 Unit Medical Director

😊 Advanced Nurse Practitioner, Ambulatory Care

Stakeholder engagement

- 😊 Pharmacist
- 😞 VTE Lead consultant
- 😊 Laboratory services lead
- 🤔 Haematologist



Brief diversion...



Serendipity

	Dabigatran	Rivaroxaban	Apixaban	Edoxaban
Trade Name	Pradaxa	Xarelto	Eliquis	Lixiana (Europe) Savaysa (USA)
Dosing	150mg PO BID following a minimum of 5 days of heparin	15mg PO BID x 21 days, followed by 20mg PO qd	10mg PO BID x 7 days, followed by 5mg PO BID	60mg PO qday, following a minimum of 5 days of heparin

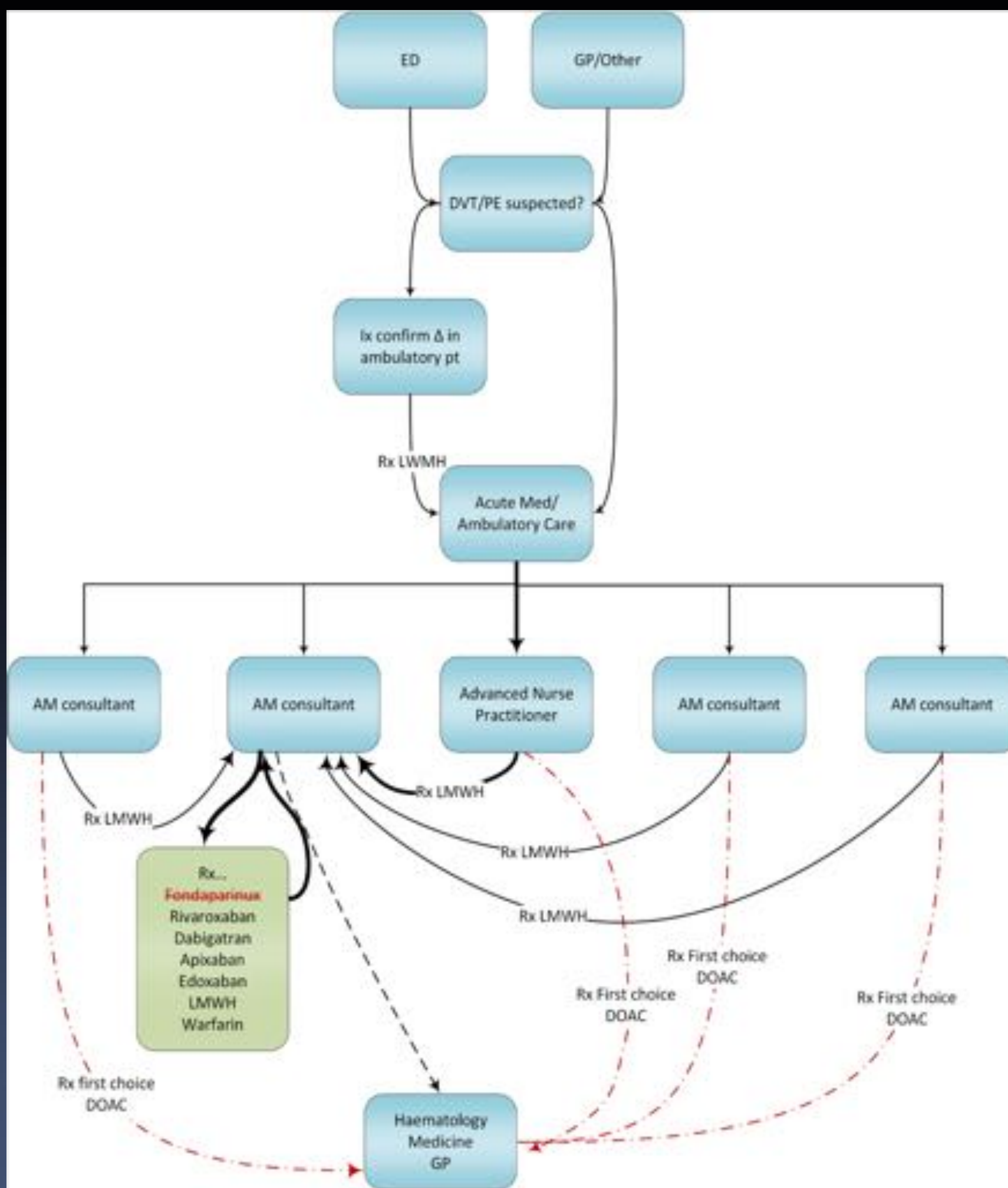


Scuppered?



Job planning





Now

How? Why? What next?

- When the cat's away..
- Agitation, spotlight
- Permission
- Community DOACs
- Empowered

Intrapersonal factors



1) Problems with colleagues:

- a) Alienation of those they work with ('they're not a team player')
- b) A one-sided approach to issues that presents as vigorous persuasion rather than discussion or negotiation ('you can't tell them anything')
- c) Inaccessibility to monitoring/supervision: the result may be idiosyncratic practice sometimes linked to a focused pursuit of the truth.

2) Problems with patients:

- a) Giving inadvertent offense by unthinking comment.
- b) A failure to appreciate the patient's perspective and needs so that, for example, the patient may call for unnecessary appointments or be dumped, without explanation, at the end of their programme of treatment or assessment.

3) Idiosyncratic practice

- a) The single-minded pursuit of a topic which, no matter how unproductive may turn into a feud or quest.
- b) An inflexible adherence to rules/guidelines that takes insufficient account of individual circumstances or, more broadly, a rigid and over-methodical approach no matter how inefficient or inappropriate.
- c) A difficulty in organising themselves efficiently, often in the management of their time or priorities.

Intrapersonal factors



Depth of intervention

Choosing the Depth of Organizational Intervention*

ROGER HARRISON

The Journal of Applied Behavioral Science *Volume 6 Number 2 1970*

“intervene at a level no deeper than that required to produce enduring solutions to the problems at hand”

“intervene at a level no deeper than that at which the energy and resources of the client can be committed to problem solving and to change ”

Conclusions

- Project remains as important
- Tenacity and patience are essential
- Much to learn from failure
- Take heart from small successes

MLP learning



References

2:

National Institute for Health and Care Excellence (2013) 'Venous thromboembolism in adults: diagnosis and management', pp. 1–37. Available at: nice.org.uk/guidance/qs29

National Institute for Health and Care Excellence (2018) 'Venous thromboembolic diseases: diagnosis, management and thrombophilia testing', pp. 1–26. Available at: nice.org.uk/guidance/cg144.

Ministry of Justice (2017) 'Coroners Statistics Annual 2016 England and Wales', pp. 1–33.

White, R. H. (2003) 'The Epidemiology of Venous Thromboembolism', *Circulation*, 107, pp. 14–8. doi: 10.1161/01.CIR.0000078468.11849.66

Welsh Government (2018) 'A Healthier Wales:', pp. 1–38.

Aylward, M., Phillips, C., Howson, H. Bevan Commission (2013) 'Simply Prudent Healthcare—achieving better care and value for money in Wales—discussion paper'.

11:

Price, A. & Scowcroft, A., 2012. *Essential Skills for Influencing in Healthcare*. London, New York: Radcliffe Publishing Ltd.

14:

Harris, T. A., 1969. *I'm OK - you're OK: a practical guide to transactional analysis*. London: Harper & Row

25:

Harrison, R. 1970 (1970) 'Choosing the depth of organizational intervention', *The Journal of Applied Behavioural Science*, 6(6), pp. 181–202.