

Are We Ensuring Compliance of Mechanical Venous-Thrombo-Embolism (VTE) Prophylaxis?

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Abstract

An Audit to Ascertain Compliance of VTE prophylaxis in Stroke Patients

Background: The European Stroke Organisation and CLOTS3 trial showed, Intermittent Pneumatic Compression devices (IPCs) were an effective at reducing the risk of DVTs in immobile stroke patients. Leeds Teaching Hospitals NHS Trust (LTHT) guidelines require VTE prophylaxis either in the form of IPCs or neuromuscular electro-stimulation technology e.g. GEKO device. Whilst these are correctly prescribed, compliance is thought to be an issue. Therefore, the objective of this audit was to identify acute stroke patient compliance with IPCs or GEKOs when prescribed for VTE prophylaxis.

Methods: 2 audit cycles were performed at LTHT, with 3 daily readings, morning, midday and afternoon from ~15 patients over 4 days. The patient's last contact was recorded to monitor which were resulting in the worst compliance. An intervention was implemented between each cycle.

Results: Cycle 1 showed full compliance of 18%. Cycle 2, post intervention compliance improved to 48%. Both cycles compliance was poorest the post night shift at 12% cycle 1 and 43% cycle 2. Compliance was worst after patients mobilised to the bathroom at 13% cycle 1 and 35% cycle 2.

Conclusions: The results showed poor compliance with VTE prophylaxis, leaving 82% of acute stroke patients at high-risk. Post intervention, this figure decreased however more needs to be done. Next steps involve increased patient and healthcare professional education and changes to the drug chart system.