

AB025. 109. Closing the loop— a re-audit of best medical management in vascular patients

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Background: The electronic discharge (e-discharge) was first implemented in the Vascular Surgery Department in July 2017. An audit was performed that same year reviewing the discharges for the first four months. A total of 450 e-discharges were evaluated, and atherosclerotic patients were identified (n=126). This audit revealed that 66.7% of patients with proven atherosclerotic disease were discharged on best medical management (aspirin or equivalent, and a statin). In order to improve the service, a number of steps were taken. All new members to the team have been educated to the requirements of Vascular patients, in particular those with atherosclerotic disease, warranting medical management. A vascular clinical nurse specialist (CNS) has been employed, who carries out a risk assessment clinic. Risk is also assessed for each patient using an online tool and each patient is provided with a risk assessment personal card to carry. To evaluate the benefits of these changes, the e-discharges were re-audited in the same 4-month period in 2018; 329 e-discharges were evaluated, and atherosclerotic patients were again identified (n=100). The results revealed improvements in almost all aspects. From this we can conclude that 69% of atherosclerotic

patients were on best medical management

Methods: We reviewed 329 e-discharges over a 4-month period (July to October 2018). Patients with non-arterial disease (cellulitis, leg ulcers, osteomyelitis, and general surgical issues) were excluded. The e-discharge for each patient with arterial disease was examined, looking primarily at discharging medication (n=100). Best medical management is defined as: lipid-lowering agent and an anti-coagulant [direct oral anticoagulant (DOAC), warfarin]/anti-platelet (aspirin, clopidogrel). Prescriptions were confirmed by contacting each patient's general practitioner and/or pharmacy. This data was then compared to the original audit results in 2017, where 450 e-discharges were reviewed (n=126).

Results: A total of 88 (88%) of these patients were discharged on aspirin, or an equivalent medication, which significantly improved from 75.4% previously; 70 patients (70%) were discharged on a statin, which failed to improve from 73% previously; 69 (69%) of atherosclerotic patients were on best medical management, which improved from 66.7% previously; 12 (12%) of atherosclerotic patients were on neither agent, which significantly improved from 28.98% previously.

Conclusions: In closing the loop of this audit, we can conclude that the Vascular Surgery Department has effectively improved the best medical management of atherosclerotic patients, from 66.7% to 69%, in a 1-year period, however, there remains room for further improvement.

Keywords: Vascular surgery; audit; atherosclerosis; aspirin; statin

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