

AB024. SOH23ABS_083. Compliance with Venous thromboembolism risk assessment tool and adherence to thromboprophylaxis in an acute surgical department

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Background: Venous thromboembolism (VTE) is recognised as a common, but preventable complication of general surgery. There are many surgical factors that contribute to Virchow's triad combined with individualised patient risk factors. Studies have demonstrated standardised risk assessment tools (RAT) decrease rates of VTE.

Methods: A complete audit cycle of compliance with the hospital's RAT and VTE prophylaxis prescribing was performed. The standard used is the 2018 National Institute for Health and Care Excellence (NICE) Guidelines (NG89). A departmental review of all surgical inpatient thromboprophylaxis prescriptions and RAT completion was performed on the 16/08/2022. First cycle results and VTE education was performed at a multidisciplinary level to both surgical *non-consultant hospital doctors* (NCHDs), surgical clinical nurse managers and consultant surgeons. World thrombosis day campaign was also in the intervention period (13.10.22). The second cycle was completed on 10/11/2022.

Results: The primary outcome was completion of the RAT. Secondary outcomes included mechanical and pharmacological thromboprophylaxis prescriptions. There was a total of 36 patients in the first cycle and 26 patients on the date of re-audit. In the re-audit, there was noticeable improvement in the completion rate of the risk assessment tool (23.1% *vs.* 2.7%) and compression stocking

prescription (80.8% *vs.* 69.5%). Pharmacological VTE prophylaxis remained constant (57.7% *vs.* 55.5%) however documentation for those with neither anticoagulant or VTE prophylaxis improved.

Conclusions: VTE is an important patient safety issue and a preventable cause of hospital death. Continued departmental review, education and hospital protocol are essential to maintain high quality thromboprophylaxis for surgical inpatients.

Keywords: Compression stockings; general surgery; quality improvement; thromboprophylaxis; venous thromboembolism (VTE)

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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