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**A closed loop audit of deep vein thrombosis prophylaxis in the acute surgical receiving unit of a large teaching hospital; reducing morbidity and mortality, and improving cost-effectiveness**

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**Aims:** Acute surgical patients have a significant risk of venous thromboembolism (VTE) due to factors such as surgery, immobility, dehydration, and existing comorbidities. All patients admitted to an acute surgical unit should have their VTE risk assessed. Our aim was to assess VTE prophylaxis practices.

**Methods:** We performed a closed loop audit on DVT prophylaxis using the Scottish Intercollegiate Guidelines Network proforma. Data on anti-embolic stockings (AES) and low molecular weight heparin (LMWH) were collected and presented at a local audit meeting. The intervention included reinforcing the importance of VTE prophylaxis compliance amongst junior doctors and nursing staff, and provision of posters within the department and on patient trolleys. Data was collected to complete the audit cycle.

**Results:** A total of 171 patients were included. Prior to the intervention, 13.9% did not receive LMWH when indicated and 37.4% were non-compliant with AES. Overall, 40% had insufficient DVT thromboprophylaxis. Post implementation, 8.9% did not receive LMWH when indicated and 46.4% were noncompliant with AES. Overall, 50% had insufficient DVT thromboprophylaxis. LMWH compliance was 5.0% higher on re-auditing however AES compliance was 9.0% lower.

**Conclusions:** Adherence to thromboprophylaxis regulations was below expected standards. Thromboprophylaxis is cost-effective and prevents considerable morbidity and mortality, so ongoing audits alongside analyses of potential causes should be encouraged. We acknowledge the data's limitations in that the reasons for low compliance cannot be ascertained here, but results suggest that there exists room for more interventions aiming to encourage a marked improvement both in LMWH and AES compliance.