

EP.FRI.835**5 Years, 4 F1s, 3 Registrars, 2 Pandemic Waves, 1 VTE audit:
Half a decade of VTE prophylaxis on a surgical ward**

Helena Colling Sylvester, Naim Slim, Michael Okocha
Southmead Hospital

Aim: Venous thromboembolism(VTE) is a preventable complication of hospital admission. This audit aims to compare VTE prophylaxis over 5 years in one surgical assessment unit and identify areas for improvement.

Methods: This was a snapshot, 5-cycle audit of the analysis of VTE risk, prescribing practice and prophylactic therapies offered at admission.

We prospectively reviewed notes of patients admitted under general surgery over a snapshot period annually. Data was compared to figures collected over four previous years. Induction VTE prophylaxis teaching was introduced after the first cycle, HCA VTE champions were introduced after the second, digital reminders were introduced after the third, and monthly email reminders sent after the fourth cycle.

Results: VTE risk was documented for 92% of patients in 2017, 65% in 2018, 57% in 2019, 76% in 2020 and 53% in 2021. In the years 2017, 2018, 2019, 2020, 2021, Enoxaparin was prescribed for 96%, 68%, 75%, 55% and 73% of patients respectively. In 2017, 2018, 2019, 2020 and 2021, TED stockings were prescribed for 96%, 68%, 62%, 50% and 73% of patients respectively.

Conclusions: We utilised a multidisciplinary and digital approach against the issue of VTE prophylaxis on surgical wards. Despite best efforts, compliance was highly fluctuant with a drop during the first wave of the pandemic. This has demonstrated that with redistribution of regular nursing and medical staff, new patient filtering systems and increased healthcare pressures, previous mechanisms cannot be relied upon. We have begun the process of electronic prescriptions with mandatory VTE prophylaxis checklists.