

THROMBOPROPHYLAXIS IN HOSPITALIZED CANCER PATIENTS

PROBLEM : Cancer patients are 5 times more likely to develop VTE. Paradoxically, cancer patients are less likely to receive prophylaxis compared to patients without cancer, despite the increased risk, and the presence of evidence-based guidelines. In fact, admission for cancer has even been associated with a lower likelihood of VTE prophylaxis. A retrospective audit of patient charts revealed that, only 61% of cancer patients admitted to NCCCR receive adequate thromboprophylaxis according to published guidelines i.e. ACCP, NCCN, etc.

AIM: 85% of hospitalized cancer patients are assessed for the risk of VTE at the time of admission, and receive the appropriate prophylaxis in absence of contraindications by June 2012.

INTERVENTION:

- 1. Develop and implement an evidence-based protocol for thromboprophylaxis in cancer patients to standardize clinical practice with regard to VTE prevention by June 2011
- 2. Develop and introduce an order set for thromboprophylaxis to
 - a. Enhance monitoring and data collection
 - b. Provide evidence of patient assessment for risk of VTE
 - c. Promote physician adherence to the protocol

RESULTS:

Figure 1: The percentage of patients who received adequate thromboprophylaxis increased from the baseline performance of 61.5% to more than 70% by June 2012 exceeding the initial prediction, and eventually reached an average of 84.6% by December 2012, almost touching the predicted target of 85%. The overall improvement was found to be statistically significant ($P=0.0297$).

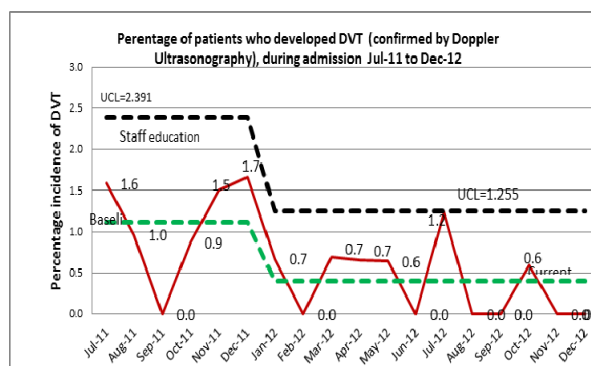
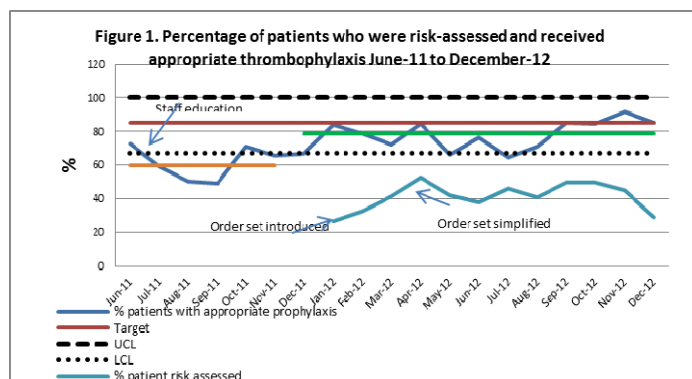


Figure 2: There will be a 50% decrease in the incidence of DVT among hospitalized cancer patients by December 2012

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CONCLUSIONS:

- There was 66.4% reduction in the average rate of DVT incidents- confirmed by Doppler ultrasound- from 1.117% (95% CI= 0.448 to 1.785) incident/month at the beginning of the program, to 0.409% (95% CI= 0.108 to 0.642) incident/month ($P=0.0145$)

NEXT STEPS:

- 1. To boost physician adherence to the standard order set including soliciting management support to enforce the order set as a requirement for patient admission.
- 2. The order set was reviewed and simplified in April 2012 following complaints from prescribers about complexity of the order set
- 3. Multifaceted strategies to raise awareness, and ensure implementation, of these guidelines are required to enhance awareness on the risk for VTE encountered by cancer patients, and promote adequate VTE prophylaxis for hospitalized patients with cancer
- 4. Starting February 2013; Corporate VTE prevention program in HMC was launched, since that date we are actively sharing our work with the group helping in shaping and developing a corporate model