

University Hospitals Birmingham GHS Site Anticoagulation and Thrombosis Group

Thursday 26 September 2019 Seminar Room Heartlands Pathology Building

PRESENT:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

1. APOLOGIES:

[REDACTED]
[REDACTED]
[REDACTED]

2. MINUTES OF LAST MEETING

The minutes of the last meeting on 19 March 2019 were approved.

3. TRUST GUIDELINE REVIEW

We should be in line with UHB guidelines. [REDACTED] advised we are in a difficult position regarding guidelines as they are outdated. [REDACTED] advised he met with colleagues previously to discuss and it was agreed we would continue with our current guidelines and bring up-to-date within a two year time frame.

4. VTE THROMBOPROPHYLAXIS – SUMMARY OF HOSPITAL ASSOCIATED THROMBOSIS

[REDACTED] advised since [REDACTED] agreed to lead hospital associated thrombosis and thromboprophylaxis reporting. [REDACTED] discussed the findings and it was agreed there would be a monthly report one month in arrears as receiving the coding was out-of-sync timing wise. It was agreed to also generate this report over at UBH.

5. QUALITY MONITORING

[REDACTED] advised awaiting information from [REDACTED] – no formal guideline as yet. [REDACTED] reiterated receiving referrals into the department by secure email only from 1 September 2019 (no longer accepting faxes). [REDACTED] reviewed quality improvement project and this will improve plans regarding clinic capacity and it was agreed that this would be managed by consultant rota. There is also a list generated from pharmacy and [REDACTED] agreed to teach ACNs in the future. Telephone consultations are now taking place and in turn the out-patient load has decreased. In-patient dosing was also discussed as a further benefit to the service in future as a designated nurse to roam/availability to visit wards. [REDACTED] open to accepting nurse referrals as suggested by [REDACTED] [REDACTED] would like to see a unified method of referral – straight to ACNs. [REDACTED] advised around 600 dormant patients have recently been removed from the system. [REDACTED] advised INR Star would have a trial run first but there is a delay in installation due to problems at UHB. [REDACTED] is awaiting finance to inform of price rather than two separate contracts negotiations are in place for just one contract. This should be with us soon.

6. CRITICAL INCIDENTS

■ reported one clinical incident at UHB where patient suffered a stroke. ■ would like ■ and ■ to copy data to BHH staff. ■ agreed that the pharmacy list would be available from November and this to continue on a regular basis. ■ raised ? whether patients should take Rivaroxaban with food as clinicians not counselling patients – ACNs to educate staff on wards.

7. ENOXAPARIN SWAP REVIEW

It was reported that the switch from Tinzaparin to Enoxaparin went uneventfully.

8. LOW DOSE ANTICOAGULATION FOR VTE AUDIT

■ advised overall 4,500 patients diagnosed with VTE from 2015 – 2018. The next step is to whether to discharge patients on standard dose Apixaban or carry on offering low dose Apixaban as this makes decision making easier. There will be an audit on ■ in c-operation with Pfizer and BMS performance.

9. ANTI-PLATELET PERI-OPERATIVE GUIDANCE

It was agreed that Cardiologists to make anti-platelet decisions.

10. CCG UPDATE

The climate remains the same as not clear in guidelines. There in an increase in tariff for Warfarin patients ? meeting in November ■ to check and feedback, All strongly in favour of a combined trust depending on technology.

11. FUTURE OF THIS MEETING

All in favour to run two thrombosis MDT patient meetings – one to be a super meeting for management in terms of anticoagulant. Meeting to be arranged between 4 – 5 o' clock with ACN to bring along caseloads. Record of antiphospholipid ■ to present at next meeting.

12. ANY OTHER BUSINESS

No other business.

Date and time of next meeting

To be advised