University Hospitals Birmingham GHS Site Anticoagulation and Thrombosis Group

Tuesday 19 March 2019 3.30pm Seminar Room Heartlands Pathology Building

Present:	<u>.</u>
Apologies received:	
Minutes of last meeting -	Thrombosis Committee Minutes September 2018 – Minutes agreed
Minutes of last meeting	
Bridging service has now bee	en established
advised that there are issues with the use of antiplatelet agents, there are guidelines but these are from 10 years ago and clearly out of date. It was agreed that these need to be re-written. The consensus of the meeting was that these may be difficult across directorates	
antiplatelet agents, it was a	discussed within the meeting and the use of dual agreed that nationally there is some conflict about this would check current guidelines at UHB.
The meeting went onto discus thromboprophylaxis, the consensus of the meeting was that most acute Trusts' do not implement the current guidelines. advised that currently, Dr at UHB is due to send a letter about the use of Aspirin in hip replacements	
advised in relation to the acute DVT pathway, no link can be created currently with Radiology and requires no further action.	
Trust Guideline Review	
	will continue to pick up the Trust Guideline Review until include antiplatelets.
The meeting went onto discuss the data within the HAT-RCA report; it was highlighted that within the timeframe of the report there was only one preventable VTE. advised that the incidents of VTE are seasonal in nature and in one week she was aware of 25 cases of VTE.	
advised that will be retiring soon and will lead on VTE along with who is the Lead VTE Nurse.	

Quality Monitoring Dawn data

advised that currently there are no figures from DAWN; there has recently been a "big clear up"; there have been issues with the timing range and it has been difficult to run reports from Dawn. advised that QEH use INR Star which is linked with GP practices. There is to be a meeting arranged about implementing INR Star here. This may also able to accessed by AEC with log on details etc.

AQP Contract

advised that the first quarter report has been completed; this is a contract with CCG's and coding has been easy.

advised that 9 patients had been identified suitable and also 10 patients from Solihull had been identified as suitable, making a total of 19 patients for this quarter.

advised that the first quarter report has been completed; this is a contract with advised that 9 patients had been identified as suitable, making a advised that stable patients can be moved to the AQP service.

Critical Incidents

advised of an incident when low molecular weight Heparin was prescribed and was an allergy to this was recorded; however patient was insistent on having the medication and the injection was given however it was agreed that lessons can be learned from this incident

Enoxaparin swap review

advised that the switch is to take place on the 28th March; there is some compromise with graduation syringes. advised that there have been some issues with sourcing the 150mg dose; these will be available from end of March/April.

Low dose anticoagulation for VTE audit

advised that the audit had been sent and highlighted that low dose anticoagulation has a smaller bleeding risk. However, this is to be explored further and to run a comparable group on standard dose anticoagulation. advised that there are plans to revisit guidelines in the use of Apixaban which is good for the use of standard clots, but for more unusual and bigger clots Rivaroxaban should be used

Antiplatelet perioperative guidance

advised that she would send the current guidelines used at UHB.

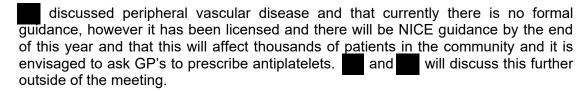
CCG Update

advised that there was a good attendance at the last meeting on Saturday 9th March in Solihull and that this will become an annual meeting.

Future of this meeting

advised that this meeting will meet two to three times a year. It was agreed that is has proved difficult in unifying the meeting

AOB



advised that RICaD's will remain and some feel more comfortable with this in terms of medico-legal.

discussed thrombin generation automation; there needs to be discussion how to use and develop the new analyser and that is will be beneficial in patients' with recurrent VTE's in preventing future events after stopping anticoagulation.

Date and Time of next meeting to be confirmed