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ANTICOAGULATION / VTE POLICY FOR ADULTS

SECTION 1 OPERATIONAL INFORMATION

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Ratified by:	Trust Policy Ratification Group
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Title of originator/author:	Pathology Clinical Services Manager / Consultant Haematologists/ Anticoagulation Nurse Specialists/ Medicines Evaluation Pharmacist/ CCG Representatives
Title of responsible committee/individual:	Anticoagulation/VTE Group
Date issued:	18 April 2018
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Target audience:	All personnel involved in the management and assessment of patients requiring anticoagulation therapy including VTE risk assessment and prophylaxis.

Document History Summary

Version	Date	Author	Status	Comment
Archived Polices Ref 201: Policy to reduce the risk of venous thromboembolism in patients admitted to hospital: risk assessment, prophylaxis (pharmacological and mechanical) Ref 403: Policy for the diagnosis, Investigation, Treatment and Management of Suspected and Confirmed venous thromboembolism				
1a	November 2014	Pathology Clinical Services Governance Manager / Medicines Evaluation Pharmacist	Draft	New document to also include VTE risk assessment and prophylaxis.
1	June 2015	Pathology Clinical Services Governance Manager / Medicines Evaluation Pharmacist	Active	18 month review period only to allow time for evaluation / feedback from users.
2a	August 2016	Pathology Clinical Services Governance Manager / Medicines Evaluation Pharmacist	Active	Review following practice changes and further service review changes.
2b	January – April 2017	Consultant Haematologists Pathology Clinical Services Governance Manager / Lead Anticoagulation Nurse/ Medicines Evaluation Pharmacist/CCG	Draft	Rearranged the content. Updated guidance on perioperative management/ Added Prescribing Checklists/ Updated tinzaparin shared care protocol/ Added VTE prophylaxis flow charts
2c	September 2017 October 2017	Consultant Haematologists Pathology Clinical Services Governance Manager/Lead Anticoagulation Nurse/ Medicines Evaluation Pharmacist/CCG	Draft	Feedback from specialists
2	23 March 2018	Consultant Haematologists Pathology Clinical Services Governance Manager/Lead Anticoagulation Nurse/ Medicines Evaluation Pharmacist/CCG	Final	Document ratified by DRG

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1. INTRODUCTION

In 2007 the National Patient Safety Agency (NPSA) issued a Safer Practice Notice: “Actions that can make anticoagulant therapy safer”.

This document is designed to offer direction and recommendations based upon best practice to underpin anticoagulation management for all staff involved in the prescribing, dispensing and administration of oral and parenteral anticoagulants to adult patients only.

In addition it is estimated that 25, 000 people in the UK die every year from venous thromboembolism (VTE), i.e. deep vein thrombosis (DVT) and pulmonary embolism (PE). The document therefore, also sets out the framework for safe risk assessment and management of VTE.

2. PURPOSE & SCOPE

2.1. Purpose

The purpose of this policy is to provide prudent best practice recommendations for all staff involved in the management of patients requiring anticoagulation therapy and those undertaking risk assessments and management of VTE in all acute and community areas of service under the responsibility of the Rotherham Foundation Trust.

It sets the standards for the management of adult patients requiring anticoagulation therapy/VTE risk assessment and prophylaxis within The Rotherham NHS Foundation Trust, or ensures safe discharge for those patients who may be transferred to the care of a General Practitioner. It identifies how a safe standard of anticoagulation therapy practice (including VTE risk assessment and prophylaxis) shall be achieved and specifically assigns responsibility for implementing and monitoring those standards

Anticoagulation management is a key clinical governance area and experience confirms wide variations in practice and monitoring. The policy provides the framework to ensure consistent anticoagulation standards (including VTE risk assessment and prophylaxis) across the Trust for both patients and staff. The policy sets out and defines the mechanisms to monitor this practice across the Trust.

The policy also defines the process by which all related documents are stored and updated according to Trust and statutory policy.

The core components of this policy are

- safe prescribing
- best practice guidance in specific clinical specialities
- training and education
- audit and performance management

2.2. Scope

The policy is aimed at all personnel involved in the management of patients requiring anticoagulation therapy, VTE risk assessment and prophylaxis:-

- medical staff,
- nursing and midwifery staff (registered and non-registered)

The policy should be read in conjunction with the Code of Conduct relevant to each Professional Body, i.e.

- The General Medical Council and
- The Nursing and Midwifery Council

This document must be supported by a programme of education, training and audit. It is therefore the responsibility of all those involved in the various stages of anticoagulation therapy, VTE risk assessment and prophylaxis management to ensure that they are familiar with all associated procedures.

3. ROLES & RESPONSIBILITIES

Roles	Responsibilities
Chief Executive and Trust Board	Have ultimate responsibility for ensuring robust governance processes are in place across the Trust which safeguard patients and for ensuring quality assurance processes are in place to monitor implementation
Anticoagulation / VTE Group (ACG)	Responsibility for the implementation of this policy is delegated to ACG as the responsible committee for the development and implementation of policies developed to safeguard patients accessing Trust anticoagulation services.
Anticoagulation Team (ACT)	Operational team responsible for monitoring anticoagulation practice and escalating issues when required to the ACG, and the Patient Safety Group
Hospital Based Anticoagulation Team (HBAT)	Anticoagulation Specialist Nursing team providing support and advice to health care professionals and patients via the in reach inpatient and outpatient services.
Patient Safety Group	Are responsible for receiving annual reports from the Anticoagulation Group in regard to the monitoring of this policy and escalating issues as appropriate
Clinical Directors	Are responsible for ensuring: <ul style="list-style-type: none">• the implementation of this policy within their clinical specialty (where relevant) in a manner which

Roles	Responsibilities
	<p>ensures staff awareness and understanding</p> <ul style="list-style-type: none"> • staff compliance with this policy • any anticoagulation, VTE related adverse incidents or near misses are reported via the Trust incident reporting process, (Datix) and to the ACG ensuring full investigation takes place and the implementation of any identified actions designed to minimise the risk of recurrence
Consultant Haematology team	Are responsible for providing support for all clinical teams caring for patients receiving anticoagulation and VTE prophylaxis therapy.
Matrons / Ward Managers / Heads of Department	<p>Are responsible for ensuring:</p> <ul style="list-style-type: none"> • staff compliance with this policy • any anticoagulation/VTE adverse incidents or near misses are reported via the Trust incident reporting process, (Datix) and to the ACG ensuring full investigation takes place and the implementation of any identified actions designed to minimise the risk of recurrence
All Staff	Are responsible for ensuring that they comply with the content of this policy.

4. PROCEDURAL INFORMATION

[Appendix 1](#) sets out Clinical Information in respect of:

- Anticoagulants and reversing agents used in the Trust
- Patient information and consent
- Oral anticoagulants
- Parenteral anticoagulants
- Diagnosis and management of
 - Pulmonary Embolism
 - Deep vein thrombosis
 - VTE prophylaxis
 - Atrial fibrillation
- VTE prophylaxis
- Perioperative management of patients taking anticoagulants and anti-platelets
- Managing bleeding and over-anticoagulation
- Processes for referral and discharge
- Reporting of VTE, surveillance and incidents
- General information
- Incident reporting

- Other relevant information.

5. DEFINITIONS AND ABBREVIATIONS

5.1. Definitions

Deep vein thrombosis	Deep vein thrombosis (DVT) is the development of a blood clot in a major deep vein in the leg, thigh, pelvis, or abdomen, which may result in impaired venous blood flow and consequent leg swelling and pain. DVT may also occur in the upper extremities or the brain. Venous thromboembolism (VTE) includes DVT and pulmonary embolism.
Pulmonary embolism	Obstruction of a blood vessel in the lungs, usually due to a blood clot, which blocks a coronary artery.
Thromboprophylaxis	The measure taken to reduce the risk of thrombosis
Venous Thromboembolism	The blocking of a blood vessel by a blood clot dislodged from its site of origin. It includes both DVT and PE.

5.2. Abbreviations

ACG	Anticoagulation/VTE Group
ACT	Anticoagulation/VTE Team
BCSH	British Committee for Standards in Haematology
DVT	Deep vein thrombosis
GMC	General Medical Council
NICE	National Institute of Clinical Excellence
NMC	Nursing & Midwifery Council
NPSA	National Patient Safety Agency
PE	Pulmonary embolism
PSG	Patient Safety Group
VTE	Venous thromboembolism

6. REFERENCES

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- National Institute of Clinical Excellence (NICE) (2010) Venous thromboembolism: Reducing the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in patients admitted to hospital (including associated quality standards)
- National Institute of Clinical Excellence (NICE) (2014) Dabigatran etexilate for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism - technological appraisal

- National Institute of Clinical Excellence (NICE) (2015) Clinical Knowledge Summaries:
 - **Apixaban:** the management of adults receiving apixaban for the prevention of stroke and systemic embolism who have non-valvular atrial fibrillation.
 - **Dabigatran:** the management of adults receiving dabigatran for the prevention of stroke and systemic embolism who have non-valvular atrial fibrillation.
 - **Rivoroxaban:** The prevention of prevention of stroke and systemic embolism in adults with non-valvular atrial fibrillation.
 - Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults.
- National Patient Safety Agency (NPSA) (2007) Actions that can make anticoagulant therapy safer: Alert and other information NPSA/2007/18
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7. ASSOCIATED DOCUMENTATION

- The General Medical Council (GMC) (current) Code of Conduct – Good Medical Practice
- The Nursing & Midwifery Council (NMC) (2015) Standards of conduct, performance and ethics for nurses and midwives.
- The Rotherham NHS Clinical Commission Group Atrial Fibrillation guidance 2015
- The Rotherham Foundation Trust Policy – Consent to Treatment
- The Rotherham Foundation Trust - Patient Identification Policy

- The Rotherham Foundation Trust. Medicines Management Policy
- The Rotherham Foundation Trust Anticoagulation Prescription and Referral Document
- The Rotherham NHS Foundation Trust. Policy for the Reporting, investigation, management and analysis of Incidents, complaints, concerns and claims - Including the Management of Serious Incidents
- The Rotherham NHS Foundation Trust Policy Identification of risk and the management of venous thrombo-embolism in pregnancy and the puerperium
- The Rotherham NHS Foundation Trust. Policy for the management of massive haemorrhage
- The Rotherham NHS Foundation Trust. Beriplex User Information guidance
- The Rotherham NHS Foundation Trust. SOP Administration of Blood Products
- The Rotherham NHS Foundation Trust. Guidelines for managing bleeding associated with excessive Anticoagulation

**APPENDIX 1 to
ANTICOAGULATION / VTE POLICY FOR ADULTS**

CLINICAL PROCEDURAL DOCUMENT

PROCEDURAL DOCUMENT
Stand-alone document promoting safe anticoagulation practice

[\[Electronic link to latest version of the Clinical Procedural Document\]](#)

ANTICOAGULATION / VTE POLICY FOR ADULTS

SECTION 2 DOCUMENT DEVELOPMENT, COMMUNICATION, IMPLEMENTATION AND MONITORING

8. CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS

This document has been developed in consultation with and circulated to the Anticoagulation Group and wider stakeholders for comment, i.e.

- Clinical Commissioning Group Representatives
- Accident and Emergency
- Anaesthetics
- Medicine
- Surgery
- Pre Assessment Nurses
- Pharmacy
- Radiology

9. DOCUMENT APPROVAL

The policy has been approved by Rotherham Medicines Optimisation Group.

10. DOCUMENT RATIFICATION

The Trust Document Ratification Group has ratified the policy.

11. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment has been carried out in relation to this document using the approved initial screening tool. The EIA statement is detailed at Appendix 1 of this section of the document.

12. REVIEW AND REVISION ARRANGEMENTS

The policy will be reviewed every three years unless such changes occur as to require an earlier review. The policy will be reviewed by the author taking into consideration information received via the incident reporting system (Datix)

13. DISSEMINATION AND COMMUNICATION PLAN

To be disseminated to	Disseminated by	How	When	Comments
DRG Admin Support	Author	e mail	Within 1 week of ratification	To be placed on intranet in Anticoagulation in the Haematology Section of the Documents ratified by the Documents Ratification Group
Communication Team (documents ratified by the document ratification group)	DRG Admin Support	e mail	Within 1 week of ratification	Communication team to inform all email users of the location of the document.
All email users	Communication Team	e mail	Within 1 week of ratification	Communication team will inform all email users of the policy and provide a link to the policy.
Key individuals Staff with a role/responsibility within the document Heads of Departments / Matrons	Author	Meeting / Email as appropriate	When final version completed	The author must inform staff of their duties in relation to the document
All staff within area of management	Heads of Departments / Matrons	Meeting / Email as appropriate	As soon as received from the author	Ensure evidence of dissemination to staff is maintained. Request removal of paper copies Instruct them to inform all staff of the policy including those without access to e mail

14. IMPLEMENTATION AND TRAINING PLAN

Completion of the Trust preferred anticoagulation management training tools will be mandatory from August 2015 for all Foundation Doctors.

Anticoagulation Nurse Specialists must have demonstrated competency within the local competency packages and completed the competencies relevant to the Computer aided dosing system

What	How	Associated action	Lead	Timeframe
Full Policy	Via matrons and Ward Managers with support and leadership from the Clinical Directors	Line managers will be required to maintain records confirming distribution to relevant staff.	Matrons	Within 1 month of release by Quality and Standards Department
Local Procedures	Development & implementation of local procedures which comply with this policy	Line managers will be required to maintain records confirming distribution to relevant staff when completed	Clinical Directors CSU Quality & Governance Lead	Within 1 month of release by Quality and Standards Department of Full Policy
Training Plan				
What	How	Associated action	Lead	Timeframe
Trainee Foundation medical staff to complete Trust preferred training tool.	E learning.	Clinical Skills Facilitator and Foundation Programme Office to maintain records confirming distribution to relevant staff when completed	Clinical Skills Facilitator	Within one month of induction
Anticoagulation Nursing Staff complete all relevant competencies as agreed by the ACG.	E Learning / In house packages External Programmes when required.	Pathology Clinical Service Manager to maintain records confirming distribution to relevant staff when completed	Pathology Clinical Service Manager	Within 6 months of induction and two yearly knowledge updates as defined in Anticoagulation Training Policy

15. PLAN TO MONITOR THE COMPLIANCE AND EFFECTIVENESS OF THE POLICY

Individual practice will be audited by the Anticoagulation Team and using the Referral document audit tool in line with Trust policy and guidelines on the practice

Regular evaluations of clinical practice and patient outcomes will be performed and reported to the ACG. These results will be presented in the Patient Safety Group

15.1. Process for Monitoring Compliance and Effectiveness

Audit / Monitoring Criteria	Process for monitoring e.g. audit, survey	Audit / Monitoring performed by	Audit / Monitoring frequency	Audit / Monitoring reports distributed to	Action plans approved and monitored by
Policy is compliant with relevant risk management standard / Compliance with criteria at current level	Consultation and ratification process	Project Lead in conjunction with lead officer	At each policy review or as criteria change	Policy and revisions to Document Ratification Group	N/A
Compliance with accurate documentation when completing the yellow referral document.	Documentation standards to be audited against this policy	Anticoagulation Nurse specialists in conjunction with Pathology Clinical Services Manager	Minimum 50 during the audit period Annual	ACT Clinical Directors. Matrons	ACG
Compliance with procedure to be followed when reversal of over anticoagulation is required.	Documentation standards to be audited against current Trust guidance	Anticoagulation Nurse specialists in conjunction with Pathology Clinical Services Manager and support of HTT support officer	Annual	ACT Clinical Directors. Matrons	ACG & PSG
Compliance with procedure to be followed when adverse incident occurs	Completion of incident reports where an adverse incident.	Ward/dept Staff supported by Pathology Clinical Services Manager and Trust Incident Investigation Team	Monthly	ACT Clinical Directors.	ACG

Audit / Monitoring Criteria	Process for monitoring e.g. audit, survey	Audit / Monitoring performed by	Audit / Monitoring frequency	Audit / Monitoring reports distributed to	Action plans approved and monitored by
Compliance with the monitoring of known INR>8	Completion of Anticoagulation Data Report	Anticoagulation Nurse specialists in conjunction with Pathology Clinical Services Manager	Quarterly	ACT Clinical Directors	ACG
Incidents involving omitted medication	Completion of incident reports where omission of medication has occurred.	Ward/dept Staff supported by Pharmacy and Trust Incident Investigation Team	Monthly	ACG	PSG
Compliance with the process of risk assessment for identifying patients at risk of venous thromboembolism	Documentation standards - has the risk assessment been completed for all patients as indicated within the policy	Anticoagulation Nurse specialists in conjunction with Pathology Clinical Services Manager and Clinical Effectiveness team	Annual	ACG	PSG
Compliance with procedure to be followed for high risk patients requiring prophylaxis	Prescribing to be audited against current NICE guidance	Anticoagulation Nurse specialists in conjunction with Pharmacy	Annual	ACG	PSG
Investigation of patients suspected of VTE whilst receiving prophylaxis or during/following an inpatient episode	Completion of Root Cause Analysis	Clinical team responsible for the patients care during that admission supported Representatives ACG / VTE and Risk and Quality Department.	Monthly	ACG	PSG

15.2. Standards/Key Performance Indicators (KPIs)

Adherence to this policy supports compliance with:

- Care Quality Commission Fundamental Standards of Quality and Safety
- Clinical negligence scheme for Trusts (CNST) - NHS Litigation Authority Risk Management Standards
- NICE Quality Standards Programme for the prevention of VTE.

EQUALITY IMPACT ASSESSMENT (EIA) INITIAL SCREENING TOOL

Document Name: Anticoagulant/VTE Policy for Adults Date/Period of Document: 2018--2021
Lead Officer: Chair of Anticoagulation/VTE Group Job title: Consultant Haematologist

<input type="checkbox"/> Function	<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Procedure	<input type="checkbox"/> Strategy	<input type="checkbox"/> Other: (State) _____
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Describe the overall purpose / intended outcomes of the above: The purpose of this policy is to provide prudent best practice recommendations for all staff involved in the management of patients requiring anticoagulation therapy and those undertaking risk assessments and management of VTE in all acute and community areas of service under the responsibility of the Rotherham NHS Foundation Trust

You must assess each of the 9 areas separately and consider how your policy may affect people of different groups within those areas.

1. Assessment of possible adverse (negative) impact against a protected characteristic

Does this have a significant negative impact on equality in relation to each area?	Response		If yes, please state why and the evidence used in your assessment
	Yes	No	
1 Age		X	
2 Disability		X	
3 Gender reassignment		X	
4 Marriage and civil partnership		X	
5 Pregnancy and maternity		X	
6 Race		X	
7 Religion and belief		X	
8 Sex		X	
9 Sexual Orientation		X	

You need to ask yourself:

- Will the policy create any **problems** or **barriers** to any community or group? No
- Will any group be **excluded** because of the policy? No
- Will the policy have a negative impact on **community relations**? No

If the answer to any of these questions is Yes, you must complete a full Equality Impact Assessment

2. Positive impact:

Could the policy have a significant positive impact on equality by reducing inequalities that already exist? Explain how will it meet our duty to:	Response		If yes, please state why and the evidence used in your assessment
	Yes	No	
1 Eliminate discrimination, harassment and / or victimisation		X	
2 Advance the equality of opportunity of different groups		X	
3 Foster good relationships between different groups		X	

3. Summary

On the basis of the information/evidence/consideration so far, do you believe that the policy will have a positive or negative adverse impact on equality?

Positive						Negative
HIGH <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	LOW <input type="checkbox"/>	NEUTRAL <input checked="" type="checkbox"/>	LOW <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	HIGH <input type="checkbox"/>

Date assessment completed: 19.02.2018 Is a full equality impact assessment required? Yes No

Date EIA approved by Equality and Diversity Steering Group: _____