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Aim

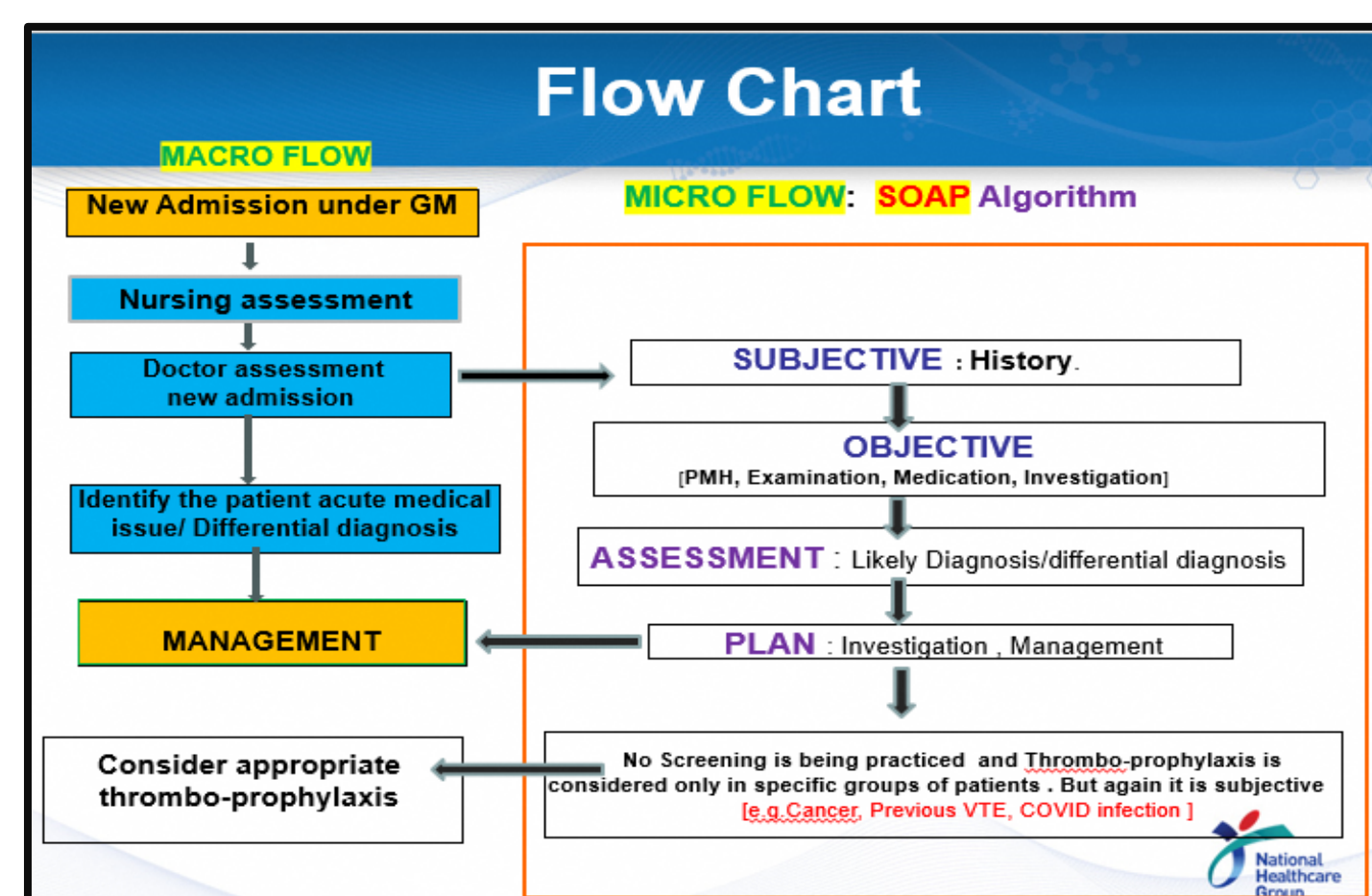
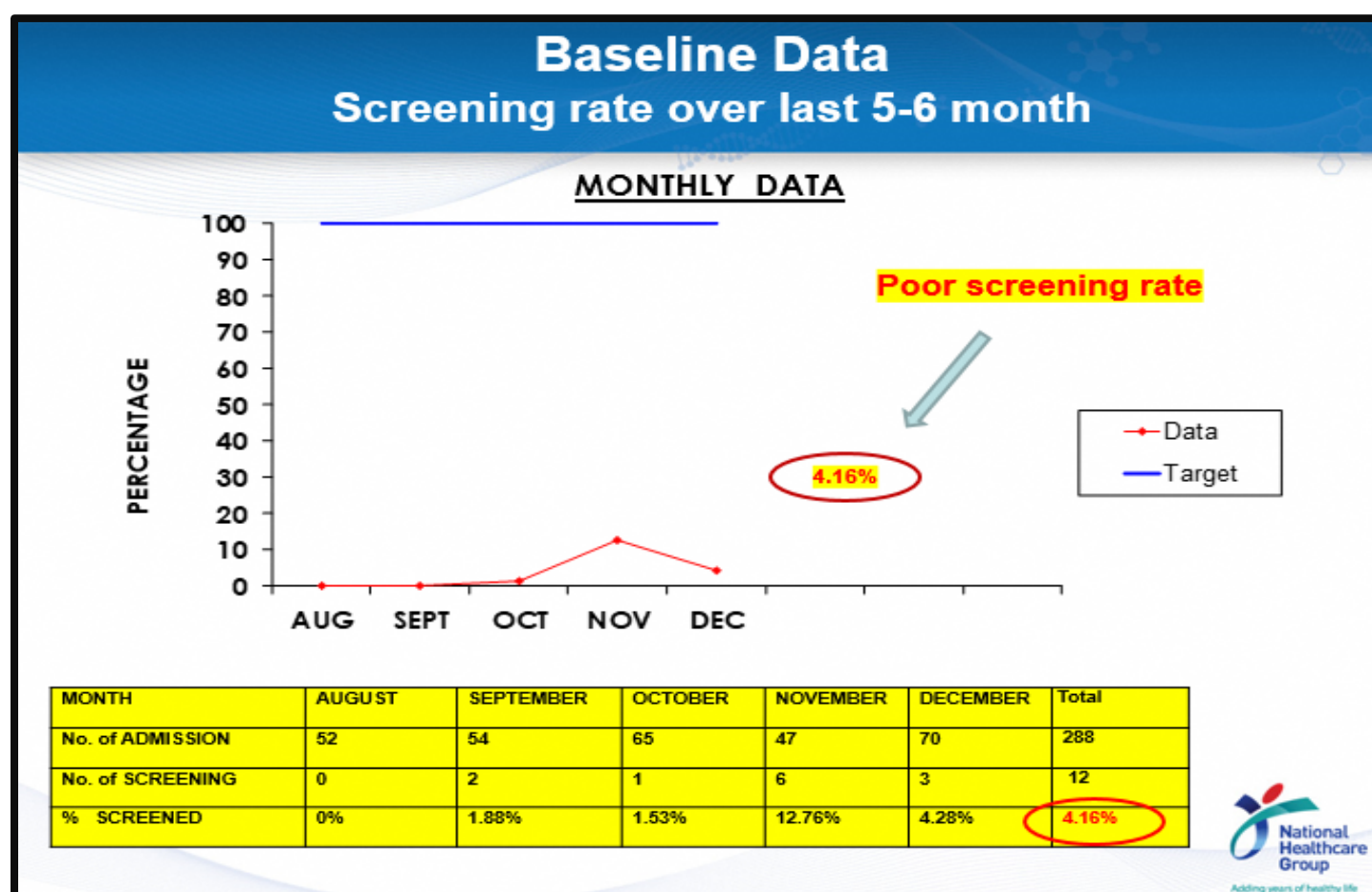
To increase proportion of screening of medical patients admitted in ward 71 to help identify those at high risk of venous thromboembolism over next 6 months.

Background

International evidence : 1 in 4 people die from venous thromboembolism . 55-60% of venous thrombosis occur during or following hospitalization .

Asian evidence : Asian countries account for more than half the worlds population. The evidence suggest VTE rates in Korea, Taiwan and Hong Kong were 13.8,15.9 and 19.9/100,000 patients respectively. Compared to rest of the world , Asian tends to use anticoagulation less frequently.

Local evidence : The rate of VTE have increased significantly and its risk is high among acutely ill medical and post-surgical patients.



Onward 2026

The rising trend of venous thrombosis among the hospitalized patients is quite evident in the actual clinical practice. There are no local guidelines regarding thrombosis prevention. The existing local hospital policies are based on international data.

Once the patient is diagnosed to have hospital acquired venous thrombosis (DVT/PE), it will increase the length of stay in hospital (LOS), requires longer duration of treatment , and will need frequent follow ups. All this will increase the financial burden on the family. In extreme cases it may be life threatening .

The screening is the most important preventive step in preventing a additional burden of new venous thromboembolism. The three basic steps of screening of every new admissions are evaluation for 1.the risk of thrombosis, 2. the risk of bleeding and 3. provide an appropriate thrombo-prophylactic agents.

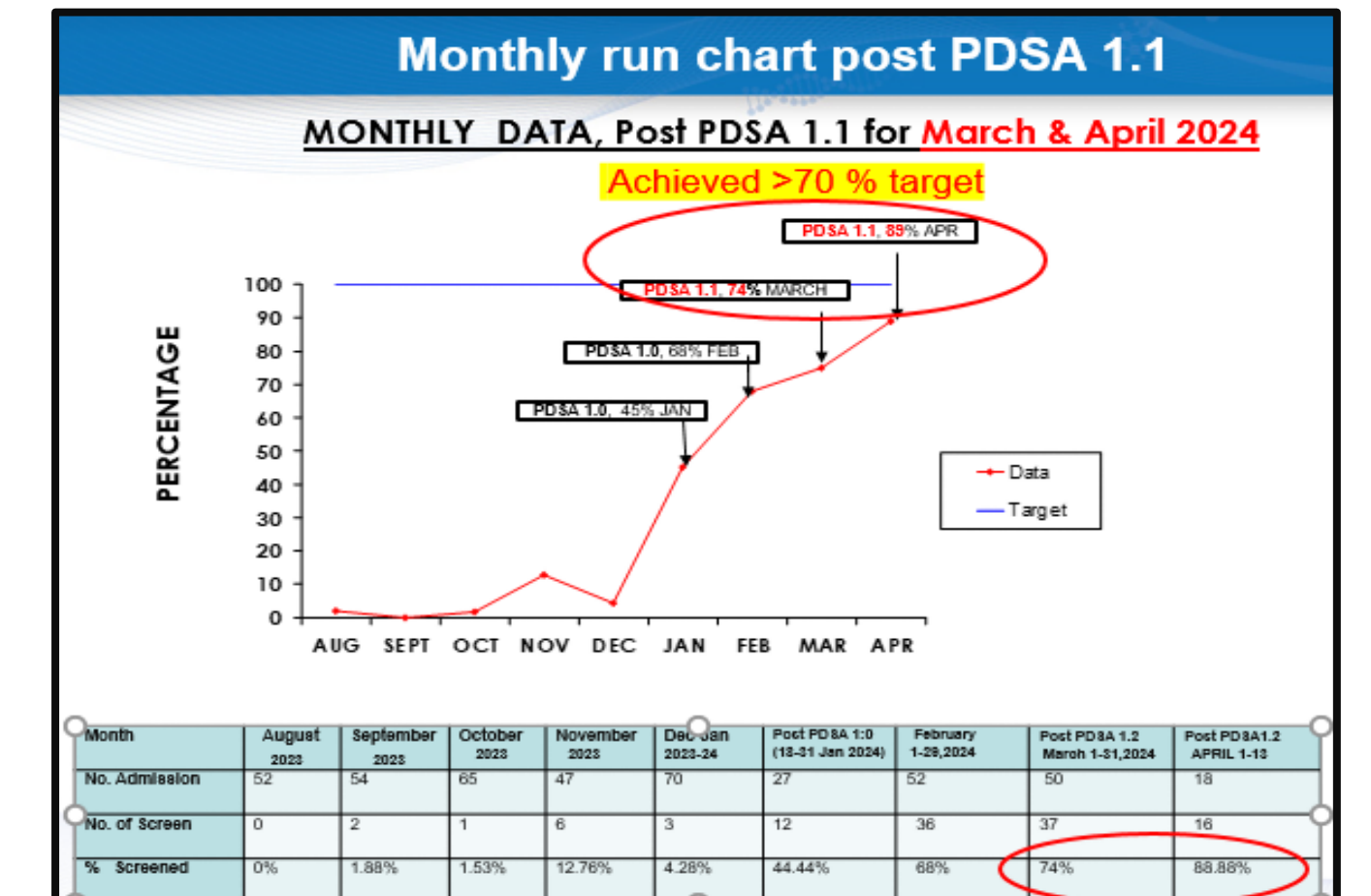
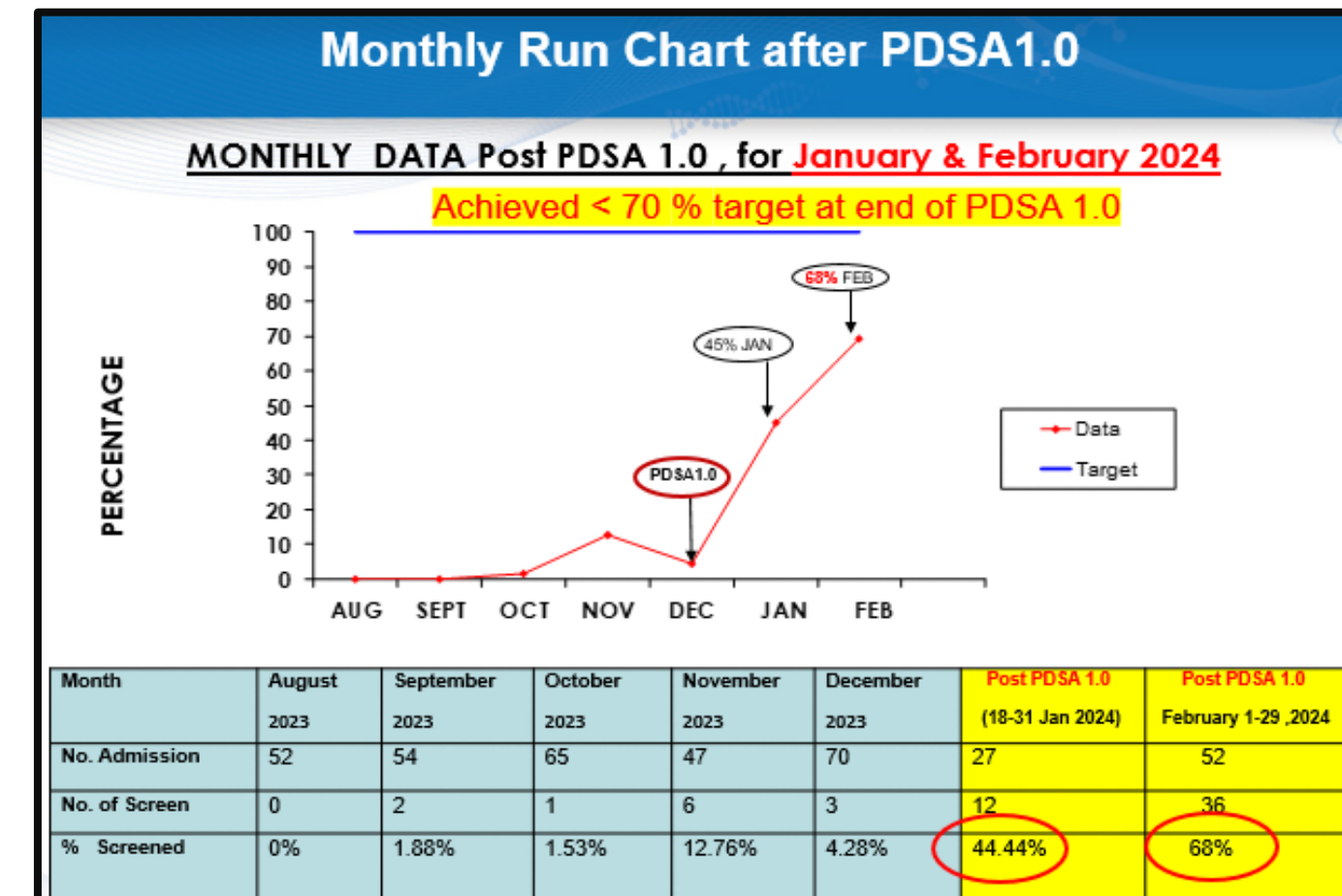
With patients safety in mind ,this project has a great potential. Hopefully in future this may help to create a hospital data which may help in the development of local thrombosis related guidelines and policies in future.

Results & Outcomes

Before the intervention the baseline data of screening all medical patients was only 4.16%. The main reason was unawareness of policy, tools and thrombosis risk in local. At the end of **PDSA 1.0** we were able to achieve only 45% and 68% of screening of new admissions by end of January and February 2024 respectively .

At the end of **PDSA 1.1** achieved 74% and 89% of screening of new admissions by end of March and April 2024 respectively.

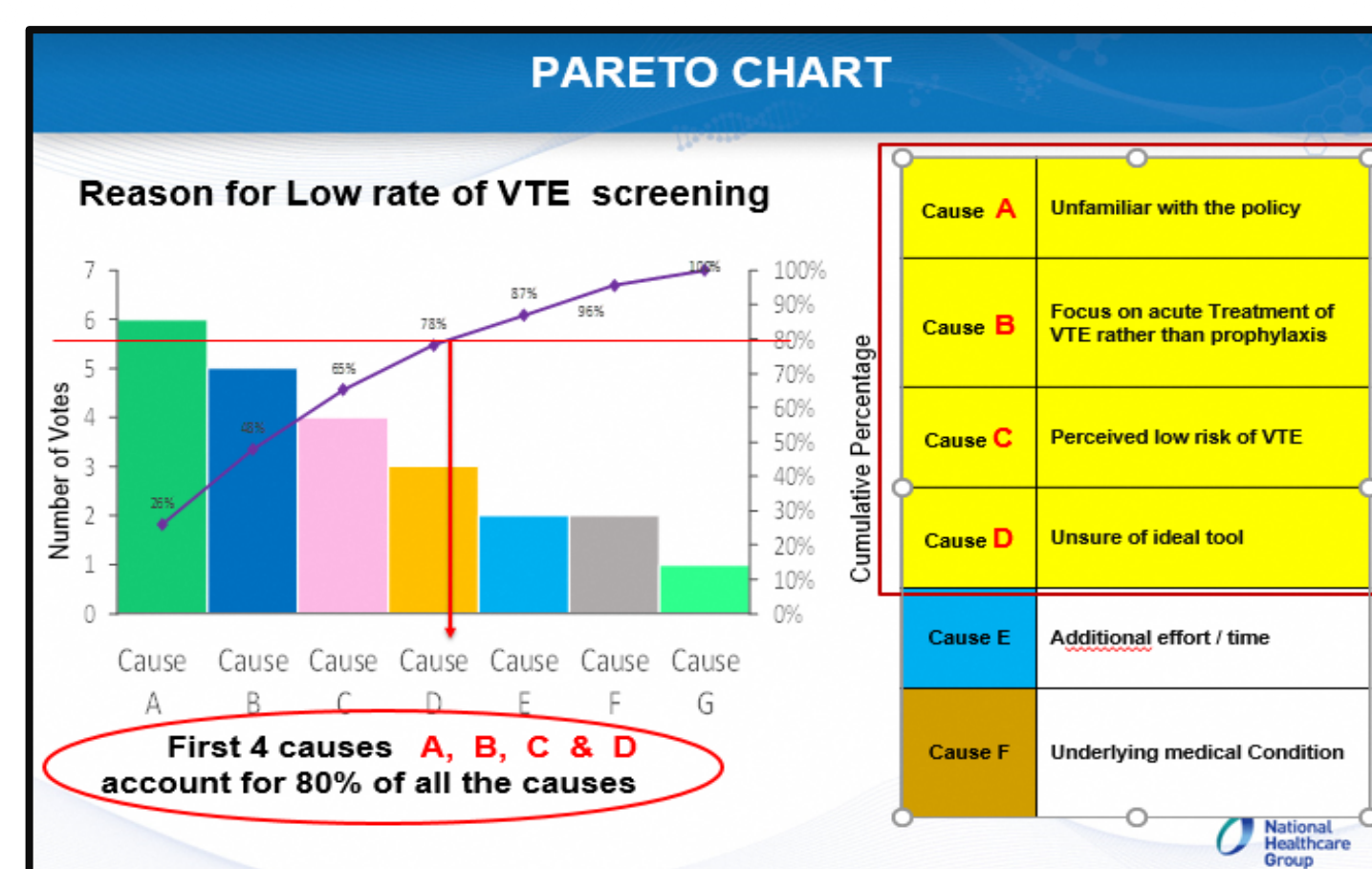
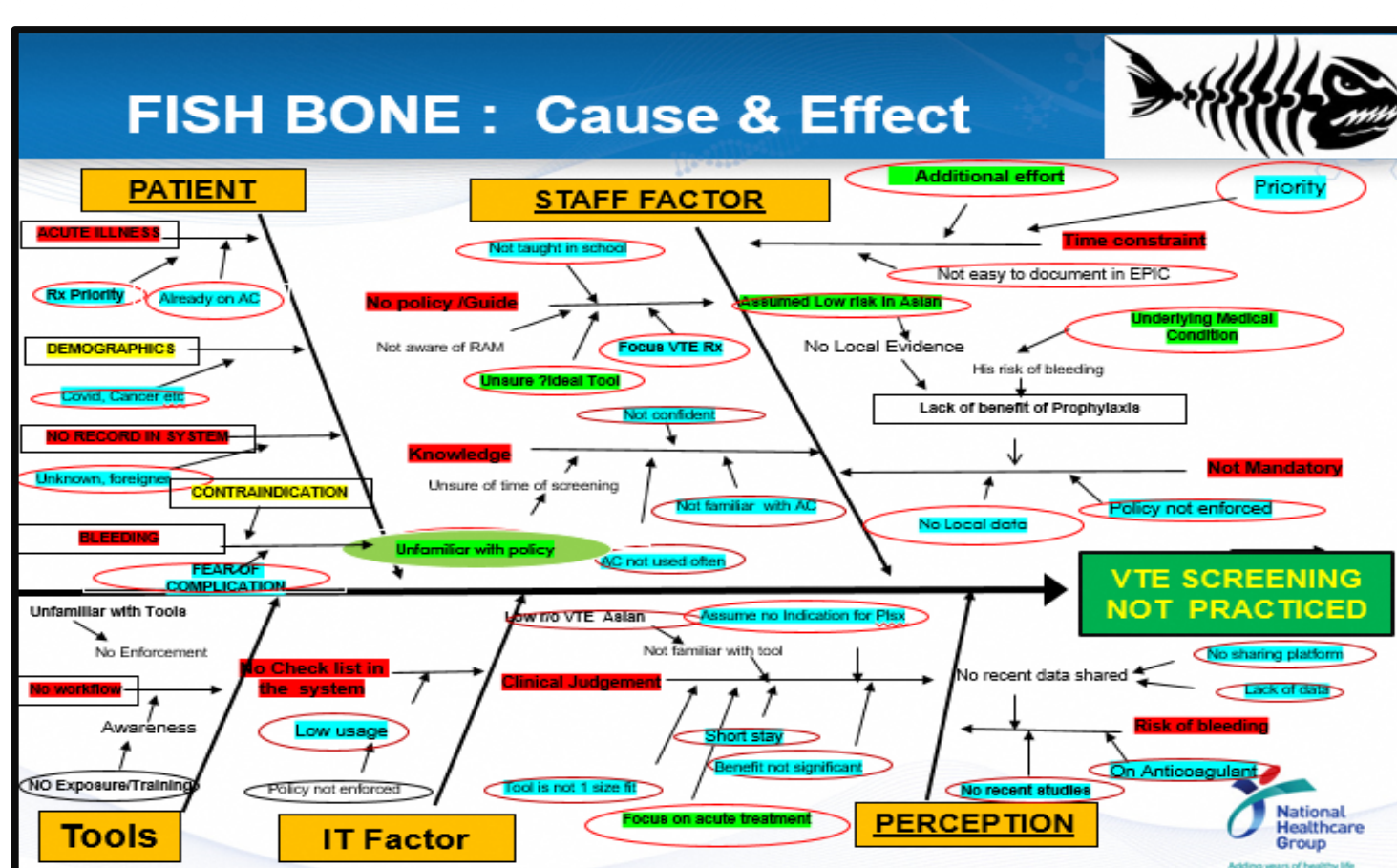
Creating awareness and regular reminders in addition to creating smart phrase in the Epic ,the junior doctors were able to screen most of the admitted medical patients in the ward.



Team Members

Name	Designation	Department
Jamelah Lukin	Staff Nurse	Ward 71
Xue Haquin	Nurse Clinician	Ward 72
Cassandra Chen Shiyun	Advanced Practitioner Nurse	General Medicine
Zin Min Aung	Resident Physician	General Medicine
Vanessa Chan Wei Qi	Hospital Clinician	General Medicine
George Bodegon	Resident Physician	General Medicine
Pang Shi Jie	Pharmacist	Hospital Pharmacist
Ang Yong Heng	Medical Officer	General Medicine

Interventions / Implementation

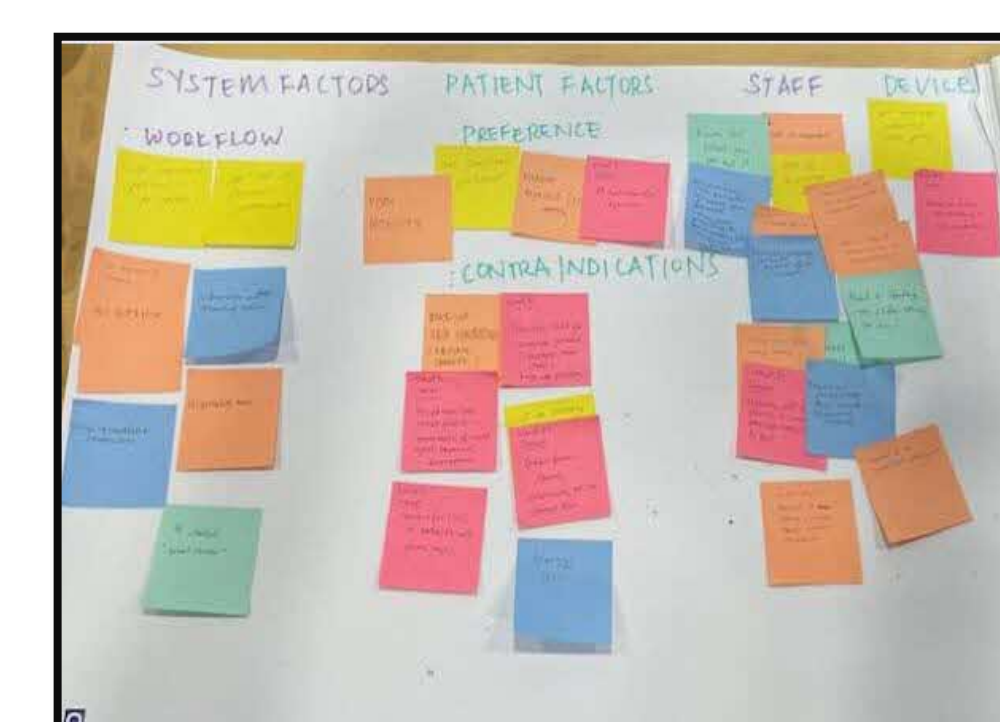


Conclusion

Every hospitalization is an opportunity for prevention of venous thrombosis . The screening remains the first step in identifying those patients who will benefit from thrombo-prophylaxis . Most find it not mandatory and many are unaware of the screening tools which is the leading cause of low rate of compliance to the practice of screening and hence higher risk of venous thrombosis.

With an appropriate awareness among the junior doctor, we were able to screen most of patient admitted under general medicine in ward 71, achieving a target of more than 70% of screening . This led to an appropriate identification of those at high risk of venous thrombosis , who may benefit from the appropriate thrombo-prophylaxis.

Screening for venous thromboembolism is quite easy & safe . It is both time and cost effective.



	ROOT CAUSE	INTERVENTION
PDSA 1.0 17:1:2024	UNAWARENESS -Unfamiliar with the policy	Met with ward nurses, Jr. and Sr. doctors to create an awareness and importance of screening . Shared an evidence of rising venous thrombosis among the Asians and the local population. Showed them the existing hospital policy and screening tools to predict risk of thrombosis and bleeding. At the end of the session : -Jr.Dr. were able to find & use the tools from MD Cal app. -The nurses & Sr. Dr. assured us, will remind the Jr. Dr. daily about the screening every medical admissions.
PDSA 1.1 01:03:2024		Conducted "Ask 5 & take 5" survey on the junior doctors. The survey confirmed that the new intervention use is not habitual and needed frequent reminders . This made us create a "Smart Phrase" in the epic as a user friendly guide plus continued assurance of reminders to the junior of the screening .