

Poster presentations

PP01

QIP on VTE prevention in stroke patients within 24 hours

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Abstract

This abstract focuses on the initial problem of suboptimal venous thromboembolism (VTE) prevention among stroke patients in our hospital's stroke unit. The relevance to acute medicine and the subsequent analysis, intervention, and results are discussed. Lessons learned, additional changes, and the authors' plans for sustainable practice change are also addressed.

The QIP revealed inadequate adherence to VTE prevention guidelines in stroke patients, posing a significant risk. The relevance to acute medicine lies in the vulnerability of stroke patients to VTE due to immobility and altered coagulation profiles.

The analysis found that only 60% of eligible stroke patients received appropriate VTE prophylaxis, necessitating an intervention to improve adherence. A multidisciplinary team developed a protocol for risk assessment, pharmacological prevention, early mobilisation, and patient education.

The intervention significantly improved adherence to VTE prevention measures, with 85% of eligible stroke patients receiving appropriate

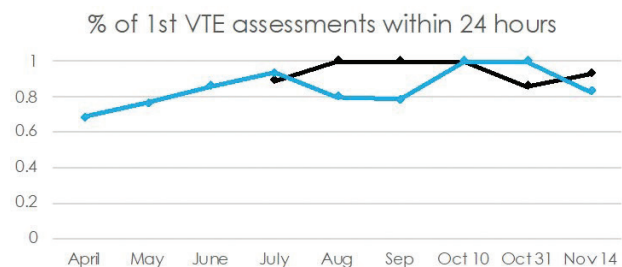


Fig. 1. The blue line represents patients in the stroke unit and black line represents patients in the hyperacute stroke unit. Variable 0–1 representing 0–100%.

prophylaxis. Lessons learned emphasised collaboration, standardised protocols, and ongoing education. Regular audits and feedback facilitated sustained improvements.

Further changes were made to enhance sustainability, including integrating the protocol into electronic medical records, educating new staff, and appointing a VTE prevention champion.

In conclusion, this study successfully implemented an intervention for VTE prevention in stroke patients, resulting in improved adherence to guidelines and reduced VTE events. The findings underscore the importance of proactive measures and interdisciplinary collaboration in acute medicine, ultimately enhancing patient outcomes and safety.

Keywords: stroke; audit; venous thromboembolism; outcomes

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