



Bristol CCG Don't Wait to Anticoagulate Project

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Why Quality Improvement?



Method or Model?

An approach to personal or organisational learning, development and improvement

QUALITY IMPROVEMENT

What is Quality?

In healthcare the definitions for quality are universally accepted as:

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Person- Centred



Any aims to improve quality should focus on:

- Avoiding needless deaths
- Avoiding needed pain
- Eliminating wastes
- Eliminating unwanted waits
- Eliminating patient and carers feeling helpless
- Consistently for everyone every time

What is Quality Improvement?



Systematic Approach using specific techniques

- A **cycle of improvement** which involves data collection, problem definition and diagnosis, testing and subsequent implementation the changes.
- A set of **tools and techniques** that support individuals to implement improvements.
- A recognition of the importance of **engaging stakeholders** in the improvement of the service.
- A recognition of the importance of culture and the need for **clinical and management leadership**.

Why Quality Improvement?



- Focus on outcomes
- Flattening hierarchies
- Giving everyone a voice
- Bringing staff and service users together to improve and redesign the way that care is provided

What is Don't Wait to Anticoagulate?



WEAHSN Project working with Industry Partners
Phase 1 – 11 Innovator Practices – co design and test of theory
Phase 2 – Gloucestershire CCG
Good outcomes
Phase 1 – 8% increase in Anticoagulation rates
Legacy of QI learning
National roll-out

What have we learnt?



Lead GP is very influential

Clinical skills update is essential

High workload is seen as a factor

Role of MOPs essential

QI is seen as a positive mechanism for change

QI leaves a legacy

Partnership between GP and MOPs is key to successful outcome

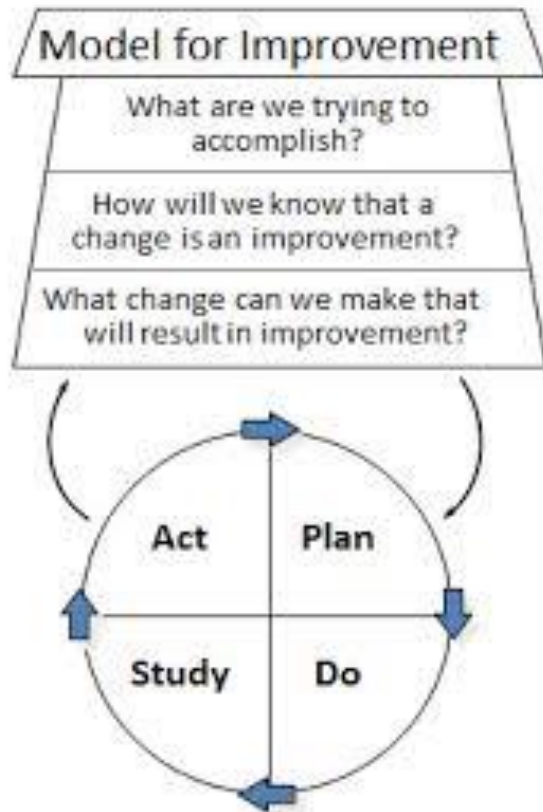
Website seen as a useful tool

Phase 2 Results Table



| | Before | After | Difference | Percentage change |
|-------------------------------------|--------|-------|------------|-------------------|
| AF patients on antiplatelets only | 1027 | 887 | -140 | -13.6% |
| AF patients on sub-optimal warfarin | 896 | 778 | -118 | -13.2% |
| AF patients on no treatment | 1225 | 1248 | 23 | 1.9% |

QI in DWAC The Improvement Journey



Optimising Anticoagulation in AF patients

Increase in optimally managed AF patients

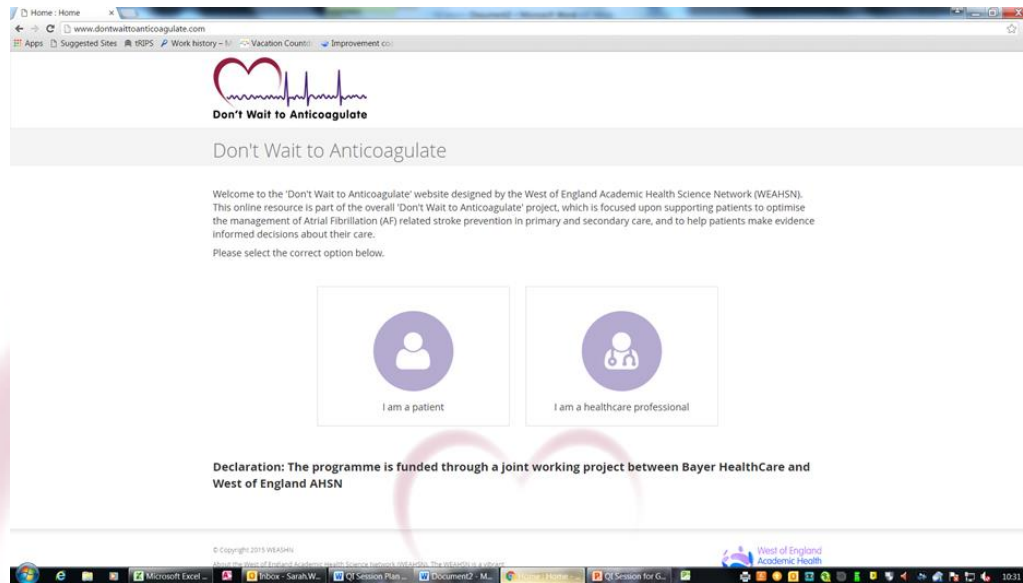
What changes can we make?

AF Pathway in Primary Care



- What is the current review process?
- How will you stratify the patient list?
- What happens with poorly managed Warfarin patients?
- Are non compliant patients routinely offered a NOAC?
- Does the patient have an understanding of risk?
- Do you hold anticoagulation clinics?
- Are elderly and frail patients considered for anticoagulation?
- What is the patient recall process?
- Is the AF pathway clearly articulated within the practice?
- Do all GP's offer the same opportunities for patient discussion?

Using the Tools





www.dontwaittoanticoagulate.com

Resources Available on the Website



- All current anticoagulation drug information that can be compared side by side
- Patient Risk sheets
- FAQs
- Project Tools such as
 - Project Poster
 - Project Summary Document
 - OPRA
 - New Medicines Service



ARE THERE
ANY
QUESTIONS?