DOES A WEEKLY MDT ADD VALUE TO THE ANTICOAGULANT SERVICE?

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Anticoagulant Clinics

- In the UK anticoagulant clinics were introduced in the 1970s.
- Patients were predominately valve replacement and VTE patients.
- Small numbers.
- First test was the Thrombotest.
- Replaced by PT ratio.
- INR initiated in 1983.

Anticoagulant Clinics

- Designed to monitor the effects of Vitamin K Antagonists and advise on drug dosage.
- Hospital Based.
- Used venous blood.
- Consultant led.
- Usually run by Haematology with blood analysis by BMS staff.

The 1980s

Significant changes in Clinical Haematology

- Clinical Shift

The 1990s

Publication of trials in AF

Significant Changes in Anticoagulant Service

1990s -2000s

- Clinics becoming Nurse-led/Pharmacy-led/ BMS-led.
- Introduction of self-testing/ self-dosing.
- Move to have anti-coagulant clinics in the community.
- European Working Time Directive.
- Change to junior Doctors working hours.

1990s – 2000s

- Increasing use of LMWH.
- Cardiology using increasingly complex anticoagulant regimes.
- Anticoagulant Clinics: No change to the premise ‘Designed to monitor the effects of Vitamin K Antagonists and advise on drug dosage.’

2000 - 2013

- NHS under increasing financial pressure.
- Closure of hospital beds.
- Political and Financial move to increase general community health care and reduce time in hospitals.
- Ageing population.
- Introduction of DOACs

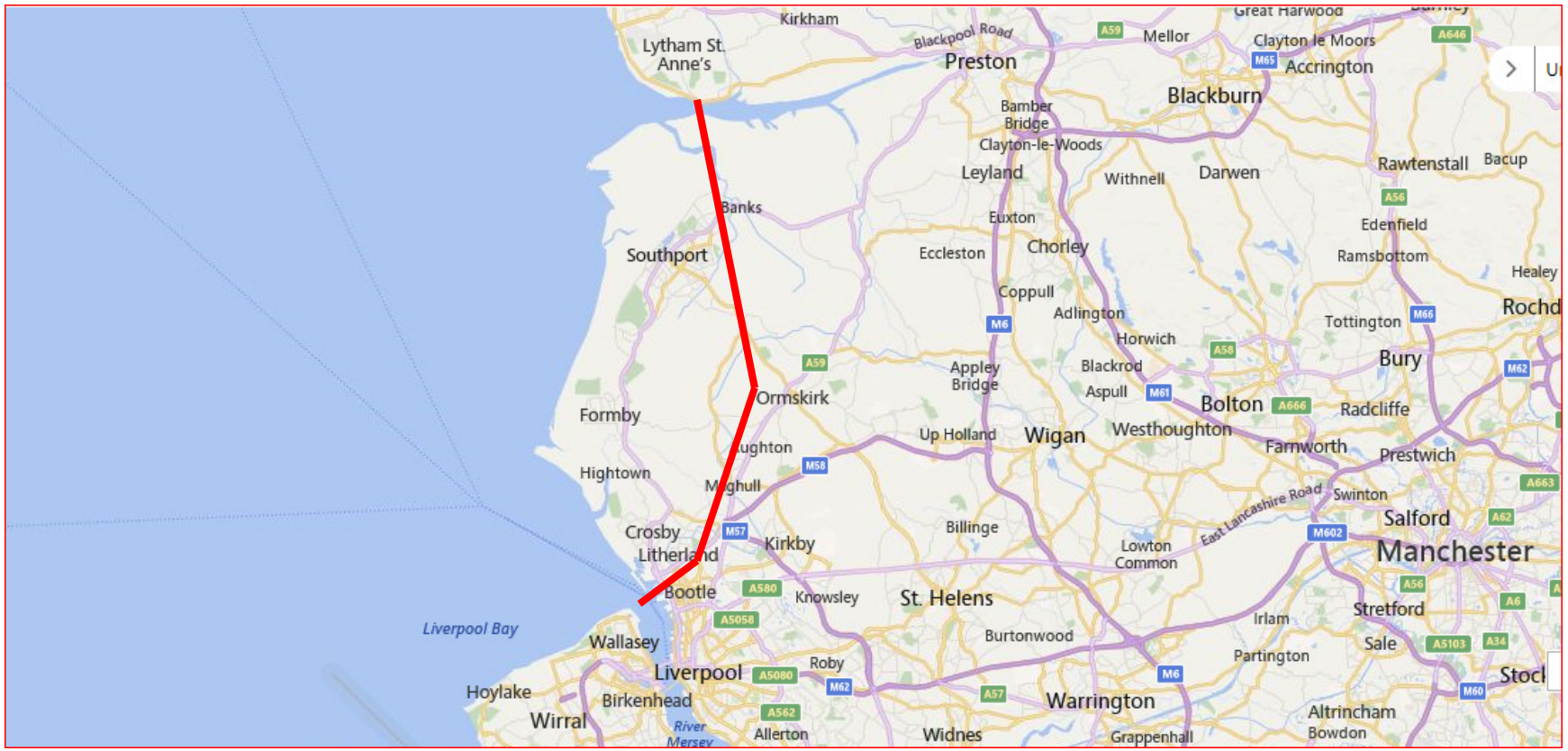
2013

- Community Anticoagulant Service for South Sefton,

  Southport and Formby put out to tender.

- Aintree University Hospital decided to bid for service.

Area Involved

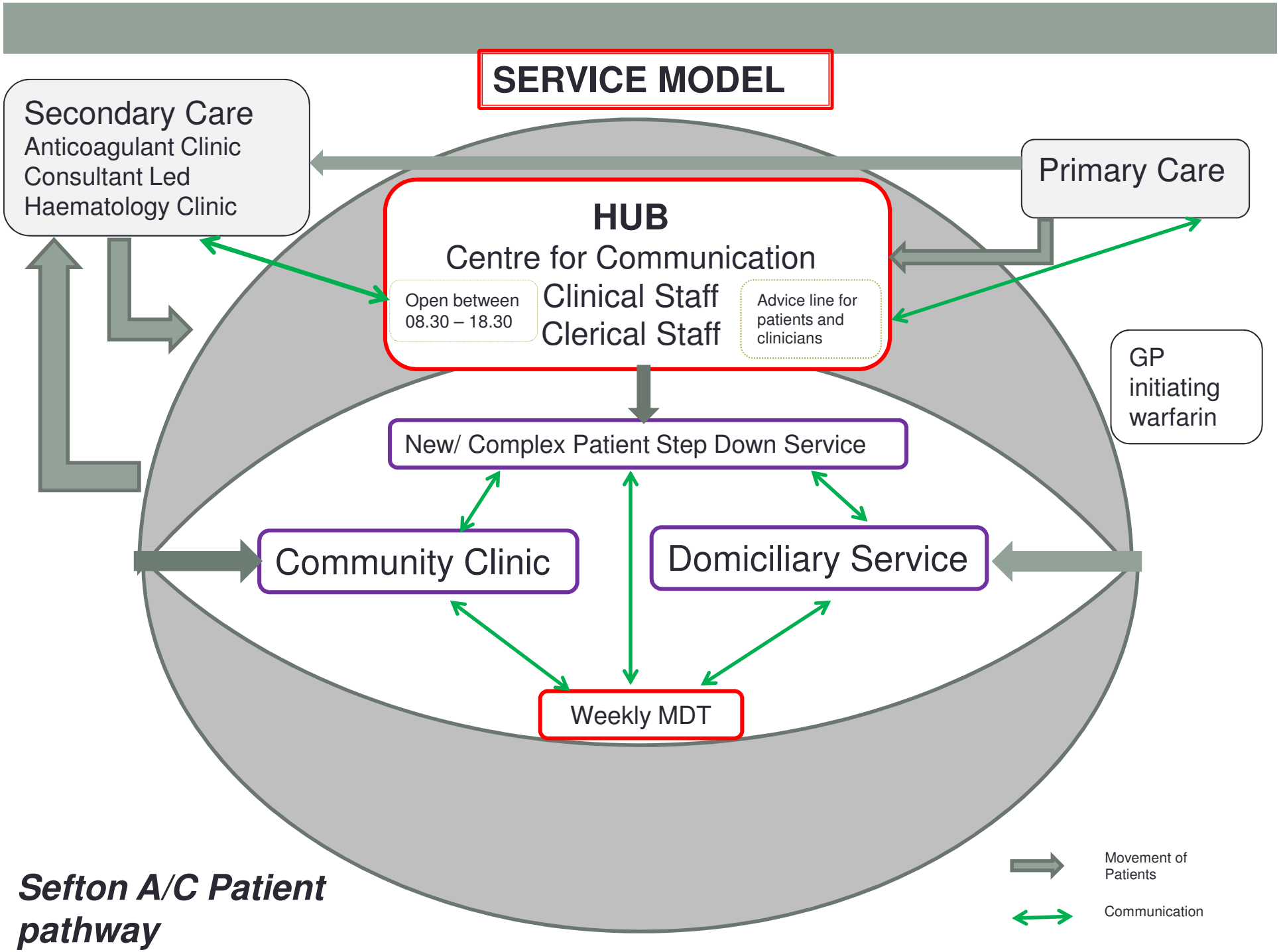


Opportunities

- Chance to consider what an Anticoagulant Service should look like.

Constraints

- Lack of knowledge of current service.
- CCG did not want hospital patients included in bid.
- CCG wanted service for Vitamin K Antagonists only.



Sefton A/C Patient pathway

The Weekly MDT

- Attended by Consultant, Service Manager, BMS staff, Nursing Staff, Secretarial and Clerical Staff.
- Thursday Afternoon 3.30 – 5pm.
- Minutes are taken at all meetings. Details of all discussions are recorded in the patient record in Dawn.
- First minuted patient April 2015.
- Meeting is also a general team meeting. Also used to raise any management issues.

The Weekly MDT

- At the meeting it is possible to access all patient records and laboratory results in Aintree University Hospital.
- No access to records in Southport and Ormskirk.
- No access to records in Royal Liverpool Hospital.
- No access to records in Liverpool Heart and Chest Hospital.

The Weekly MDT

- Up to 22/09/16 there were 406 entries.
- Roughly 60 meetings.
- Average 6.8 patients discussed each week.

Weekly MDT: Examples

- Range and Time in Range Issues

M.D.T requested due to the patient being very unstable.
Patient - Recurrent DVT - 3.0 - 4.0 range.

Mitral valve replacement. TR 3.0-4.0. Patient is 12% Time In Range. Recurrent DNA.

Service contacted by District Nurse concerned about the patient's confusion and compliance. Patient has poor memory. Patient not stable - INR in April - 7.9.

Letter from Consultant Cardiologist requesting patients range to be 2.5 - 3.0 discussed.

Patient is not happy with her range. (3.0 - 4.0). She would like a range of 2.0 - 3.0 .

M.D.T review requested by office team. Patient on DAWN with clinical details of AF. Currently therapeutic range is 2.5 - 3.5. Does this need to be changed?

Weekly MDT: Examples

- Ethical Issues

Demented Patient in Care Home.

On warfarin for AF.

Twice in a row has refused finger-prick.

Nursing Staff have offered to hold her down.

What should the Community Anticoagulant Staff do?

The patient has been taking a vitamin supplement the last few weeks.

This has Vitamin K in the contents.

Patient is unaware he has been taking this supplement, as the family have been giving it to him without him knowing.

Weekly MDT: Examples

- Associated Medical Conditions

Advice requested by team member. Patient has Paroxysmal Nocturnal Haemoglobinuria.

Patient is unstable. Given Vitamin K for high INR.
Patient has Cancer and has refused treatment for this. Patient is a DVT patient.

Patient living in nursing home. Staff say he is on palliative care, so why is he still on Warfarin?

Patient has been suspended on DAWN since last year. She has inoperable cancer. Patient has been on (L.M.W.H) for over a year and is fed up with injections.

Pregnant woman had a DVT last week, she needs to change to warfarin post delivery.

Weekly MDT: Examples

- DOACS

Patient requesting to be switched over to DOAC?
The patient feeis she is unstable on Warfarin and wants to be on DOAC instead.

Patient becoming very forgetful.
Brought to the MDT by an anticoagulant team member who asked if this patient is suitable for DOAC?

GP asking team to change patient from VKA to DOAC.

Weekly MDT: Examples

- Falls

Patient has had 4 falls in the last month. 3 in the last week.

Weekly MDT: Examples

- Decision and Indecision

Community team previously wrote to the GP for confirmation of decision made to discontinue Warfarin.
GP wrote back to team asking us to make the decision.
Passed to Dr Shiach for review.

Weekly MDT: Outcomes

- Decision made at meeting. Documented in Dawn.
- Request to GP or Specialist for additional information.
- Letter sent to patient.
- Patient referred to Nurse-led Clinic in the Community or in the Hospital.
- Patient referred to Consultant led Haemostasis Clinic.
- All letters pasted into Dawn notes.

Advantages of Weekly MDT

- Everyone is there.
- Everything is documented.
- Clerical and secretarial staff important contributors.
- Easy communication between staff predominately in the Community and predominately Trust Based.
- Allows short term plans with repeat review.
- Can flag up patients who require prescribing in the community.

Does a weekly MDT add value to the anticoagulant service?

- It has stopped ‘corridor consults.’
- It allows patient concerns to be documented and addressed.
- It allows all clinical issues raised to be fully documented and accessible for review.
- It allows anticoagulant care to be reviewed in the broader context of a fuller clinical picture.
- It allows better integration of all anticoagulant care: VKA/ LMWH/ DOAC.
- It takes up at least 90 minutes of everyone’s time every week.
- Is it cost effective?