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RE: Venous Thromboembolism (VTE) Prevention Clinical Care Standard

SHPA is the national professional organisation for over 4,400 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals. SHPA members lead the Pharmacy Departments at 29 of the principal referral hospitals in Australia, as well as the vast majority of both Public Acute A and Public Acute B hospitals.

SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals. SHPA supports pharmacists to meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved for Australians, as individuals, for the community as a whole and for healthcare facilities within our systems of healthcare.

SHPA welcomes the Australian Commission for Safety and Quality in Health Care’s (ACSQHC) development of the Delirium Clinical Care Standards and has the following remarks to make.

Introduction

In the section ‘Anticoagulant medicines’, the Standard correctly states that anticoagulant medicines are considered high-risk medicines, and patient diet and secondary anticoagulant medicines can cause adverse events, as well as patient’s concurrent medicines potentially interacting with anticoagulants. Thus, it is appropriate that the Standard also specifically mentions the importance of patients receiving comprehensive clinical pharmacy services and medication review after a VTE prevention plan has been established and actioned, to greatly reduce the potentiality for adverse events.

Quality Statement

1 – Assess and document VTE risk

SHPA believes that all patients receiving care in healthcare services are at risk of venous thromboembolism and thus, ideally all patients should receive a risk assessment. The statement ‘A patient potentially at risk of VTE receives a timely assessment of VTE risk…’ is a circular argument that could result in false negatives. SHPA suggests the wording to be changed to ‘All patients receive a timely assessment of VTE risk…’ This would be consistent with advice in the Introduction which states ‘Current evidence-based best practice guidelines recommend all hospitalised patients are assessed using a standardised tool’.

Quality Statement 2 – Develop a VTE prevention plan, balancing the risk of VTE against bleeding

SHPA is pleased to see that the Standard acknowledges that the use of certain medicines is recognised as a patient-related risk factor associated with developing VTE. Quality Statement 2 should also mention that medication review and a best possible medication
history is most appropriately undertaken by clinical pharmacists, who have been demonstrated to produce the most accurate medication histories compared to other clinicians.1

Quality Statement 5 – Use appropriate VTE prevention methods

Quality Statement 5 states that ‘If anticoagulant medicine is prescribed, document on the national inpatient medication chart (NIMC) the fact that information and education about the medicines has been provided’ however this is not practically possible nor is the NIMC the most appropriate place to denote if education has been provided to the patient. Furthermore, it is important to note that the long-stay form of NIMC does not have dedicated VTE prophylaxis section.

SHPA believes that the dedicated VTE prophylaxis section on the NIMC (short-stay) is sufficient to show a record of the risk assessment, and that ACSQHC could consider extending this dedicated VTE prophylaxis section to the long-stay form of the NIMC, given the known risks in elderly patients and long-term patients with little mobility.

However, many hospitals have now moved, or are moving to electronic medication prescribing and administration and will not be using the NIMC. Consequently, the quality statement must take this into account and not specify the NIMC in isolation.

SHPA believes that the patient’s clinical notes – where all interventions and counselling is documented – is the most appropriate to denote whether education has been provided to the patient.

Quality Statement 7 – Transition from hospital and ongoing care

SHPA believes that in the ‘For clinicians’ section of Quality Statement 7, the Standard should also mention that clinicians should conduct an assessment of the patient’s or carer’s ability to self-administer/administer anticoagulants, as well as provide education on appropriate disposal of used syringes.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Johanna de Wever, General Manager, Advocacy and Leadership on jdewever@shpa.org.au or (03) 9486 0177.

Yours sincerely,

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References