

# QIP – Rivaroxaban counselling in Ambulatory Assessment Area (AAA)

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## Introduction

- Rivaroxaban is currently first line treatment for VTE in NHS Tayside (1)
- Rivaroxaban is a new oral anticoagulant (NOAC) that works by inhibiting Factor Xa – unlike warfarin it does not require routine monitoring and is a standardised dose for all patients (with exception of renal impairment) (2)

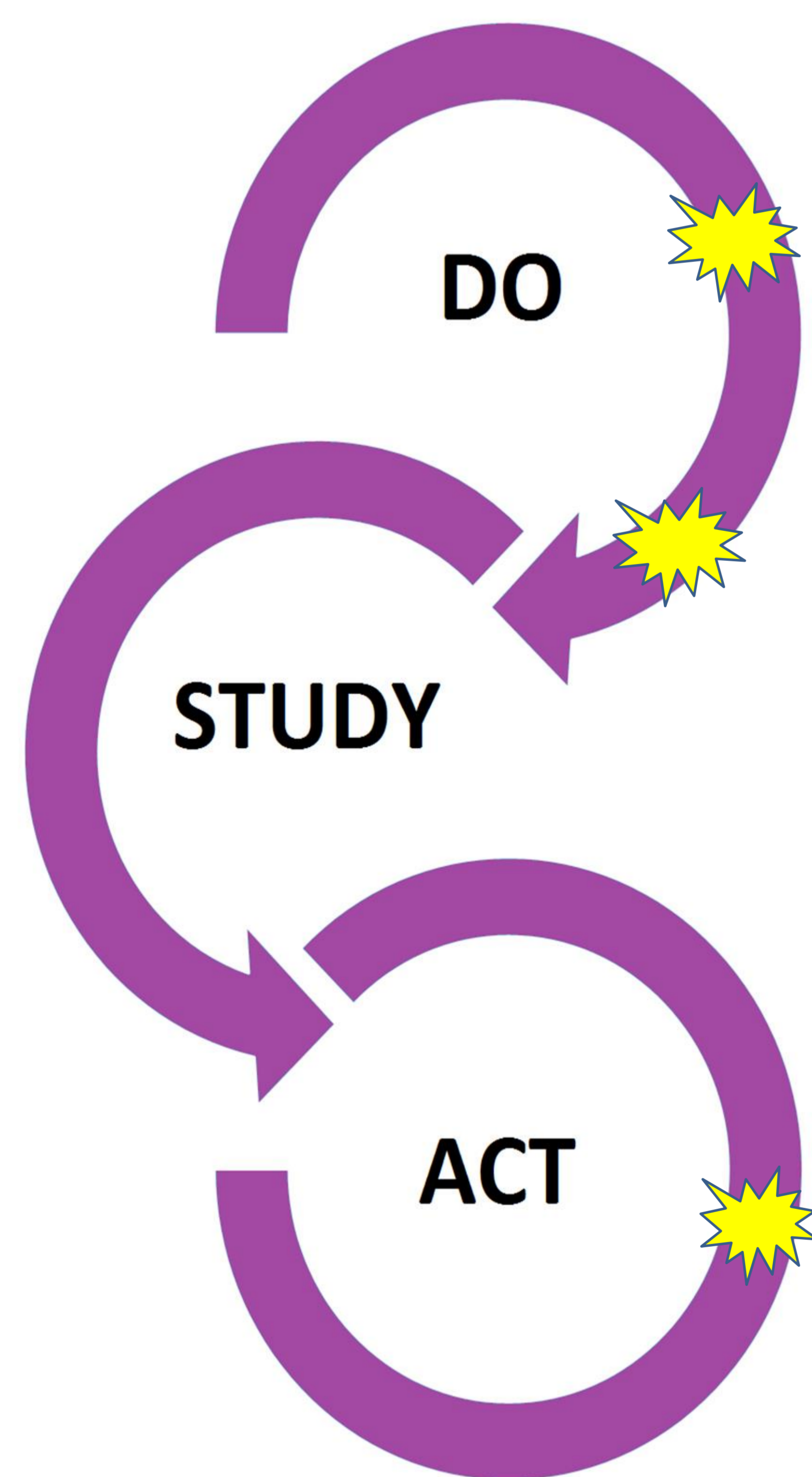
## The problem

- AAA is where the majority of patients with suspected VTE from primary care are assessed and managed
- Despite this there is no standardised way of documenting rivaroxaban counselling in patient notes or confirming that the patient has been issued with rivaroxaban information leaflet/alert card on discharge from AAA
- Communication to GP regarding rivaroxaban prescription is also variable with delays in electronic discharge (EDD) being completed
- This potentially poses a risk to patient safety and prompted the development of a rivaroxaban counselling proforma

## Plan

- To standardise rivaroxaban counselling in AAA for VTE by means of a proforma
- To improve patient safety and education regarding the side effects and dosing/administration of rivaroxaban for VTE
- To improve prompt communication to GPs for patients discharged on rivaroxaban for VTE
- To review product information leaflet as well as practice in other NHS trusts to design proforma (2, 3, 4)

## Methods



### BASELINE DATA COLLECTED

- Notes of patients started on rivaroxaban reviewed over two week period (Mon-Fri 0800-1800) (n=6). Information collected:
- Indication for rivaroxaban: DVT/PE
- Issued information leaflet: Yes/No
- Issued alert card: Yes/No
- Counselling documented: Yes/No
- Date of EDD to GP
- Proforma designed with review from pharmacist/consultant

### COUNSELLING PROFORMA INTRODUCED

- Test of change promoted via posters, e-mail and at unit meeting
- Notes of patients started on rivaroxaban reviewed over two week period post-introduction of counselling proforma (Mon-Fri 0800-1800) (n=5)
- Same information collected from notes as previously (see above)
- Results from pre-and post test of change analysed

### PLANNING OF CYCLE TWO

- Proforma reviewed with feedback from colleagues
- Changes planned for next cycle including documenting pregnancy status in females and adapting length of anticoagulation section to include "pending test results"
- Plan to present results at unit meeting

Figure 1: Plan/Act/Study/Do Diagram: Quality improvement framework used to plan and design the project. Quality improvement is a core component of the CMT curriculum and helps drive patient safety (5).

## Proforma

**RIVAROXABAN COUNSELLING FOR VTE**

Patient name: \_\_\_\_\_ CHI: \_\_\_\_\_

1. **Overview (circle as appropriate)**

Indications: DVT PE  
Length of anticoagulation: 3 months 6 months other: \_\_\_\_\_

2. **Pre-prescription checks**

FBC/LFTs/UEs reviewed:   
Creatinine clearance >30:   
Med rec reviewed for interactions:

3. **Dosing and administration**

Dosing regime communicated to patient:   
(Standard regime is 15mg twice daily for 3 weeks then 20mg once daily thereafter)  
Advised to swallow whole with food at same time each day:   
Advised to avoid heavy or binge drinking on rivaroxaban:

4. **Bleeding**

Bleeding risks discussed (as per information leaflet):   
Advised of no reversal agent for rivaroxaban:   
Advised to seek medical attention in case of bleeding/bruising:

5. **Monitoring**

Patient information leaflet provided:   
Alert card issued:   
GP informed via EDD:

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Grader: \_\_\_\_\_ Date: \_\_\_\_\_

Figure 2: Rivaroxaban counselling proforma

- Proforma completed for each patient started on rivaroxaban
- Indication and length of anticoagulation clearly documented
- Includes important safety checks such as full blood count, renal function and medicine reconciliation
- Dosing and administration advice made clear to patient (e.g. take with food)
- Bleeding risks discussed with patient
- Prompt to issue information leaflet/alert card and inform GP via EDD
- Signed by prescribing doctor and filed in medical notes

## Results

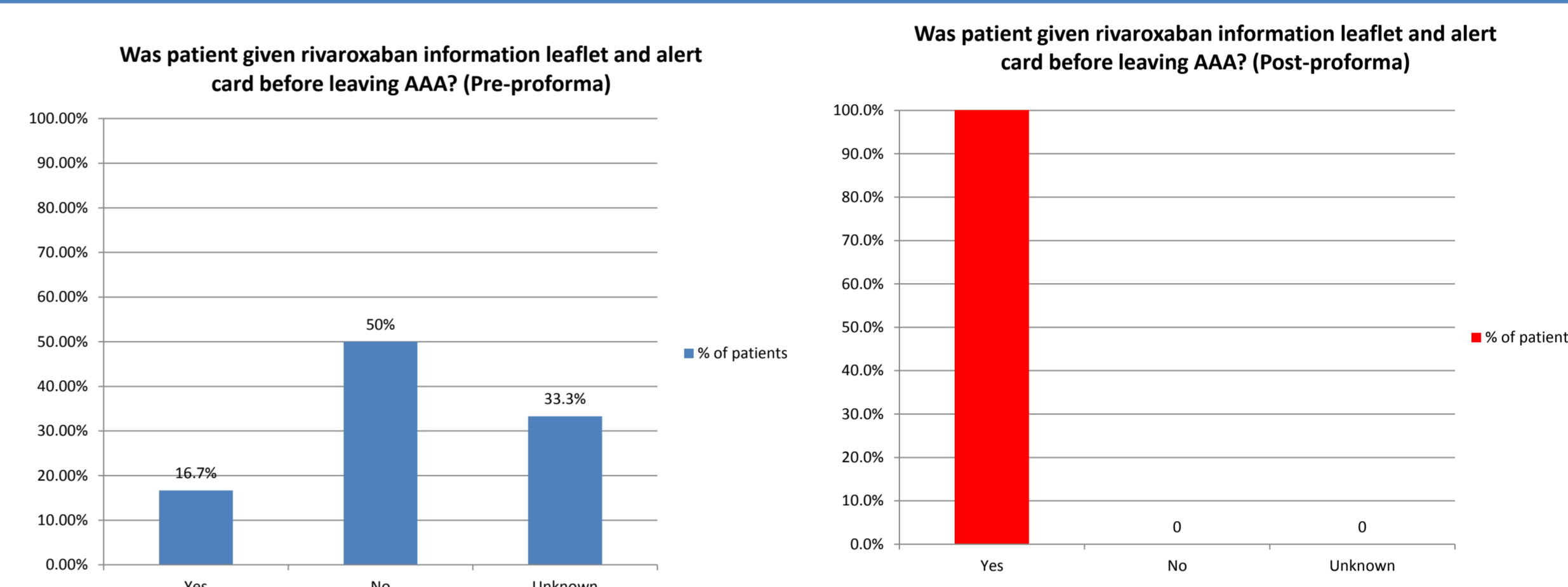


Figure 3: Issuing of patient information leaflet and alert card (Pre and post proforma) Prior to the test of change only 16.7% (n=1) of patients were confirmed as being given an information leaflet/alert card. After the test of change this increased to 100% (n=5).

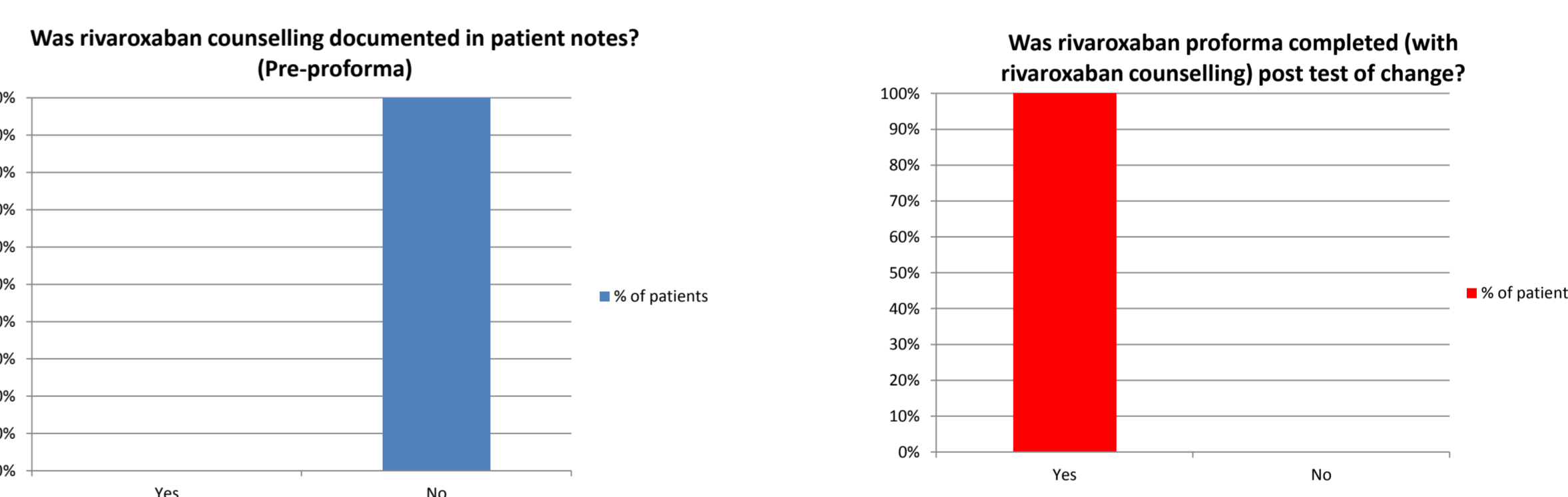


Figure 4: Documentation of rivaroxaban counselling discussion (Pre and post proforma) Prior to the test of change no patient (n=6) had a rivaroxaban counselling discussion documented in their medical notes. This was increased to 100% (n=5) after the test of change in concordance with 100% compliance with the proforma.

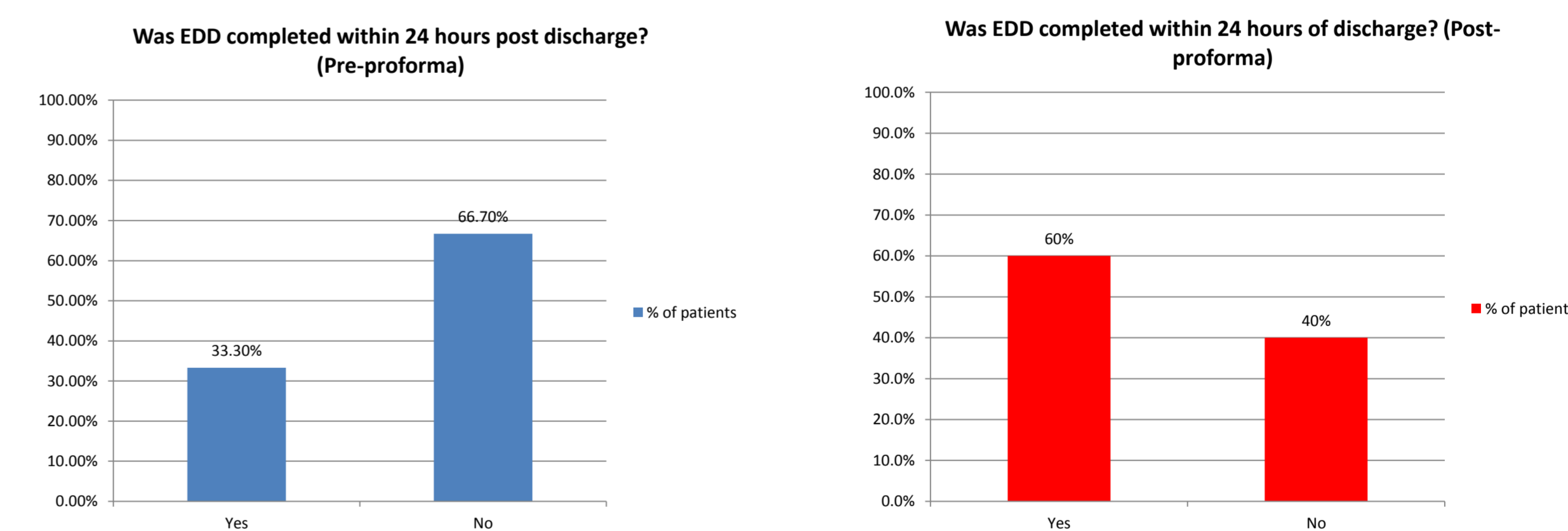


Figure 5: EDD within 24 hours of discharge (Pre and post proforma) Prior to the test of change 33.3% of patients (n=2) had a discharge completed within 24 hours. Post-proforma this had increased to 60% of patients (n=3).

## Conclusions

- Introduction of a rivaroxaban counselling proforma has improved patient safety by ensuring patients receive appropriate counselling prior to discharge
- The number of patients confirmed as receiving a patient information leaflet/alert card increased from 16.7% (n=1) to 100% post introducing the proforma (n=5)
- The proforma also increased the number of EDDs completed within 24 hours of discharge (33.3% to 60%) ensuring prompt communication to GPs

## Next steps

- Review of proforma to include pregnancy status and missed dose advice
- Length of anticoagulation section to include "pending test results" option as 45% of patients in this study were started on rivaroxaban whilst waiting for further imaging
- Once proforma finalised can expand to other wards and consider proforma for other NOACs (apixaban) and other NOAC indications e.g. atrial fibrillation

## Acknowledgements

- Dr Paul Cadden (Cons AMU), AAA Staff, Pharmacy (AMU), Medical Records (AMU)

## References

- NHS Tayside Formulary: Management of VTE. <http://www.taysideformulary.scot.nhs.uk/chaptersSubDetails.asp?FormularySectionID=2&SubSectionRef=02.08.02&SubSectionID=C100>
- Rivaroxaban product information leaflet: <http://www.xarelto-info.co.uk/static/new/site-resources/pdfs/xarelto-prescriber-guide.pdf>
- NHS Nene: Clinical Commissioning Group: <http://psnc.org.uk/northamptonshire-and-milton-keynes-lpc/wp-content/uploads/sites/102/2014/10/NOAC-Patient-Counselling-information-FINAL.pdf>
- NHS North Central London: Joint Formulary Group: [http://ncl-jfg.org.uk/uploads/3/4/5/0/34507515/ncl\\_rivaroxaban\\_counselling\\_guidelines\\_4.9.13.pdf](http://ncl-jfg.org.uk/uploads/3/4/5/0/34507515/ncl_rivaroxaban_counselling_guidelines_4.9.13.pdf)
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