My Anticoagulation: what matters to me?
A reflective journey to understand the initial and ongoing needs of patients starting anticoagulation.

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Background
As part of the Health Education Wessex Quality Improvement (QI) Fellowship Programme a project was undertaken to improve the quality and consistency of the education given to patients when commencing Novel Oral Anticoagulants (NOACs) in the outpatient setting.

Project Aim
The original aim was to ‘Improve the quality and consistency of the education given to patients when commencing NOACs in the outpatient setting’. During the course of the Fellowship the aim broadened to encompass ‘To gain an understanding of the initial and ongoing needs of all patients starting anticoagulation’.

Project Design/Strategy
The project initially started with the aim of improving the education given to patient starting NOACs. A small multidisciplinary working group consisting of Pharmacists and the VTE Specialist Practitioner was established to review the current patient education literature and processes around delivery of this information.

Changes Made
The patient education material was developed with wider specialty clinician and patient feedback using Plan, Do, Study, Act cycles. Concurrently a pilot audit was undertaken in the Dispensing Pharmacy to give baseline data against a locally defined set of standards for NOAC education. Gaps identified in patients knowledge after Outpatient appointment were addressed and the patients confidence in their knowledge surrounding ‘their’ NOAC therapy were rated pre and post Pharmacy consultation. The NOAC information pack with alert and communication cards were then introduced and the audit refined and continued. It was at this stage that a “So what, how do you know this matters?” question was asked on the Fellowship. This provoked a period of soul searching before a ‘lightbulb’ moment during a Masterclass on Patient Centred Improvement Programmes. A decision was made to hold patient engagement event to find out what mattered to patients starting and living with anticoagulants. The event was well attended with over 40 patients and family members present. Emotional mapping was used to gain insight into what mattered to patients asking the following questions:

• What does it feel like to be told you need anticoagulants?
• What impact has it had on your life?
• Does what we do help or hinder?
• How could we do things differently?

Outcomes
• There was a 34% increase in the compliance of delivery of key core educational information.
• There was a 19% increase in patients reported confidence pre Pharmacy visit.
• Pharmacy Consultation resulted in an overall 24% increase in patients reported confidence of knowledge

Compliance against 4 core educational requirements:
1. Provided with an Alert Card
2. Asked to carry Alert Card
3. Asked to show Alert Card
4. Provided information booklet.

Patients were asked to rate how confident they were about their NOAC medication in relation to the information they had been given before and after Hospital Pharmacy visit.

Lessons Learnt
• Patient involvement and engagement is vital when reviewing services and should happen at an early stage and continue throughout.
• Patients initially often feel alone and scared and want to be treated as an individual not a condition.
• Education needs to be reinforced post initial outpatient consultation.
• The insights gained showed that from a patients perspective there is ‘no one size fits all’ for patient education and a variety of approaches are needed including written, visual (7DV) and a Website/App.

Next Steps
• After initial positive feedback we are under discussion with the Medication Safety Team at NHS England to see if there is scope to made the NOAC pack available nationally in the same way the ‘Yellow Book’ is for Warfarin.
• An internal review of Anticoagulation services is underway to include education provided to Inpatients as well as those following the Outpatient pathway moving the focus from solely Warfarin.
• Discussions have commenced with local CCGs to look at using the insight gained to develop a clear Anticoagulation pathway focussing on the needs of the patients as individuals but also as part of a cohort of patients.
• A further event is planned for 6 months time to share with patients progress. In the interim a number of patients expressed an interest in being part of focus group to help further guide the redesign of the anticoagulation service.