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Exceeding national targets: the Fenland Anticoagulation Nursing Service (FANS)

Background:

Within Cambridgeshire Community Services NHS Trust, the Fenland Anticoagulation Nursing Service (FANS) covers the north Cambridgeshire area (which is 423 square miles). It serves approximately 2,500 patients in a variety of settings, including community hospital and GP surgery clinics and when required undertaking home visits to housebound and nursing home patients. This service commenced in January 2002 and was started in response to inequalities in anticoagulation care provided in the North Fenland region. Patients on anticoagulants require regular review to minimise the risk of uncontrolled bleeding.

The anticoagulation nurse specialists measure patients' blood clotting levels and the results are available immediately, enabling the nurse specialist to set the patients' anticoagulation drug (most commonly Warfarin). This method allows changes to medication to be tailored to that individual patient adapting for any recent medical or dietary changes which may have impacted on the readings. This method of receiving instant results replaced the system of taking blood from a patient, which was sent away to be analysed with a wait of several days before a patients Warfarin levels could be adjusted.

The consultation outcome is forwarded to the patient's GP which allows them to prescribe the anticoagulation programme safely. Vitamin K (the antidote to Warfarin) is administered by the nurse specialists to any patients, identified through testing of their blood clotting, as at risk of haemorrhage. This reduces the risk of the patient requiring either a hospital admission or emergency GP appointment.

Aims and objectives:

- To compare the FANS patient's International Normalised Ratio (INR) percentage in range (the Rosendhal Index) to the national recommended 60%
- To ensure that the high levels achieved by the FANS service has been maintained year-on-year

Summary of methodology:

The blood readings are stored on a database designed to ensure the quality of the service and ensure compliance with the National Patient Safety Agency (NPSA) safety alert 18.

The last four years of data were analysed to determine the percentage of patients who remain within their treatment range (total of INR results 60,117). The 'gold national standard' is 60%. The initial audit was carried out in 2004 with a result of 80%, substantial improvements have occurred since then and the service has achieved 89% and 92% for two consecutive years and 90% for the last year.

Main findings:

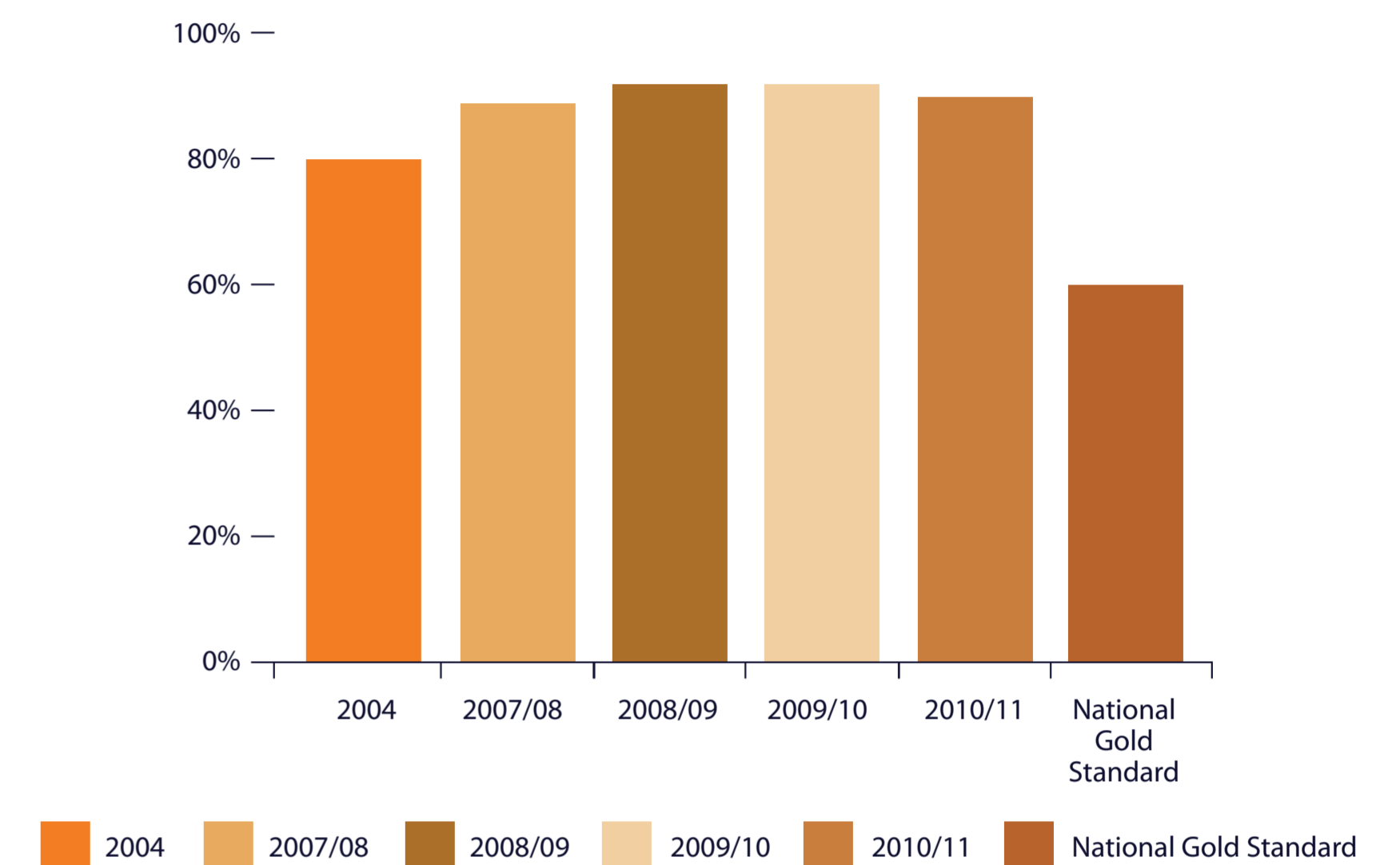
Four-year audit cycle from initial baseline audit

Audit cycle	Year	% of patients in range
(National standard 60%)		
1	2004	80%
2	2007/08	89%
3	2008/09	92%
4	2009/10	92%
5	2010/11	90%

There has been further improvement in the percentage of patients in range since the first audit was undertaken. However, 90-92% is unlikely to be significantly improved upon due to impact on INR levels of certain foods, alcohol and some medicines being taken by patients. Those patients with complex medical regimes and illness can also be difficult to manage and maintain within range. Clinical audit has been carried out in conjunction with regular patient surveys. This service also costs less than the traditional testing method and helps to minimise patient admission to hospital and emergency GP appointments.



Five-year audit cycle for the INR percentage of results in range from patient contacts within the FANS service



Outcomes:

Following audit 1 there is now a method in place which ensures that no patients are lost to follow-up, so if the patient misses their appointment and forgets to re-book another one they will now receive a follow-up. The service was also expanded to cover more areas within the Fens and 100% more patients are now being seen compared to when the service commenced.

In response to the patient feedback regarding information on diet, this is now given by the nurses both verbally and in a written format. Another patient commented that the size of the appointment book was too large, so the specialist nursing team redesigned it and made it smaller. The group also disseminates a regular newsletter to patients with relevant information regarding its anticoagulation service.

Why this submission has been nominated:

The four years of re-audit have demonstrated that the FANS service has achieved outcomes which are 30% above the national gold standard.

Project team:

Delia Bishara Project Lead
Georgina Boon Data collection and analysis

South London and Maudsley 
NHS Foundation Trust

Audit of antipsychotic use in in-patients with a diagnosis of dementia

Background:

Behavioural and psychological symptoms of dementia (BPSD) include psychosis, agitation and mood disorder, affecting 50% to 80% of patients to varying degrees. These symptoms frequently hold many adverse clinical repercussions and generally worsen prognosis. The distress experienced by patients and families results in considerable carer burden thus increasing risk of nursing home placement and cost of care.

For many years, there has been an appreciable concern over the abundant and sometimes unnecessary use of antipsychotics in patients with dementia. This practice is supported by numerous randomised controlled trials and meta-analyses but antipsychotics have demonstrated modest, albeit consistent efficacy in BPSD. In view of the associated movement disorders limiting the use of typicals, atypical antipsychotics progressively became the preferred option following their introduction in the 1990s.

However, the use of atypicals came under scrutiny in 2004 following suggestions that they may be linked to an increased risk of cerebrovascular adverse events (CVAEs) compared with placebo. Based on these findings, the Committee on the Safety of Medicines (CSM) issued a warning against the use of risperidone and olanzapine in dementia. These warnings have now been extended to include all atypicals as well as conventional antipsychotics as a result of more recent data concluding that typical antipsychotics are also associated with an increased risk of death comparable to that seen with atypicals.

In view of the poor evidence base and serious adverse effects linked to the use of antipsychotics in BPSD, it is imperative to limit their use in these patients and to carry out a risk versus benefit analysis tailored to the individual before initiating prescribing. The approach to the use of antipsychotics in dementia described in the Maudsley Prescribing Guidelines may prove to be a useful guide for their safe use in this vulnerable patient group.

Aims and objectives:

The aim of this audit was to establish whether elderly in-patients at South London and Maudsley (SLaM) who have a diagnosis of dementia and are prescribed an antipsychotic for BPSD, meet a selection of standards of care (in conjunction with the Maudsley Prescribing Guidelines, 10th Edition). Data was collected in December 2010. Results were compared with the 2 previous in-patient audits carried out at SLaM in May 2009 and January 2010.



Summary of methodology:

Patients with a diagnosis of dementia were identified by the ward pharmacists via electronic records (Electronic Patient Journey). These patients' current drug charts were checked and those prescribed an antipsychotic for BPSD were recorded on the data collection sheets with the name of the antipsychotic prescribed. Electronic Patient Journey records were then retrieved for the last 6 months. The records were examined closely for evidence to show that the standards above were met.

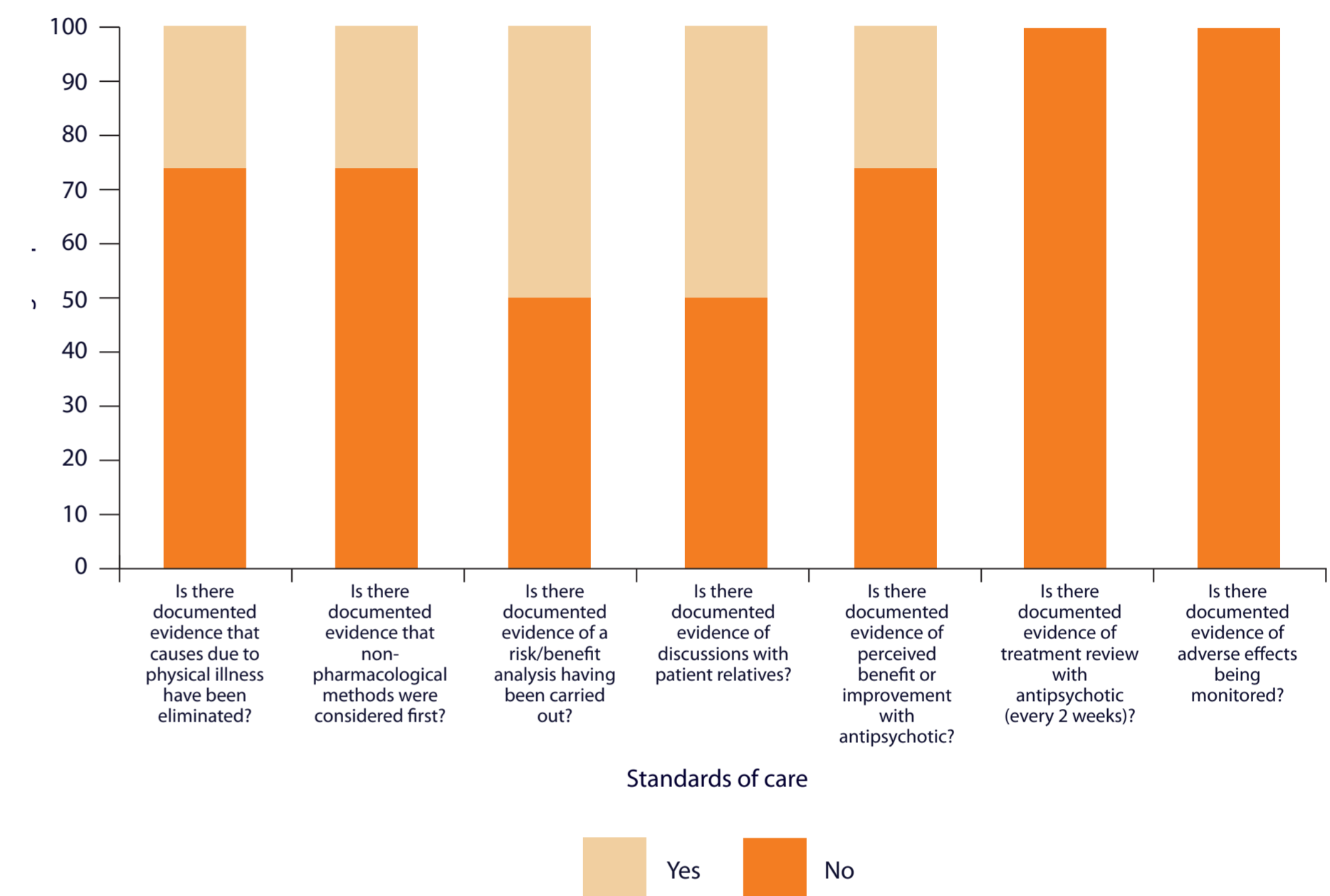
Main findings:

The total number of patients diagnosed with dementia was 53. Of these, only 4 (7.5%) were prescribed an antipsychotic for BPSD. This is a dramatic improvement from previous audits showing that 32% (May 2009) and 30% (Jan 2010) of patients with dementia were prescribed an antipsychotic.

Risperidone was most frequently prescribed for BPSD. This too is an obvious change from previous audits which showed that quetiapine and amisulpride were the antipsychotics most commonly prescribed for BPSD.

Of the 7 standards of care, 2 standards (documented evidence of adverse effects monitored and regular 2-weekly treatment reviews) were met for 100% of patients. This is an improvement from previous audits which showed that no standards were met for 100% of patients. Further improvements are still required for documenting evidence of discussion with patient/relatives regarding treatment and a risk/benefit analysis having been carried out prior to starting antipsychotic therapy.

How the standards of care are being met



Outcomes:

Following the audits of May 2009 and January 2010, results were disseminated to consultants and team managers and presented at the SLaM Clinical Effectiveness and Audit Committee and the Mental Health Older Adult Committee (MHOAC). In addition, ward pharmacists regularly attended ward rounds to ensure appropriate antipsychotics prescribing in dementia and that regular monitoring and reviews were being carried out. Ward pharmacists also discussed results with the MHOAC consultants and ward staff.

Why this submission has been nominated:

From the most recent re-audit, it is clear to see that the prescribing of antipsychotics in dementia has dramatically decreased, from 32% of patients in 2009 to just 7.5% in late 2010.