IMPROVING DOCUMENTED ADVICE REGARDING ANTICOAGULANTS AND ANTIPLATELETS IN PATIENTS UNDERGOING ERCP

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A quality improvement project demonstrated that targeted education and software prompts improved appropriate perioperative anticoagulation management in patients undergoing ERCP from 48.5% to 70.9% pre-procedure and from 36.3% to 70% post-procedure.

KEY POINTS

- In an initial 6-month audit, only 48.5% of patients on anticoagulation or antiplatelet therapy received appropriate pre-procedure management and only 36.3% had appropriate post-procedure prescribing.
- Interventions included education campaigns for postgraduate doctors, changes to reporting software with medication prompts, and visible medication guidance summaries in the endoscopy department.
- Post-intervention rates improved to 70.9% for pre-procedure management and 70% for post-procedure prescribing, while documented advice on endoscopy reports increased from 10% to 30%.
- A common error was holding anticoagulation from admission in anticipation of ERCP, leading to prolonged periods off anticoagulation while awaiting the procedure.
- The authors suggest that limited documentation may relate to high endoscopy workload pressures, with advice more frequently provided when further intervention was required or in higher-risk settings.

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