Improving DOAC Patient Education In Acute Medicine

SaTH Improvement Hub

Theme | Quality Improvement Project

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REASON WHY?

Direct oral anticoagulants (DOACs) are high-risk medications that carry a significant risk of bleeding. Providing consistent patient education on the risks and signs of bleeding is essential for patient safety, informed consent, and to prevent serious adverse events.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

To improve the proportion of acute medical inpatients prescribed a DOAC who receive documented education on the risks and signs of bleeding from the current inconsistent baseline to at least 80% within the next 3-6 months on the acute medical wards at RSH.

PLAN

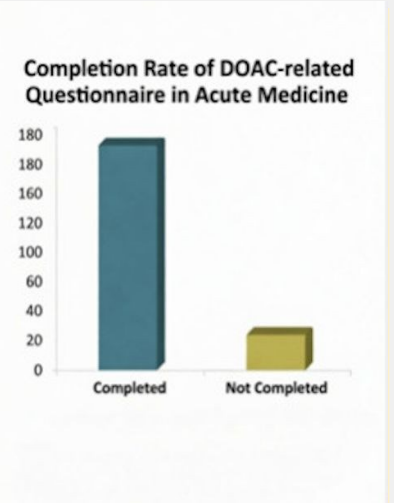
Planned to assess whether patients admitted to acute medicine department who were prescribed direct oral anticoagulants (DOACs) had been provided with information regarding the risk and signs of bleeding. I anticipated that patient education and counselling would be inconsistent, identifying gap in practice and an opportunity for quality improvement to enhance patient safety and informed consent.

DO

I designed and implemented a patient questionnaire as part of a quality improvement project to assess patient education given about DOACs side effect of bleeding. One of the main challenges was obtaining a sufficient number of completed questionnaires, as some patients were too unwell or had cognitive impairment. No, did not change my plan.

STUDY

- Questionnaire distributed to patients on DOACs in acute medicine
- Low completion rate due to patients being too unwell or having cognitive impairment, main barrier to data collection.
- From completed responses: Confirmed inconsistent patient education on bleeding risks and signs.



- Gap in practice validated: Counselling was often inadequate or undocumented, risking poor informed consent and increased bleeding events.
- No unexpected major issues beyond recruitment challenges.
- Preliminary results highlight need for more reliable/structured education methods.

ACT

ADOPT questionnaire, it found the education gap.

ADAPT:

- Shorter/verbal survey by
- Target stable patients only.
- Involve family/carers • Add DOAC checklist to discharge

Do NOT ABANDON, risks serious bleeding harm

Next:

- Cycle 2: Pilot checklist
- Re-audit 3-6 months
- Goal: >80% documented education
- Share with team

Why? Safer patients, better consent, fewer bleeds

ACKNOWLEDGEMENTS & REFERENCES | Thank you to my medical colleagues on the acute medical floor.