Development of a patient information leaflet to improve care of patients with deep vein thromboses

Keegan Curlewis (Medical Student)1, Dr Nicholas Smallwood (Consultant)2
1Brighton and Sussex Medical School 2Department of Acute Medicine, Surrey & Sussex Healthcare NHS Trust

Background:
Deep vein thrombosis (DVT) is a common condition seen within Acute Medicine. NICE guidelines highlight the importance of giving written information to patients and their families, and patient information leaflets (PIL’s) are effective methods of providing this knowledge.

Aim:
Our aim was to evaluate the usefulness of an existing patient information leaflet (PIL) that was available at East Surrey Hospital, and to design and implement an improved PIL to enhance patient experience.

Methods:
We conducted a retrospective case note review of 92 patients over a three month period (Dec ’17-Feb ’18) who were investigated for DVT, to determine the utility of the existing leaflet. Using PDSA methodology a new leaflet was designed. This process included interviewing 8 patients with a diagnosed DVT to establish their concerns and expectations for a PIL, and reviewing current literature for important information to be contained in the leaflet. The new leaflet was approved before being implemented in June ’18. AMU clinicians were educated about the new leaflet and patient feedback was collected post-introduction.

Results:
Over the initial three month period, 25 of the 92 (27%) patients seen in DVT clinic were confirmed as having a DVT, of whom zero received a PIL. After the new leaflet was implemented, over one month 42 patients were investigated for a DVT with 8 (19%) being positive. 5/8 of these patients (63%) received the PIL, of which 3 completed feedback. Feedback was generally very positive (see Figure 1).

Limitations of this QIP:
Data post leaflet is limited, as only for one month post introduction. Only 3 patients completed written feedback regarding the usefulness of the leaflet, despite 8 having received it. It would have been useful to get all the patient’s perspectives on the PIL.

Conclusions:
We have demonstrated a full PDSA cycle to improve a PIL for DVT. We have received positive feedback from patients and improved uptake from staff - both of which should improve patient experience. We will continue to evaluate the leaflet for a further two months in order to gather more usage data and feedback.

Recommendations:
AMU’s across the country should consider redeveloping their PIL’s using PDSA methodology, as this can greatly improve patient experience for many conditions.

References:

Correspondence to:
K.Curlewis1@uni-bsms.ac.uk, nicholas.smallwood@nhs.net

Figure 1:
Written feedback obtained from 3 of the patients who received the new leaflet.

Figure 2: The new patient information leaflet.