

Deep Vein Thrombosis Clinical Evidence Summary Sheet**Introduction**

The Avoidable Admissions strategy has been developed as a result of extensive research and consultation with key clinicians. The strategy identifies that it may be appropriate for patients with specific medical conditions and DRG categories, to be treated for their conditions as a non in-patient hospital admission.

This paper summarises the clinical evidence for patients with Deep Venous Thrombosis (DVT) without complications with a DRG category- ANDRG F63B to be potentially treated through models other than in-patient admission.

Options for alternative models of care to provide patient centered and non-admitted treatments are required. These models may include the development of "Hospital in the Home " (HITH) and Community Acute Post Acute Care (CAPAC) type services.

There will be an even higher demand for health services in the future with the population ageing (1,2). It is therefore important that we start planning and implementing alternative models of care for our patients. Patients' care delivered through CAPAC, or HITH type models has been associated with greater patient satisfaction when compared to hospital care and has been shown to have similar health outcomes to hospital care in selected patients (3,4).

A recent data review found that of patient admissions to EDIS reporting hospitals in NSW during 2005/2006:

- Approximately 826 patients diagnosed with DVT were admitted to hospital as an in-patient through Emergency Departments.

Models of Care

Low molecular weight heparin has been proven to be a safe and effective treatment for the outpatient management of patients with a DVT, however many patients who initially present to Emergency Departments with a Deep Vein Thrombosis are currently being admitted to hospital for traditional inpatient treatments (5,6,7,8). A number of AHS have developed guidelines for ambulatory management of thrombo-embolism (9,10).

The purpose of this paper is to assist in bringing evidence into practice within NSW Health services. There have been a number of local studies suggesting improved resource utilisation for CAPAC type services in SESIAHS and SSWAHS (11,12).

Low molecular weight heparin has been proven to be a safe and effective treatment for the outpatient management of patients with a DVT.

Deep Vein Thrombosis Clinical Evidence Summary Sheet

References

1. Mathers C, Vos T & Stevenson C (1999) The burden of disease and injury in Australia: summary report. *Australian Institute of Health and Welfare*: Canberra
2. Population Health Division (2004) *Burden of Disease in The health of the people of New South Wales: Report of the Chief Health Officer*, NSW Department of Health: Sydney, p84-86.
3. Wilson A, Wynn A & Parker H (2002) Patient and carer satisfaction with 'hospital at home': quantitative and qualitative results from a randomised controlled trial. *British Journal of General Practice*. 52(474):9-13
4. Sheppard S, Iliffe S. Hospital at home versus inpatient hospital care. *The Cochrane Database of Systematic Reviews 2005*, Issue 3. Art. No:CD000356.pub 2.
5. Rymes NL, Lester W, Connor C, Chakrabarti S & Fegan CD (2002) Outpatient management of DVT using low molecular weight heparin and a hospital outreach service. *Clinical and Laboratory Haematology*. 24(3):165-170
6. Schraibman IG, Milne AA, Royle EM (2004) Home versus in-patient treatment for deep vein thrombosis. *Cochrane Database of Systematic Reviews*
7. Schwarz T, Schmidt B, Hohlein V, Beyer J, Schroder H & Schellong S (2001). Eligibility for home treatment of deep vein thrombosis: prospective study. *BMJ* 322: 1212-1213; doi:10.1136/bmj. 322. 7296.1212.
8. Ioannides-Demos LL, Addicott R, Santamaria NM, Clayton L, Fairley CK.(2001) Management of venous thrombosis in hospital or in home: comparing length of stay. *Internal Medicine Journal*; 31: 000-000.
9. South Western Sydney Area Health Service (SWSAHS). (2000). *Guidelines for management of DVT. SWSAHS Ambulatory Care guidelines*, South Western Sydney Area Health Service
10. Acute/Post Acute Care (APAC) Northern Sydney Central Coast Health (NSCCH) (2007) *APAC-NSCCH Clinical Guidelines for Home Treatment and Management, Thromboembolic Disease*. Northern Sydney Central Coast Health.
11. Board N, Brennan N & Caplan GA (2000) A randomised controlled trial of the costs of hospital as compared with hospital in the home for acute medical patients. *Australian and New Zealand Journal of Public Health*. 24(3):305-311
12. Wilson SF, Shorten B & Marks RMI (2005) Costing the ambulatory episode: implications of total or partial substitution of hospital care. *Australian Health Review*. 29(3):360-365