

SAFETY AND QUALITY LEARNING LETTER

Subject	Combination anti-platelet therapy for patients who have had a coronary stent
HSCB reference number	LL-SAI-2021-043 (AS / PHC)
Programme of care	Acute Services (AS) and Primary Health Care (PHC)

LEARNING SOURCE			
SAI/Early Alert/Adverse incident	✓	Complaint	
Audit or other review		Coroner's inquest	
Other (Please specify)			

SUMMARY OF EVENT
<p>An SAI occurred when a patient, who was on dual anti-platelet therapy (DAPT) following a previous cardiac interventional procedure, had this stopped to undergo a relatively minor daycase elective procedure. The treatment was not restarted post-operatively. The patient suffered stent thrombosis and died.</p> <p>Other incidents have been reported where patients have not received their intended DAPT therapy at the point of transfer from primary to secondary care and vice versa, or they have remained on combination anti-platelet therapy for longer than was originally advised.</p> <p>These events demonstrate the complexities of managing patients on combination anti-platelet therapies and the need for enhanced information for patients and their General Practitioners (GPs), clear advice for all prescribers other than cardiologists, and good communication between secondary and primary care.</p> <p>In 2016 a Reminder of Best Practice letter was issued on <i>Management of Patients who are on combined anticoagulant and/or antiplatelet therapy, pre and post a procedure/surgery</i>. This had followed an SAI involving death of a patient following discharge after a procedure; they did not have a GP in Northern Ireland (NI) and there was a breakdown in communication in regard to their medicines history, as well as lack of awareness of the importance of tailoring decisions on combination anti-platelet therapy at the time of an operative procedure.</p>

TRANSFERABLE LEARNING
<ol style="list-style-type: none"> Cardiac stent thrombosis is a known complication of premature withdrawal of antiplatelet treatment regimes. Patients should be made aware of the importance of remaining on treatment until advised to stop by their cardiology team. Clinicians in other specialties who are deciding whether to undertake an elective

procedure for a patient on combination anti-platelet therapy, should refer to their professional subspecialty guidance on whether and how to pause anti-platelet medication, or whether to postpone the procedure. Cardiology advice should be sought if required.

3. Staff running pre-operative assessment clinics should identify patients on anti-platelet medication and seek advice from the consultant undertaking the procedure on whether the procedure is to go ahead, and if so the timing of any planned changes to their treatment.
4. Other prescribers should not stop this treatment, other than in the event of serious complications, unless prior advice has been received from a cardiologist.
5. Patients who have come to the end of their planned treatment course, which can range from 3 months to a year or longer, should not remain on treatment for longer than is necessary.

ACTION REQUIRED

All cardiologists undertaking invasive cardiology procedures:

- Please ensure that patients who have had a stenting procedure requiring regular antiplatelet therapy are provided with, or their carers if that is appropriate, receive both verbal and written information emphasising the importance of remaining on these medications until a cardiologist has advised otherwise. A patient leaflet agreed by the NI Cardiac Network is enclosed (Appendix A). A patient alert card is also in development.
- Provide clear information in letters to GPs on the medicines regime, dose and expected duration of treatment. If the regime is changed during the course of treatment this should also be communicated.
- Insert an alert on the NIECR patient summary page. This should include an expiry date for the alert based on the expected duration of treatment.

All staff involved in adjusting, administering or dispensing the medication of patients who have had interventional cardiology procedures, including those working in pre-operative assessment clinics:

- Please read the professional advice leaflet (Appendix B) which will also be made available in the cardiovascular section of the NI Formulary.
<https://niformulary.hscni.net/formulary/2-0-cardiovascular-system/2-9-antiplatelet-drugs/>
- Be aware of the need to take special precautions to avoid inadvertent cessation of essential antiplatelet medicine treatments. This is most likely to happen in

patients undergoing operative procedures, or those admitted to hospital and unable to take oral medication.

- Do not omit doses or stop antiplatelet therapy in this group of patients unless there is a serious complication, or you are advised to do so by a team planning a procedure who are following their specialty advice on this issue. If in doubt, seek advice from the local cardiology team.
- If advised that doses are to be withheld, ensure that the need to restart the treatment, and the expected timing, is clearly communicated in the patient notes.

All General Practices:

- Ensure that information on expected duration of treatment for time-limited higher risk medicines, such as combination anti-platelet therapies, is noted in the safety features of the prescribing section of your clinical information system. Options include adding free text (for example, ticagrelor 90mg bd until STOP DATE 24/11/2021) or advised review dates.
- Consider a regular review of the stop dates of patients on combination anti-platelet therapy so that they do not continue on treatment for longer than advised. Practice pharmacists may be able to support this process.

HSC Trusts should:

1. Cascade this letter and the accompanying professional advice and patient advice leaflets to all relevant staff. This should include all medical and nursing staff, other prescribers, and pharmacists working in:
 - Emergency Departments
 - Cardiology
 - Adult medical specialties
 - General and specialised surgery
 - Day procedure units
 - Pre-operative assessment services
 - Cardiac rehabilitation teams
2. Review and, as necessary, amend your Trust systems to ensure that the patient information leaflet is provided to all new patients prescribed combination anti-platelet therapies post-coronary stenting, and at the time of review appointments for existing patients.
3. Confirm by **21 July 2021** to Alerts.HSCB@hscni.net that actions 1 and 2 have been completed.

HSCB Integrated Care should:

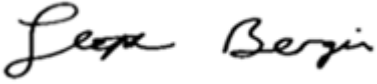

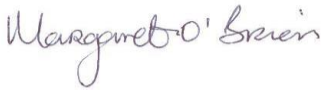
1. Cascade this letter and the accompanying professional advice and patient advice leaflets to:
 - All General Practices, Practice Pharmacists and out-of-hours GP services
 - All General Dental Practitioners
 - Community Pharmacists
2. Add the professional advice leaflet to the NI Formulary.

NIMDTA should:

1. Disseminate this letter and the professional advice leaflet to doctors in training in relevant specialties.

RQIA should:

1. Disseminate this letter and the professional advice and patient leaflets to relevant Independent Sector Providers.

Date issued	28 April 2021		
Signed:			
Issued by	Dr Stephen Bergin Director of Public Health / Medical Director (interim)	Mr Rodney Morton Director of Nursing, Midwifery and Allied Health Professionals	Dr Margaret O' Brien Head of GMS

RE: LL-SAI-2021-043 (AS/PHC) - Combination anti-platelet therapy for patients who have had a coronary stent – Distribution List

	To – for Action	Copy		To – for Action	Copy
HSC Trusts			PHA		
CEXs	✓		CEX		
First point of contact	✓		Director of Public Health		✓
			Director of Nursing, Midwifery and AHPs		✓
NIAS			Director of HSCQI		✓
CEX	✓		AD Service Development, Safety and Quality		✓
First point of contact	✓		PHA Duty Room		
			AD Health Protection		
RQIA			AD Screening and Professional Standards		
CEX	✓		AD Health Improvement		
Director of Quality Improvement		✓	ADs Nursing		
Director of Quality Assurance		✓	AD Allied Health Professionals		
			Clinical Director of HSCQI		✓
NIMDTA					
CEX / PG Dean	✓		HSCB		
QUB			CEX		✓
Dean of Medical School		✓	Director of Integrated Care	✓	
Head of Nursing School		✓	Director of Social Services		
Head of Social Work School			Director of Commissioning		
Head of Pharmacy School		✓	Alerts Office		✓
Head of Dentistry School			Director of Strategic Performance and Corporate Services		
UU			Primary Care (through Integrated Care)		
Head of Nursing School		✓	GPs	✓	
Head of Social Work School			Community Pharmacists	✓	
Head of Pharmacy School		✓	Dentists	✓	
Head of School of Health Sciences (AHP Lead)			Dispensing GPs	✓	
Open University			BSO		
Head of Nursing Branch		✓	Chief Executive		
Clinical Education Centre		✓			
NIPEC		✓	DoH		
NICPLD			CMO office		✓
NI Medicines Governance Team Leader for Secondary Care		✓	CNO office		✓
NI Social Care Council			CPO office		✓
Safeguarding Board NI			CSSO office		
NICE Implementation Facilitator		✓	CDO office		✓
Coroners Service for Northern Ireland		✓	Safety, Quality and Standards Office		✓

