

Simplifying and Unifying Anticoagulation Guidelines for Gastrointestinal Procedures at University Health, University of Missouri–Kansas City: A Quality Improvement Project

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ABSTRACT

INTRODUCTION

- Gastrointestinal (GI) endoscopy is a common procedure in the US, with around 22.2 million GI endoscopies performed in 2018.
- An estimated 6 million Americans are on anticoagulation (AC) and the overlap between these two populations presents a unique peri-operative challenge.
- Improper management of AC can result in an increased risk of thromboembolic complications related to the underlying condition, bleeding risk secondary to endoscopic interventions, or a delay in diagnosis and treatment due to procedure cancellation.
- Although societal guidelines specific to various anticoagulants exist, it may be time-consuming to review them and arrive at a decision.
- Our aim was to standardize the decision-making process for the duration of holding periprocedural AC at University Health (UH) by providing simplified guidelines to the residents, PCPs, GI fellows, and endoscopists.

METHODS AND MATERIALS

- Under the supervision of two GI faculty, who built the general scheme of the poster, ACG guidelines were thoroughly reviewed and compiled onto a single chart, that was prominently displayed in primary care clinics, GI clinic, GI lab, and the IM resident lounge.
- An illustrative [video](#) was distributed. After 120 days of poster availability, an outcome survey was sent out and data was collected for analysis.

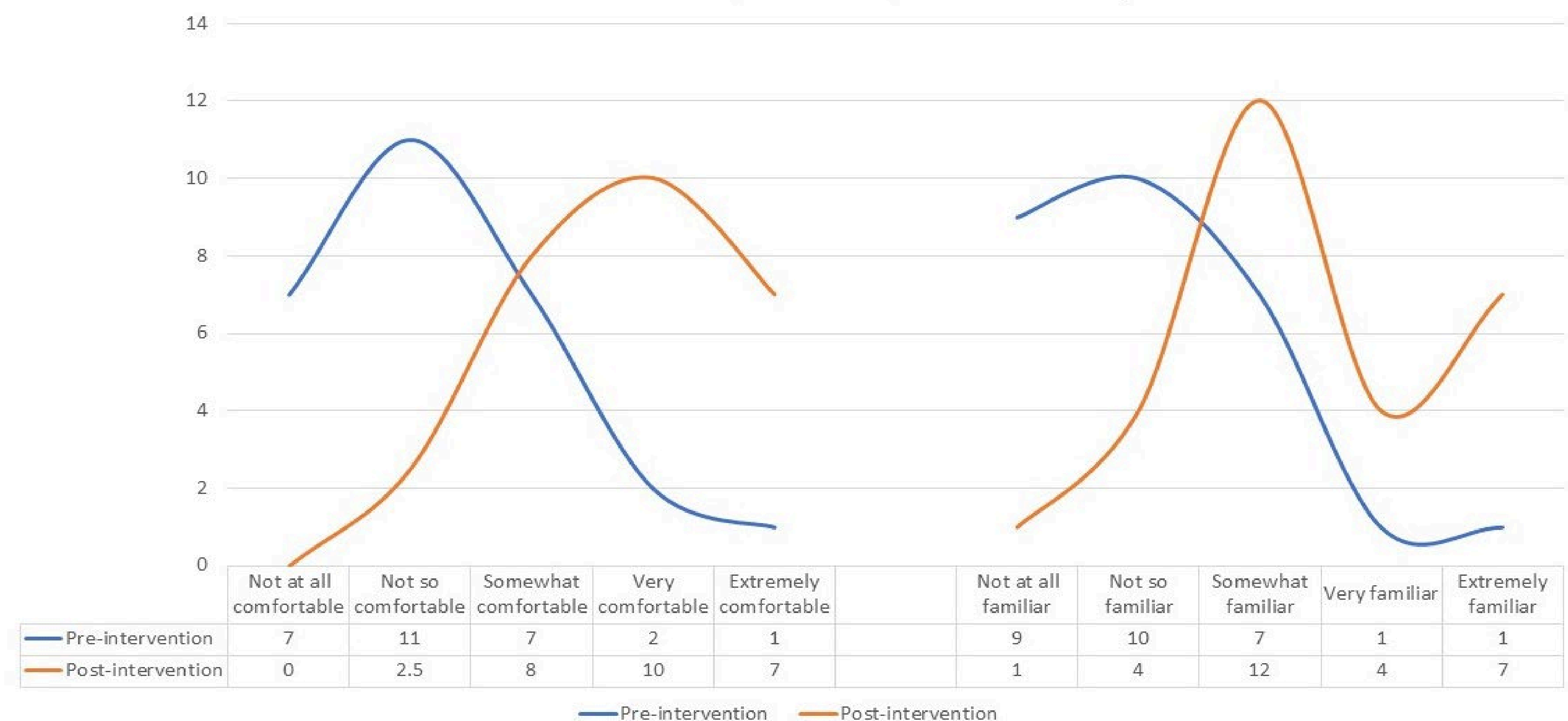
RESULTS

- 24 IM residents took the survey. 66.7% of them utilized the poster, 20.9% of them became extremely familiar with the guidelines and felt comfortable making recommendations regarding holding AC, compared to 0% and 0% respectively prior to intervention.
- 29.2% strongly agreed that the poster saved them time when making AC decisions prior to endoscopy.
- 4 GI fellows and staff took the survey. 75% of them utilized the poster, 50% of them became extremely familiar with the endoscopy anticoagulation guidelines and 75% were comfortable making recommendations regarding holding anticoagulation peri procedures, compared to 25% and 25% respectively prior to intervention.
- 25% strongly agreed that the poster saved them time when making anticoagulation recommendations in preparation for endoscopy.

CONCLUSIONS

- Although a small proportion of the target population participated in the post-intervention survey, they reported increased familiarity with the guidelines and better comfort in making AC recommendations. The use of such tools can save valuable time for providers and contribute to faster decision-making.

Internal Medicine residents, GI fellows, and GI staff responses



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