Neal Aplin, Great Western Hospital

Point of Care Testing D-Dimer has been a 'game changer' in Ambulatory Care





- Background to Ambulatory Care and Point Of Care Testing (POCT) D-Dimer
- The successful impact of POCT on our Ambulatory Care Unit
- Plans for future development





Background

The Ambulatory Care Unit (ACU) at the Great Western Hospital (GWH), Swindon has introduced Point of Care Testing (POCT) D-Dimer for the assessment of patients presenting with suspected lower limb Deep Vein Thrombosis (DVT).

In 2017, the community DVT service closed and ACU was tasked with providing this service.

There were significant concerns regarding increasing workload in an already busy ACU.

Laboratory testing for D-Dimer could at times be in excess of two hours.

POCT would provide ACU with an increased capability to manage this cohort of patients and help enable rapid exclusion of DVT.



Initial Trial



AQT-90 has been successfully trialled on ACU.

Patient safety and accurate diagnostic capability was a key consideration.

Results from ACU were initially compared with GWH laboratory testing and demonstrated no significant concerns.

In order for this new technology to be embedded all staff involved were adequately trained.



Successful Impact

D-Dimer analyser can provide a result in 20 minutes

This has been the 'game changer'

Rather than waiting over two hours, patients have been assessed and discharged more rapidly.

For some patients, this has enabled a thirty minute length of stay on ACU.



Successful Impact

Impact of Point of Care D-Dimer on ACU:

- 1. Reduced waiting times
- 2. Enabled a more rapid decision making process
- 3. Improved patient experience
- 4. Improved patient flow
- 5. Provides an increased capacity to assess further patients.
- 6. For a busy hospital laboratory, it has meant less processing of samples from ACU

KEY LEARNING:

- 1. Collabrative working with laboratory Staff essential.
- 2. Training of ACU staff to develop ownership



The D-Dimer analyser is now being used to successfully assist with the assessment of patients presenting with suspected pulmonary embolism.

It is hoped the effectiveness of this POCT to reduce waiting times, reduce length of stay, support rapid diagnosis and improve patient flow, will be the catalyst for further expansion of POCT on ACU.



Thank you for listening Any questions?

