

THE USE OF ELECTRONIC TOOLS TO DISSEMINATE RECOMENDATIONS FOR THE USE OF HEPARIN IN DVT PROPHYLAXIS- THE SUCCESSFUL EXPERIENCE OF A BRAZILIAN HOSPITAL

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Background: A meta-analysis was published in 2011, addressing the controversy regarding the dose regimen (BID or TID) for thromboprophylaxis with low-dose unfractionated heparin (UFH). The paper indicated equivalence of both regimen in terms of thromboprophylaxis and in occurrence of adverse events, favouring the use BID. The 'Comission of Medicines' of a Brazilian university hospital, used different electronic tools to disseminate these findings: a warning inserted within the prescribing system; a newsletter emailed to the prescribers; and, recommendations written whenever UFH was prescribed. Three months after these interventions, an evaluation was performed to compare the proportion of inpatients using UFH before and after them. Objective: Evaluate the efficacy of eletronic tools to disseminate technical recomendations at a hospital. Methods: A transversal study was performed. Data was collected in two different periods: before and after the interventions. All inpatients using UFH for thromboprophylaxis were included. Results: Before, the proportions of patients using UFH in thromboprophylaxis BID and TID were 52,3 % and 47,7%. After, the numbers were 71,3% (2x/day) and 28,7% (3x/day); difference significant. Discussion: The electronic tools were highly efficient in disseminating the recomendations regarding the heparin, it was demonstrated by the substantial aderenca of the doctors to them. The use of the heparin BID is more comfortable for the patients. The less number of injections reduces the workload involved. Finally, costs can be reduced. In our case the difference of 20% of inpatients using UFH TID caused a reduction in the expenditures with heparin by 7%, which is not negligeable considering that the hospital expends \$53,000 annualy with UFH.