

DVT WALK IN CLINIC

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ABSTRACT

DVT is a very serious condition that occurs when a blood clot forms in the deep veins, and may cause pulmonary embolism. DVT and PE can cause illness, disability and death. DVT is estimated to affect 900,000 people yearly in the US and result in about 100,000 deaths. An issue that is constantly identified is that after diagnosis of DVT is that the patient may not get immediate help to get proper treatment and may be at risk of developing complications from DVT. A group of physicians at the University of North Carolina come up with a novel idea of initiating a DVT walk-in-clinic to be a more efficient solution to counteract this problem. We studied details of the DVT walk-in clinic, diagnosis, treatment and follow up of patients with DVT.

WALK-IN DVT CLINIC AT UNC: A NOVEL CONCEPT

A group of physicians at the UNC hospitals acknowledged the fact that there was a big need for a more efficient solution to counteract this problem of early detection and management of DVT. In response to this challenge, they established the first DVT Walk-In clinic located on the UNC campus.

The DVT walk-in clinic is meant to be available to anyone suffering from DVT, providing the quickest and most efficient treatment. It offers easy contact over the phone/pager line and immediate scheduling 24 hours a day. The walk-in clinic helps the patients by answering important questions about anticoagulants/drugs, evaluating some of the major risk factors associated with DVT, and providing patients with the ability to develop comprehensive and long-term plans to manage their serious condition. Patients are in constant contact with their specified nurse in case of major complications with their treatment. In the first year alone, the clinic enrolled 84 patients, increasing the enrollment to 150 new in its second year.

Figure 1 below shows the variety of sources of referrals for the DVT Walk-In Clinic. The chart indicates that most referrals (around 60 - 70%) came from the ER (Frank et al, 2023).

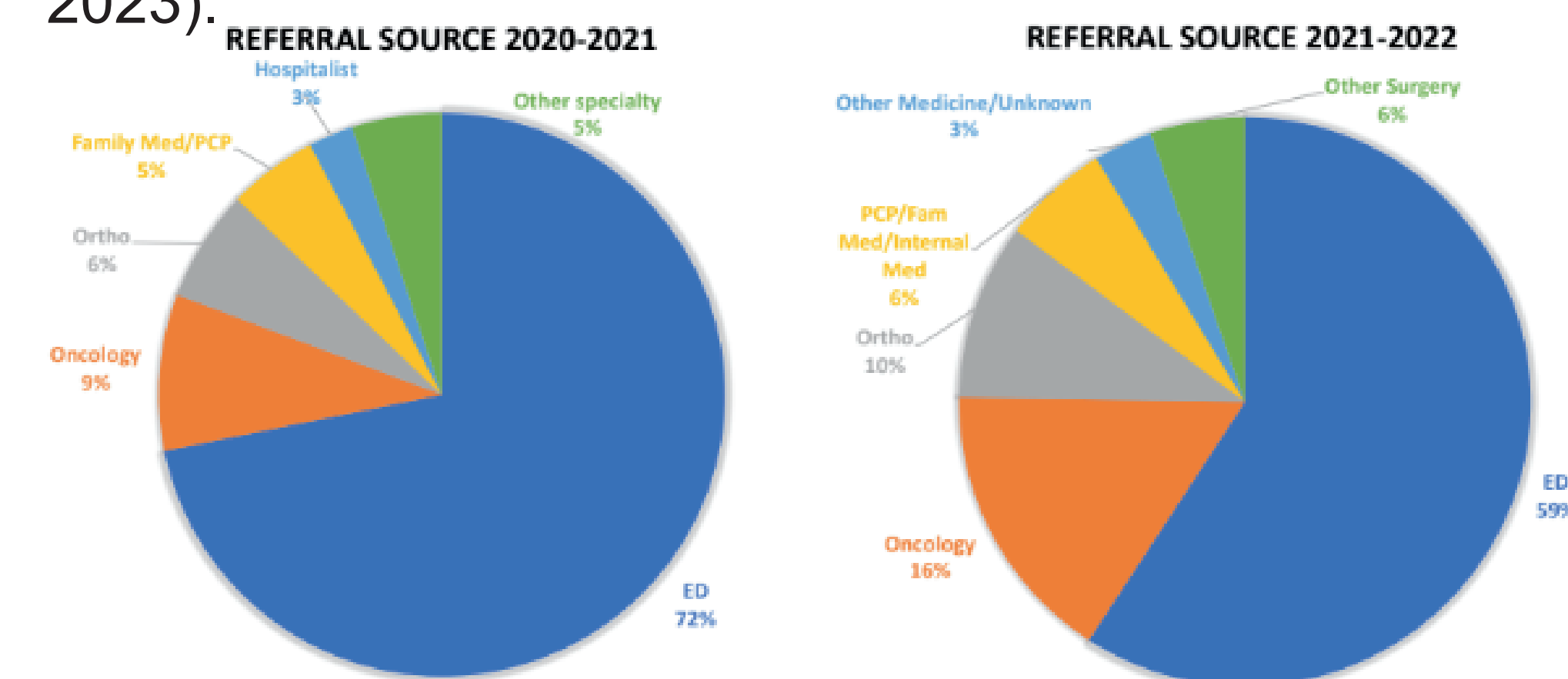
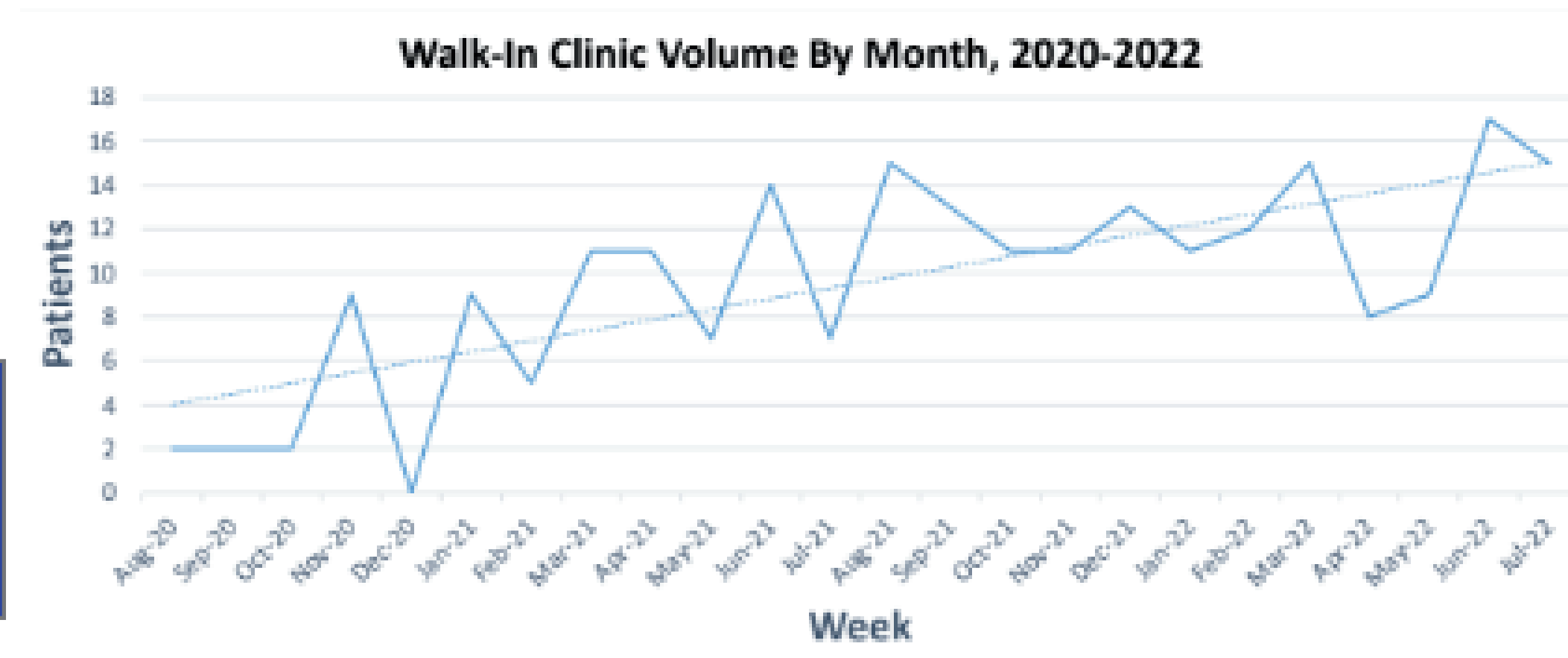


Figure 2 below shows the steady / overall increase in the volume of patients at the DVT Walk-In Clinic for each month (Frank et al, 2023)



THE CHALLENGE: TRIAGE OF NEWLY DIAGNOSED DVT

Many times, whether the ER physician, or a PCP, diagnoses a patient with DVT, may not know exactly how to treat the condition (Frank et al, 2023). In some cases it may take a few hours, days, or even weeks before the patient can see the hematologist. During this time the patient may not get appropriate treatment for the DVT and is at risk for developing complications from the condition. The ER, being very busy with people that have life threatening conditions, will have an extra load of patients with DVT to be treated, resulting in delayed treatment.

WALK-IN DVT CLINIC AT UNC: A NOVEL CONCEPT

Patient Demographics		
	2020-2021	2021-2022
Age		
Range	22-88 years	18-92 years
Average	55.3 years	54.9 years
Median	55 years	55.5 years
Sex		
Male	41 (51.9%)	84 (56%)
Female	38 (48.1%)	66 (44%)
Race		
African American	16 (20.25%)	38 (25.33%)
Asian	1 (1.27%)	3 (2%)
Caucasian	55 (69.62%)	92 (61.33%)
Hispanic	3 (3.80%)	14 (9.33%)
Unknown or Other	4 (5.06%)	3 (2%)

Table 1: Demographics of the patients at the Walk-In Clinic for years 2020-2021 and 2021-2022 (From Frank et al, 2023).

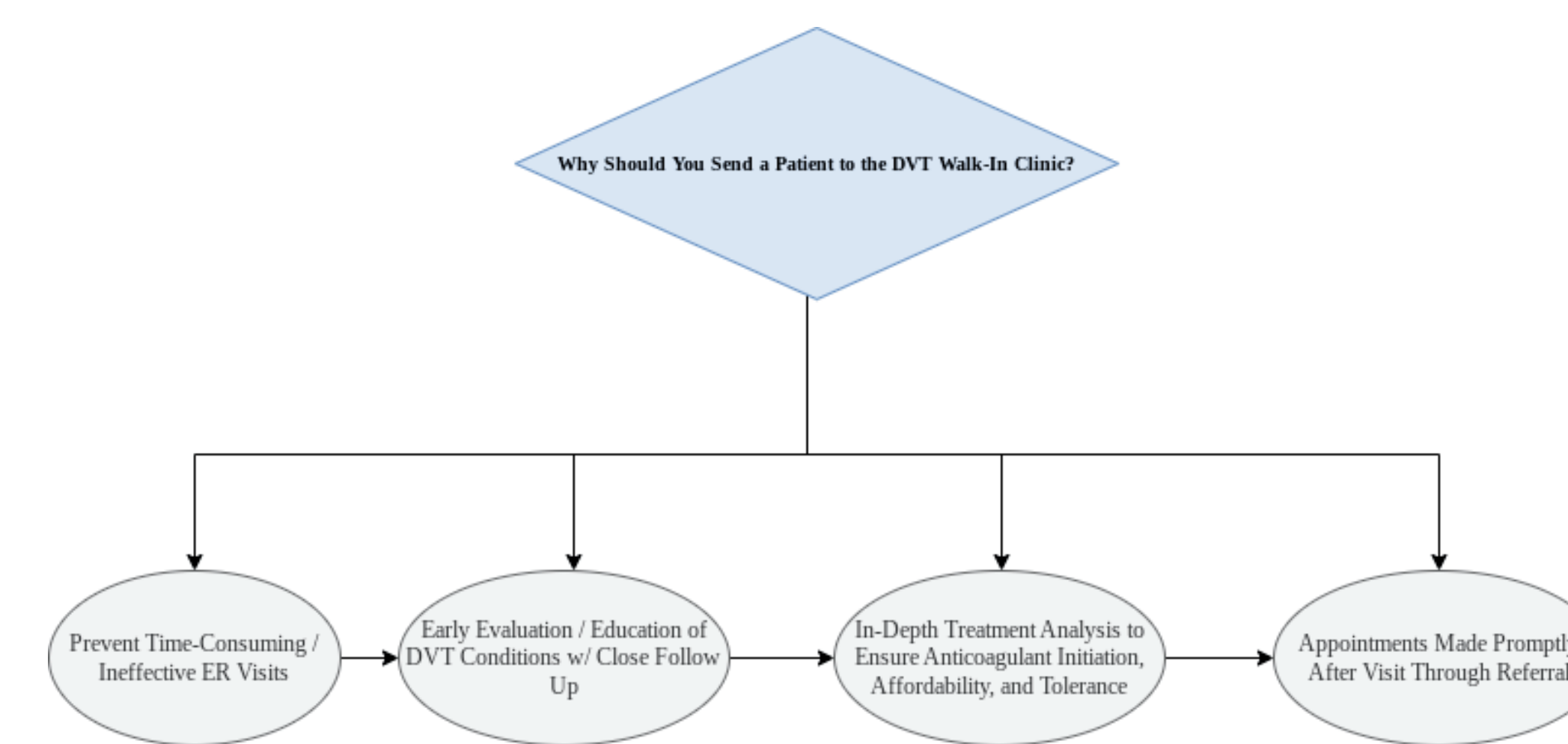
DIAGNOSIS OF VTE IN PEDIATRIC CANCER PATIENTS

Accurate and timely diagnosis of venous thromboembolism (VTE) is crucial in pediatric cancer patients to initiate prompt treatment and prevent potential complications.

The diagnosis of VTE in this population requires a multimodal approach, involving both clinical assessment, laboratory workup, and diagnostic imaging techniques.

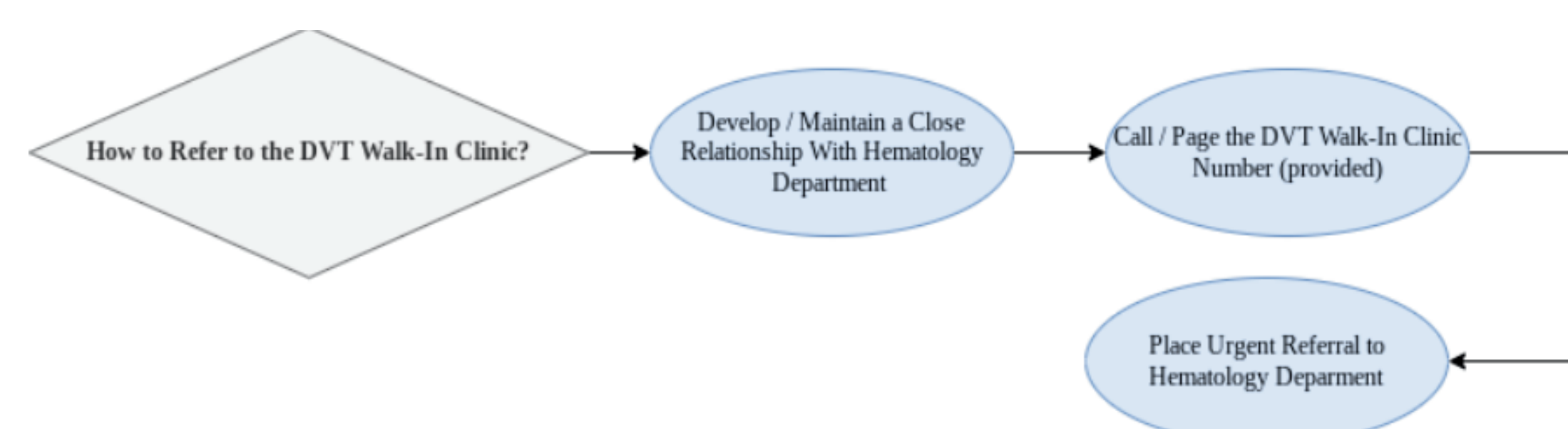
WHY SEND A PATIENT TO THE DVT WALK-IN-CLINIC?

The flowchart below shows the major reasons why one should send a patient to the DVT Walk-In Clinic (Figure 3): Preventing time-consuming visits to the emergency room, early / high-level evaluation / education for DVT conditions (with close follow-up), in-depth treatment analysis to ensure anticoagulation initiation, affordability, and tolerance, and appointments that can be made promptly after the initial visit through referral.



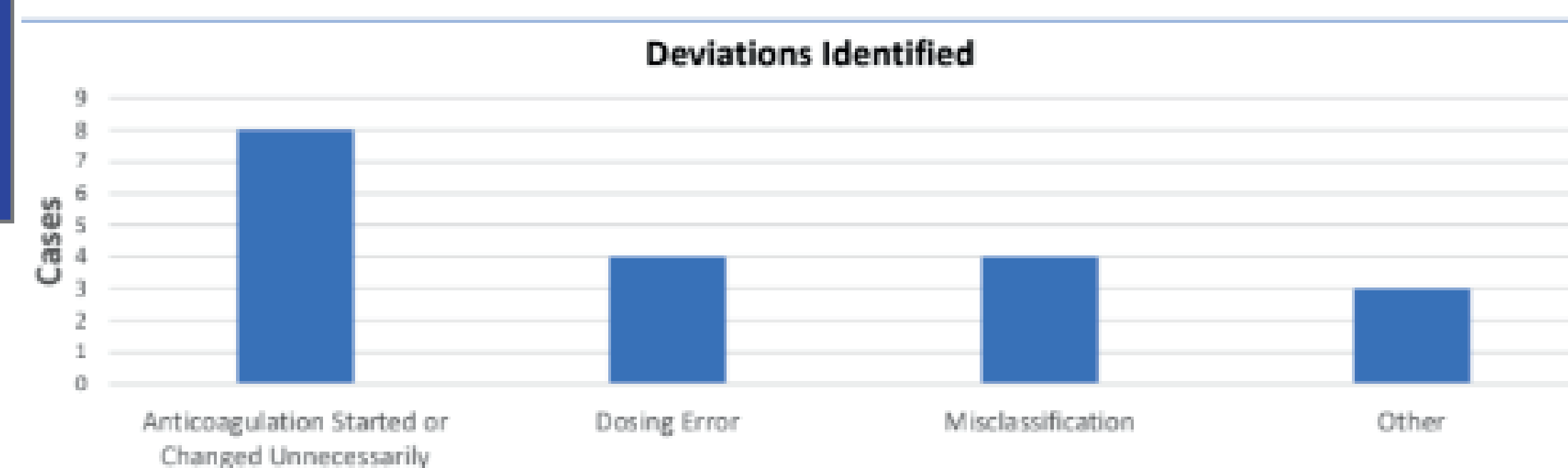
HOW DO YOU REFER TO THE DVT WALK-IN-CLINIC?

The following flowchart lists the steps by which one can refer to the DVT Walk-In Clinic (Figure 4). These steps include maintaining good relationships with the hematology department, calling / contacting the DVT Walk-In Clinic number, and placing an urgent referral with the hematology department.



PITFALLS

There were a few deviations identified in the DVT walk-in clinic (Figure 5): Anticoagulation started or changed unnecessarily, dosing error, misclassification, and other miscellaneous types (Frank et. al, 2023).



DISCUSSION

The development of DVT Walk In Clinic in UNC was a pilot plan to solve a problem that has plagued DVT patients for years. The data shows a good spread of the ages of patients enrolled in the clinic.

The referrals coming from diverse groups is very impressive. The patient volume showed a gradual, but very encouraging, increase in the volume of walk-in clinics indicating that this plan has a good potential to become a protocol that can be followed by other institutions. As the DVT Walk-in Clinic gets widespread use, we hope that the pitfalls will get remedied.

CONCLUSION

Despite a few flaws that were identified, the Walk-In Clinic shows great promise for solving the problem related to DVT patient care / treatment in the future widespread DVT walking clinics. Our group hopes that more and more experienced physicians and members of the team will take the time to understand this terrible inconvenience for severe DVT patients to continue to take steps forward in order to promote their well-being / survival. The clinic is expected to provide quick and easy access to a hematologist who can give definitive answers about the management of DVT. The plan is expected to decrease the wait times to start treatment for patients with new diagnosis of DVT. The clinic is also expected to help streamline treatment for established patients with DVT.

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