

## When Patients Say No: Understanding Habitual Enoxaparin Refusal and Its Impact on Care

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### INTRODUCTION

- St. Bartholomew’s Hospital (SBH) is a lead teaching hospital located in London, England, specializing in cardiology and oncology.
- Enoxaparin is one of the top drugs indicated for prophylaxis of venous thromboembolism (VTE) in an inpatient setting.
- Previous medication safety research at SBH has shown that enoxaparin is the medication with the most missed doses at SBH.

### AIM AND PURPOSE

To investigate the outcomes caused by habitual enoxaparin refusal, documentation protocol of missed doses, and potential causes for habitual patient refusal.

### METHOD

- Data from the QlikSense™ dashboard was collected and evaluated from July 2023 to June 2025 using Microsoft Excel®.
- Data was labeled ‘habitually refused’ if it was refused two or more times by a patient during their hospital stay.
- A companion chart review for standardization of documentation of refusals was conducted.
- An evaluation of patient charts for any harmful outcomes experienced was completed.
- Results of documentation protocol and outcomes experienced was matched with each patient based on their specific ‘MRN’ listed in the QlikSense™ dashboard and patient chart.
- Descriptive statistics were used to analyze data.

### RESULTS & DISCUSSION

- A total of 2612 dose of medication were refused; 1304 (49.9%) were enoxaparin.
- There were 166 patients who habitually refused enoxaparin.
- Thirty six percent (n=60) of patients refused 100% of their prescribed enoxaparin.
- 16% (27) patients refused all doses apart from one dose.

**36 patients had NO thrombosis risk but had VTE prophylaxis prescribed**

#### DISCLOSURE

Authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have direct or indirect interest in the subject matter of this presentation.

### RESULTS & DISCUSSION – continued

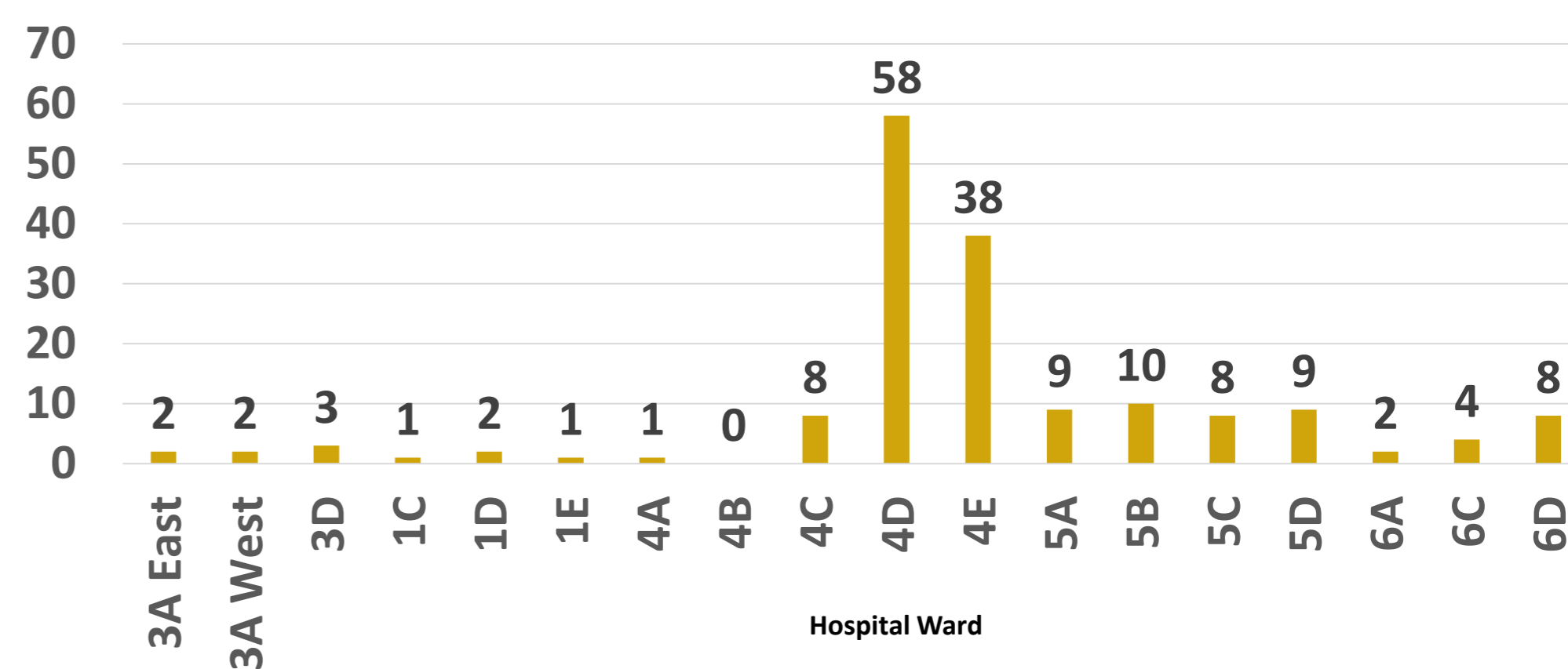
**One patient experienced DVT after refusing 18 out of 22 prescribed enoxaparin doses**

- Only 6% (90) of the prescribed doses had a supplementary documented reason as to why the patient refused.
- 4% (57) of refusals offered further explanation documented in the drug chart; 2% (33) in the patient notes.

#### Documented Reasons for Refusal in Medical Record

- *Too scared*
- *Patient refused education*
- *Patient walks daily*
- *Patient taking herbal medication with interaction*
- *Patient doesn’t feel like it*
- *Patient claims medication ineffective*
- *Fear of needles/injections*

#### Patients with Habitual Missed Enoxaparin by Ward



### CONCLUSION AND FUTURE DIRECTIONS

**The incidence of habitual enoxaparin refusals across all SBH wards suggests more research is needed**

Next steps include:

- Standardization of patient refusal documentation in the medical record – staff education on appropriate documentation – when, where and what documentation is needed for refusals
- Investigation of daily prescription review on ward rounds – role of pharmacist intervention regarding missed doses and change in VTE risk prophylaxis
- Evaluation of current VTE risk assessment protocol – address frequency of re-evaluation by providers; edit protocol in specialty wards (ie. cystic fibrosis ward)
- Development of patient education materials for VTE risk and anticoagulant therapy – materials are available but underutilized across SBH