

Date: 30/10/2015

FREEDOM OF INFORMATION REQUEST FOI/012438 – VTE prevention

Please see completed survey below
 The Trust's VTE policy is currently under review.

Venous thromboembolism (VTE) is a collective term referring to deep vein thrombosis (DVT) and pulmonary embolism (PE). VTE is defined by the following ICD-10 codes: I80.0-I80.3, I80.8-I80.9, I82.9, O22.2 – O22.3, O87.0 – O87.1, I26.0, and I26.9.

QUESTION ONE – WRITTEN VTE PREVENTION POLICY

a) Does your Trust have a written policy in place for preventing and managing the risks of VTE for adult hospital admissions? If yes, please attach a copy of the policy. *(Tick one box)*

Yes, the policy is attached.	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

b) If your Trust has a written VTE prevention policy in place, does it include the seven principles of best practice contained within the NICE quality standard on VTE prevention, which are set out below? *(Tick in each box to indicate whether or not the policy includes the principle listed)*

- *Statement 1: All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool.*

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

- *Statement 2: Patients/carers are offered verbal and written information on VTE prevention as part of the admission process.*

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

- *Statement 3:* Patients provided with anti-embolism stockings have them fitted and monitored in accordance with NICE guidance.

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

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- *Statement 4:* Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding.

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

- *Statement 5:* Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance.

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

- *Statement 6:* Patients/carers are offered verbal and written information on VTE prevention as part of the discharge process.

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

- *Statement 7:* Patients are offered extended (post hospital) VTE prophylaxis in accordance with NICE guidance.

+	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>

□

c) Is your Trust part of a Patient Safety Collaborative where VTE is a priority? If yes, please name the collaborative.

Thrombosis Group Quality & Safety Group Safety Thermometer	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

QUESTION TWO – ADMISSION TO HOSPITAL FOR VTE

a) How many patients were admitted to your Trust for VTE which occurred outside of a secondary care setting between 1 April 2014 and 31 March 2015?

382

b) Of these patients, how many were:

- Residents of an elderly care home?
- Patients of a mental health facility?

Do not collect this data

QUESTION THREE – ROOT CAUSE ANALYSIS OF HOSPITAL-ASSOCIATED THROMBOSIS

According to Service Condition 22 of the NHS Standard Contract 2015/16, the provider must:

“Perform Root Cause Analysis of all confirmed cases of pulmonary embolism and deep vein thrombosis acquired by Service Users while in hospital (both arising during a current hospital stay and where there is a history of hospital admission within the last 3 months, but not in respect of Service Users admitted to hospital with a confirmed venous thromboembolism but no history of an admission to hospital within the previous 3 months)...”

The provider must report the results of those Root Cause Analyses to the co-ordinating commissioner on a monthly basis.

- a) How many cases of hospital-associated thrombosis (HAT) were recorded in your Trust in each of the following quarters, and of these, how many occurred in patients admitted to a psychiatric ward?

Quarter	Total recorded number of HAT	Recorded number of HAT in patients admitted to an acute psychiatric ward
2014 Q2 (Apr–Jun)	26	N/A Trust does not have acute psychiatric wards
2014 Q3 (Jul– Sep)	30	N/A Trust does not have acute psychiatric wards
2014 Q4 (Oct– Dec)	25	N/A Trust does not have acute psychiatric wards
2015 Q1 (Jan – Mar)	20	N/A Trust does not have acute psychiatric wards

- b) How many Root Cause Analyses of confirmed cases of HAT were performed in each of the following quarters?

Quarter	Number of Root Cause Analyses performed
2014 Q2 (Apr–Jun)	26
2014 Q3 (Jul– Sep)	30
2014 Q4 (Oct– Dec)	25
2015 Q1 (Jan – Mar)	18

- c) Are patients with confirmed HAT specifically informed that they experienced an “avoidable” clot?
(Tick one box)

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

d) How does your local commissioner quality assure that as a provider, you are complying with your obligation to perform Root Cause Analyses of all confirmed cases of HAT? (Tick as many boxes that apply)

Method	Tick box as applicable
Requests real-time submission of Root Cause Analyses on completion	<input type="checkbox"/>
Requests a monthly report of Root Cause Analyses	<input type="checkbox"/>
Requests a quarterly report of Root Cause Analyses	<input type="checkbox"/>
Requests an annual report of Root Cause Analyses	<input type="checkbox"/>
Requests a face-to-face meeting to discuss Root Cause Analyses	<input type="checkbox"/>
Request made by other means not listed. (Please specify)	<input type="checkbox"/>
Commissioners yet to request this information	<input checked="" type="checkbox"/>

QUESTION FOUR – INCENTIVES AND SANCTIONS

In 2014/15, at least two per cent of a provider's total contract outturn was available for local Commissioning for Quality and Innovation (CQUIN) schemes to be agreed between commissioners and providers.

- a) Has your Trust agreed a local CQUIN goal with your local commissioner to perform Root Cause Analyses on all confirmed cases of HAT? *(Tick one box)*

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

- b) Has your Trust received any sanctions, verbal or written warnings from your local commissioning body between 1 April 2014 and 31 March 2015 for failure to comply with the national obligation to perform Root Cause Analyses of all confirmed cases of HAT? *(Tick one box)*

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

QUESTION FIVE – VTE RISK ASSESSMENT NATIONAL QUALITY REQUIREMENT

The NHS Standard Contract 2015/16 sets a National Quality Requirement for 95 per cent of inpatient service users to be risk assessed for VTE. Should providers fail to meet the 95 per cent minimum threshold, they will be subject to sanctions imposed by their local commissioning body.

- a) Between 1 April 2014 and 31 March 2015, has your local commissioning body imposed a sanction on your Trust for failing to deliver the minimal VTE risk assessment threshold? *(Tick one box)*

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

- b) If you answered 'Yes' above, what is the total value of the sanctions imposed on your Trust for failure to deliver the minimum VTE risk assessment threshold between 1 April 2014 and 31 March 2015?

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QUESTION SIX – PATIENT INFORMATION

The NICE Quality Standard on VTE Prevention stipulates that patients/carers should be offered verbal and written information on VTE prevention as part of the admission as well as the discharge processes.

- a) What steps does your Trust take to ensure patients are adequately informed about VTE prevention? (Tick each box that applies)

+	Distribution of own patient information leaflet	<input checked="" type="checkbox"/>
	Distribution of the 'Preventing hospital-acquired blood clots' leaflet produced by the NHS in conjunction with Lifeblood: The Thrombosis Charity	<input type="checkbox"/>
	Documented patient discussion with healthcare professional (If yes, please attach documented evidence that these discussions have taken place) On VTE RA form	<input checked="" type="checkbox"/>
	Other (please specify)	<input type="checkbox"/>

- b) Please attach a copy of the written information on VTE prevention that your Trust provides to patients upon admission and discharge.

QUESTION SEVEN – THROMBOPROPHYLAXIS

a) Please list the generic name for the VTE prophylaxis treatments your Trust uses for the following categories.

This question is poorly phrased, so submitting data for treatment and ongoing prophylaxis and below prophylaxis only.



Category	Generic name of prophylaxis
First line therapy for DVT	<u>Rivaroxaban/LMWH/Dalteparin</u> Dependant on renal function & any underlying co morbidities
First line therapy for PE	As Above
First line high prophylaxis (??what this means, entry regarding <u>prophylaxis only</u>)	<u>Obstetrics – Dalteparin</u> All other admissions if indicated - <u>Clexane</u>
Secondary prevention	Continue 1 st line therapy