

Date: 05/10/2017

FREEDOM OF INFORMATION REQUEST FOI/013640 - Venous thromboembolism

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 – VTE RISK ASSESSMENT AND DIAGNOSIS**

a) Are in-patients who are considered to be at risk of VTE in your Trust routinely checked for both proximal and distal DVT? (Tick one box)

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

b) For in-patients diagnosed with VTE in your Trust between 1 April 2016 and 31 March 2017, what was the average time from first clinical suspicion of VTE to diagnosis?

Although we have median turnaround times for scans that may be requested for DVT it is impossible to say if the scans were requested for that particular reason . An assumption can be made that the majority were.

**Turnaround Averages for Exams Performed 01/09/2016 to 31/08/2017**  
 ('ULLVB','ULLVR','ULLVL')

Modality	Count of Exams	Mean Request to Event Days	Median Request to Event Days
Ultrasound	2036	7.0	2
Grand Total	2036	7.0	2

c) For in-patients diagnosed with VTE in your Trust between 1 April 2016 and 31 March 2017, what was the average time from diagnosis to first treatment?

All patients treated from day VTE suspected with therapeutic LMWH this is reviewed and then decision made same day as diagnostics about appropriate anticoagulation post scan

## QUESTION TWO – ROOT CAUSE ANALYSIS OF HOSPITAL-ASSOCIATED THROMBOSIS

According to Service Condition 22 of the NHS Standard Contract 2016/17, 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?

Quarter	Total recorded number of HAT
2016 Q2 (Apr – Jun)	32
2016 Q3 (Jul – Sep)	42
2016 Q4 (Oct – Dec)	30
2017 Q1 (Jan – Mar)	34

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
2016 Q2 (Apr – Jun)	32
2016 Q3 (Jul – Sep)	42
2016 Q4 (Oct – Dec)	30
2017 Q1 (Jan – Mar)	34

According to the Root Cause Analyses of confirmed HAT in your Trust between 1<sup>st</sup> April 2016 and 31<sup>st</sup> March 2017, in how many cases:

Did patients have distal DVT?	16
Did patients have proximal DVT?	53
Were patients not receiving thromboprophylaxis prior to the episode of HAT?	3 not received 1 Anticoagulated 42 Contraindicated/Not Indicated
Did HAT occur in surgical patients?	27 Surgical 32 Orthopaedic 5 Gynae 8 Obstetric 1 Dental
Did HAT occur in general medicine patients?	65
Did HAT occur in cancer patients?	27

### QUESTION THREE – 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 2016 and 31 March 2017?

428 patients attended the trust and were diagnosed with VTE that were not hospital related.

b) Of these patients, how many:

Had a previous inpatient stay in your Trust up to 90 days prior to their admission?	115(including 8 day surgery) 23 developed as inpatient
Were care home residents?	Data not collected
Were female?	74
Were male?	65
Were not native English speakers?	2
Were from a minority ethnic group?	2

c) Of the patients admitted to your Trust for VTE occurring between 1 April 2016 and 31 March 2017 who had a previous inpatient stay in your Trust up to 90 days prior to their admission, how many had their VTE risk status recorded in their discharge summary?

6 All obstetric patients

d) Please describe how your Trust displays a patient's VTE risk status in its discharge summaries.

Obstetric patients have VTE score displayed as VTE Score =  
What treatment they are on is also documented  
Paper risk assessment is filed in patients notes

#### QUESTION FOUR – INCENTIVES AND SANCTIONS

- a) Has your Trust received any sanctions, verbal or written warnings from your local commissioning body between 1 April 2016 and 31 March 2017 for failure to comply with the national obligation to perform Root Cause Analyses of all confirmed cases of HAT? *(Tick one box)*

Yes  If yes, please detail the level of sanction or type of warning received:	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

The NHS Standard Contract 2016/17 sets a National Quality Requirement for 95 per cent of inpatient service users to be risk assessed for VTE.

- b) Between 1 April 2016 and 31 March 2017, has your Trust received any sanctions, verbal or written warnings from your local commissioning body for failing to deliver the minimal VTE risk assessment threshold? *(Tick one box)*

Yes  If yes, please detail the level of sanction or type of warning received:	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

#### QUESTION FIVE – 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 patient information leaflet produced by an external organisation  If yes, please specify which organisation(s):  Thrombosis charity leaflet – Thrombosis and Pregnancy leaflet used	<input checked="" type="checkbox"/>
Documented patient discussion with healthcare professional	<input type="checkbox"/>
Information provided in other format (please specify) posters	<input checked="" type="checkbox"/>

**b) If your Trust provides written information on VTE prevention, does it provide information in languages other than English? (Tick each box that applies)**

Yes	
If yes, please specify which languages:	<input checked="" type="checkbox"/>
Arabic	
Punjabi	
No	<input type="checkbox"/>