

Date: 10/08/2018

FREEDOM OF INFORMATION REQUEST FOI/014242 - Venous Thromboembolism (VTE)

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	$\checkmark$
No	

b) For in-patients diagnosed with VTE in your Trust between 1 April 2017 and 31 March 2018, 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/ 04/2017 to 31/03/2018

Modality	Count	Mean	Median
	of	Request to	Request to
	Exams	Event Days	Event Days
Ultrasound	2044	6	2
Grand	2044	6	2
Total			

('ULLVB','ULLVR','ULLVL')	

c) For in-patients diagnosed with VTE in your Trust between 1 April 2017 and 31 March 2018, what was the average time from diagnosis to first treatment?

Same day

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

According to Service Condition 22 of the NHS Standard Contract 2017/19, 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
2017 Q2 (Apr –Jun)	36
2017 Q3 (Jul – Sep)	28
2017 Q4 (Oct – Dec)	24
2018 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
2017 Q2 (Apr – Jun)	36
2017 Q3 (Jul – Sep)	28
2017 Q4 (Oct – Dec)	24
2018 Q1 (Jan – Mar)	29, there are 5 still open which are not included in this count

c) According to the Root Cause Analyses of confirmed HAT in your Trust between 1 April 2017 and 31 March 2018, in how many cases:

Did patients have distal DVT?	18 (1 also had PE)
Did patients have proximal DVT?	35 (including 8 Ileofemoral)

	69 PE
Were patients not receiving thromboprophylaxis prior to the	2 not prescribed extended prophylaxis
episode of HAT?	9 missed/not signed for doses LMWH
	1 missed doses Rivaroxaban
	1 not prescribed as per VTE assessment
	2 delay in risk assessment/prescription
Did HAT occur in surgical patients?	29 Surgical
	7 Obstetric
	20 Ortho
	2 Gynae
	1 Medical/Surgical
	1 Ortho/Medical
Did HAT occur in general medicine patients?	62 Medical
	1 patient initially identified as HAT on
	review by Cardiologist concluded that VTE
	missed on index admission
Did HAT occur in cancer patients?	34

## 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 2017 and 31 March 2018?

Data not collected
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b) Of these patients, how many: N/A as section a) data not collected

Had a previous inpatient stay in your Trust up to	
90 days prior to their admission?	
Were care home residents?	
Were female?	
Were male?	
Were not native English speakers?	
Were from a minority ethnic group?	

c) Of the patients admitted to your Trust for VTE occurring between 1 April 2017 and 31 March 2018 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?

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 =	

## **QUESTION FOUR – INCENTIVES AND SANCTIONS**

a)	body between	een 1 April 201	7 and	ctions, verbal or wri 31 March 2018 for f of all confirmed case	ailure to	o comply with	n the nation	_
		Yes						
		If yes, please sanction or t		I the level of warning received:				
		No			$\overline{\checkmark}$			
						]		
ser	vice users to  Between 1  warnings f	be risk assesse  April 2017 and  rom your loca	d for V  31 Ma	arch 2018, has your T nmissioning body fo	rust rec	eived any san	actions, verb	oal or written
	assessment	threshold? (Tid	ск опе	box)				
Yes								
sand Con		he level of varning received: ce Notice for VTE	<b>✓</b>					
No								
and <b>a) \</b>	written inform	Standard on VTE Flation on VTE prev	Preventi ention a <b>t take</b>	VE – PATIENT INFORMAtion stipulates that patien as part of the admission at to ensure patients	nts/carers as well as	the discharge pr	ocesses.	VTE
	D	<ul> <li>Acute Tru</li> </ul>	st Gen	ent information leaflet eral information leaflet pecific leaflet			<b>V</b>	
	0	rganisation		nformation leaflet prod	uced by	an external	<b>V</b>	
	ı		-	ich organisation(s): d within thrombosis cli	inic)			
	D	ocumented pati	ent dis	cussion with healthcar	e profess	sional		

Information provided in other format (please specify)

Poster

 $\checkmark$ 

If yes, please specify which languag Arabic Punjabi Gujarati	es:	
No		