

Freedom of Information Request - 4253

FOI request into Trust Venous Thromboembolism (VTE) prevention and management practices

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 2017 and 31 March 2018, what was the average time from first clinical suspicion of VTE to diagnosis?**

This information is not routinely obtained.

- 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?**

Most patients have been started on LMWH treatment dose once there is high index of clinical suspicion and the timing of radiology investigation is longer than on the day of clinical suspicion. However, we don't collect the data for exact time interval.

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) | 37 |
| 2017 Q3 (Jul – Sep) | 24 |
| 2017 Q4 (Oct – Dec) | 36 |
| 2018 Q1 (Jan – Mar) | 37 |

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) | 34/37 |
| | 21/24 |

| | |
|---------------------|-------|
| 2017 Q3 (Jul – Sep) | |
| 2017 Q4 (Oct – Dec) | 34/36 |
| 2018 Q1 (Jan – Mar) | 34/37 |

- 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? | 10 |
| Did patients have proximal DVT? | 41 |
| Were patients not receiving thromboprophylaxis prior to the episode of HAT? | 9 |
| Did HAT occur in surgical patients? | 29 |
| Did HAT occur in general medicine patients? | 68 |
| Did HAT occur in cancer patients? | 33 |

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?

We would not have this information routinely

- b) Of these patients, how many:

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

- 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?

There is no mandatory area specified in current discharge letter format, however if the patient has high risk of VTE such as post orthopaedic/major cancer abdominal surgery, those patient groups have been discharged with VTE prophylaxis according to the recommended duration.

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

There is no mandatory area specified in current discharge letter format, however if the patient has high risk of VTE such as post orthopaedic/major cancer abdominal surgery, those patient groups have been discharged with VTE prophylaxis according to the recommended duration.

QUESTION FOUR – INCENTIVES AND SANCTIONS

a) Has your Trust received any sanctions, verbal or written warnings from your local commissioning body between 1 April 2017 and 31 March 2018 for failure to comply with the national obligation to perform Root Cause Analyses of all confirmed cases of HAT? (Tick one box)

| | | | |
|---|---|--|---|
| <p>The NHS sets a for 95 per users to</p> | <p>Yes</p> <p>If yes, please detail the level of sanction or type of warning received:</p> | <p><input type="checkbox"/></p> | <p>Standard Contract 2017/19 National Quality Requirement cent of inpatient service be risk assessed for VTE.</p> |
| | <p>No</p> | <p><input checked="" type="checkbox"/></p> | |

- b) Between 1 April 2017 and 31 March 2018, 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 type="checkbox"/> |
| Distribution of patient information leaflet produced by an external organisation If yes, please specify which organisation(s): Lifeblood: The Thrombosis Charity. | <input checked="" type="checkbox"/> |
| Documented patient discussion with healthcare professional | <input type="checkbox"/> |
| Information provided in other format (please specify) | <input 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 type="checkbox"/> |
| No | <input checked="" type="checkbox"/> |