

September 2011

*Please find attached a FOI request requesting information on the Trust's compliance of VTE prevention policies with national VTE best practice and policy. I would be grateful if the most appropriate person could compile the information and return it to me.*

Please find below our questionnaire completed with the information we hold.

**SECTION ONE**  
**Compliance with VTE best practice (NICE clinical guideline 92 and NICE VTE quality standard)**

**Does your Trust have a written policy in place for preventing and managing the risks of VTE for adult hospital admissions?** *(Place an X in one box)*

Yes	<b>X</b>
No	

**1) Does your VTE prevention policy require that all adult patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria set out in the national tool?** *(Place an X in one box)*

Yes	<b>X</b>
No	

**2) Does your VTE prevention policy require that patients / carers are offered verbal AND written information on VTE prevention as part of the admission process?** *(Place an X in one box)*

Yes	
No	<b>X</b>

**3) Does your VTE prevention policy require that patients provided with anti-embolism stockings have them fitted and monitored in accordance with NICE clinical guideline 92?** *(Place an X in one box)*

Yes	<b>X</b>
No	

**4) Does your VTE prevention policy require that patients are re-assessed within 24 hours of admission for risk of VTE and bleeding?** *(Place an X in one box)*

Yes	<b>X</b>
No	

- 5) Does your VTE prevention policy require that patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE clinical guideline 92? (Place an X in one box)

Yes	<b>X</b>
No	

- 6) Does your VTE prevention policy require that patients / carers are offered verbal AND written information on VTE prevention as part of the discharge process? (Place an X in one box)

Yes	<b>X</b>
No	

- 7) Does your VTE prevention policy require that patients / carers are offered extended VTE prophylaxis in accordance with NICE clinical guideline 92? (Place an X in one box)

Yes	<b>X</b>
No	

**SECTION TWO**  
Compliance with the national and exemplar VTE Commissioning for Quality and Innovation (CQUIN) payment framework goal

- 8) What is the estimated total value to your Trust of CQUIN money related to the VTE goal in 2011/12, payment of which is triggered if your Trust meets the national goal requiring 90% of patients to be risk assessed?

£323,646

---

- 9) Does your Trust receive its CQUIN money related to the VTE indicator upon achievement of the VTE goal to risk assess 90% of patients for VTE every month or every quarter? (Place an X in one box)

Monthly	
Quarterly	<b>X</b>

- 10) What percentage of adult inpatients had a risk assessment for VTE on admission to hospital using the clinical risk assessment criteria set out in the national tool, in each of the months below, as per the Trust's 2011/12 CQUIN data returns?

MONTH	% of patients risk assessed for VTE on admission
July 2011	92.90%
August 2011	91.88%

- 11) Which cohorts of patients at low-risk of VTE have been agreed by your SHA Medical Director to be assessed by cohort rather than individually for CQUIN data?

Patients whose entire admission is under and/or for the following care, AND the length of stay (LOS) is 0 days

- Pain Management
- Rheumatology
- Cardiac and Medical Day stay
- Endoscopy Suite
- Day Assessment Unit
- Margaret Broom Ward 1
- Home deliveries
- Admissions for Cataracts
- Admission for all other ophthalmology carried out as DC, under local anesthetic
- Chemotherapy / Radiotherapy
- Flexible Cystoscopy
- Lithotripsy
- CT
- MRI
- Elective TWO's (trial without catheter)
- Elective BCG / Mitomycin
- All admissions for any other procedure where the LOS is 0 days, the procedure was carried out under local anaesthetic, and of duration <90 mins
- All elective admissions to surgical specialties, where the LOS is 0 days, and the intended procedure was not carried out.

**12) Does your Trust's local CQUIN scheme for 2011/12 include either of the following exemplar CQUIN VTE goals? (Place an X in any box that applies)**

- **Appropriate thromboprophylaxis** – whereby 90% of audited adult inpatients having a documented VTE risk assessment on admission to hospital then receive appropriate prophylaxis based on national guidance.
- **Patient information on admission and discharge** – whereby 60% of patients identified through VTE risk assessment as being at risk of VTE and requiring prophylaxis are offered, with their carers, verbal and written information on VTE prevention as part of the admission and discharge processes.

VTE PROVISION	Included in local 2011/12 CQUIN scheme	NOT Included in local 2011/12 CQUIN scheme
Appropriate thromboprophylaxis	<b>X</b>	
Patient information on admission and discharge		<b>X</b>

**SECTION THREE**  
**VTE Clinical Audit Data within Contract for Acute Services**

**13) Does your**

**Trust's 2011/12 Contract for Acute Services require monthly reports for local Commissioners on either of the following VTE provisions, as per the 2011/12 Standard Contract for Acute Services? (Place an X in any box that applies)**

- **Appropriate thromboprophylaxis** – whereby the results of monthly local audits on the percentage of patients risk assessed for VTE who went on to receive the appropriate prophylaxis, where both the risk assessment criteria and prophylaxis are based on national guidance, are reported to commissioners every month.
- **Root cause analysis** – whereby the reports of root cause analysis undertaken on confirmed cases of hospital acquired pulmonary embolism and deep vein thrombosis, are reported to commissioners every month.  
*(i.e. those arising during a current stay or new events arising where there is a history of admission to hospital within the last three months, but not including patients admitted to hospital with a confirmed VTE with no history of an admission to hospital within the last three months.)*

VTE PROVISION	Included in 2011/12 Contract for Acute Services	NOT Included in 2011/12 Contract for Acute Services
Appropriate thromboprophylaxis	<b>X</b> Note not monthly reporting – included as a requirement in the CQUIN – 6 monthly reporting	
Root cause analysis	<b>X</b> Routine audits are undertaken.	

14) If Trust

**SECTION FOUR**  
**Local clinical audit and root cause analysis**

your

undertakes clinical audit of appropriate thromboprophylaxis, what percentage of patients identified as being at risk of VTE received appropriate thromboprophylaxis in each the months below? Please also indicate whether this is sample or census data.

MONTH	% of patients receiving appropriate thromboprophylaxis	Data Type – Sample or Census
April 2011	72% Thromboprophylaxis 20% other prophylaxis used	Sample 50 patients across medical, orthopaedic, surgery
May 2011	No audits undertaken – no data	not applicable
June 2011	79% Thromboprophylaxis 37% other prophylaxis used	Sample 50 patients across medical, orthopaedic, surgery, Obs & Gynae
July 2011	No audits undertaken – no data	not applicable
August 2011	68% Thromboprophylaxis 40% other prophylaxis used	Sample 50 patients across medical, orthopaedic, surgery

15) How many cases of hospital acquired VTE have been submitted in the Trust for root cause analysis in each of the following months, and how many of these were related to inadequate prevention?

MONTH	Number of cases of	Number of these cases of
-------	--------------------	--------------------------

	hospital acquired VTE submitted for root cause analysis	hospital acquired VTE found to be preventable
April 2011	Analysis still in progress	Analysis still in progress
May 2011	Analysis still in progress	Analysis still in progress
June 2011	Analysis still in progress	Analysis still in progress
July 2011	Analysis still in progress	Analysis still in progress
August 2011	Analysis still in progress	Analysis still in progress

16) What is the total number of clinical claims created against the Trust around the inadequate prevention and / or management of VTE acquired in hospital in each of the following years?

**SECTION FIVE**  
**Litigation around VTE Prevention your Trust**

YEAR	Number of VTE Claims Created
2006-07	0
2007-08	<5
2008-09	0
2009-10	<5
2010-11	0

*We are unable to provide a further details as this may lead to the identification of the individuals concerned. Accordingly, our response to the questions has therefore been < 5 clinical claims.*

17) What is the total value of payments (paid and outstanding) made by the Trust for successful clinical cases related to the inadequate prevention and / or management of VTE acquired in hospital in each of the following years?

YEAR	Value of Successful VTE Claims
2006-07	not applicable
2007-08	Total Damages: £150K
2008-09	not applicable
2009-10	Total Damages: still active (no payment made)
2010-11	not applicable

Please use 10 codes to following

**SECTION SIX**  
**VTE Incidence**

following ICD-complete the two questions:

1. **I80.0 (Phlebitis and thrombophlebitis of superficial vessels of lower extremities)**
2. **I80.1 (Phlebitis and thrombophlebitis of femoral vein)**
3. **I80.2 (Phlebitis and thrombophlebitis of other deep vessels of lower extremities)**
4. **I80.3 (Phlebitis and thrombophlebitis of lower extremities, unspecified)**
5. **I80.8 (Phlebitis and thrombophlebitis of other sites)**
6. **I80.9 (Phlebitis and thrombophlebitis of unspecified site)**
7. **O22.2 (Superficial thrombophlebitis in pregnancy)**

8. O22.3 (Deep phlebothrombosis in pregnancy)
9. O87.0 (Superficial thrombophlebitis in the puerperium)
10. O87.1 (Deep phlebothrombosis in the puerperium)
11. I26.0 (Pulmonary embolism with mention of acute cor pulmonale)
12. I26.9 (Pulmonary embolism without mention of acute cor pulmonale)

18) In the year 2010/11, how many patients in your Trust suffered a **NON-FATAL** deep vein thrombosis or pulmonary embolism arising:

- as a new event during the course of a current hospital stay where patients were admitted to hospital without a confirmed VTE

144

- on admission to hospital with a confirmed VTE where there is a history of admission to hospital within the last three months?

90

(This question does not include patients with a confirmed VTE on admission to hospital but no history of an admission to hospital within the last three months.)

19) In the year 2010/11, how many patients in your Trust suffered a **FATAL** deep vein thrombosis or pulmonary embolism arising:

- as a new event during the course of a current hospital stay where patients were admitted to hospital without a confirmed VTE

35

- on admission to hospital with a confirmed VTE where there is a history of admission to hospital within the last three months?

10

(This question does not include patients with a confirmed VTE on admission to hospital but no history of an admission to hospital within the last three months.)

20) What any, has Trust

**SECTION SEVEN**  
**Improving VTE Prevention in your Trust**

steps, if your taken to

educate clinical staff to ensure they are able to risk assess patients for VTE, record the outcome, prescribe and administer appropriate prophylaxis?

Every new member of staff has VTE education on our Trust welcome day. All new trainees including FYs and CTs, have as part of their induction, structured teaching on VTE. FY1's and FY2's have extra education on their study day. There is education on the front page of our website, formal education constantly carried out in the hospital. We have VTE link nurses who have education every 6 weeks. The link nurses then extend the updates and knowledge to the ward staff.

21) What, if any, innovative measures has your Trust introduced to implement your VTE prevention and management policy more effectively in your Trust?

Risk assessment charts have been introduced for all areas, most of which are attached to a proforma. The drug charts have been changed to enable the risk assessment to be followed up. We have implemented flow charts for treatment, an audit tool and a Root Cause Analysis (RCA) tool. We have VTE link nurses. The Trust computers have a screen saver with 'Have you done your VTE risk assessment' message on it.

**22) What national action would enable the Trust Medical Director / Thrombosis Committee to more effectively and thoroughly implement VTE prevention best practice? (Please rank where more than one of the following may apply)**

<b>ACTION</b>	<b>Rank</b>
Mandatory minimum standard and financial penalty / reward related to risk assessment and thromboprophylaxis (such as continuation of CQUIN scheme)	<b>Low</b>
Provision of an electronic risk assessment and data collection tool	<b>Medium</b>
Government-led VTE public awareness campaign	<b>High</b>
Consistent national education for undergraduates and healthcare professionals	<b>High</b>
Other (please detail)	

**SECTION EIGHT**  
Please use this section if you wish to add any additional comments