

ND ref. FOI/17/229

**Freedom of Information**

Thank you for your 24/08/17 request for the following information:

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

**Name:** \_\_\_\_\_

**Position:** **Freedom of Information Officer**

**Acute Trust:** **Northern Devon Healthcare NHS Trust**

**Email:** **ndht.foi@nhs.net**

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

Difficult to answer as limited evidence if the assessment is undertaken 'routinely' as outlined in the question. Patients with risk factors will be clinically examined according to those risk factors and reason for admission.

**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?**

One day whilst awaiting confirmation by radiology.

**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?**

Treatment appears to have been commenced on suspicion of VTE.

**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?**

<b>Quarter</b>	<b>Total recorded number of HAT</b>
2016 Q2 (Apr – Jun)	1
2016 Q3 (Jul – Sep)	0
2016 Q4 (Oct – Dec)	0
2017 Q1 (Jan – Mar)	1

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

<b>Quarter</b>	<b>Number of Root Cause Analyses performed</b>
2016 Q2 (Apr – Jun)	1
2016 Q3 (Jul – Sep)	0
2016 Q4 (Oct – Dec)	0
2017 Q1 (Jan – Mar)	0

**c) 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:**

<b>Did patients have distal DVT?</b>	2
<b>Did patients have proximal DVT?</b>	1
<b>Were patients not receiving thromboprophylaxis prior to the episode of HAT?</b>	1 patient was on prophylaxis and 1 patient appears not to have been on prophylaxis
<b>Did HAT occur in surgical patients?</b>	No
<b>Did HAT occur in general medicine patients?</b>	Yes
<b>Did HAT occur in cancer patients?</b>	No

**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?**

29

**b) Of these patients, how many:**

<b>Had a previous inpatient stay in your Trust up to 90 days prior to their admission?</b>	11
<b>Were care home residents?</b>	1
<b>Were female?</b>	15
<b>Were male?</b>	14
<b>Were not native English speakers?</b>	Unable to provide this information as data is not captured.
<b>Were from a minority ethnic group?</b>	None

**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?**

The risk status is not recorded on the discharge summary, instead any pertinent clinical findings would be within the narrative from the responsible clinical team at discharge.

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

Any pertinent clinical findings would be within the narrative from the clinical team. The presence of a DVT or PE is included within the Clinical Summary Details.

**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  <i>If yes, please detail the level of sanction or type of warning received:</i>	<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  <i>If yes, please detail the level of sanction or type of warning received:</i>	<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)**

<i>Distribution of own patient information leaflet</i>	<input checked="" type="checkbox"/>
<i>Distribution of patient information leaflet produced by an external organisation</i>  <i>If yes, please specify which organisation(s):</i>	<input type="checkbox"/>
<i>Documented patient discussion with healthcare professional</i>	<input checked="" type="checkbox"/>
<i>Information provided in other format (please specify)</i> Prevention of complications including DVT is demonstrated on a video available on Trust website and displayed in main entrance foyer.	<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 <i>If yes, please specify which languages:</i>	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

**END**

**THANK YOU FOR YOUR RESPONSE**

Answer: Please see details above.