ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP

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 <u>both</u> proximal and distal DVT? *(Tick one box)*

Yes	☑
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?

Unable to answer currently as audit results not available yet

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?

Unable to answer currently as audit results not available yet

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)	19
2017 Q3 (Jul – Sep)	20
2017 Q4 (Oct – Dec)	8
2018 Q1 (Jan – Mar)	24
Data source: Trust Information & Performance Department Online reporting enabled centrally and verified by Divisional Bimonthly reporting to Trust VTE committee and final reported figures on HAT extracted from Datix	

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)	19
2017 Q3 (Jul – Sep)	20
2017 Q4 (Oct – Dec)	8
2018 Q1 (Jan – Mar)	24
Data source: Trust Information & Performance Department Online reporting enabled centrally and verified by Divisional Bimonthly reporting to Trust VTE committee and final reported figures on HAT extracted from Datix	

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?	Audit results not yet available
Did patients have proximal DVT?	Audit results not yet available
Were patients not receiving thromboprophylaxis prior to the episode of HAT?	Audit results not yet available
Did HAT occur in surgical patients?	36 (Source: Datix)
Did HAT occur in general medicine patients?	34 (Source: Divisional reports)
Did HAT occur in cancer patients?	Audit results not yet available
Note: This is being taken forward as an organisational action plan (1) through Trust VTE committee and Trust Clinical Audit department to address this cross organisationally and ensure this data provision is available annually in future.	

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?

585

Data Source: Trust Information & Performance Department through evaluation of PAS admission data through coding VTE clinical codes i80, i81, i82,i26, o22

b) Of these patients, how many:

Had a previous inpatient stay in your Trust up to 90 days prior to their admission?	302 (of this 129 were identified as Hospital acquired VTE through Trust Online reporting enabled by Trust Information & Performance department and 71 were confirmed through Divisional verification process as per Standard operating procedures)
Were care home residents?	27
Were female?	284
Were male?	301
Were not native English speakers?	Not recorded
Were from a minority ethnic group?	69

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?

100% have the VTE risk documented in discharge summaries as to whether they were diagnosed with VTE or not at time of discharge and whether it was Hospital acquired VTE or not through a systems solution to address human factors by addition of Mandatory Electronic data fields to ICE discharge summary that is not possible to override by anyone completing the discharge summary. This was set up by Trust information department working alongside IT and Informatics team in 2014 at request from Trust Thrombosis committee and captures VTE risk in all discharge summaries to GP for every patient and not just HAT patients as below:

1. Was this patient diagnosed with VTE during this admission episode: YES/NO
2. If Yes to above, Was this a Hospital Acquired VTE: YES/NO

There is also space provided for free text comment.

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

As Above -mandatory data fields in discharge summaries identify the VTE risk status as those diagnosed or not with VTE during admission episode and those diagnosed or not with Hospital acquired VTE. However, currently the mandatory fields for VTE risk status exists as those patients diagnosed with VTE during the admission episode and those developing Hospital acquired VTE.
On seeing the query in this FOI questionnaire, the Trust recognises that there is scope to strengthen this further by incorporating a mandatory data field within Discharge summaries to state what the VTE risk assessment status of each patient is at time of discharge similar to the risk assessment undertaken on all admissions regardless of whether they are diagnosed with VTE/ HAT or not.
Example: High risk/Low risk VTE risk status.
This will be taken forward as an organisational action plan (2) through VTE committee and further updates to discharge summary considered to address this cross organisationally.

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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)*

Yes If yes, please detail the level of sanction or type of warning received:	☐
No	☑

The NHS Standard Contract 2017/19 sets a National Quality Requirement for 95 per cent of inpatient service users to be risk assessed for VTE.

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:	☐
No	☑

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)*

b)

Distribution of own patient information leaflet (This includes the information contained in and adapted from NICE patient information leaflet and UK National thrombosis Society patient information leaflet)	☑
Distribution of patient information leaflet produced by an external organisation If yes, please specify which organisation(s):	☐
Documented patient discussion with healthcare professional	☐
Information provided in other format (please specify)	☐

c) 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:	☐
No (Note: This leaflet within our Trust is currently available only in English. Approximately one third of the local population are of Asian ethnic origin and the commonly used language other than English is Urdu/Punjabi and leaflet is not currently available in this language for those unable to read English. Trust VTE committee recognises this gap and will be taking this forward as an organisational action plan (3) to support and enable this provision to enhance patient experience)	☑

END

THANK YOU FOR YOUR RESPONSE