

Request title: VTE Prevention

Date of Response: 3rd November 2015

Further to your Freedom of Information request, the Trust has answered your questions in the order they appear in your request.

Request and reply

QUESTION ONE – WRITTEN VTE PREVENTION POLICY

- a) Does your Trust have a written policy in place for preventing and managing the risks of VTE for adult hospital admissions? If yes, please attach a copy of the policy. *(Tick one box)*
Yes– please see the policy attached above.
- b) If your Trust has a written VTE prevention policy in place, does it include the seven principles of best practice contained within the NICE quality standard on VTE prevention, which are set out below? *(Tick in each box to indicate whether or not the policy includes the principle listed)*
Yes to all – please see section 2.2 of the policy above.
- c) Is your Trust part of a Patient Safety Collaborative where VTE is a priority? If yes, please name the collaborative.
No.

QUESTION TWO – 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 2014 and 31 March 2015?
The Trust is not able to answer this question, as it is not possible to ascertain where the VTE was acquired from via the ICD10 coding system.
- b) Of these patients, how many were:
- Residents of an elderly care home?
- Patients of a mental health facility?
The Trust is not able to answer this question, as it is not possible to ascertain where the VTE was acquired from via the ICD10 coding system.

QUESTION THREE – ROOT CAUSE ANALYSIS OF HOSPITAL-ASSOCIATED THROMBOSIS

- a) How many cases of hospital-associated thrombosis (HAT) were recorded in your Trust in each of the following quarters, and of these, how many occurred in patients admitted to a psychiatric ward?
The Trust is not able to answer this question, as it is not possible to ascertain where the VTE was acquired from via the ICD10 coding system.
- b) How many Root Cause Analyses of confirmed cases of HAT were performed in each of the following quarters?
None.
- c) Are patients with confirmed HAT specifically informed that they experienced an “avoidable” clot? *(Tick one box)*
The Trust would like to say yes, but not all HAT’s are avoidable (I.e. they could be on multi modal prophylaxis and still have a HAT)
- d) How does your local commissioner quality assure that as a provider, you are complying with

your obligation to perform Root Cause Analyses of all confirmed cases of HAT? (Tick as many boxes that apply)

The Trust has agreed with its commissioner to forward any incident / mortality reports / reviews where a HAT is identified with moderate harm and above.

QUESTION FOUR – INCENTIVES AND SANCTIONS

- a) Has your Trust agreed a local CQUIN goal with your local commissioner to perform Root Cause Analyses on all confirmed cases of HAT?

The Trust can confirm that there is no local CQUIN goal relating to VTE agreed with commissioners.

QUESTION FIVE – VTE RISK ASSESSMENT NATIONAL QUALITY REQUIREMENT

- a) Between 1 April 2014 and 31 March 2015, has your local commissioning body imposed a sanction on your Trust for failing to deliver the minimal VTE risk assessment threshold? (Tick one box)

Between the dates specified, the Trust can confirm that no sanctions were imposed as performance was in excess of the agreed threshold.

- b) If you answered 'Yes' above, what is the total value of the sanctions imposed on your Trust for failure to deliver the minimum VTE risk assessment threshold between 1 April 2014 and 31 March 2015?

Not applicable.

QUESTION SIX – PATIENT INFORMATION

- a) What steps does your Trust take to ensure patients are adequately informed about VTE prevention? (Tick each box that applies)

The Trust has two leaflets (one brief and one detailed) which are available for patients in a paper form as well as online via the Trust's [internet](#) site.

Distribution of own patient information leaflet	<input checked="" type="checkbox"/>
Distribution of the 'Preventing hospital-acquired blood clots' leaflet produced by the NHS in conjunction with Lifeblood: The Thrombosis Charity	<input type="checkbox"/>
Documented patient discussion with healthcare professional (If yes, please attach documented evidence that these discussions have taken place)	<input type="checkbox"/>
Other (please specify) ✓ (internet e-leaflet)	<input checked="" type="checkbox"/>

- b) Please attach a copy of the written information on VTE prevention that your Trust provides to patients upon admission and discharge.

Please see the following links:

[link](#)

[link2](#)

QUESTION SEVEN – THROMBOPROPHYLAXIS

- a) Please list the generic name for the VTE prophylaxis treatments your Trust uses for the following categories.

Please see the table below:

Category	Generic name of prophylaxis
First line therapy for DVT	Dalteparin (for treatment of DVTs)
First line therapy for PE	Dalteparin (for treatment of PEs)
First line high prophylaxis	High = high risk? Varies depending on the clinical situation Dalteparin is the most commonly used pharmaceutical prophylaxis but may not be suitable for some patients first line e.g. post ischaemic stroke
Secondary prevention	Dalteparin is the most common – but again this may vary depending on the clinical situation.