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Freedom of Information Act Disclosure log - Reply Extract

You asked

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 type="checkbox"/>

- 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?

The Trust does not hold the information requested.
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- 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?

The Trust does not hold the information requested.
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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 coordinating 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
2016 Q2 (Apr –Jun)	48
2016 Q3 (Jul – Sep)	43
2016 Q4 (Oct – Dec)	37
2017 Q1 (Jan – Mar)	43

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

	Number of Root Cause Analyses performed
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Quarter	
2016 Q2 (Apr – Jun)	48
2016 Q3 (Jul – Sep)	43
2016 Q4 (Oct – Dec)	37
2017 Q1 (Jan – Mar)	43

c) According to the Root Cause Analyses of confirmed HAT in your Trust between 1st April 2016 and 31st March 2017, in how many cases:

Did patients have distal DVT?	Five or fewer
Did patients have proximal DVT?	47
Were patients not receiving thromboprophylaxis prior to the episode of HAT?	Five or fewer
Did HAT occur in surgical patients?	27
Did HAT occur in general medicine patients?	54
Did HAT occur in cancer patients?	54

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?

798

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b) Of these patients, how many:

Had a previous inpatient stay in your Trust up to 90 days prior to their admission?	74
Were care home residents?	28
Were female?	405
Were male?	393
Were not native English speakers?	Not known
Were from a minority ethnic group?	Not Known

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 discharge paperwork has a mandatory field to record VTE risk status

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

No specific format for VTE risk status, but does record whether risk assessed on discharge summary.

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 If yes, please detail the level of sanction or type of warning received:	<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 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 checked="" type="checkbox"/>
Distribution of patient information leaflet produced by an external organisation	<input type="checkbox"/>

If yes, please specify which organisation(s):	
Documented patient discussion with healthcare professional	<input checked="" 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"/>

Legal notes

Plymouth Hospitals NHS Trust is confirming in accordance with section 1 (a) of the Act that it holds the information requested and is supplying it in accordance with section 1(b) unless otherwise specified.

Please find the answers to your questions noting that we have redacted the data set where numbers are five or fewer. This avoids a breach of the first two Data Protection Act principles. This is in accordance with section 40.-(2)(a) and (b) by virtue of section 40.-(3)(a)(i), the personal information exemption as described in the Freedom of Information Act. A detailed rationale is provided in the attached document L3.

Attachments included: Yes –L3