The problem
Venous thromboembolism (VTE) kills over 25,000 people in the UK every year and leaves many more with chronic health issues. VTE risk can be predicted and, when appropriate prophylactic measures are employed, is largely preventable. In March 2007 the Chief Medical Officer called for a major improvement in public and professional engagement with VTE prevention. Key to his recommendations was a new requirement for a documented mandatory VTE risk assessment on every hospitalised patient.

Developing a simple VTE Policy
A simple, but comprehensive and evidence based policy with one prophylaxis regime that could be applied to all clinical specialties was developed. Many hospitals have chosen to adopt comprehensive documentation of the components contributing to VTE risk in each patient. We decided to sacrifice this standard in favour of a simple red box in the prescription chart identifying risk level, interventions required and contraindications to thromboprophylaxis.

Key measures for improvement
- Quarterly trust-wide audit of percentage compliance with documented VTE risk assessment.
- Quarterly trust-wide audit of percentage in whom appropriate VTE prophylaxis was given (in October 2009 99% of those assessed at being at risk of VTE were given thromboprophylaxis).
- Audit of all hospital-issued death certificates identifying where VTE contributed to death.
- Incident reporting to the group of all adverse events (clots or bleeds and medication errors).

The data was reported in league tables by ward.

Have we made a difference to patient’s safety?
Secondary VTE was defined as VTE developing within six weeks of hospital admission. The data was collected prospectively by amendment of the anticoagulant clinic referral form to include a mandatory field for this measure to be entered electronically. This data capture has facilitated feedback to clinical teams on secondary VTE events.

We developed a very simple way to ensure that all patients had a documented risk assessment and appropriate prophylaxis. This was implemented over a short time frame in a process driven by the Thrombosis Committee and a small working subgroup. Implementation was achieved principally by use of trust-wide, thorough, regular and repeated audit cycles, assessing the process and outcomes. Salisbury NHS Foundation Trust has been recognised as an Exemplar Centre of the UK’s National VTE Prevention Programme.

Can we achieve 100% compliance with VTE risk assessment?
Through analysis of our data we now know that 86% of our inpatient population are now having a documented VTE risk assessment or being prescribed thromboprophylaxis. We also know that 99% of patients assessed as being at risk of VTE are getting thromboprophylaxis. We are aiming for 100% compliance with VTE measures and have a number of new strategies to help us achieve this, however, we recognise that for a proportion of patients VTE risk has not been documented because the clinical situation is unclear / complex at the time of admission.

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