VTE – Assess. Prevent.

What is VTE?
A VTE, or venous thromboembolism, is when a blood clot forms in a vein, obstructing the blood flow and causing pain and swelling. They are most common in the deep veins of the leg or pelvis, known as deep vein thrombosis (DVT). An embolism occurs if all, or a part of, the clot breaks off from the site where it forms and travels through the veins. If the clot lodges in the lung a potentially serious and sometimes fatal condition, pulmonary embolism (PE), occurs. Venous thrombosis can occur in any part of the venous system. However, DVT and PE are the commonest manifestations of venous thrombosis. The term VTE embraces both the acute conditions of DVT and PE, and also the chronic conditions that may arise after acute VTE, such as post thrombotic syndrome and pulmonary hypertension, both problems being associated with significant ill-health and disability.

It's about saving lives

VTE (venous thrombo-embolism - the term for blood clots - DVT and Pulmonary Embolism) is a significant cause of mortality, long-term disability and chronic ill health. It is thought that there are around 25,000 preventable deaths from VTE each year in hospitals in England. That's more than MRSA, AIDS, breast cancer and road traffic accidents combined.

For this reason, VTE has been recognised as a clinical priority by the National Quality Board, NICE, and by Secretary of State Andrew Lansley.

All adult admitted patients must be risk-assessed for VTE and documented on the risk assessment form, and if appropriate receive the right preventative measure (thromboprophylaxis).

This priority is reflected at the Trust by the Board implementing the national approach to VTE risk assessment. This is being led by Dr Eric Watts, Consultant Haemotologist and a thrombosis committee has been set up to oversee and monitor implementation across the Trust.

NICE's VTE quality standard (summary)

- All patients, on admission, receive an assessment of VTE and bleeding risk using the national clinical risk assessment criteria.
- Patients/carers are offered verbal and written information on VTE prevention as part of the admission AND discharge processes.
- Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance (and also post-hospital prophylaxis if appropriate).
- Patients provided with anti-embolism stockings have them fitted and monitored in accordance with NICE guidance.
- Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding.

Financial incentive

Patient safety is of course enough incentive to risk assess for VTE. However, in addition, our income is linked to the Trust's achievement of 90% VTE risk assessment. This is under the Commissioning for Quality and Innovation (CQUIN) framework. It is imperative that you complete the risk assessment form for every patient, so that the data is recorded.

Communications campaign

A new regional communications campaign – VTE - Assess. Prevent. – has been launched. It asks all staff to make sure all their patients are risk assessed for VTE, and that those patients receive the recommended preventative treatment.

Developed very economically, with the help of focus groups of clinical and front line staff in four hospitals across the region including here, the campaign features a distinctive look to make a very clear and simple message.

As well as the poster, there is a patient information leaflet. More information can be found on The Hub (click on the VTE logo on the front page). There is also a link to the East of England website for further resources. You can also watch the animated video on The Hub or via http://www.youtube.com/watch?v=oHt509POdU4

"Hospitalised medical patients are at risk of VTE if expected to be immobile for 3 days or more."

Venous Thromboembolis Prevention, A Guide for Delivering the CQUIN Goal

vte
Assess.
Prevent.

This is your VTE pull-out and keep guide.
Please display the poster on the back page.

100% compliance in maternity

Donna Southam, Audit and Research Midwife and Dr Jadhav, Obstetric and Gynaecology Consultant

VTE affects about one in 100,000 women of childbearing age and is ten times more common in pregnant women. This is because during pregnancy there are more risk factors, such as an increase in "venous stasis" (slow blood flow), and non-pregnancy related issues such as age or hereditary conditions. PE is the most common cause of maternal death in the UK.

At the recent VTE visits with the Department of Health in October, the maternity department was able to demonstrate its success with implementing VTE prevention.

Donna Southam, Audit and Research Midwife, and Mr Jitendra Jadhav, Consultant Obstetrician have lead the initiative. Both sit on the our Thrombosis Committee and have been instrumental in taking a proactive approach. The VTE maternity guideline and risk assessment tool were initially updated in line with Royal College of Obstetricians and Gynaecologists Green Top Guidance more than a year ago. Previously, risk assessments were only performed at antenatal bookings. A 30-minute VTE session on mandatory study days and ward training were also included. However, a spot audit revealed poor compliance with the guideline and midwives saw the risk assessment as another piece of paper.

Better patient safety

A more friendly risk assessment tool was introduced and a new maternity strategy for VTE was devised. "We decided that for this tool to be a success, we had to take responsibility for the implementation of the guideline", Donna explains."We started performing regular two to three weekly teaching sessions on why it was vital to do a risk assessment and how to use the form. We visited all the wards frequently at handovers to remind staff, perform spot checks and made sure we were accessible to staff who may have been unsure about the level of risk.

"Having a Specialist Midwife and a Consultant Obstetrician work collaboratively together and be approachable and accessible to staff has had a huge impact on the success of the implementation of the guideline."

Their weekly audits have also had a big impact. Week on week throughout the second quarter of the year, there was 100% compliance of VTE risk assessments performed at booking, antenatal admissions and following delivery, as well as all postnatal readmissions.

In addition, staff ensure patient safety is at the forefront. They provide women with sharp boxes, patient information on self injecting and, for those who decline to self inject, a service is set up with the District Nurses. A patient information leaflet is available to women who develop DVT or PEs during or after pregnancy.

"We now have seven VTE ward champion midwives covering the labour ward, midwifery-led birthing unit, antenatal and postnatal wards, and also in the community. Importantly, we also have a Consultant and two Obstetric Registrars as VTE Champions" adds Donna.

Please add the VTE logo to your email signature. Click on the VTE logo on The Hub to download. To change your signature click Tools > Options > Mail Format > Signatures > Edit in Outlook and paste the VTE logo underneath your normal signature. Remember to click OK to save.

Remember to use the poster from the back page of this pull-out in your department.

vte

Assess. Prevent.

Clinical audit award

The Clinical Governance Symposium was well attended in November, as staff from across the Trust gathered to learn more about ways in which we are improving clinical practice.

Diane Sarkar, Director of Nursing and Stephen Morgan, Medical Director, both gave presentations to raise awareness and highlight the importance of patient safety issues within the Trust.

Eric Watts, Consultant Haematologist, collected the Clinical Audit Award on behalf of his team, for work on an audit on the use of Venous Thromboembolism Prophylaxis. The audit was chosen from 10 nominations, out of the 250 clinical audits carried out between April 2008 and March 2010.

This presentation showed how not enough patients were being treated with thromboprophylaxis, despite the preventative treatment reducing the number of VTEs and providing a better outcome for the patient.

We have since changed our approach, setting up the Thrombosis Committee, confirming the NICE guidance as our policy, updating the risk assessment form for inpatients and placing a proforma on the front of each patient's drug chart. The overall aim is to develop and promote best practice in the prevention of DVT. A re-audit in June 2010 showed 60% of patients were receiving thromboprophylaxis.

Dr Watts said: "Most of these cases are preventable. We need to make sure patients with VTE are assessed and that we have done everything we can to prevent it."

VTE is a priority for the Trust and as a result many changes have already taken place, including induction talks for junior doctors, more ward based training events and ward visits by senior consultants and matrons.

Eric Watts collecting the Clinical Audit Award on behalf of his team.

NHS
East of England

Assess. Prevent.

Up to 25,000 people die every year in England from preventable blood clots in hospital. Check your patients have been risk assessed for VTE and given the recommended treatment.

See your hospital intranet or www.eoe.nhs.uk/vte-assess-prevent for more information.

timely risk assessments save lives

Campaign designed with medical directors, consultants, pharmacists, midwives, nurses and frontline staff in east of England hospitals.

Brand identity and graphics by The Support Service (NHS). www.thesupportservice.co.uk