Maidstone and Tunbridge Wells NHS Trust

Ref: FOI/GS/ID 4852

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
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ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net

27 September 2018

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Venous Thromboembolism (VTE) prevention and management practices.

You asked:

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)*

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?*

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?*

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?

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

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:*

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?*

b) *Of these patients, how many:*

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?*

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

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)*

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)*

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) *If your Trust provides written information on VTE prevention, does it provide information in languages other than English? (Tick each box that applies)*

Trust response:

Please see the completed survey.

FOI request into Trust Venous Thromboembolism (VTE) prevention and management practices

Name: David Bridger

Position: Interim VTE Lead Nurse/Patient Safety & Upper GI CNS

Acute Trust: Maidstone & Tunbridge Wells NHS Trust

Email: dbridger@nhs.net

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

d) 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	☐

e) 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?

This information is not routinely collected and can't be provided.

f) 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?

This information is not routinely collected and can't be provided.

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.

d) 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)	67
2017 Q3 (Jul – Sep)	57
2017 Q4 (Oct – Dec)	79
2018 Q1 (Jan – Mar)	73

e) 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)	67
2017 Q3 (Jul – Sep)	57
2017 Q4 (Oct – Dec)	79
2018 Q1 (Jan – Mar)	73

f) 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?	**We do not routinely record this information**

Did patients have proximal DVT?	**We do not routinely record this information**
Were patients not receiving thromboprophylaxis prior to the episode of HAT?	**There were no patients that were eligible for thromboprophylaxis not receiving it prior to HAT, but we do not keep numbers of patients not eligible for or with contraindications to thromboprophylaxis**
Did HAT occur in surgical patients?	**32**
Did HAT occur in general medicine patients?	**141**
Did HAT occur in cancer patients?	**46**

QUESTION THREE – ADMISSION TO HOSPITAL FOR VTE

e) 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?

There were 443 recorded cases of Non-Hospital acquired VTE.

We only record an episode of VTE as Non-hospital acquired if there are no in-patient episodes within 90 days of the diagnosis of VTE.

f) **Of these patients, how many:**

<u>Note:</u> Much of this information would require review of each individual computer record and review of many of the medical records.

Had a previous inpatient stay in your Trust up to 90 days prior to their admission?	**166**
Were care home residents?	**We are not able to comment as we do not keep records of this information**
Were female?	**We are not able to comment as we do not keep records of this information**
Were male?	**We are not able to comment as we do not keep records of this information**

Were not native English speakers?	**We are not able to comment as we do not keep records of this information**
Were from a minority ethnic group?	**We are not able to comment as we do not keep records of this information**

g) 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?

This information would require review of each individual computer records.
The VTE lead nurse will check the trust imaging report system (RIS) for patients having scans which may diagnose a VTE (CTPA, US Doppler etc). All known cases of VTE will be recorded as an alert on the hospital patient database system (we use the Allscripts sytem), this is done by the VTE lead nurse and the date recorded on the RCA and Allscripts system.

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

The discharge letter will describe if the patient has been on VTE prophylaxis during their in-patient stay. Trust policy is that patients at high risk for HAT are routinely prescribed prophylaxis.
There is also an entry for patients who have acquired a VTE on that admission.
Both of the above descriptions will rely on the information entered by the operator.

QUESTION FOUR – INCENTIVES AND SANCTIONS

c) 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.

d) 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.

c) 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	☑
Distribution of patient information leaflet produced by an external organisation If yes, please specify which organisation(s): **Bayer** **Pfizer Ltd**	☑
Documented patient discussion with healthcare professional	☐
Information provided in other format (please specify) **The trust provides induction training for new clinical employees which includes VTE presentation, patient information is discussed at this induction.** **The trust also includes VTE as a 2 year mandatory update.**	☑

d) 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	☑