Maidstone and Tunbridge Wells NHS Trust

Ref: FOI/GS/ID 5665

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
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25 September 2019

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 APPTG Annual Survey 2019.

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 both proximal and distal DVT? (Tick one box)
b) For in-patients diagnosed with VTE in your Trust between 1 April 2018 and 31 March 2019, 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 2018 and 31 March 2019, 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 2018 and 31 March 2019, 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 2018 and 31 March 2019?

b) Of these patients, how many:

c) Of the patients admitted to your Trust for VTE occurring between 1 April 2018 and 31 March 2019 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 – PHARMACOLOGICAL VTE PROPHYLAXIS

a) How many VTE patients who were eligible received pharmacological VTE prophylaxis between 1 April 2018 and 31 March 2019?

b) How many of VTE patients who were eligible received pharmacological VTE prophylaxis within 14 hours of admission between 1 April 2018 and 31 March 2019?

QUESTION FIVE – VTE AND CANCER

a) How many patients has your Trust treated for cancer (of all types) in each of the past three years?

b) Of the patients treated for cancer, how many also had a diagnosis of venous thromboembolism (VTE) {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} in each of the past three years?

c) Of the patients treated for cancer who also had a diagnosis of VTE in each of the past three years, how many:

d) In how many patient deaths within your Trust was cancer (of any type) listed as the primary cause of death in each of the past three years:

e) Of the patients who died within your Trust, in how many was VTE as well as cancer listed as a cause of death in each of the past three years:

f) Of the patients who died in your Trust who had both VTE and cancer listed as a cause of death, how many:

g) Are ambulatory cancer patients who are receiving chemotherapy in your Trust routinely risk assessed for their risk of developing CAT/VTE?

h) Are ambulatory cancer patients who are receiving chemotherapy AND deemed at high risk of developing CAT/VTE offered pharmacological thromboprophylaxis with? Please tick/cross all those appropriate.

QUESTION SIX – 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)

QUESTION SEVEN – COST OF VTE IN YOUR AREA

a) Does your Trust have an estimate of the cost of VTE to the NHS locally (including cost of treatment, hospital bed days and litigation costs) for 2018/19? (Please tick one box)

If 'Yes', please specify the estimated cost:

b) Please indicate the cost-estimate for the following areas of VTE management and care, as well as the corresponding number of VTE hospitalisations/ re-admissions/ treatments that occurred between 1 April 2018 and 31 March 2016.

Trust response:

FREEDOM OF INFORMATION REQUEST

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

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Acute Trust: Maidstone and Tunbridge Wells NHS Trust

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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 <u>both</u> proximal and distal DVT? *(Tick one box)*

Yes	☐
No	☑

b) For in-patients diagnosed with VTE in your Trust between 1 April 2018 and 31 March 2019, what was the average time from first clinical suspicion of VTE to diagnosis?

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

c) For in-patients diagnosed with VTE in your Trust between 1 April 2018 and 31 March 2019, what was the average time from diagnosis to first treatment?

No detailed audit for this information, but most patients are given a first treatment dose within 12hours before the confirmation scan.

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?

Quarter	Total recorded number of HAT
2018 Q2 (Apr –Jun)	46
2018 Q3 (Jul – Sep)	75
2018 Q4 (Oct – Dec)	52
2019 Q1 (Jan – Mar)	44

b) 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
2018 Q2 (Apr – Jun)	46
2018 Q3 (Jul – Sep)	75
2018 Q4 (Oct – Dec)	52
2019 Q1 (Jan – Mar)	44

c) According to the Root Cause Analyses of confirmed HAT in your Trust between 1 April 2018 and 31 March 2019, in how many cases:

Did patients have distal DVT?	**14 (October 2018 – March 2019 data only)**
Did patients have proximal DVT?	**32 (October 2018 – March 2019 data only)**
Were patients receiving thromboprophylaxis prior to the episode of HAT?	**192 patients were receiving thromboprophylaxis, 16 RCA was inconclusive due to documentation missing.**
Did HAT occur in surgical patients?	**52**
Did HAT occur in general medicine patients?	**137**
Did HAT occur in cancer patients?	**28**

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 2018 and 31 March 2019?

There were 621 VTE cases diagnosed in MTW from 1 April 2018 to 31 March 2019, this includes all Non hospital acquired VTE and Non MTW VTE.

b) Of these patients, how many:

Had a previous inpatient stay in your Trust up to 90 days prior to their admission?	**120 Patients had a hospital admission within 90 days of diagnosis**
Were care home residents?	**This information is not**

	routinely collected.
Were female?	**59 (October 2018 – March 2019 data only)**
Were male?	**47 (October 2018 – March 2019 data only)**

c) Of the patients admitted to your Trust for VTE occurring between 1 April 2018 and 31 March 2019 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?

All patients have VTE information in their discharge summary with information on VTE. Patients who are risk assessed and require extended thromboprophylaxis will have medication and information for patient in their discharge summaries.

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

There is a tick box in the electronic discharge letter to indicate if a patient is at risk and also if extended thromboprophylaxis is required. This depends on the health care professional to fill out when completing the discharge information.

QUESTION FOUR – PHARMACOLOGICAL VTE PROPHYLAXIS

a) How many VTE patients who were eligible received pharmacological VTE prophylaxis between 1 April 2018 and 31 March 2019?

192 patients were receiving appropriate thromboprophylaxis, unable to confirm 16 patients due to documentation missing.

b) How many of VTE patients who were eligible received pharmacological VTE prophylaxis within 14 hours of admission between 1 April 2018 and 31 March 2019?

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

QUESTION FIVE – VTE AND CANCER

a) How many patients has your Trust treated for cancer (of all types) in each of the past three years?

2016	8360
2017	8236
2018	8458

b) Of the patients treated for cancer, how many also had a diagnosis of venous thromboembolism (VTE) {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} in each of the past three years?

2016	474
2017	544
2018	533

c) Of the patients treated for cancer who also had a diagnosis of VTE in each of the past three years, how many:

	2016	2017	2018
Were receiving chemotherapy?	300	330	286
Had metastatic disease? (Patients with M status recorded)	66	86	102
Had localised disease? (Patients with M status recorded)	118	138	144
Were treated for brain cancer?	9	13	8
Were treated for lung cancer?	52	43	76
Were treated for uterine cancer?	16	11	17
Were treated for bladder cancer?	16	11	19
Were treated for pancreatic cancer?	4	31	8
Were treated for stomach cancer?	3	17	28
Were treated for kidney cancer?	1	4	13

d) In how many patient deaths within your Trust was cancer (of any type) listed as the **primary** cause of death in each of the past three years:

2016	222
2017	202
2018	196

e) Of the patients who died within your Trust, in how many was VTE **as well** as cancer listed as a cause of death in each of the past three years:

2016	2
2017	2
2018	2

f) Of the patients who died in your Trust who had both VTE **and** cancer listed as a cause of death, how many: This information is not held – We do not hold this information

g) Are ambulatory cancer patients who are receiving chemotherapy in your Trust routinely risk assessed for their risk of developing CAT/VTE?

Yes	☐
No	☑

h) Are ambulatory cancer patients who are receiving chemotherapy AND deemed at high risk of developing CAT/VTE offered pharmacological thromboprophylaxis with? Please tick/cross all those appropriate.

Low-molecular-weight heparin (LMWH)	
Direct Oral AntiCoagulants (DOAC)	
Aspirin	
Warfarin	
Other	
None	

QUESTION SIX – 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	☑
Distribution of patient information leaflet produced by an external organisation If yes, please specify which organisation(s): Bayer , Pfizer	☑
Documented patient discussion with healthcare professional	☐
Information provided in other format (please specify) Easy Read Format	☑

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:	☐
No	☑

QUESTION SEVEN – COST OF VTE IN YOUR AREA

a) Does your Trust have an estimate of the cost of VTE to the NHS locally (including cost of treatment, hospital bed days and litigation costs) for 2018/19? *(Please tick one box)*

Yes	☐
No	☑

If 'Yes', please specify the estimated cost:

b) Please indicate the cost-estimate for the following areas of VTE management and care, as well as the corresponding number of VTE hospitalisations/ re-admissions/ treatments that occurred between 1 April 2018 and 31 March 2016.

VTE management and care	Cost-estimate	Corresponding patient numbers
VTE hospitalisations	Unable to supply	
VTE re-admissions	Unable to supply	
VTE treatments (medical and mechanical thromboprophylaxis)	Unable to supply	
VTE litigation/negligence costs	£0	