FREEDOM OF INFORMATION REQUEST

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

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Please note that additional paper or electronic copies are available on request from the [redacted]

Please return your completed response to the [redacted]

Under the Freedom of Information Act 2000, the [redacted] writes to request the following information:

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 2017 and 31 March 2018, what was the average time from first clinical suspicion of VTE to diagnosis?

Not specifically monitored however based on admission dates and date/ time of investigations, patients generally diagnosed within 24hrs of admission/ clinical suspicion

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?

Not directly monitored , however based on review of RCAs and admission records, patients generally commenced on treatment for VTE immediately following diagnosis / clinical suspicion

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
2017 Q2 (Apr –Jun)	37
2017 Q3 (Jul – Sep)	53
2017 Q4 (Oct – Dec)	44

2018 Q1 (Jan – Mar)	60

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
2017 Q2 (Apr – Jun)	24
2017 Q3 (Jul – Sep)	40
2017 Q4 (Oct – Dec)	34
2018 Q1 (Jan – Mar)	42

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:

Did patients have distal DVT?	**Information not currently reported in this format**
Did patients have proximal DVT?	**Information not currently reported in this format**
Were patients not receiving thromboprophylaxis prior to the episode of HAT?	**Themes from RCA include contraindication to chemical thromboprophylaxis, missed doses and chemical thromboprophylaxis failure**
Did HAT occur in surgical patients?	**66 patients**
Did HAT occur in general medicine patients?	**93 patients**
Did HAT occur in cancer patients?	**10 patients**

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?

388

b) Of these patients, how many:

Had a previous inpatient stay in your Trust up to 90 days prior to their admission?	**These will have been attributed as HATs**
Were care home residents?	**8 (data only collected nov 17-mar 18)**
Were female?	**175**
Were male?	**213**
Were not native English speakers?	**Although information generally monitored for all admissions, not monitored specifically for patients admitted with VTE**
Were from a minority ethnic group?	**Although information generally monitored for all admissions, not monitored specifically for patients admitted with VTE**

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?

Section 12 exemption as detailed below:
I can neither confirm nor deny whether the information you have requested is held by the Trust in its entirety. This is because the information requested in questions 3 part (c) is not held centrally, but may be recorded in individual health records. In order to confirm whether this information is held we would therefore have to individually access all health records within the Trust and extract the information where it is present. We therefore estimate that complying with your request is exempt under section 12 of the FOI Act: *cost of compliance is excessive*. The section 12 exemption applies when it is estimated a request will take in excess of 18 hours to complete. We estimate that accessing and reviewing all health records and then extracting relevant information would take longer than the 18 hours allowed for.

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

Doctor who is writing discharge letter can document VTE risk status within comments section , however not mandatory to document this information

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)*

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.

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)*

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.

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):	☐
Documented patient discussion with healthcare professional	☐
Information provided in other format (please specify)	☐

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	☑

END

THANK YOU FOR YOUR RESPONSE