

FREEDOM OF INFORMATION REQUEST

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

Name:

Position:

Acute Trust: County Durham & Darlington Foundation Trust.

Email:

Under the Freedom of Information Act 2000, we 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 both proximal and distal DVT? (Tick one box)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Please find attached the Trust's approved guideline, outlining the processes within this area'.

- 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?

The times of diagnosis are not recorded.

- 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?

The times of diagnosis are not recorded.

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?

Patients with specified VTE codes + coded with Y95.X (nosocomial condition)

Quarter	Total recorded number of HAT
2017 Q2 (Apr – Jun)	3
2017 Q3 (Jul – Sep)	1
2017 Q4 (Oct – Dec)	3
2018 Q1 (Jan – Mar)	3

- 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)	44
2017 Q3 (Jul – Sep)	49
2017 Q4 (Oct – Dec)	26
2018 Q1 (Jan – Mar)	8

- 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?	Not coded to this level
Did patients have proximal DVT?	Not coded to this level
Were patients not receiving thromboprophylaxis prior to the episode of HAT?	Not coded to this level
Did HAT occur in surgical patients?	1
Did HAT occur in general medicine patients?	8
Did HAT occur in cancer patients?	2

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?

919 admissions (patients which were not coded with Y95.X nosocomial condition)

- b) Of these patients, how many:

Had a previous inpatient stay in your Trust up to 90 days prior to their admission?	343
Were care home residents?	8
Were female?	483
Were male?	436
Were not native English speakers?	Data not available
Were from a minority ethnic group?	16 (all ethnic codes excluding white British and not given/not stated)

- 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?**

The Trust does not centrally record this information, to supply the number would require the review of patient notes which would take over the permitted timescale within the act therefore; we are refusing this section of your request for information pursuant to section 12 of the Act on the grounds that we estimate that the cost of complying with the request would exceed the appropriate limit. The appropriate limit at the present time is £450.00 which equates to eighteen and quarter hours of work by a member of staff at the rate of £25 per hour.

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

The Trust does not mandate inclusion of VTE status in discharge letters. The content and format of the letters was revised in 2017 to reflect the Academy of Royal Medical Colleges (AoRMC) and Professional Records Standards Body (PRSB) headings standards and these do not specifically mandate VTE status. The letter does have a “clinical summary” section where clinicians can comment on VTE status if they think it is clinically relevant, and in addition to this there is a heading called “safety alerts” where this could be added. We have also included a mandatory heading called “plan and requested actions” to allow staff to pass on specific information to GPs where follow on actions are required, and this could also be used to note concerns about a patients VTE status.

A summary of the mandatory headings is attached below:

Mandatory	Required	Optional
GP practice	Admission details	Assessment scales
Patient demographics	Procedures	Social context
Discharge details	Special requirements	Participation in research
Clinical summary	Medication and medical devices	Investigations and results
Diagnosis	Safety alerts	Patient and carer concerns
Allergies and adverse reactions	Plan and requested actions	Legal information
Distribution list	Referral details	Information given
Person completing record		

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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:	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

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:	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

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	<input type="checkbox"/>
Distribution of patient information leaflet produced by an external organisation	<input checked="" type="checkbox"/>

If yes, please specify which organisation(s): EIDO Healthcare	
Documented patient discussion with healthcare professional	<input type="checkbox"/>
Information provided in other format (please specify)	<input type="checkbox"/>

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: Bengali, Mandarin and Polish	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

END

THANK YOU FOR YOUR RESPONSE