

Venous Thromboembolism Audit; where are we now and how can we improve?

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ABSTRACT

Introduction: Venous Thromboembolism (VTE) is the term used to describe blood clots in the deep veins. It is considered to be a significant healthcare topic due to the high incidence in hospitalised patients. National body in the UK (NICE) recommends risk assessment, the appropriate prescription of thromboprophylaxis and the provision of patient information to all patients over the age of 18 years admitted to hospital. Despite the introduction of national guidance, patients develop hospital related VTE. It is therefore essential to establish compliance of VTE prevention policy and provide recommendations where improvements are necessary.

Purpose: To assess current practice within an acute hospital in reducing the risk of VTE in patients admitted to hospital against NICE guidance and to identify methods of improvement to ensure adherence to VTE prevention guidelines.

Materials and methods: A local audit was carried out using a tool which was designed to measure clinical practice against national standards for VTE prevention. PDSA cycle was used for a systematic process to be followed. A snapshot sample of 60 inpatient records was selected to be audited on medical and surgical wards of an acute trust. Data

was analysed using excel, histograms were produced and percentages calculated to identify adherence of VTE prevention policy in practice.

Results: The audit found that 67% (n=40/60) audit proformas were completed in the allocated time frame; 88% (n=35) of patients had a recorded risk assessed for VTE and bleeding on admission to hospital. Only 18% (n=7) of patients in the audit received verbal information on VTE prevention on admission and none received written information. Furthermore, 10% (n=4) of patients who required anti- embolism stockings did not receive them and 40% (n=16) of patients did not receive appropriate chemical thromboprophylaxis.

Conclusion: Risk assessment and administration of prevention methods can considerably reduce the risks of patients developing VTE thus enhancing patient safety and quality of care provided by the healthcare sector. This audit demonstrates inconsistencies in providing correct VTE prevention methods to patients throughout an acute hospital trust and highlights key recommendations for improvement.

Key words: Venous thromboembolism; hospitalised patients; thromboprophylaxis; audit; prevention.