OP11

Audit of VTE prophylaxis risk assessment and prescribing for general medical inpatients

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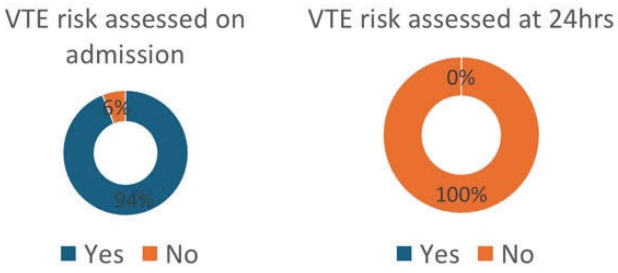
Abstract

Venous thromboembolism is a significant cause of morbidity and mortality amongst hospitalised patients. The aim was to review the current level of completeness of venous thromboembolism (VTE) prophylaxis risk assessment documentation at Surrey and Sussex Healthcare NHS Trust. The VTE prophylaxis risk assessment form is provided on Cerner and all doctors are prompted to complete this when opening a patient record. The risk assessment proforma ensures that all patients who are assessed as either at moderate or high risk of VTE during their admission receive pharmacological VTE prophylaxis or if contraindicated mechanical prophylaxis. Using the Trusts thromboprophylaxis guideline, six standards were defined. The target for each standard is set at 100% and complies with national audit standards for preventing hospital acquired VTE and PE.

Results are shown further in the text:

Ninety three per cent of admissions had documented assessments on admission to hospital. 0.03% had VTE risk reassessed within 24 h- and some of these patients would have gone to other wards first, 12.5% had 24 h reassessment documented which did not meet national targets. Limitations faced included: limited timeframe of data collection, small sample size and prophylaxis could have been prescribed, but the clinician had not recorded the assessment on the electronic record (Cerner). These findings have been presented to our local general internal medicine department. We plan to reaudit VTE compliance on another GIM ward. We expect findings to be similar; therefore we plan to implement a change to improve compliance rates to the national standard. We will then reaudit within 6 months to see if we have improved. I'm looking forward to the results!

Keywords: *venous thromboembolism*; *thromboprophylaxis*; *anticoagulation*; *VTE*; *hospital acquired*; *PE*; *DVT*



Standard	Exclusions	Target	Findings
All patients should have a completed VTE risk assessment on admission to hospital including their bleeding risk. (n= 33)	None	100%	**Yes – 31 (93.9%)** No – 2 (6.06%)
All medical patients should have their risk for VTE re-assessed within 24 hours. (n= 33)	None	100%	**Yes – 1 (0.03%)** No – 32 (96.9%)
All patients should be prescribed medical prophylaxis according to their identified risk. (n= 29)	Low risk (n=0) Contra-indications (n=4)	100%	**Yes – 28 (96.6%)** No – 1 (0.03%)
All patients should be prescribed anti-embolic stockings or intermittent compression device unless contra-indicated. (n= 32)	Contra-indications (n=1)	100%	**Yes – 12 (37.5%)** No – 20 (62.5%)
Outstanding admission VTE risk assessment completed on Kingsfold ward. (n=2)	None	100%	**Yes – 2 (100%)**
Outstanding 24hr VTE risk assessment completed on Kingsfold ward. (n=32)	None	100%	**Yes – 4 (12.5 %)** No – 28 (87.5%)