

**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 All-Party Parliamentary Thrombosis Group secretariat*

**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 **both** proximal and distal DVT? (Tick one box)

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

- 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?

Section 12 and 14 exemptions as detailed in the attached letter

- 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?

section 12 and 14 exemptions as detailed in the attached letter

## 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)	40
2018 Q3 (Jul – Sep)	73
2018 Q4 (Oct – Dec)	73
2019 Q1 (Jan – Mar)	58

- 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)	29
2018 Q3 (Jul – Sep)	53
2018 Q4 (Oct – Dec)	58
2019 Q1 (Jan – Mar)	48

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?	<b>Section 12 and 14 exemptions as detailed in the attached letter</b>
Did patients have proximal DVT?	<b>Section 12 and 14 exemptions as detailed in the attached letter</b>
Were patients receiving thromboprophylaxis prior to the episode of HAT?	<p>147 received chemical and +\ mechanical prophylaxis as appropriate            –RCA outcome thromboprophylaxis failure (3 line associated)            22 received mechanical thromboprophylaxis only as chemical contraindicated            7 – RCA outcome inadequate thromboprophylaxis            &lt;5 – Contraindicated to both chemical and mechanical prophylaxis.            8- low risk , general measures only – HAT unexpected</p>
Did HAT occur in surgical patients?	<p><b>General medicine - 71</b>  <b>Trauma &amp; orthopaedic- 50</b>  <b>General Surgery- 33</b>  <b>Specialised medicine- 27</b>  <b>Emergency Medicine- 14</b>  <b>Cardiac -14</b>  <b>Neurosciences -12</b>  <b>Oncology/Haematology- 10</b>  <b>Specialised Surgery-&lt;5</b>  <b>Critical care - &lt;5</b>  <b>Obstetrics and Gynae- 5</b>  <b>Paediatrics ( age 16-18)- &lt;5</b></p> <p><b>From all HATs – 142 patients had cancer</b></p>
Did HAT occur in general medicine patients?	
Did HAT occur in cancer 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 2018 and 31 March 2019?

Total 510 VTE occurred outside of secondary care setting  
 359 people classed as being admitted with VTE with no previous admission  
 151 – had previous admission

- b) Of these patients, how many:

Had a previous inpatient stay in your Trust up to 90 days prior to their admission?	<b>151</b>
Were care home residents?	<b>34</b>
Were female?	<b>There were a total of 661 patients admitted to hospital for VTE 321 were female</b>
Were male?	<b>340 were male</b>

- 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?

Section 12 and 14 exemptions as detailed in the attached letter

- 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 – PHARMACOLOGICAL VTE PROPHYLAXIS**

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

Information not held as this is a stock item; we are unable to split out: cost of compliance excessive, section 12/14 exemption as detailed in attached letter.

Point prevalence audit completed monthly ( safety thermometer ) , however this does not include all patients over the year

- 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?

We don't currently audit this information.

#### 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	3658 First Treatments + 3847 Subsequent Treatments = 7505 Total Treatments
2017	3947 First Treatments + 3949 Subsequent Treatments = 7896 Total Treatments
2018	3878 First Treatments + 3959 Subsequent Treatments = 7837 Total Treatments

- 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	Section 12 and 14 exemptions as detailed in the attached letter
2017	Section 12 and 14 exemptions as detailed in the attached letter
2018	Section 12 and 14 exemptions as detailed in the attached letter

- 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?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter
Had metastatic disease?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter
Had localised disease?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter
Were treated for brain cancer?	Section 12 and 14 exemptions	Section 12 and 14 exemptions as	Section 12 and 14 exemptions

	as detailed in the attached letter	detailed in the attached letter	as detailed in the attached letter
Were treated for lung cancer?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter
Were treated for uterine cancer?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter
Were treated for bladder cancer?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter
Were treated for pancreatic cancer?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter
Were treated for stomach cancer?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter
Were treated for kidney cancer?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter

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	Section 12 and 14 exemptions as detailed in the attached letter
2017	Section 12 and 14 exemptions as detailed in the attached letter
2018	Section 12 and 14 exemptions as detailed in the attached letter

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	Section 12 and 14 exemptions as detailed in the attached letter
2017	Section 12 and 14 exemptions as detailed in the attached letter
2018	Section 12 and 14 exemptions as detailed in the attached letter

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

	2016	2017	2018
Were receiving chemotherapy?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter
Were treated for brain cancer?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter
Were treated for lung cancer?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter
Were treated for uterine cancer?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter
Were treated for bladder cancer?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter
Were treated for pancreatic cancer?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter
Were treated for stomach cancer?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter
Were treated for kidney cancer?	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter	Section 12 and 14 exemptions as detailed in the attached letter

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

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

\*ambulatory patients receiving chemotherapy would be counted within the 'cohort approach'

- 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)	Section 12 and 14 exemptions as detailed in the attached letter
Direct Oral AntiCoagulants (DOAC)	Section 12 and 14 exemptions as detailed in the attached letter
Aspirin	Section 12 and 14 exemptions as detailed in the attached letter
Warfarin	Section 12 and 14 exemptions as detailed in the attached letter
Other	Section 12 and 14 exemptions as detailed in the attached letter
None	Section 12 and 14 exemptions as detailed in the attached letter

#### 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	<input checked="" type="checkbox"/>
Distribution of patient information leaflet produced by an external organisation If yes, please specify which organisation(s):	<input type="checkbox"/>
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	<input type="checkbox"/>
If yes, please specify which languages:	
No	<input checked="" type="checkbox"/>

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

If 'Yes', please specify the estimated cost:

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- 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	Information not held- as answer 7a	
VTE re-admissions	Information not held- as answer 7a	
VTE treatments (medical and mechanical thromboprophylaxis)	Information not held- as answer 7a	
VTE litigation/negligence costs	Information not held- as answer 7a	

**END**

**THANK YOU FOR YOUR RESPONSE**