



Reducing VTE risk for day case orthopaedic patients

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Background

- Musgrave Park Hospital – regional and local orthopaedic service provision
- 110 beds (+ 20 bed day unit)
- 9000 operative procedures per year
- ~ 4,500 – 5,500 day case procedures per year
- Multidisciplinary team – nursing, surgical, anaesthetic, PT, OT, SW and physician teams



Background

- ▶ Before 2015 the major focus on VTE prevention was for in-patient work
- ▶ Clear evidence of improvement - consistent VTE risk assessment, early mobilization, use intra-operative and D0 Flotron, adequate hydration
 - ▶ 2011 37 inpatient PE
 - ▶ 2012 31 inpatient PE
 - ▶ 2013 9 inpatient PE
 - ▶ 2014 10 inpatient PE
 - ▶ 2015 8 inpatient PE
 - ▶ 2016 6 inpatient PE



VTE prevention for day cases

- ▶ New impetus to address this issue in 2015 – SAI (patient death following day case surgery from PE), new managers & new clinical staff
- ▶ First step – understand what had been tried before, why had it not progressed?
- ▶ Had anyone else in our Trust ‘cracked it’
- ▶ What did local experts think? – Gary Benson & Una Convery (Pharmacy Governance)
- ▶ Concluded that we needed to develop a day case kardex with associated VTE risk assessment for adults



Day case kardex with VTE risk assessment

- ▶ Very tight restrictions on what could be altered on the risk assessment to remain acceptable to all
- ▶ Concern that tool was likely to take too long to complete and be 'over kill'
- ▶ Surgeons lacked confidence in completing the 'medical' and bleeding risk sections
- ▶ Decision to pilot splitting the risk assessment into sections that could be completed by nursing (based on patient completed questionnaire), anaesthetic and surgical staff. The surgeon being responsible to review all sections, sign and prescribe thrombo-prophylaxis as necessary.



Why has it taken so long to get to this stage?

- ▶ Achieving sustainable, reliable change is challenging
- ▶ Multi-disciplinary groups involved – within our own area, within the Trust and regional dimension to the project – pilot of day case kardex – challenging to get group together
- ▶ Some staff remain sceptical of the need for change
- ▶ Staffing transitions, vacancies and leadership
- ▶ Needed to align other processes to support this change
- ▶ Needed staff training to support the introduction