The Development of a Nurse Led Thromboprophylaxis Re-Assessment Tool to Aid the Uptake of Thromboprophylaxis Risk Assessment

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Background

- Venous Thromboembolism (VTE), the collective term for deep vein thrombosis (DVT) and pulmonary embolism (PE), is a major cause of death in the UK.

- A report by the House of Commons Health Committee in 2005 cited that between 25,000 and 32,000 deaths occur each year in the UK as a result of PE following a DVT in hospitalised patients, it is the immediate cause of death in 10 per cent of all patients who die in hospital.
Due to the high number of hospital deaths from PE and the risk patients were placed in when admitted to hospital a solution need to be found to reduce the risk and provide safer patient care.
Background

- Supported by the Medical Director NHS England and the All Party Parliamentary Thrombosis Group English Hospital Trusts attached a CQUIN payment to the VTE Risk Assessment across the country to achieve a 95% uptake.

- This method proved very successful
The situation in Wales

- Evidence provided to the Welsh Assembly Government Health and Social Care Committee by Lifeblood, the thrombosis charity, in the one day enquiry into Hospital Acquired Thrombosis in May 2012 stated that, in 2010, approximately 900 deaths in Wales were either due to or associated with hospital acquired thrombosis.

- The Committee was told that the majority of cases of hospital acquired thrombosis (HAT), as many as 70%, could be avoided if appropriate preventative measures were put in place.
The Situation

In 2010, approximately 900 deaths in Wales were either due to or associated with hospital acquired thrombosis.

The way it is in Wales!!

No CQUIN...Just a Carrot and a Stick
Welsh Assembly Government: Health and Social Care Committee - One day enquiry – 24th May 2012

5 Recommendations made:

- **1.** Compliance with NICE guidance made Tier 1 priority in Welsh HB’s against which they will be performance managed
- **2.** Mandatory RA and consider prescribing appropriate TP
- **3.** Develop a standardised method to demonstrate a HAT rate for each hospital in Wales and at a national all Wales level
- **4.** A RCA should be undertaken on each case of venous thromboembolism (VTE) at Welsh hospitals during admission or within 3 months of discharge to establish whether they were hospital acquired or not, to commence in April 2014
- **5.** Raise awareness of the problem in the form of a public education campaign
Challenge

- How do we ensure All patients are Risk Assessed and Re-assessed during their admission?

- How do we measure compliance across the HB?

- How do we sustain the service?

- How do we measure and report all HAT’s
Abertawe Bro Morgannwg University HB Policy:

• ALL Patients are Risk Assessed on admission to identify those at risk of developing a clot

• ALL Patients identified are offered appropriate treatment

• ALL admitted Patients will be Re-assessed daily or as their condition changes
Strategy – Cross organisation & Multi-disciplinary representation

- Thrombosis & Anticoagulation Committee
- HAT Collaborative formed in 2010
- ABMUHB Thromboprophylaxis Policy

- VTE Guidance:
  - NICE CG 92 (2010)
  - 1000 Lives

- Development of VTE Risk assessment tools
VTE Risk Assessment Tool

Tool was designed utilising the NICE CG 92 Guidelines (2010) as adopted by the Welsh assembly Government.
The Situation - POWH

Thromboprophylaxis Risk Assessment CDU POWH
The Proposed Solution

The purpose of the innovation was:

- Implement a Nurse led Thromboprophylaxis Re-assessment tool for use by ward based nurses

- Prompt clinicians to complete a Thromboprophylaxis Risk Assessment for **ALL** patients on admission as per HB policy

- The project involved all ward based nurses in the 3 areas. All Patients admitted into the care of ABMU HB are affected by the innovation.

- The tool was piloted on 3 wards utilising the Model for Improvement; in the Princess of Wales Hospital, Bridgend from March to July 2012.
The Daily Re-assessment Tool

The purpose of the tool was to prompt clinicians to complete a Thromboprophylaxis Risk Assessment for ALL patients on admission, it also ensured patients were re-assessed daily or as required for the duration of their stay.
Preparing for the Innovation

Between March and May 2012 the Model for Improvement was utilized and PDSA cycles were completed and evaluated on one ward to establish if the Thromboprophylaxis Re-assessment tool was fit for use.

From April to July 2012 the new fit for purpose tool was piloted in two further wards in POWH Bridgend.
Preparing for the Innovation

August to November 2012 saw the re-design of the ward risk assessment pack which would now be home to the Thromboprophylaxis Re-assessment tool.

This pack is used on every ward throughout the HB.
Getting The Green light

In November 2012 the ABMU HB Nurse and Midwifery Board granted permission to roll out the new Thromboprophylaxis Re-assessment tool and allowed it to be placed within the Welsh Care Metrics as a means of increasing the tools uptake and measuring quality of care at ward level.
Roll Out

December 2012 –
Thromboprophylaxis Re-assessment tool rolled out to ALL wards within the Health Board

March 2013 –
Thromboprophylaxis Risk Assessment and Re-assessment go live on Welsh Care Metrics
The reporting of Hospital Acquired Thrombosis (HAT) to the Welsh Assembly Government:

- Chief execs informed of commencement of HAT reporting in all Welsh HB’s
- ABMUHB commenced HAT reporting in April 2014
- HAT Reporting Guidance, Flowchart and template delivered to all HB’s, revised September 2016
Compliance & Processes

A RCA is undertaken in all reported VTE’s found in hospitalised patients, or those within 90 days of discharge, if the case notes do not confirm that either one or both of the following actions have been implemented:

- A documented risk assessment performed
- The patient received appropriate thromboprophylaxis.

Following a RCA those patients found to be confirmed as having a HAT will be reported to the admitting consultant using the DATIX incident reporting system. This completes the investigation and provides feedback to improve future performance.
Compliance & Processes

- **Governance arrangements** are overseen by the units quality and patients safety group.

- **Incident reporting** is through the DATIX web management reporting system.

- **Assurance** arrangements are overseen by the wider HB through monthly performance reviews and annual attendance at the quality and safety committee.
Results – HAT Dashboard

- **90 Days Post Discharge**
- **Positive VTE Rate 90 Days Post Discharge - Graph**
- **Thromboprophylaxis Assessment & Re-Assessment**

- **VTEs By Specialty / Procedure**
- **VTEs By Site / Ward**

Sites mentioned:

- MORRISTON HOSPITAL
- SINGLETON HOSPITAL
- PRINCESS OF WALES H...
- NEATH PORT TALBOT H...
- GORSEINON HOSPITAL
- SANCTA MARIA HOSPITAL
- ST JOSEPHS PRIVATE ...
- MAESTEG GENERAL H...
Results – Health Board VTE Rate
Results – Risk Assessment & Re-Assessment

Thromboprophylaxis Assessment & Re-Assessment

- Re-Assessed within Timescale
- Risk Assessment on Admission
Results – HAT Rate, All Sites
Results – TPRA rate - POW

POW Hat Rate & Risk Assessment Rate

QTR 1 - 14  QTR 2 - 14  QTR 3 - 14  QTR 4 - 14  QTR 1 - 15  QTR 2 - 15  QTR 3 - 15  QTR 4 - 15  QTR 1 - 16

POW Hat Rate  Risk Assessment
The Outcome

The introduction of the Thromboprophylaxis Re-Assessment tool has resulted in an increase in Thromboprophylaxis Risk assessment and a clear decline in the number of Hospital Acquired Thrombosis. It has provided the provision of a quality service and safer patient care.
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Diolch yn fawr

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