

VTE AWARD – PROPHYLAXIS AND PRESCRIBING

Excellent Quality Improvement programme that advanced practice in thrombosis prevention or management

SPIRE NORWICH

Quality Improvement around the prevention and management of VTEs at Spire Norwich Hospital

Spire Norwich is one of 38 hospitals and 8 clinics working as part of Spire Healthcare. As part of its services, Spire Norwich offers elective surgery to private and NHS patients.

In 2024, audit had shown a rise in incidences of VTEs and so a quality improvement project was established with the objective to maximise patient safety and improve patient outcomes.

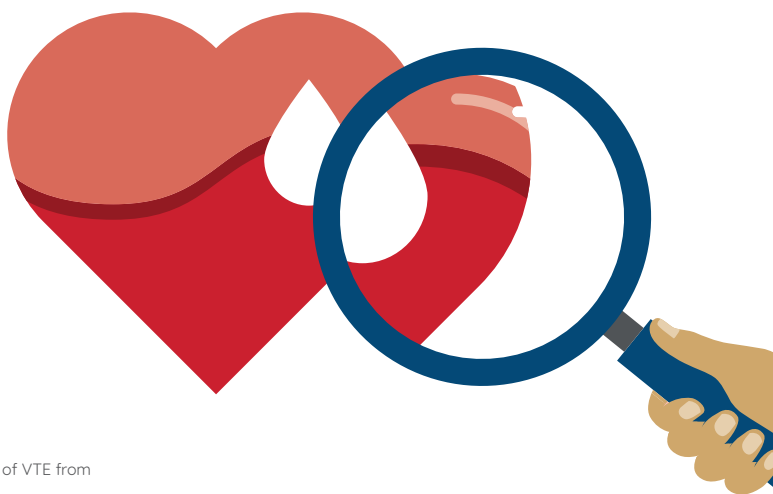
An action plan, based on these findings, was drawn up and shared with a multidisciplinary team (MDT).

As a result of the thematic review and the implementation of the action plan Spire Norwich has put into place:

- Thrombosis UK resources offered to patients during the pre-assessment phase.
- An ongoing thematic review template, managed by the VTE lead, with each VTE incident being added so that any themes can be easily identified.
- VTE case reviews discussed at weekly patient safety incident meetings.
- A monthly fluid balance local audit and fluid balance management training run by the urology specialist nurse. Themes from this are shared via our monthly clinical effectiveness meetings.

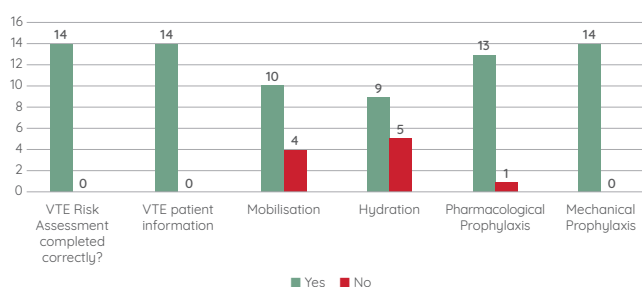
- Day 0 mobilisation competency completion, led by physiotherapists.
- 2 Clinical training days, linked to the core and clinical competencies which include Day 0 mobilisation, fluid balance management and VTE prevention and treatment.
- Development of a training and development newsletter highlighting VTE training

Work continues, with competency trackers which have been refined to be more effective and a monthly departmental Amat audit carried out by the VTE lead with actions shared via departmental meetings and via the hospital VTE Committee. The incidences monthly since January 2024 have decreased by 50%.



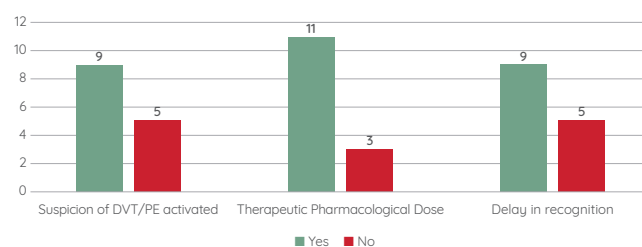
On identifying the peak in January 2024, a thematic review was undertaken looking at 14 cases of VTE from May 23 – January 2024 with the aim of identifying any trends. The results are below:

Prevention of VTE – 6 key factors



Areas identified within the 6 key factors were mobilisation, hydration and pharmacological prophylaxis. It was identified that there were several cases where post-op mobilisation didn't happen in a timely fashion or wasn't documented so there was no evidence of mobilisation. Hydration wasn't always being accurately documented or documented at all. There was just 1 case where pharmacological prophylaxis wasn't given within the recommended timeframe.

VTE Management pathway



Areas identified within the VTE management were spread across all 3 headings – Suspicion of DVT/PE form activated, Therapeutic pharmacological dose – correct dose administered within the correct timeframe, and if there was any delay in recognition.