

Clinical Audit Case Study

4 June 2019

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Agenda Item No: 7.3

VTE Prophylaxis in Acute Surgical Patients

Amaar Aamery

Charlotte Thomas

Mr Deepak SINGH-RANGER

Introduction

- Venous thromboembolism (VTE) is a condition in which blood clots form (most often) in the deep veins of the leg (known as deep vein thrombosis, DVT) and can travel in the circulation and lodge in the lungs (known as pulmonary embolism, PE). Together, DVT and PE are known as VTE – a dangerous and potentially deadly medical condition
- The Trust local guidelines is (CP58) are derived from NICE guidelines for VTE prophylaxis (CG 92) ((Venous thromboembolism: reducing the risk for patients in hospital)).
- VTE prophylaxis include both mechanical and chemical depending on the patient risk factors and his clinical condition.

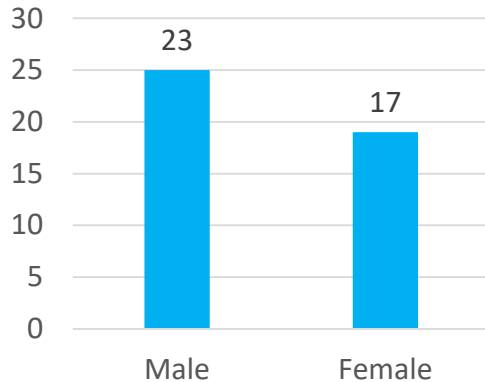
Method

- Patient admitted acutely into the SEU from 13 Aug to 19 Aug/2018 included in the audit
- Data collected from the patients notes, clinical web portal, Vital PAC and patients questioning.
- The data included :
 1. Gender & Wt.
 2. patient counselling(verbal & leaflet).
 3. 1st VTE assessment, 2nd VTE assessment timing.
 4. Clexane prescription and dose.
 5. TEDS application and timing.
- All result compared to the results form the 1st cycle of the audit, conducted Nov 2017.

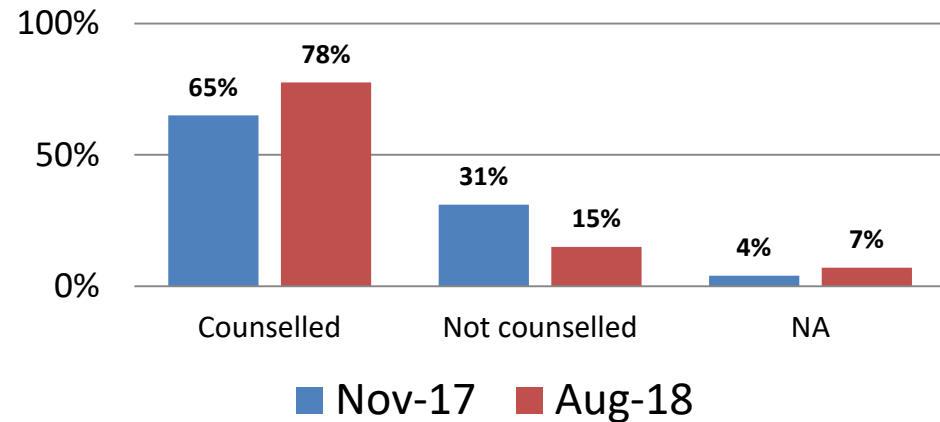
Results

- 40 patients who have been admitted to SEU---between 13 Aug- 19 Aug/2018.
- 23 males and 17 females
- 31 patients were informed about the VTE importance(1 only written), 6 were not counselled, 2 confused and 1 dementia.

Gender n=43

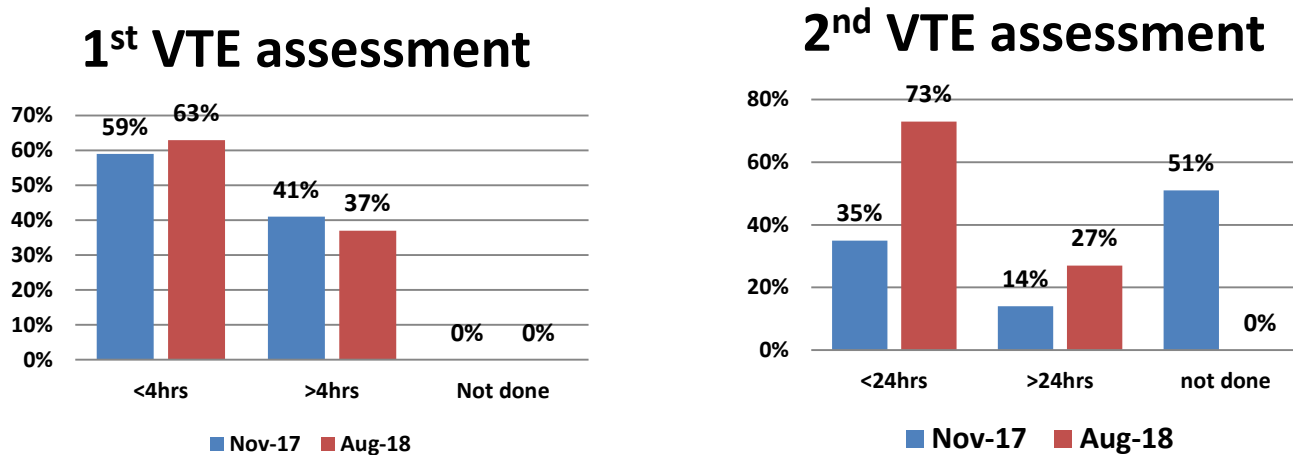


Patient Counselling



VTE Assessment

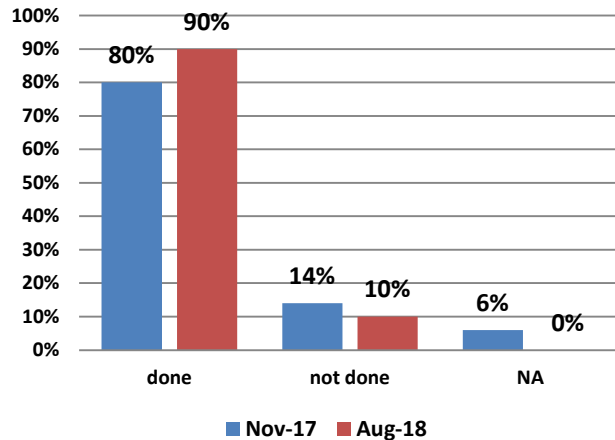
- 25 patients had their 1st VTEs done <4 hrs, 15 had them >4 hrs.
- 29 patient had their 2nd VTEs < 24hr, 11 had their >24hrs.



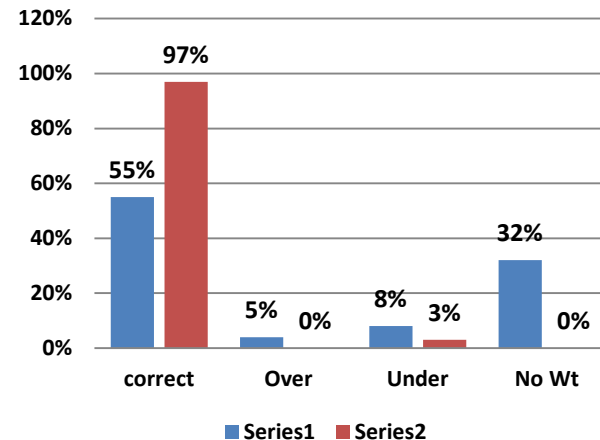
Clexane Prescription

- 36 patients had Clexane prescribed, 4 didn't (2 due to bleeding, one on Rivaroxaban and one with low plt).
- In 35 patients Clexane dose was correct as per body Wt, 1 had under-dose. (116kg—40 mg OD)

Clexane prescription

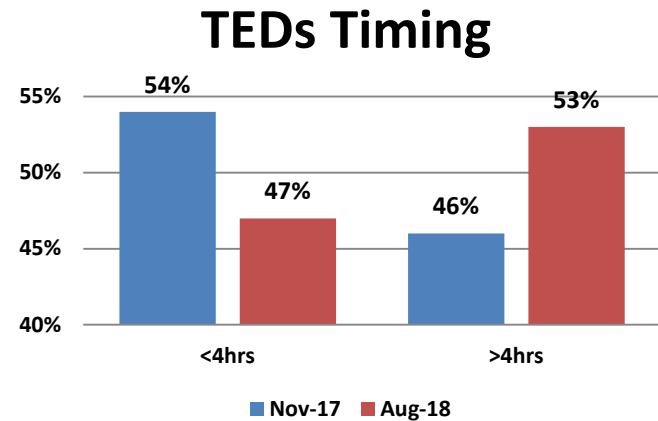
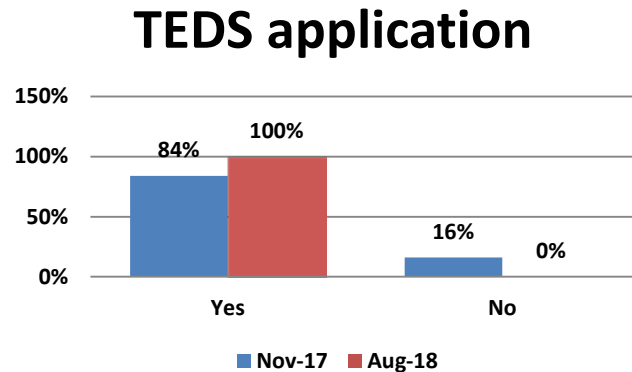


Clexane dose n=36



TEDs application

- 40 patients had their TEDs applied for them.
- 19 patients had them within 4 hrs, 21 after 4 hrs.



Overall Adherence

Parameter	Re-audit	Audit	% Improvement	Standard	Traffic light
Patient Counselling	78%	68%	15%	100%	Red
1 st VTE assessment<4hr	63%	59%	7%	>95%	Red
2 nd VTE assessment<24 hr	73%	35%	108%	>95%	Red
Clexane prescription	100%	100%	----	100%	Green
Correct Clexane dose	97%	82%	18%	100%	Red
TEDS application	100%	100%	----	100%	Light Green
TEDS timing<4hr	47%	56%	- 16%	100%	Red

Discussion

- Although the % of patients counselled improved from 65% to 75% still only one patient consented with written format.
- 1st VTE assessment % didn't improve, we think the reason is the time lapse between patient arrival on SAU and been seen by doctors.
- 2nd VTE assessment have improved dramatically from 35% to 73%. More important is that the not done category reduced from 51% to 0%.
- Clexane dose prescribed correctly in all patients apart from one (improved from 13% to 3%).
- TEDs application timing got worse 47% from 56%--- can be related to the fact that patients wont be admitted in beds till after being clerked, bled, reassessed and decision been made for admission.(this can affect the 2nd VTE timing too).
- Although there has been improved in most of the aspects of the Audit parameters, we are still missing our guidelines target.