



**ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP**

**FREEDOM OF INFORMATION REQUEST**

**FOI request into Trust Venous Thromboembolism (VTE)  
prevention and management practices**

**Name:** [REDACTED]

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**Position:** [REDACTED]

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**Acute Trust: University Hospitals Bristol NHS Trust**

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**Email:** [REDACTED]

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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 All-Party Parliamentary  
Thrombosis Group secretariat:**

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Under the Freedom of Information Act 2000, the All-Party Parliamentary  
Thrombosis Group writes to request the following information:



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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 2017 and 31 March 2018, what was the average time from first clinical suspicion of VTE to diagnosis?

DVTs: According to data we have on our VSU database (1/4/17 to 31/3/18) most patients are done on the same day as the scan request (wait 0 days for 2368/2543 = 93%) but we do not have data on the number of hours before scan. The wait time is the same for inpatients and outpatients i.e. 93% seen on same day.

PEs: There were 1125 CT Angiogram Pulmonary Examinations done over the period Apr17- Mar18. 1010 Inpatients (and 115 Outpatients). The Average time taken from scan request to CTPA for inpatients was 7hrs 30mins.

- c) For in-patients diagnosed with VTE in your Trust between 1 April 2017 and 31 March 2018, what was the average time from diagnosis to first treatment?

We do not currently collect this data as prescriptions are predominantly still on paper and this data is not audited

### 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



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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 |
|---------------------|------------------------------|
| 2017 Q2 (Apr – Jun) | 13                           |
| 2017 Q3 (Jul – Sep) | 9                            |
| 2017 Q4 (Oct – Dec) | 10                           |
| 2018 Q1 (Jan – Mar) | 18                           |

- 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 |
|---------------------|---|
| 2017 Q2 (Apr – Jun) | 13                                      |
| 2017 Q3 (Jul – Sep) | 9                                       |
| 2017 Q4 (Oct – Dec) | 9                                       |
| 2018 Q1 (Jan – Mar) | 15                                      |



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- c) According to the Root Cause Analyses of confirmed HAT in your Trust between 1 April 2017 and 31 March 2018, in how many cases:

|   |       |
|---|-------|
| Did patients have distal DVT?   | 16/46 |
| Did patients have proximal DVT?   | 16/46 |
| Were patients not receiving thromboprophylaxis prior to the episode of HAT? | 32/46 |
| Did HAT occur in surgical patients?   | 18/46 |
| Did HAT occur in general medicine patients?                                 | 16/46 |
| Did HAT occur in cancer patients?   | 5/46  |

### 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 2017 and 31 March 2018?

Within the Apr17-Mar18 timeframe there were 795 inpatient/day case spells (aka admissions) with a coded VTE diagnosis. Of these spells only 224 had one of the VTE diagnosis codes in the primary position (main diagnosis code) in the admission episode. If we can assume this means the patient was 'admitted' for VTE then 224 'patients were admitted to our Trust for VTE'. One patient came from another hospital and the others from their usual place of residence.

- b) Of these patients, how many:

|   |         |
|---|---------|
| Had a previous inpatient stay in your Trust up to 90 days prior to their admission? | 48      |
| Were care home residents?   | Unknown |
| Were female?  | 117     |
| Were male?  | 107     |
| Were not native English speakers?   | Unknown |
| Were from a minority ethnic group?  | 36      |



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- c) Of the patients admitted to your Trust for VTE occurring between 1 April 2017 and 31 March 2018 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?

Of the 48 patient admissions that had a previous inpatient stay within 90 days, without going through the individual patients electronic records, we do not know how many had their VTE risk status recorded in their discharge summary.

- d) Please describe how your Trust displays a patient's VTE risk status in its discharge summaries.

This is not a set field to be filled in on discharge summaries and this information is not routinely included on our current discharge summaries although may appear in the free text boxes if the discharging team feel it is particularly relevant.

### QUESTION FOUR – INCENTIVES AND SANCTIONS

- a) Has your Trust received any sanctions, verbal or written warnings from your local commissioning body between 1 April 2017 and 31 March 2018 for failure to comply with the national obligation to perform Root Cause Analyses of all confirmed cases of HAT? *(Tick one box)*

|  |                                     |
|--|-------------------------------------|
| Yes  |                                     |
| If yes, please detail the level of sanction or type of warning received: | <input type="checkbox"/>            |
| No   | <input checked="" type="checkbox"/> |



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The NHS Standard Contract 2017/19 sets a National Quality Requirement for 95 per cent of inpatient service users to be risk assessed for VTE.

- b) Between 1 April 2017 and 31 March 2018, has your Trust received any sanctions, verbal or written warnings from your local commissioning body for failing to deliver the minimal VTE risk assessment threshold? (Tick one box)**

|   |                                     |
|---|-------------------------------------|
| Yes<br><br>If yes, please detail the level of sanction or type of warning received: | <input type="checkbox"/>            |
| No  | <input checked="" type="checkbox"/> |

### QUESTION FIVE – 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<br><br>If yes, please specify which organisation(s): | <input type="checkbox"/>            |
| Documented patient discussion with healthcare professional  | <input type="checkbox"/>            |



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|   |                          |
|---|--------------------------|
| 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<br>If yes, please specify which languages: | <input type="checkbox"/>            |
| No   | <input checked="" type="checkbox"/> |

**END**

**THANK YOU FOR YOUR RESPONSE**