

FREEDOM OF INFORMATION REQUEST

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

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Please return your completed response [content removed]

Under the Freedom of Information Act 2000, the [content removed] writes to request the following information:

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 2018 and 31 March 2019, what was the average time from first clinical suspicion of VTE to diagnosis?

The Trust does not hold this information

- c) **For in-patients diagnosed with VTE in your Trust between 1 April 2018 and 31 March 2019, what was the average time from diagnosis to first treatment?**

The Trust does 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 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
2018 Q2 (Apr –Jun)	10
2018 Q3 (Jul – Sep)	13
2018 Q4 (Oct – Dec)	9
2019 Q1 (Jan – Mar)	15

- 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
2018 Q2 (Apr – Jun)	9
2018 Q3 (Jul – Sep)	12
2018 Q4 (Oct – Dec)	7
2019 Q1 (Jan – Mar)	11

- c) According to the Root Cause Analyses of confirmed HAT in your Trust between 1 April 2018 and 31 March 2019, in how many cases:

Did patients have distal DVT?	29
Did patients have proximal DVT?	5
Were patients receiving thromboprophylaxis prior to the episode of HAT?	12
Did HAT occur in surgical patients?	21
Did HAT occur in general medicine patients?	13
Did HAT occur in cancer patients?	7

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 2018 and 31 March 2019?

The Trust does not hold this information

- b) Of these patients, how many:

Had a previous inpatient stay in your Trust up to 90 days prior to their admission?	
Were care home residents?	Unknown
Were female?	Unknown

Were male?	Unknown
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- c) **Of the patients admitted to your Trust for VTE occurring between 1 April 2018 and 31 March 2019 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?**

The patient admissions that had a previous inpatient stay within 90 days, cannot be identified without going through the individual patients electronic records. This would take the Trust more than 18 hours to complete and is therefore exempt from disclosure under Section 12 of the Freedom of Information Act.
Therefore the Trust cannot respond to 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 it may appear in the free text boxes. Going through the free text to identify potential existence of this information would take the Trust more than 18 hours to complete and is therefore exempt from disclosure under Section 12 of the Freedom of Information Act.

QUESTION FOUR – PHARMACOLOGICAL VTE PROPHYLAXIS

- a) **How many VTE patients who were eligible received pharmacological VTE prophylaxis between 1 April 2018 and 31 March 2019?**

Of the 4377 patients audited, 4052 were prescribed Prophylaxis = 92.6%

- b) **How many of VTE patients who were eligible received pharmacological VTE prophylaxis within 14 hours of admission between 1 April 2018 and 31 March 2019?**

The Trust does not hold this information.

QUESTION FIVE – VTE AND CANCER

a) How many patients has your Trust treated for cancer (of all types) in each of the past three years?

2016	6118
2017	6621
2018	6766

b) Of the patients treated for cancer, how many also had a diagnosis of venous thromboembolism (VTE) {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} in each of the past three years?

2016	105
2017	64
2018	79

c) Of the patients treated for cancer who also had a diagnosis of VTE in each of the past three years, how many:

	2016	2017	2018
Were receiving chemotherapy?	46	35	41
Had metastatic disease?	Data not available		
Had localised disease?	Data not available		
Were treated for brain cancer?	1	0	3
Were treated for lung cancer?	17	5	8
Were treated for uterine cancer?	1	1	2
Were treated for bladder cancer?	1	3	0
Were treated for pancreatic cancer?	7	3	4
Were treated for stomach cancer?	4	0	5
Were treated for kidney cancer?	0	1	2

d) In how many patient deaths within your Trust was cancer (of any type) listed as the **primary** cause of death in each of the past three years:

2016	178
2017	126
2018 (*to august – data Sept-Feb not available)	78*

e) Of the patients who died within your Trust, in how many was VTE **as well** as cancer listed as a cause of death in each of the past three years:

2016	1
2017	1
2018	1

- f) Of the patients who died in your Trust who had both VTE **and** cancer listed as a cause of death, how many:

	2016	2017	2018
Were receiving chemotherapy?			
Were treated for brain cancer?			
Were treated for lung cancer?			
Were treated for uterine cancer?			
Were treated for bladder cancer?		1	
Were treated for pancreatic cancer?			
Were treated for stomach cancer?			
Were treated for kidney cancer?			

- g) Are ambulatory cancer patients who are receiving chemotherapy in your Trust routinely risk assessed for their risk of developing CAT/VTE? **Depending on the case.**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

- h) Are ambulatory cancer patients who are receiving chemotherapy AND deemed at high risk of developing CAT/VTE offered pharmacological thromboprophylaxis with? Please tick/cross all those appropriate. **Unable to identify.**

Low-molecular-weight heparin (LMWH)	
Direct Oral AntiCoagulants (DOAC)	
Aspirin	
Warfarin	
Other	
None	

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

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

QUESTION SEVEN – COST OF VTE IN YOUR AREA

a) Does your Trust have an estimate of the cost of VTE to the NHS locally (including cost of treatment, hospital bed days and litigation costs) for 2018/19? (Please tick one box)

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

If 'Yes', please specify the estimated cost:

N/A

b) Please indicate the cost-estimate for the following areas of VTE management and care, as well as the corresponding number of VTE hospitalisations/ re-admissions/ treatments that occurred between 1 April 2018 and 31 March 2016.

VTE management and care	Cost-estimate	Corresponding patient numbers
VTE hospitalisations		
VTE re-admissions		
VTE treatments (medical and mechanical thromboprophylaxis)		
VTE litigation/negligence costs		

END

THANK YOU FOR YOUR RESPONSE