Audit on completion of VTE risk assessment forms: a simple method to prevent DVT and other unwanted complications

Mohammad Hasan¹, Resham Mansoor², Joshua Agilinko¹, Dharshanan Raj³

- 1. Department of General Surgery, Aberdeen Royal Infirmary, Aberdeen, UK
- 2. Department of Diabetes & Endocrinology, Aberdeen Royal Infirmary, Aberdeen, UK
- 3. Department of Plastic Surgery, Aberdeen Royal Infirmary, Aberdeen, UK.

Introduction

- Hospital acquired venous thromboembolism (VTE) is a term for all VTE that occurs in a hospital stay or within 90
 days of admission.
- National Institute of Health and Care Excellence (NICE) guidelines recommend that all medical patients should be assessed to identify the risk of VTE and bleeding using a risk assessment tool¹
- VTE prophylaxis is an essential part of preventive medicine to reduce morbidity and mortality.
- An audit was performed in a medical department to assess the number of patients who had the local VTE assessment form completed.

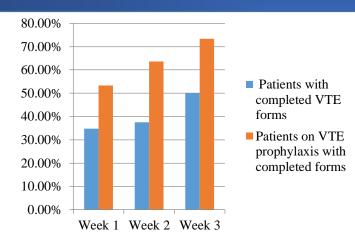
Aims

- To assess the number of patients who had the local VTE assessment form completed.
- The standard was set that all patients should have VTE forms completed as per NICE guidelines.

Methods

- Data was collected retrospectively three times over a period of two weeks.
- VTE forms in all patients' notes were checked and crossed checked with drug charts to ensure prophylaxis was prescribed.
- 3. All patients in the ward were included in each cycle of data collection.
- 4. Patient numbers ranged from 22-24.
- 5. The data was complied on an Excel spreadsheet and later formatted on PowerPoint.
- 6. Interventions were made by two methods;
- By attaching copies of VTE forms to all elective and emergency admission booklets to ensure it was not overseen.
- By giving regular verbal reminders to the junior doctors on the ward during handover and huddles.

Results



- 1. Results showed that percentage of VTE forms completed for all patients increased from 34.79% to 50%.
- 2. The percentage of patients requiring prophylaxis with VTE forms completed increased from 53/3% to 73.3%.

Conclusions

- Significant improvement was noted in the compliance of VTE forms completed with interventions
- It was noted that patients in which VTE prophylaxis was indicated had a higher form completion rates.
- There is still room for improvement, and it is noteworthy that simple measures can improve patient safety and prevent complications.

References: 1. National Institute for Health and Care Excellence; Venous thromboembolism in over 16s; Reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism (NICE guideline NG89 Volume 1 – March 2018)