

ASSESSING ALL INPATIENTS FOR THROMBOEMBOLISM PROPHYLAXIS

Venous thromboembolism (VTE) affecting both inpatients and those in primary care has been identified as a major, largely preventable clinical problem by the Academy of Medical Royal Colleges, the Department of Health and the SHA Medical Directors, who have agreed to employ simultaneously professional leadership and NHS system levers to reduce the 25,000 deaths caused by VTE each year.

Department of Health initiatives

- VTE has been made a top priority by the NHS Operations Board and NHS Management Board and is included in the 2010/11 NHS Operating Framework for England, where it is explicitly stated that that Academy and Colleges should provide professional leadership in this arena. This is the first time that the joint delivery of a clinical objective has been agreed and included in the Operating Framework.
- A national risk assessment tool for use on admission to hospital has been agreed via Connecting for Health.
- The NHS system levers to be used are:
 - *Commissioning for Quality and Innovation (CQUIN) payment framework – to receive CQUIN monies* all organisations will be required to show that at least 90% of patients admitted undergo risk assessment using the national risk assessment tool
 - *National contracting process*
 - Acute hospitals will be required to report to their lead commissioner **monthly audits** of the percentage of patients risk-assessed for VTE who subsequently receive the appropriate prophylaxis
 - Providers must perform a **root cause analysis** of all episodes of confirmed hospital acquired pulmonary embolism (PE) and deep vein thrombosis (DVT)
- NICE have produced updated guidelines on VTE prophylaxis (<http://guidance.nice.org.uk/CG92>) in conjunction with the Royal College of Physicians' National Clinical Guidance Centre, and will be producing a related Quality Standard
- The National Quality Board has established a sub-group chaired by Sir Bruce Keogh to explore how to spread best practice in the NHS with respect to VTE.

Action by Colleges

All Colleges and Faculties with Fellows and Members involved in direct patient care should:

1. Bring to the attention of all their Fellows and Members the importance of risk assessment and appropriate prophylaxis for venous thromboembolism in *all* patients admitted to hospital. This includes the assessment of risk in primary care at the time of referral to hospital
2. Emphasise that all Fellows and Members should ensure that their clinical unit has systems in place to ensure all patients are assessed for VTE prophylaxis and that the reasons for the resulting decision are documented and appropriate therapy given. This may be achieved through modifying drug charts, for example
3. Ensure Fellows and Members participate in regular audit of the percentage of patients risk-assessed for VTE. In some specialties this is suitable for becoming a mandatory standard for revalidation
4. Produce specialty-specific guidance where needed
5. Continue emphasis of the importance of VTE in undergraduate and postgraduate curricula and training programmes, and promotion through various e-learning initiatives.

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