THROMBOPROPHYLAXIS POLICY

POLICY

Reference	CPG-TW-TPP		
Approving Body	Drug and Therapeutics Committee		
Date Approved	21st April 2023		
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**		
	YES	**NO**	**N/A**
	X		
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Summary of Changes from Previous Version	• Electronic VTE form completion. • Internal committee reporting arrangements • Updated with latest NICE guidance.		
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Consultation Undertaken	• Clinical Haematology Head of Service • Clinical Haematology Clinical Governance Lead • Members of the Medicine Division Clinical Governance Group • Members of Drugs & Therapeutics Committee		
Date of Completion of Equality Impact Assessment	December 2022		
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Legal and/or Accreditation Implications	Mandatory requirement in-line with NHS Standard contract.		
Target Audience	• Trustwide		
Review Date	April 2026		
Sponsor (Position)	Medical Director		
Author (Position & Name)	Dr I De Alwis, Consultant Haematologist		
Lead Division/ Directorate	Medicine		
Lead Specialty/ Service/ Department	Clinical Haematology		
Position of Person able to provide Further Guidance/Information	Dr Steve Jones, Consultant Haematologist/ Clinical Haematology Head of Service		

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
1. Thromboprophylaxis guideline including extended thromboprophylaxis	1. Reviewed/ updated at same time as this policy but pending completion
2. Travel Thromboprophylaxis Guideline (journeys over 4 hours duration)	2. Reviewed/ updated at same time as this policy
3. Anti-Embolism Stockings Guideline	3. Reviewed/ updated at same time as this policy
4. Risk Assessment Venous Thromboembolism (VTE) (reference FKIN030198), ordered via the Trust's forms management system	4. Last updated August 2022
5. EIDO DP01 Reducing your risk of developing a blood clot (reference FKIN030309), ordered via the Trust's forms management system	5. Last updated April 2022
Template control	June 2020

CONTENTS

1.0 INTRODUCTION

1.1 Background

Hospital admission is an acknowledged risk for the development of venous thromboembolism (VTE) such as deep vein thrombosis (DVT) or pulmonary embolism (PE). In the past, prevention of these complications has been shown to be patchy. This policy provides guidance for staff at Sherwood Forest Hospitals NHS Foundation Trust to ensure that our care includes good practice to prevent these problems.

This Policy and associated Guideline incorporate recommendations from

- Report of the Independent Expert Working Group in the Prevention of VTE in Hospitalised Patients; 2007
- NICE Clinical Guideline NG89 Venous Thrombosis in over 16's: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism 2019
- NICE Clinical Guidance: Quality standard [QS201] Venous thromboembolism in adults (Published: 19 August 2021)

Guidelines from NICE emphasise the need for assessment of both the thrombosis risk and bleeding risk for patients, and also the need to make a decision on appropriate treatment balancing these factors.

1.2 Purpose

This policy and the associated guidelines have been devised to ensure standardisation of best practice across Sherwood Forest Hospitals NHS Foundation Trust for the prevention of VTE in hospitalised patients.

1.3 Clinical Judgement

Healthcare professionals are expected to be aware of current Trust guidance when exercising their clinical judgement. The policy and associated clinical guidelines do not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

2.0 POLICY STATEMENT

2.1 This policy and the associated clinical guidelines are intended to bring about a reduction in the following causes of mortality and morbidity:

- fatal and non-fatal pulmonary emboli;
- deep vein thrombosis in hospital patients;
- long term morbidity due to chronic venous insufficiency;
- venous ulceration (as a long-term consequence of thrombosis);
- post-thrombotic syndrome.

The intention is that these harm reductions will be brought about through the effective use of thromboprophylaxis.

This clinical document applies to:

Staff group(s)

- The policy is applicable Trust-wide and relevant to all staff groups that have a duty of care for patients aged 16 years and over.

Clinical area(s)

- The policy is applicable Trust-wide and relevant to all clinical areas where patients aged 16 years and over are being cared for: King's Mill Hospital, Newark Hospital and Mansfield Community Hospital

Patient group(s)

- This policy is relevant to all in-patients (aged 16 years and over) admitted to the Trust with the exception of the patient cohorts as detailed in Appendix A
- People aged 16 and over who are discharged with lower limb immobilisation are assessed to identify their risk of VTE. These people may have an increased risk of VTE, but may not have their VTE risk assessed if they are treated in the Emergency Department or as outpatients.
- People aged 18 and over having outpatient treatment for suspected or confirmed low-risk PE have an agreed plan for monitoring and follow-up.

Exclusions

Specific patient groups are excluded from this policy, in particular

- children (below age 16) due to their very low risk of VTE
- for obstetric patients please refer to the guidelines on the intranet or via this link: Thromboprophylaxis and the Management of Venous Thrombo-Embolism in Pregnancy and the Puerperium
- day case patients and other short stay patients who will not be at risk of VTE as they are neither very ill nor immobile. An agreed list of such patient cohorts has been produced regionally (see Appendix A).

  HOWEVER, if a patient falling into the generic excluded categories is felt to be at specific personal risk of VTE due to past medical history of thrombosis, other personal risk factors, or the nature of their illness or treatment, then they should receive appropriate thromboprophylaxis.

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust	Sherwood Forest Hospitals NHS Foundation Trust
Assessor	A member of staff designated to undertake the thromboprophylaxis assessment process.
VTE	Venous Thromboembolism – a blanket term covering DVT and PE.
DVT	Deep Vein Thrombosis – venous clotting, usually, but not always within the lower limb.
PE	Pulmonary Embolism – the process of a DVT breaking off from its site of formation and travelling to the lungs, with a variable consequence in terms of obstructing blood flow through the lungs. Potentially fatal.
HAT	Hospital Acquired Thrombosis
GSU	Governance Support Unit
RCA	Route Cause Analysis
KPI	Key Performance Indicator
ICD-10	International Classification of Diseases (1990). This book is used across the world providing a list of all codes for clinical coding purposes
ED	Emergency Department

4.0 ROLES AND RESPONSIBILITIES

4.1 Responsibilities of the Assessor

It is the responsibility of the Assessor to complete an individual VTE risk assessment for each patient. Divisions and departments within the Trust will decide which members of staff will take the role of Assessor. This must be an appropriately qualified individual, undertaken as part of the assessment on admission by the admitting Doctor and the responsible consultant validates the VTE assessment upon review.

Risk assessment must take place as soon as possible after admission to hospital, and by the time of the first consultant review. To enable the first dose to be administered within 14 hours of admission. Repeat assessment should be made upon any change in the patient's condition i.e. admission to intensive care or theatres.

Patient groups which are excluded from mandatory VTE risk assessment are listed in Appendix A.

4.2 Responsibilities of the Prescriber

It is the responsibility of the prescriber to write and rewrite prescriptions in accordance with the Trust's Medicines Policy. This includes prescriptions for both 'pharmacological' and 'mechanical' methods of thromboprophylaxis.

Once a risk assessment has been undertaken, the prescriber must prescribe appropriate thromboprophylaxis, see Thromboprophylaxis guideline including extended thromboprophylaxis. Any deviation from this should be documented in the patient's medical record.

Medications listed in the Trust Formulary must be prescribed whenever possible and preferably those which are routinely held as ward stock. No medication may be administered to a patient without there being a prescription, signed by a member of the medical staff or an appropriately qualified non-medical independent prescriber, or in accordance with a patient group direction.

People aged 16 and over who are in hospital and assessed as needing pharmacological VTE prophylaxis start it as soon as possible and within 14 hours of hospital admission. With routine administration of thromboprophylaxis at 1800hrs, in practice this means that a stat dose should be administered between the hours of 1800 and 0800 hrs, if the patient is admitted overnight.

5.0 APPROVAL

Following consultation this policy has been approved by the Drugs and Therapeutics Committee.

6.0 DOCUMENT REQUIREMENTS (NARRATIVE)

It is mandatory and Trust policy that all patients (over 16 years of age) who are admitted to hospital are risk assessed on admission. Although the Trust aims for 100% of patients aged 16 years and over being admitted to hospital being assessed, the externally monitored target is 95%. Of the patients assessed as high risk, 100% of them must have received the appropriate thromboprophylaxis (for monitoring, see section 7 'Monitoring Compliance and Effectiveness').

All staff caring for and treating patients (aged 16 years and over) must follow/use the relevant associated clinical documents:

1. Thromboprophylaxis guideline including extended thromboprophylaxis
2. Travel Thromboprophylaxis Guideline
3. Anti-Embolism Stockings Guideline
4. VTE Prophylaxis Risk Assessment for Lower Limb Fractures – for use in ED / Fracture Clinic
5. Risk Assessment Venous ThromboEmbolism (VTE) (reference FKIN030198), ordered via the Trust's forms management system
6. EIDO DP01 Reducing your risk of developing a blood clot (reference FKIN030309), ordered via the Trust's forms management system

If in doubt about a specific patient's balance between clotting and bleeding then seek advice from a senior member of staff.

For list of patient cohorts excluded from VTE risk assessment – see Appendix A

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

The following narrative supports the information within the table below.

Monitoring will be via collation of completed electronic Risk Assessment for VTE forms. This data collation is via the GSU. Routine reporting of this figure is quarterly to the Trust's KPI Dashboard. Performance against target is also reported to the Divisional management structure. Major deviations from the 95% target will be assessed via the Patient Safety Committee, who can decide on appropriate remedial action.

7.1 Statistical Monitoring

The Trust-wide Audit of Assessment for VTE prophylaxis is mandatory. Our target is that 95% of patients (aged 16 years and over) admitted have to be risk assessed on admission. Of patients assessed as being at risk of VTE, 100% should receive appropriate thromboprophylaxis.

Data on completion of risk assessment on all patients admitted to hospital is collected and reported to the Department of Health on a quarterly basis. The results of the quarterly data collection will be reviewed by

1) the Trust Board via the KPI dashboard through the Chief Nurse and
2) the Patient Safety Committee to identify any trends across the organisation and necessary actions required to reduce identified risks.

7.2 Individual Event Monitoring

Monitoring of adverse events will be via the Hospital Acquired Thrombosis programme in GSU.

Individual instances of potential HAT will be identified via

a) Death certificates picked up by the Bereavement Centre
b) Annotation of all positive Venous Doppler ultrasound scans; Ventilation/Perfusion scans; and Computerised Tomography Pulmonary Angiograms by the suffix TTTT. Such annotated scans will then be recovered by the Radiology department.
c) clinical coding: the ICD-10 code for DVT is I80; for pulmonary emboli I26.
d) for hospital acquired thrombosis follow either of these codes with Y95,
e) ad hoc reporting of cases not reported through Clinical Coding
f) Coroner's cases and autopsy as notified to the Trust's Legal Service department

Hospital Acquired Thrombosis (DVT or PE) is defined as

a. occurring within 12 weeks of a hospital admission, or
b. where the VTE has occurred more than 5 days into any admission.

An initial Case Review form for all patients with potential HAT will be completed. Where actions or omissions are identified in the case review a formal investigation will be undertaken in accordance with the Trusts approved investigation framework.

An investigation into the root cause of such cases will be commenced by an individual designated to perform this task by the GSU. This will usually be the Governance Lead for the Specialty responsible for the patient's care during the 'at risk' phase, rather than the Specialty during the 'VTE treatment' admission. The Specialty Governance Lead may choose to delegate the assessment to the consultant responsible for that patient's care during their admission. They will report back to their specialty/departmental Clinical Governance meeting; the divisional Quality Governance Lead for that Division and also to the Patient Safety Committee.

The Case Review process is summarised in Appendix B

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Venous Thromboprophylaxis Risk Assessment	Governance Support assistants	Information Services provide GSU with a list of the previous day's admissions. GSU assistant will then identify those patients individually to confirm they have a completed Risk Assessment form. Currently carbon copies of the form are collated within GSU. They will assess Trustwide Performance against the 95% target.	Daily data gathering.	Quarterly reports to Chief Nurse for upload to the Trust KPI dashboard.
Hospital Acquired Thrombosis	Governance Support assistant	Will identify HAT as per the agreed criteria in the Thromboprophylaxis Policy. Case Review documents sent out to Specialty Governance lead. RCA will follow on from Case Reviews identifying inappropriate treatment or preventable thrombosis	On a case by case basis as soon as they are picked up	Departmental Clinical Governance meeting. Divisional Quality Governance lead Patient Safety Committee

8.0 TRAINING AND IMPLEMENTATION

All divisions, departments and consultants should ensure that medical and nursing teams are fully aware of this Policy and associated guideline.

Junior doctors will require the importance of thromboprophylaxis highlighted to them at induction, and subsequently in their posts if possible.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix C
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

1. Report of the independent expert working group on the prevention of venous thromboembolism in hospitalised patients. Department of Health, A report to Sir Liam Donaldson, Chief Medical Officer. (2007)

2. NICE Guideline 89: Venous Thromboembolism in over 16's: reducing the risk of hospital acquired Deep Vein Thrombosis and Pulmonary Embolism (2018)

3. NHS (March 2019) Standard Control 2019/20

4. NHS Improvement (March 2019) Guidance notes to accompany VTE risk assessment data collection

Further Reading:

- Government Response to the House of Commons Health Committee report on the prevention of Venous thromboembolism in Hospitalised Patients – Second Report of Session 2004-5. July 2005

Related SFHFT Documents:

- Consent to examination, treatment and care policy
- Medicine Policy
- Thromboprophylaxis and the Management of Venous Thrombo-Embolism in Pregnancy and the Puerperium Guideline
- VTE Prophylaxis Guideline for patients with LOWER LIMB FRACTURES being discharged from ED / Fracture Clinic - patients 16 years and over

11.0 KEYWORDS

- VTE; DVT; PE; TP; extended; risk of; guideline; thrombosis; GSU; RCA; investigation; incident; case review process flowchart;

12.0 APPENDICES

Appendix A – Exclusions from VTE Risk Assessment
Appendix B – Venous Thromboembolism (VTE) Case Review Process Flowchart
Appendix C – Equality Impact Assessment

Appendix A – Exclusions from VTE Risk Assessment

This is a regional list for cohorts of patients who do NOT need risk assessment for VTE

Day case endoscopy including Percutaneous Endoscopic Gastrostomy (PEG) and Radiologically Inserted Gastrostomy (RIG) and any other procedures such as dilatation and biopsy
Day case colposcopy
Day case hysteroscopy
Day case Essure sterilisation
Day case endometrial polyp removal
Day case NovaSure endometrial ablation
Day case cystoscopy and associated procedures
Day case bronchoscopy
Day case infusions including chemotherapy
Day case chemotherapy
Day case investigations and procedures in Radiology
Cardiac catheterisation
Day case pacemaker insertion
Day case electrophysiological procedures
Intervention procedures to treat chronic pain
Day case local anaesthetic (LA) procedures of short duration
Day case LA cataract surgery
Day case LA minor ophthalmology surgery including eyelid surgery
Day case LA carpel tunnel release
Day case biopsy procedures – skin, bone marrow, renal biopsy and muscle biopsy and lumbar puncture
Day case dental procedures
Day case minor short duration procedures – myringotomy and grommets
Day case prostate biopsy
Day case joint injections
Day case endocrine and neurology challenge tests
Emergency Admission Unit patients not requiring admission
Patients attending for out patient /day case haemodialysis or other recurrent procedures of short duration where risk of VTE is not greater than baseline risk

Appendix B

Venous Thromboembolism (VTE) Case Review Process Flowchart

CRITERIA FOR ROUTE CAUSE ANALYSIS (RCA):
If the positive diagnosis confirmed in excess of 5 full days post admission of current in-patient episode
OR
Patient has been in hospital within 12 weeks of the confirmed date of diagnosis for a period greater than 24 hours
OR
An in-patient within 12 weeks of date of death

If any of the above is met, the patient's case notes are tracked and pulled.

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VTEs identified by the following methods:
Radiology / Death Certificate / Post Mortem via email of Radiology and Bereavement Centre lists

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Check on Medway to see whether the patient has been an in-patient in the previous 12 weeks or is currently an in-patient and a positive diagnosis made in excess of 5 full days from admission date.

If confirmed then the Governance Support Unit will request case notes

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On receipt of the case notes further checks are made against the notes and Medway to ensure that the dates are correct (criteria: 5 days and the 12 weeks criteria)

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GSU to deliver the case notes to the Specialty Clinical Governance Lead with an 'Initial VTE Case Review Summary' form to be completed and returned to the GSU within 28 days.
If the form is not returned within the 28 days then this is escalated to the division Clinical Governance Lead and further escalated to the Clinical Chair if not acted upon

Main points to consider: was the VTE preventable? Were appropriate prophylactic treatment/s prescribed?

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If on review the VTE is deemed to be unpreventable then the case review stops

If on review the VTE is deemed to be preventable an incident should be raised on Datix by Specialty Clinical Governance Lead and the severity of harm determined. The Investigation will be managed in-line with the Trust Incident Policy.

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The severity of harm will determine the level of investigation required and the Duty of Candour requirements. The case notes and completed VTE Case Review Summary form will be passed to relevant Quality Governance Lead to be scoped by specialty which will then be presented to Trust scoping for decision to be made if further detailed RCA investigation is required. If required it will follow Serious Incident investigation process and be presented within 45 days of the Quality Governance Lead receiving the case notes. An appropriate action plan will then be put in place. Relevant escalation will be taken if time scale is passed. A copy of the findings will be sent to the GSU within 45 days.

Recommendations and actions will be monitored by the Divisional Governance Groups.

APPENDIX C – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Thromboprophylaxis Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: December 2022			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	N/A	N/A
Gender	None	N/A	N/A
Age	Policy applies to patients 16 years and over	Information within the policy	None
Religion	None	N/A	N/A
Disability	None	N/A	N/A
Sexuality	None	N/A	N/A
Pregnancy and Maternity	Excluded from this policy as another guideline already in place.	N/A	N/A
Gender Reassignment	None	N/A	N/A
Marriage and Civil Partnership	None	N/A	N/A
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	N/A	N/A

What consultation with protected characteristic groups including patient groups have you carried out? • None			
What data or information did you use in support of this EqIA? • Information from within the policy and associated guidelines			
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? • None known			
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: **Low Level of Impact** For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
Name of Responsible Person undertaking this assessment: Dr Indika De Alwis			
Signature:			
Date: December 2022			