

OBJECTIVES

To reduce the risk of preventable Hospital Associated/Acquired Thrombosis due to inadequate thromboprophylaxis
To promote safe practice in line with Trust Policy and National guidelines: NICE guideline [NG89]

BACKGROUND

Venous thromboembolism (VTE) is a leading cause of potentially preventable harm. Randomized controlled trials have demonstrated that VTE prophylaxis, when administered completely, significantly reduces the risk for deep vein thrombosis, pulmonary embolism (PE), and fatal PE (Streiff and Lau, 2012). Non-administration of VTE prophylaxis medication is a pervasive problem in both academic and community hospitals, where 10–15% of doses are not administered. Nearly half of hospitalized patients missed ≥ 1 dose (Lau *et al.*, 2018).

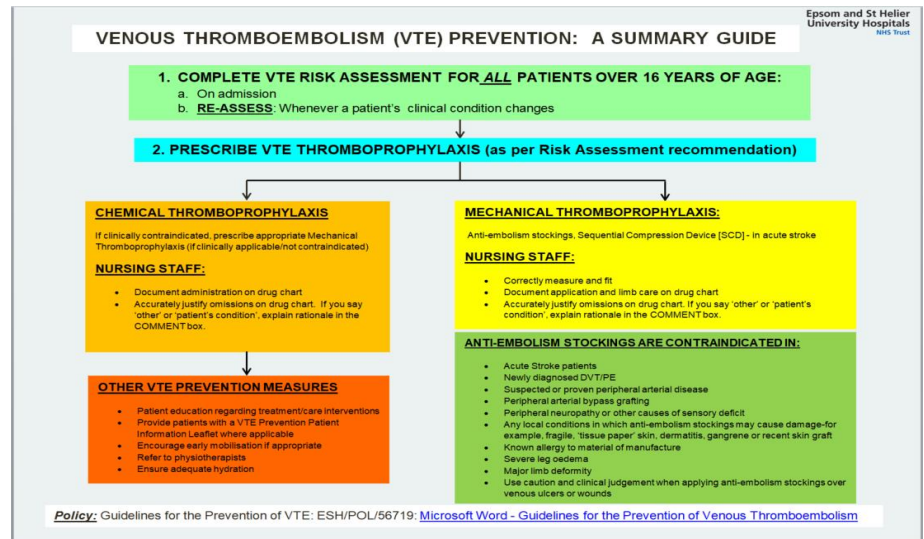
BITEABLE VIDEO

<https://biteable.com/watch/3843628/441d97b35c540e7f390a2c884216e3b9>



METHODS

- Carried out an Audit on administration of VTE on the surgical ward
- Sent out a staff survey
- SEIPS approach
- Staff Engagement; topic of the week, recruitment and training of VTE Champions



RESULTS

Audit results:

- Multiple specialties (Mostly surgical)
- Length of stay 0.4 hours to 9 days
- Greater compliance with administration of Chemical thromboprophylaxis than with Mechanical thromboprophylaxis

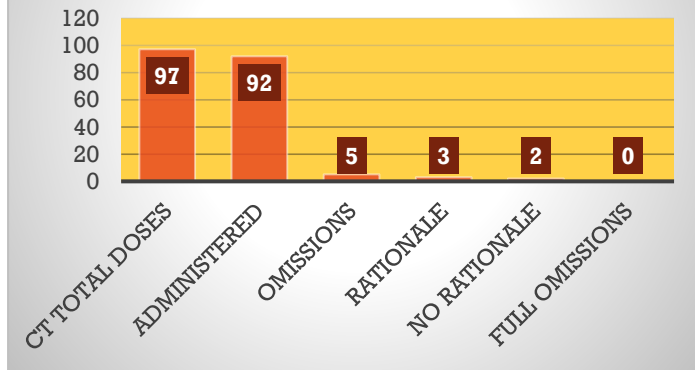
Findings from the staff survey:

- There is a general understanding of VTE and VTE prevention in practice
- Hybrid system of prescribing (some on ePMA, some on paper drug charts)
- Need for education/training

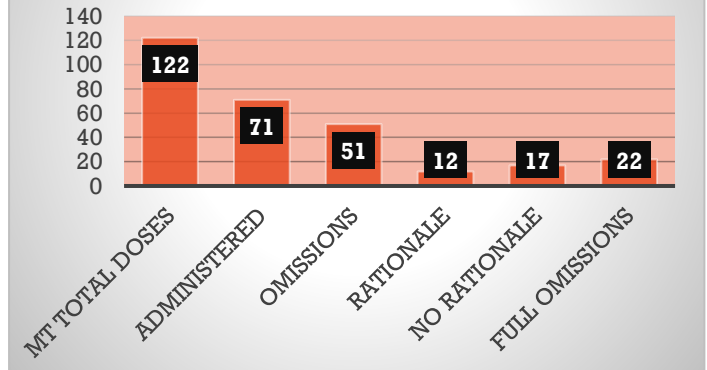


SUSAN KITAKA

**CHEMICAL
THROMBOPROPHYLAXIS
SURGICAL WARD
23/12/2022 AND 30/12/2022**



**MECHANICAL
THROMBOPROPHYLAXIS
SURGICAL WARD
23/12/2022 AND 30/12/2022**



CONCLUSIONS/RECOMMENDATIONS

Venous thromboembolism is a serious healthcare problem affecting over 1 in 1000 adults worldwide annually, and exacts a significant human and economic toll. DVT and PE combined may be responsible for more than 100,000 deaths each year.

<http://www.ncbi.nlm.nih.gov/books/NBK44181>

With this information in mind, it is crucial to adhere to the guidelines for VTE Prevention in all patients in order to improve clinical outcomes by reducing risk and avoiding preventable Hospital associated thrombosis.

REFERENCES

- Haut ER, Lau BD, Kraus PS, et al. Preventability of hospital-acquired venous thromboembolism. *JAMA Surg.* 2015;150(9):912. doi: 10.1001/jamasurg.2015.1340.
- Streiff MB, Lau BD. Thromboprophylaxis in nonsurgical patients. *Hematology Am Soc Hematol Educ Program.* 2012;2012:631–637.
- Lau BD, Streiff MB, Kraus PS, Hobson DB, Shaffer DL, Aboagye JK, Pronovost PJ, Haut ER. Missed Doses of Venous Thromboembolism (VTE) Prophylaxis at Community Hospitals: Cause for Alarm. *J Gen Intern Med.* 2018 Jan;33(1):19-20. doi: 10.1007/s11606-017-4203-y. PMID: 29043537; PMCID: PMC5756175.
- National Institute for Health and Care Excellence: NICE guideline [NG89]: Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism. [Overview | Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism | Guidance | NICE](#)
- ESTH Trust Policy: Guidelines for the Prevention of VTE ESH/POL/56719: [Microsoft Word - Guidelines for the Prevention of Venous Thromboembolism \(epsom-sthelier.nhs.uk\)](#)