

QUALITY IMPROVEMENT PLAN (QIP) TARGETS QUARTERLY TRUST BOARD REPORT

Venous Thromboembolism (VTE)

8 June 2023

PROGRESS TO DATE

VTE is an important cause of death in hospital patients, and treatment of non-fatal symptomatic VTE and related long-term morbidities is associated with considerable cost to the health service. NICE guidance has been endorsed by Department of Health (DoH) and implemented in Northern Ireland. Assessing the risks of VTE and bleeding is a key priority for implementation of the guidelines.

Compliance with completion of the VTE Risk Assessment within 24hrs of admission is a Commissioning Priority and Trust compliance is reported quarterly to the PHA via a SharePoint site. The target is to sustain improvement with VTE risk assessment across all adult inpatient hospital wards to achieve 95% compliance throughout 2022/23. Compliance reported to the PHA for 2022/23 is as follows: -

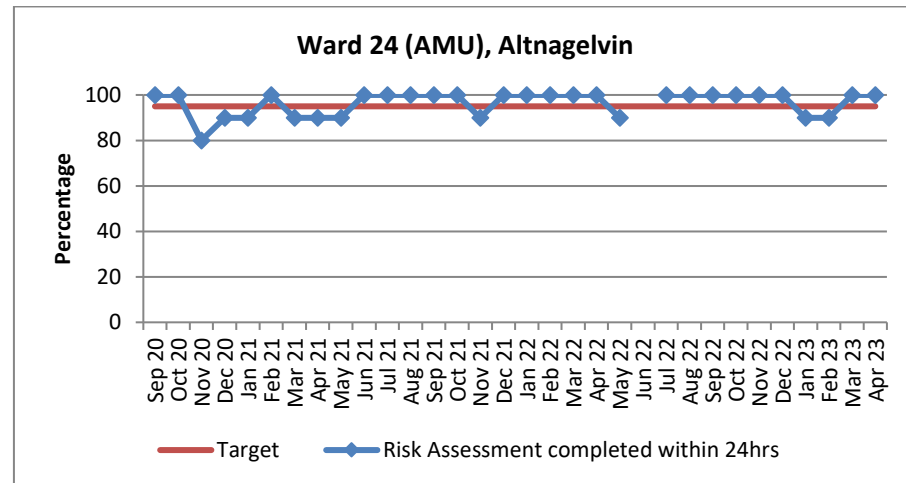
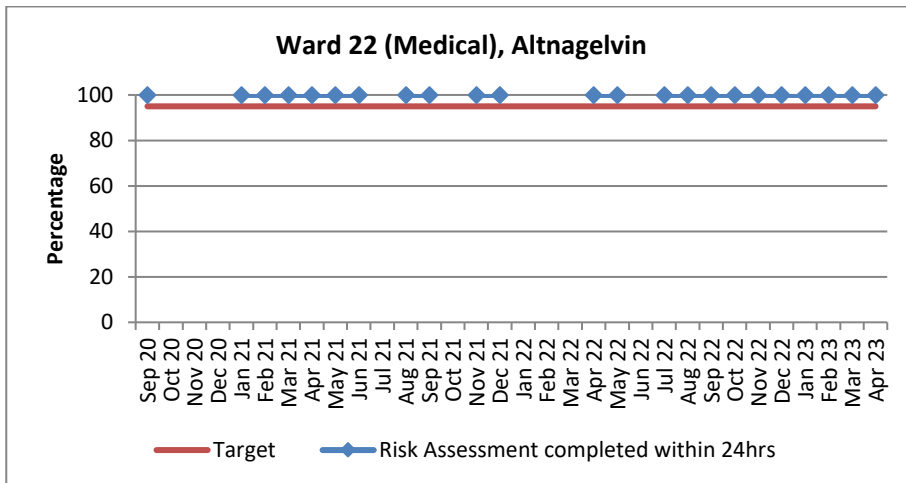
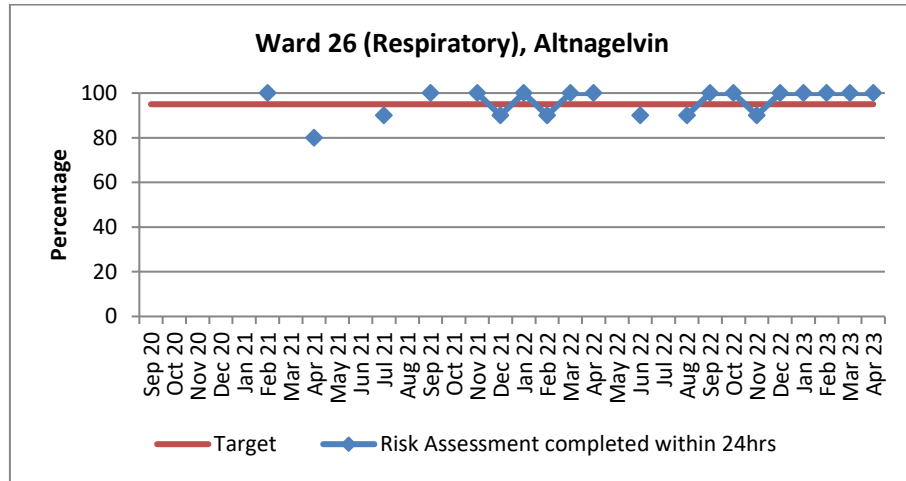
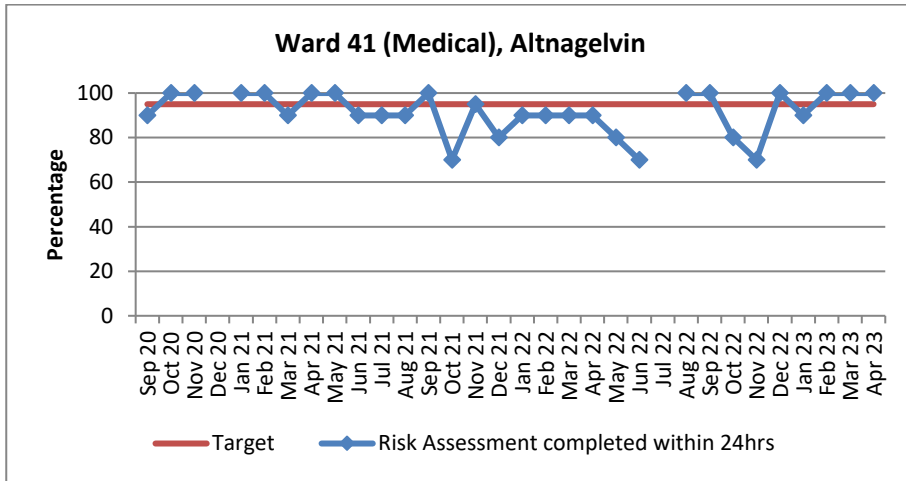
Year	Quarter	No. of records audited which achieve compliance with completed VTE risk assessment	Number of records audited	Percentage Compliance
2022/23	Apr-22	182	187	97.3%
	May-22	207	225	92.0%
	Jun-22	195	203	96.1%
	Jul-22	164	175	93.7%
	Aug-22	231	242	95.5%
	Sep-22	241	254	94.9%
	Oct-22	265	285	93.0%
	Nov-22	255	283	90.1%
	Dec-22	236	251	94.0%
	Jan-23	258	273	94.5%
	Feb-23	261	274	95.3%
	Mar-23	250	265	94.3%
	YTD		2,745	2,917

Compliance with completion of monthly VTE audits had been less than or equal to 50% of all adult inpatient wards up to March 2022. This position has significantly improved during 2022/23 with the number of monthly audits submitted increasing from 65.6% of all adult inpatient wards in April 2022 to 90.9% in April 2023. However, there remain some minor issues with a dip in submission of audits noted for a small number of wards particularly over the summer months. This is being addressed via the VTE Audit Escalation Process which was developed by the VTE Task & Finish Group and implemented from July 2022 onwards. This process involves escalation to Assistant Director level in the first instance and onward escalation to Director and Medical Director level for any continued instances of non-compliance. Monthly reminder emails continue to be issued to the VTE Leads for all adult inpatient wards and compliance continues to be monitored as a standing agenda item by the Trust VTE Group. The VTE Task & Finish Group was established in March 2022 and met frequently throughout 2022/23 to review and improve the completion of monthly VTE audits for all relevant adult inpatient wards. Risk ID1389 which was raised on the Medical Directorate Risk Register to successfully manage this risk has now been closed on the basis that this risk has been mitigated. The Clinical Quality & Safety Directorate Reports which are shared quarterly with Directorate Governance Groups continue to highlight percentage compliance with the VTE audit bundle by ward and division as well as any areas where improvement is required with the regular submission of monthly VTE audits.

Monthly compliance by ward is recorded in the run charts below: -

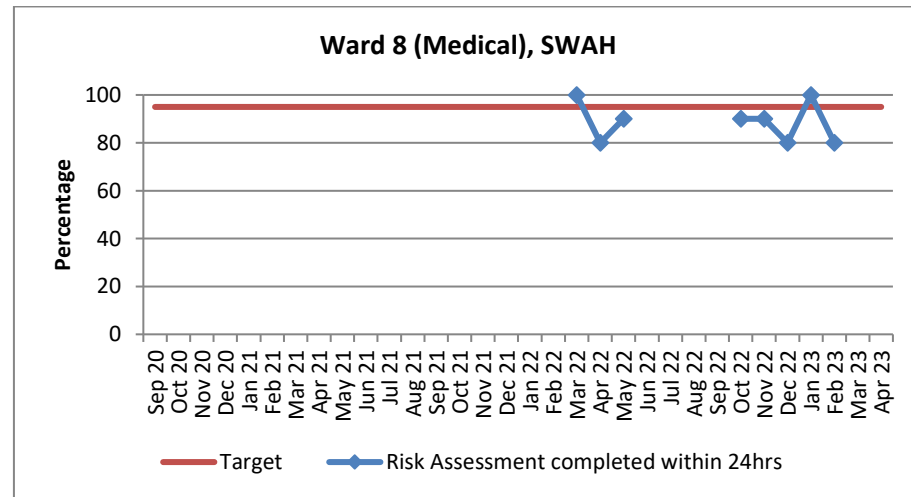
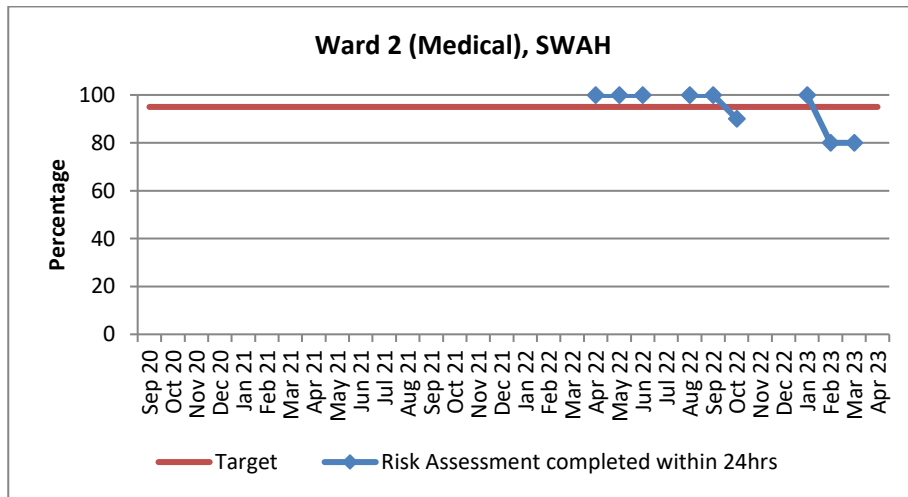
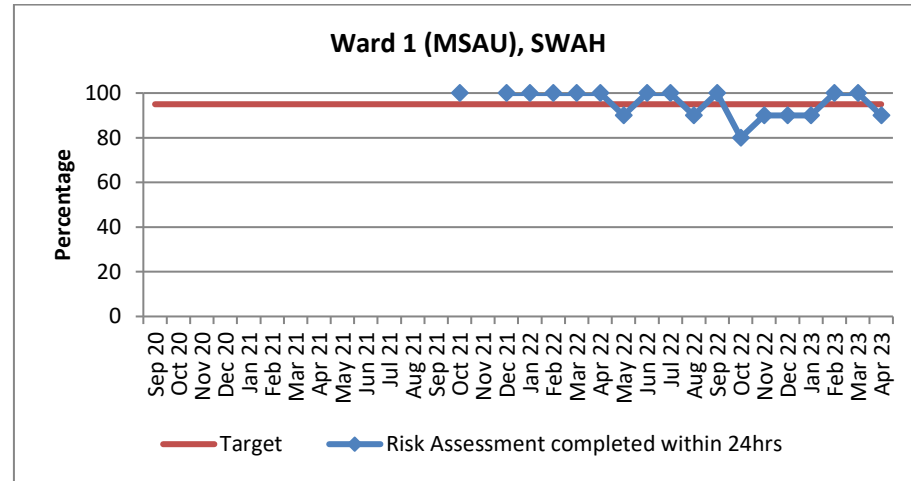
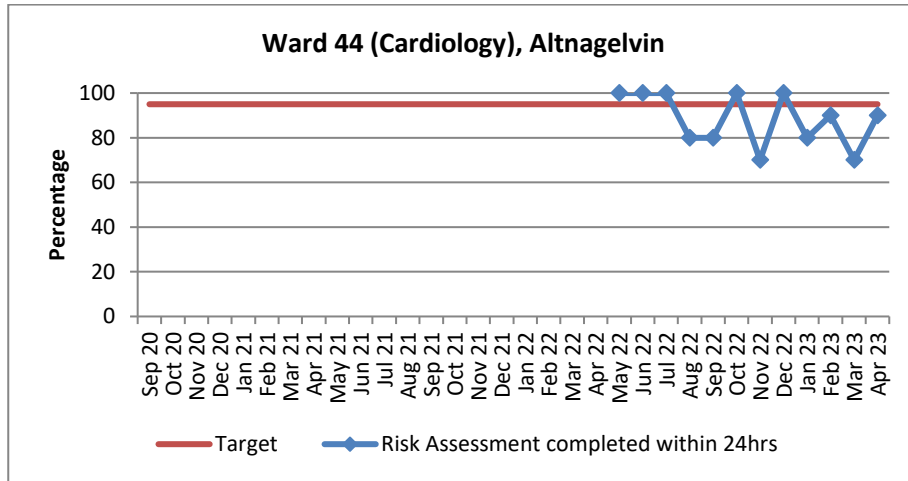
VTE

Target: To sustain improvement with VTE risk assessment across all adult inpatient hospital wards to achieve 95% compliance.



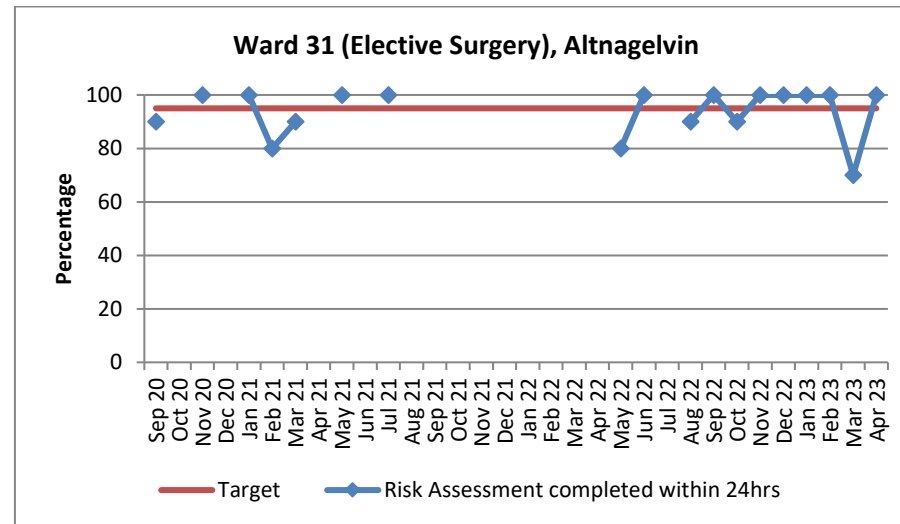
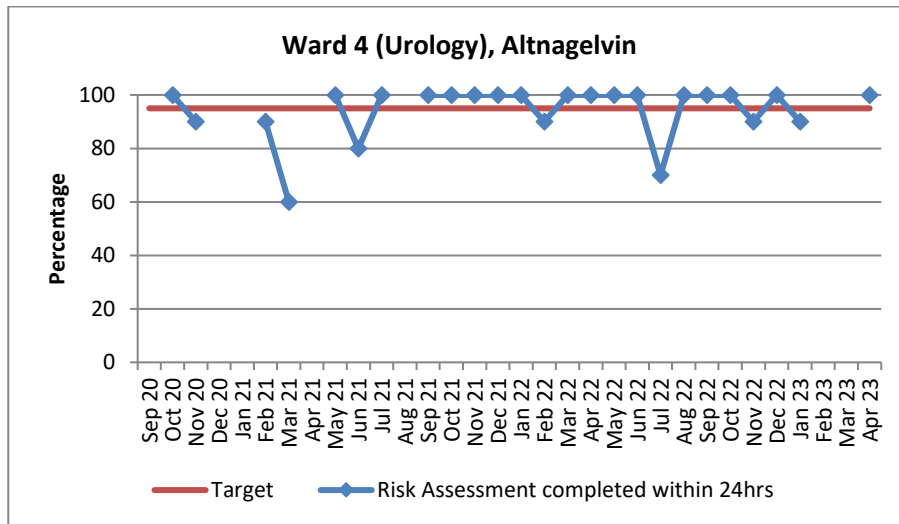
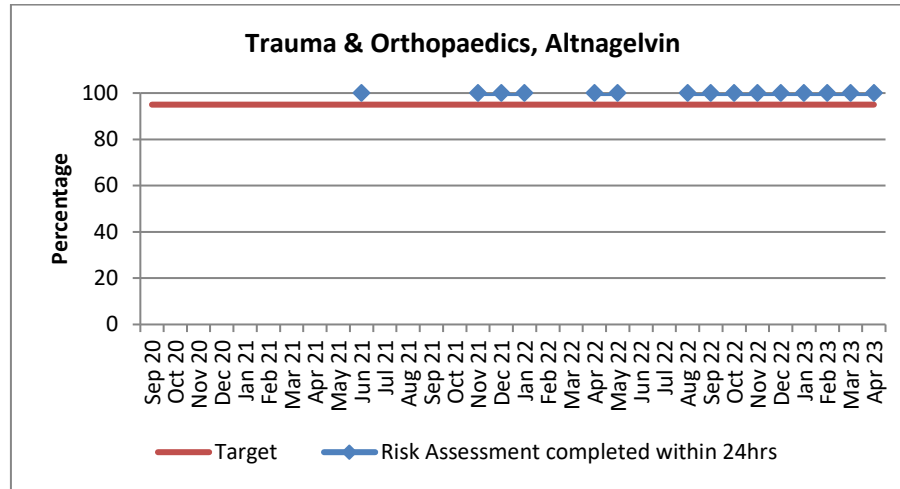
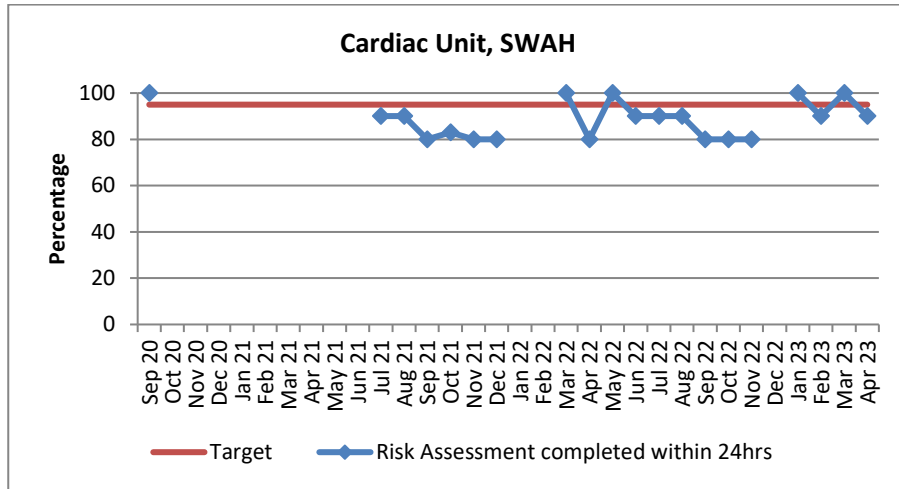
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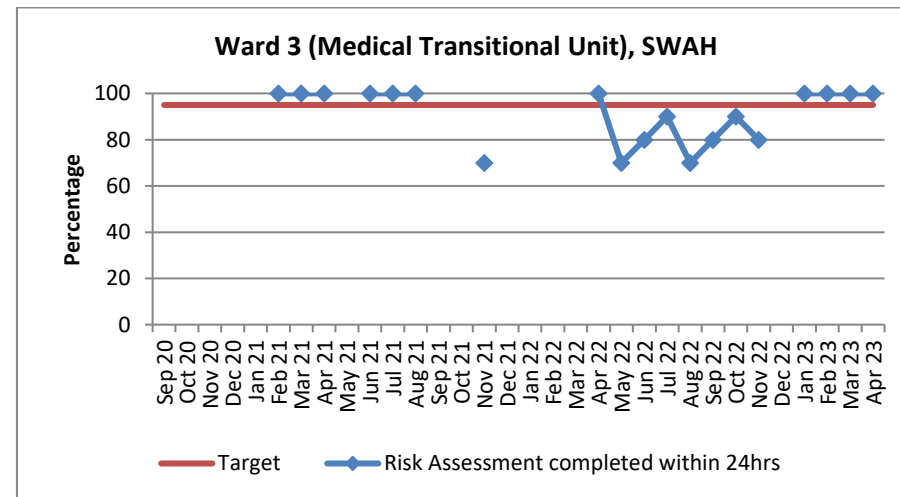
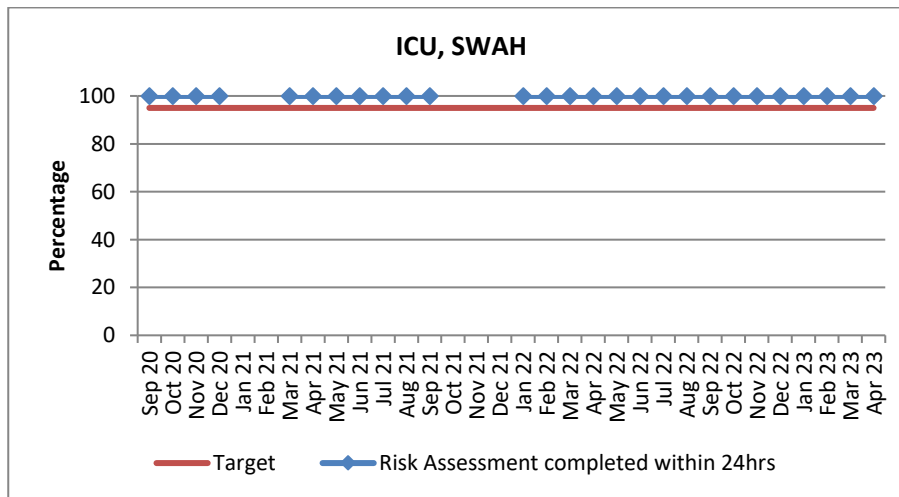
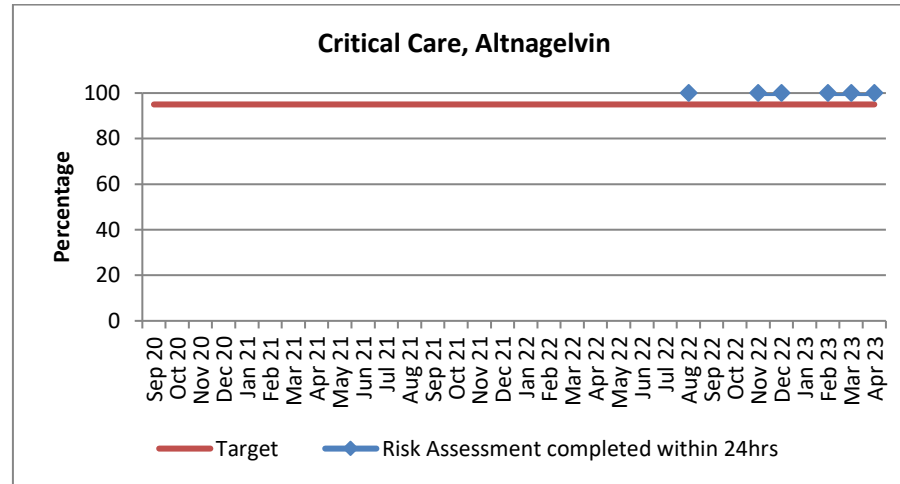
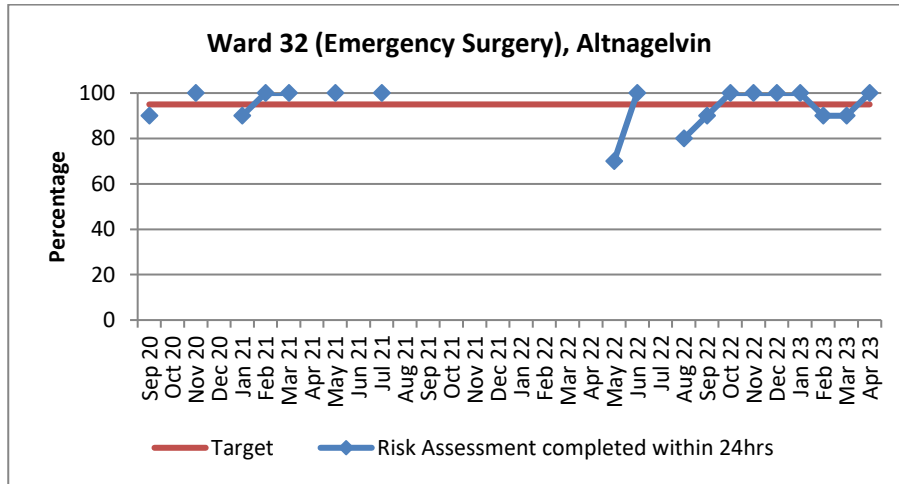
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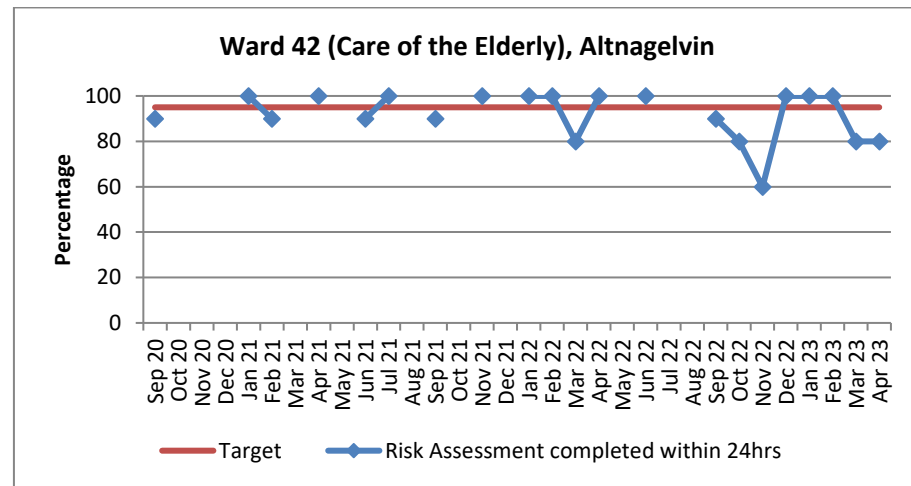
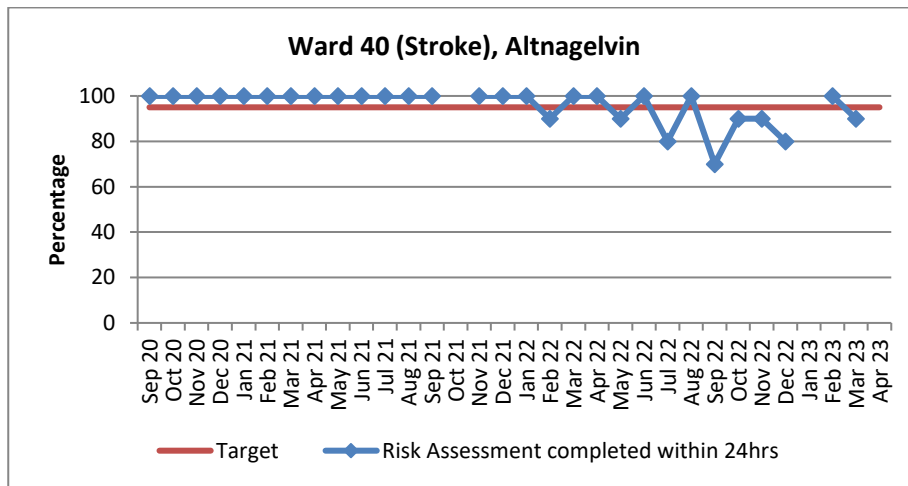
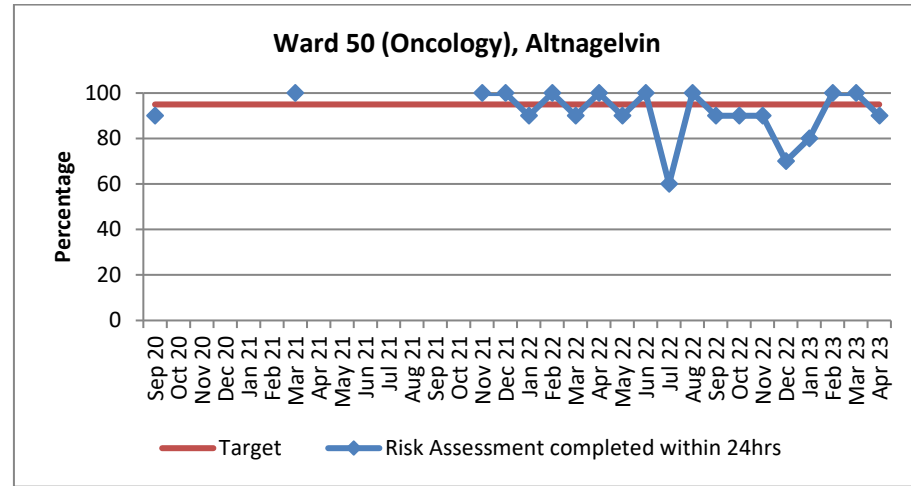
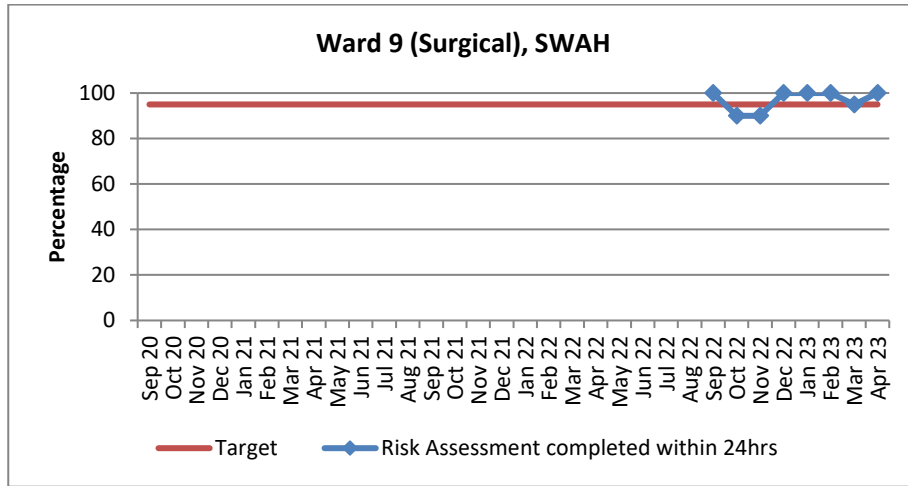
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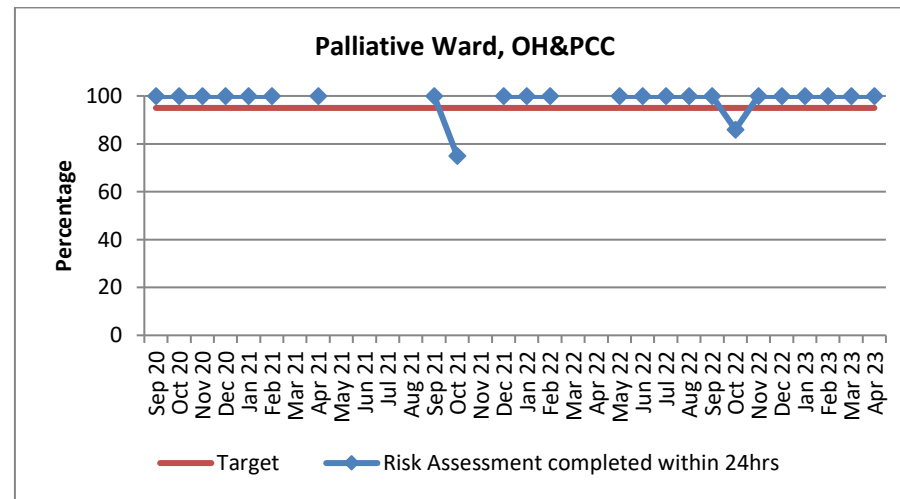
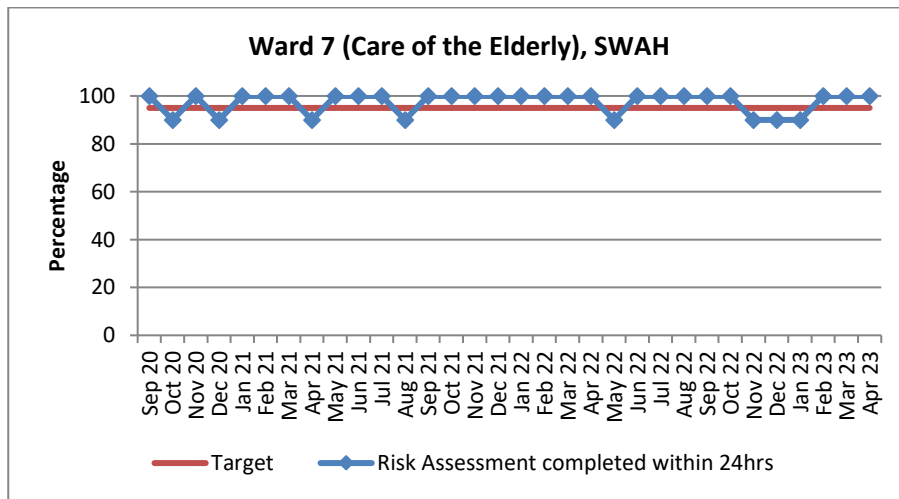
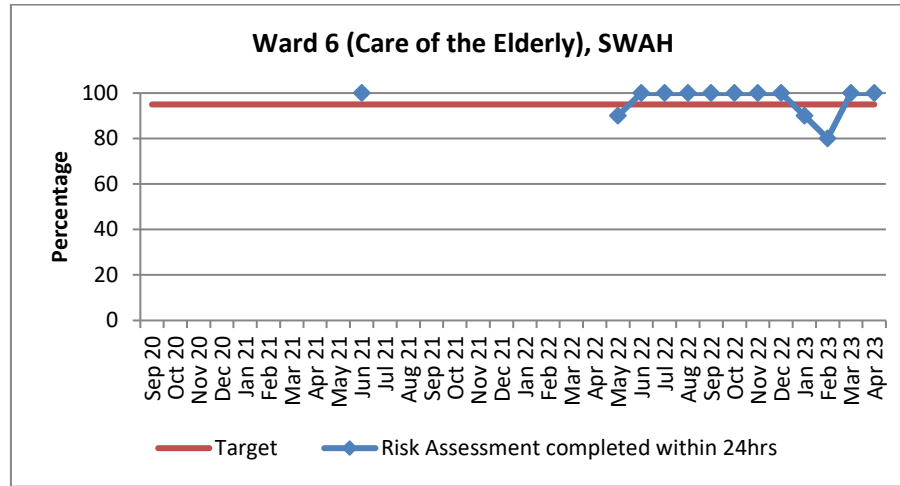
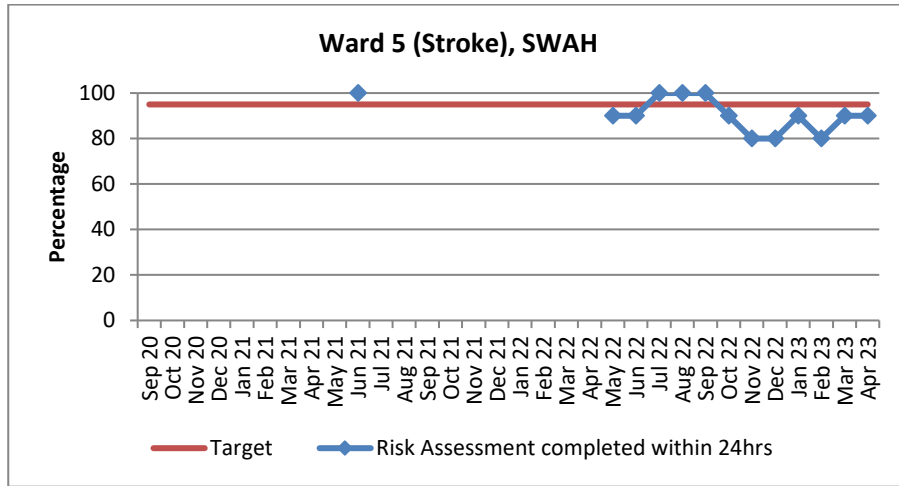
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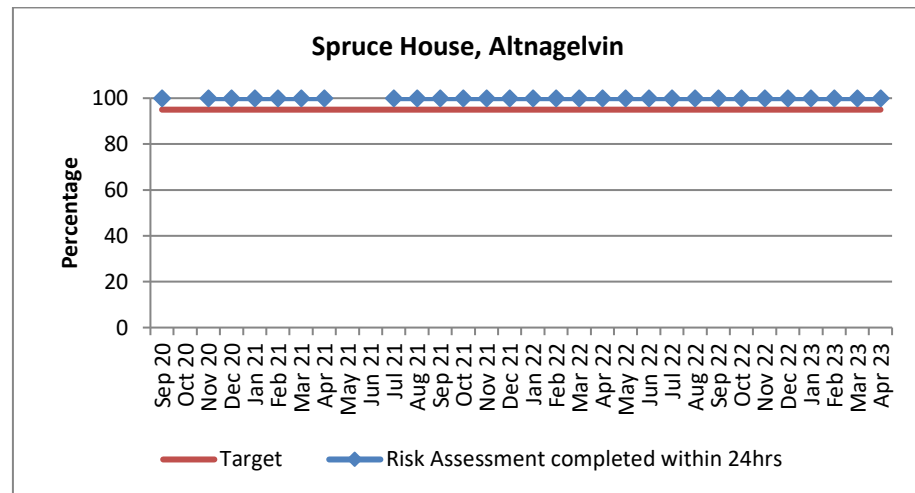
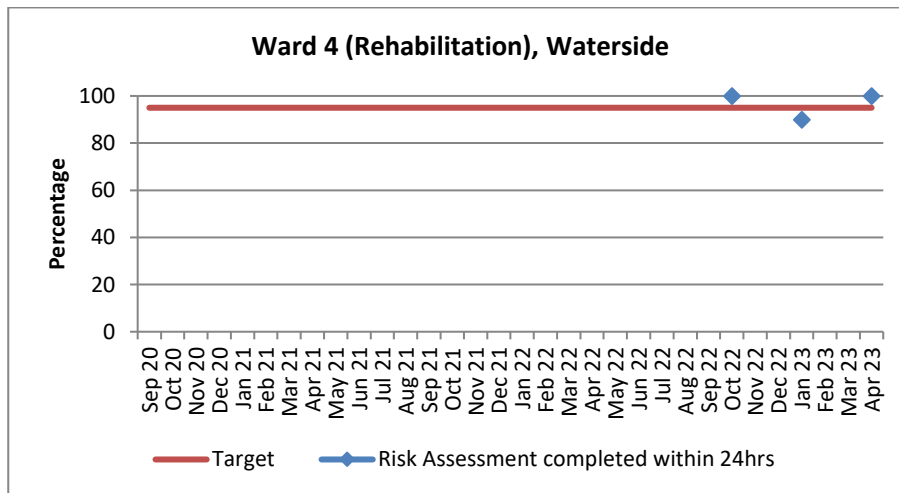
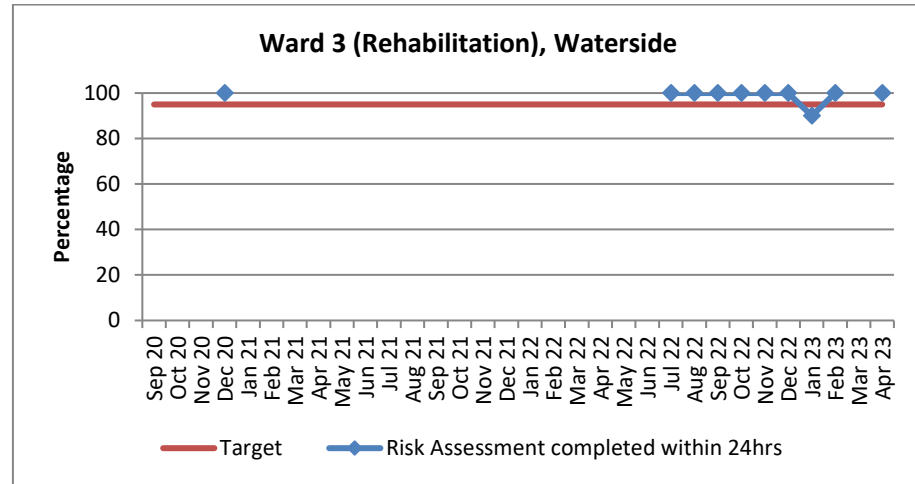
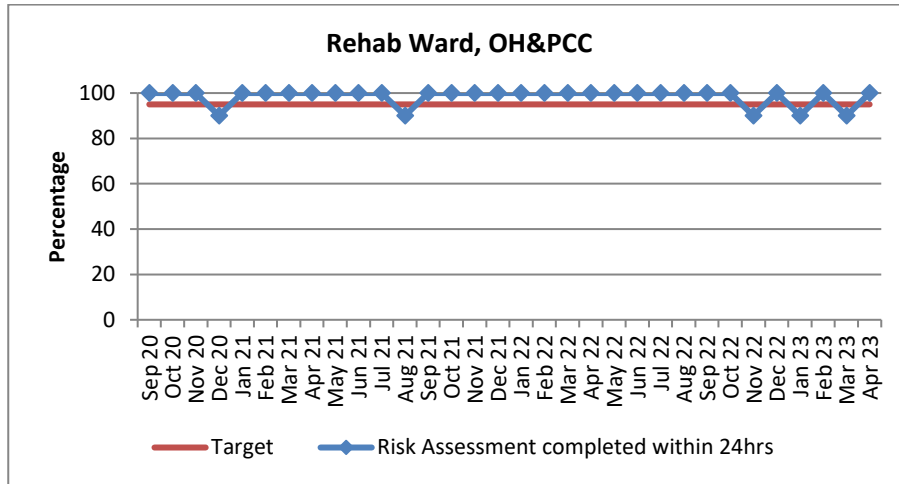
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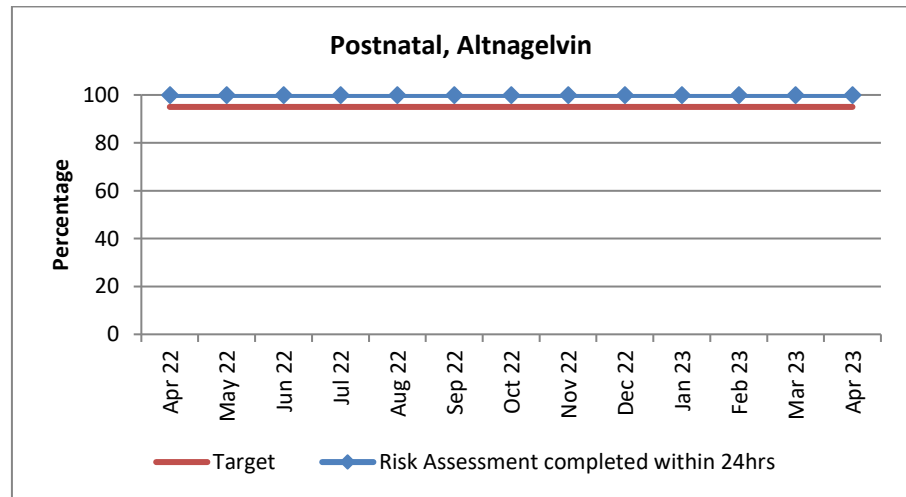
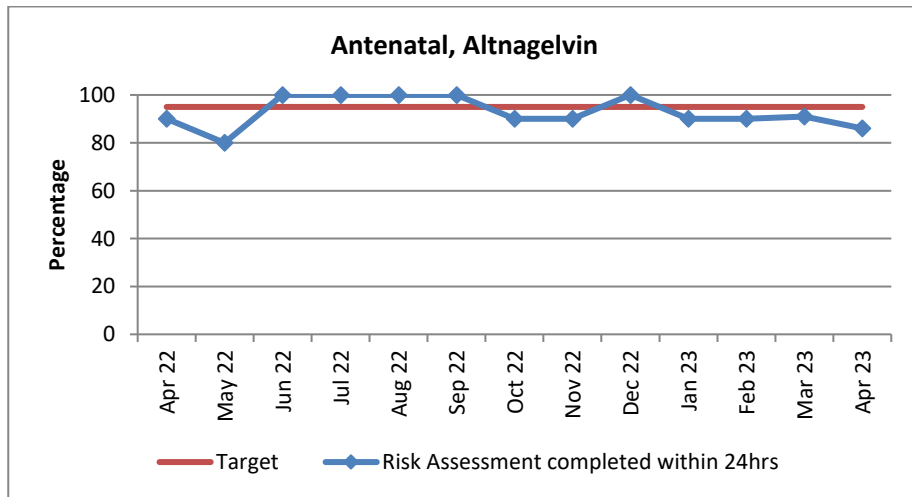
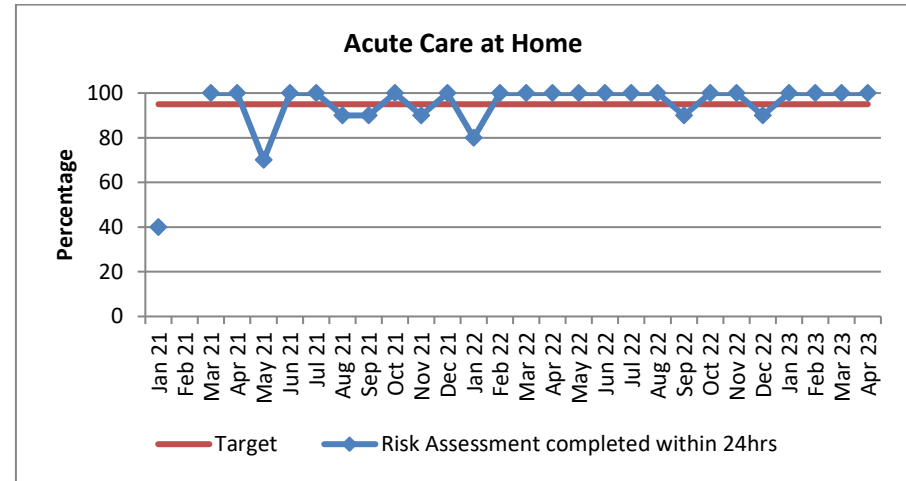
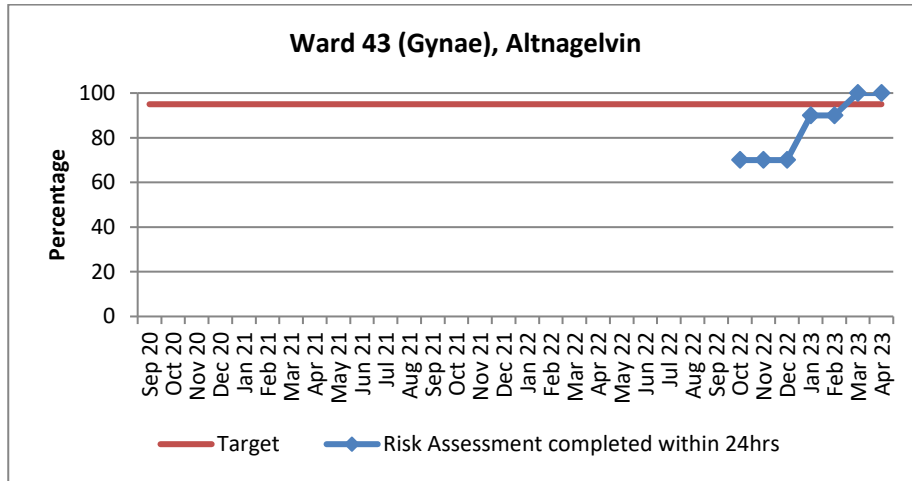
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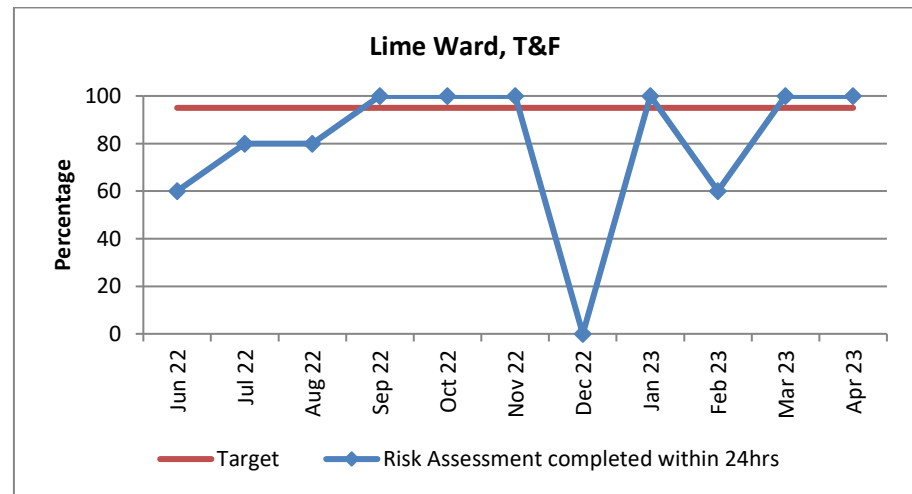
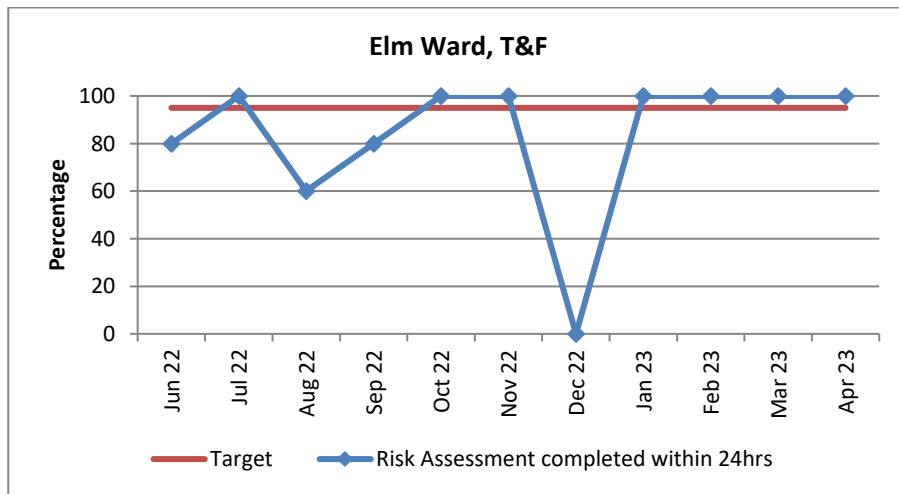
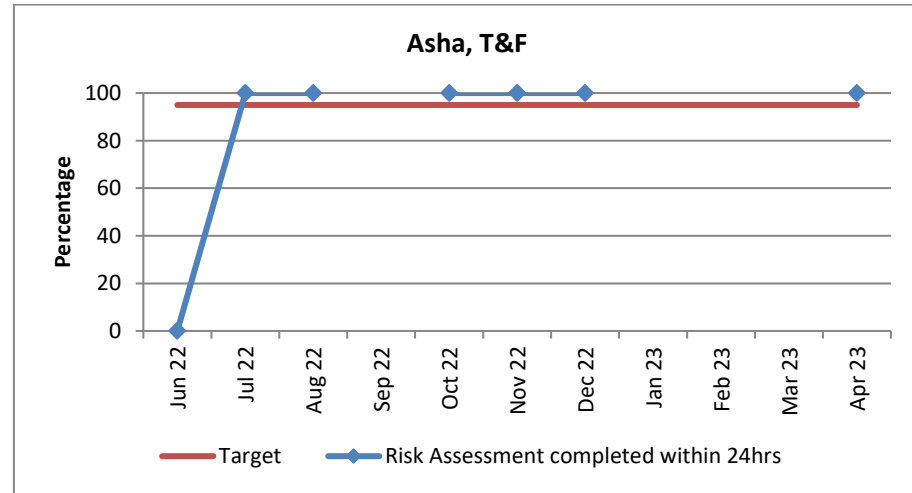
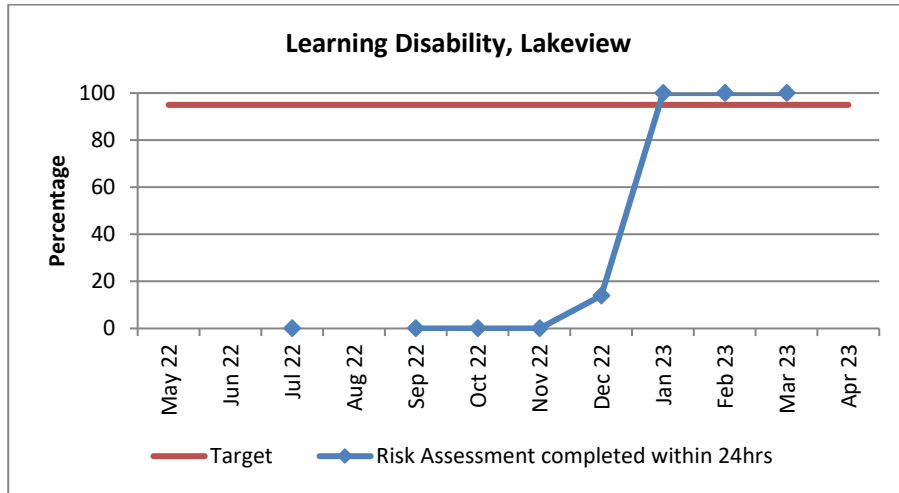
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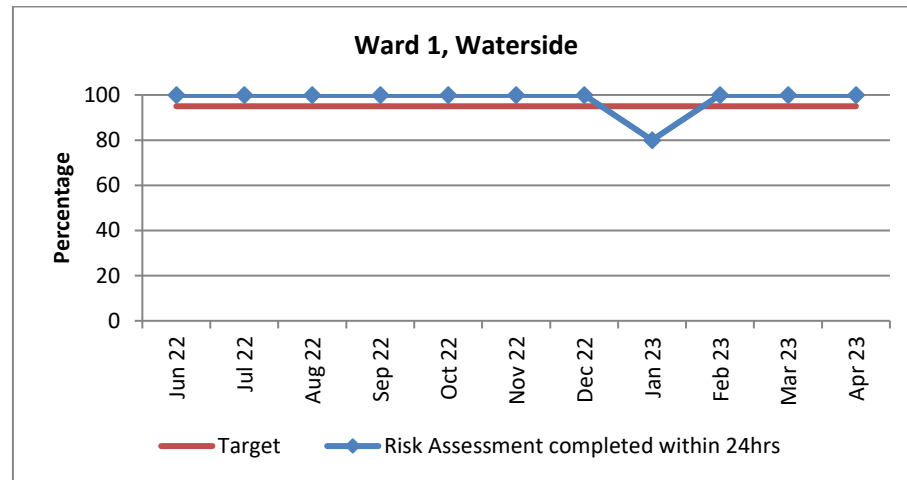
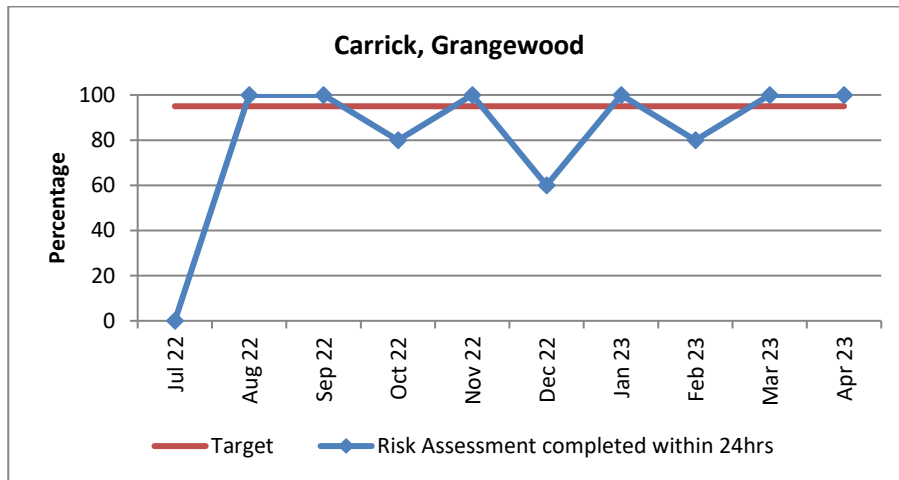
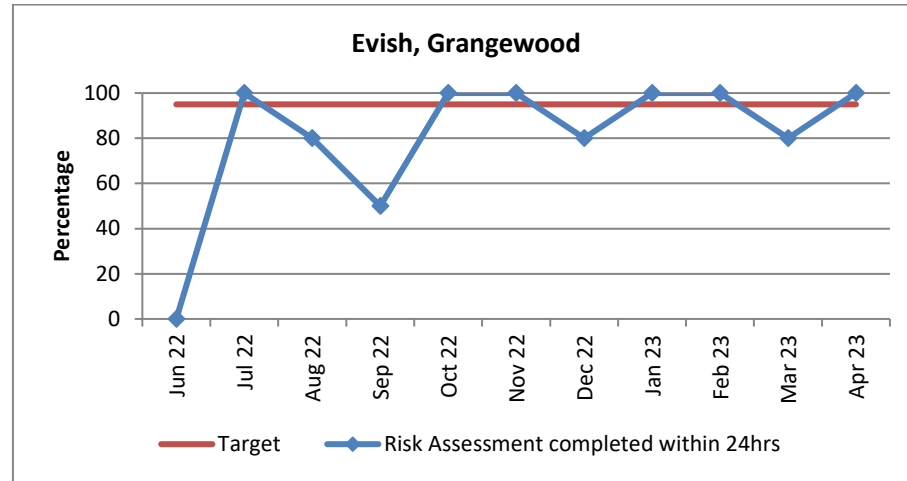
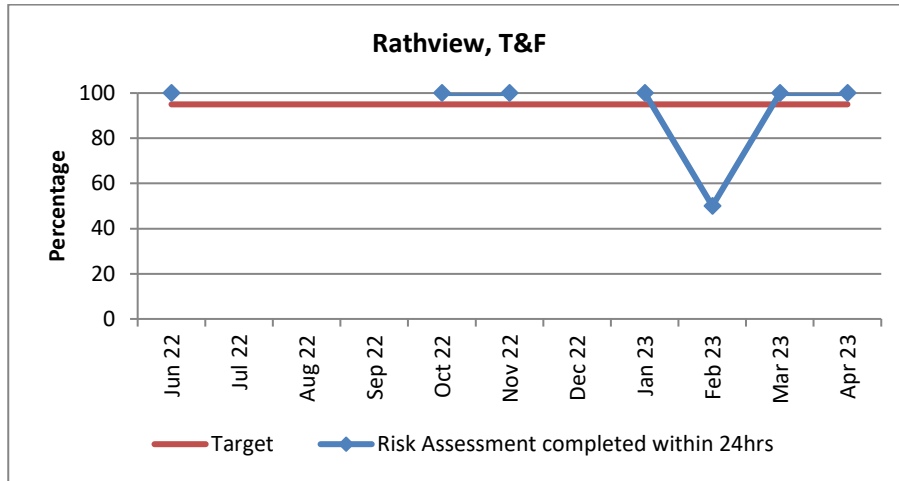
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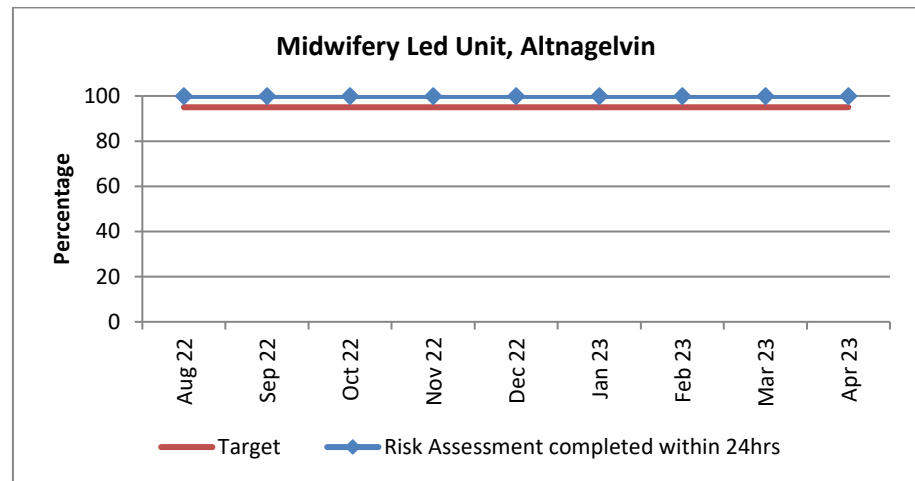
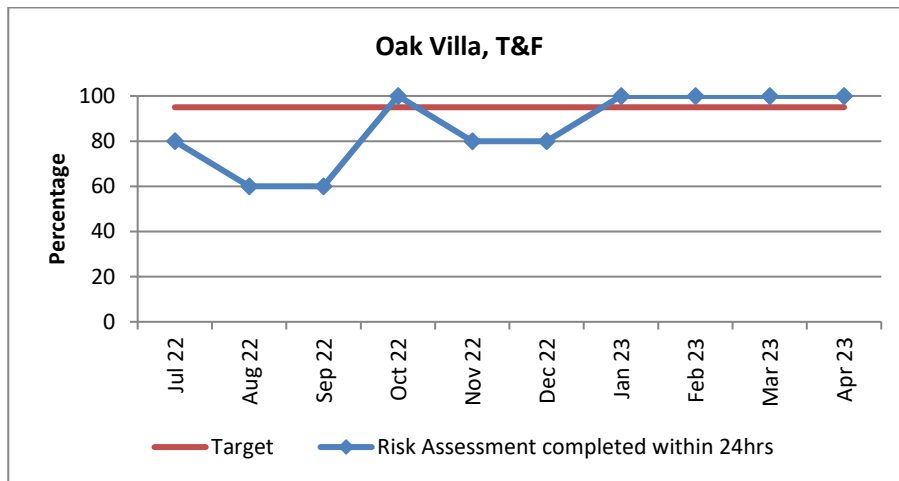
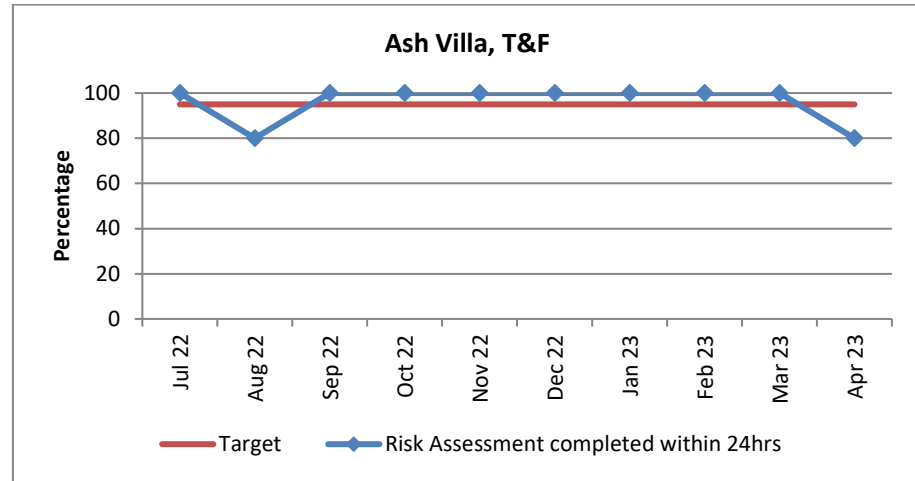
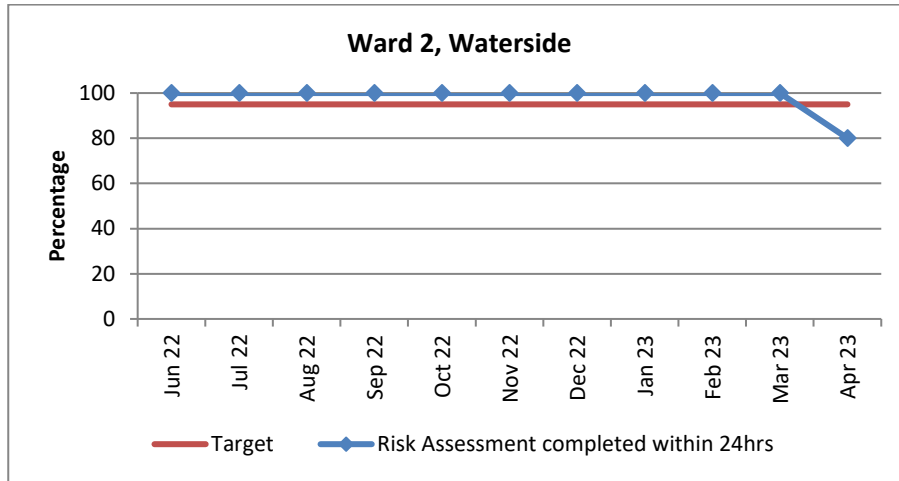
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