

The DAWN of a Quality Tool in VTE

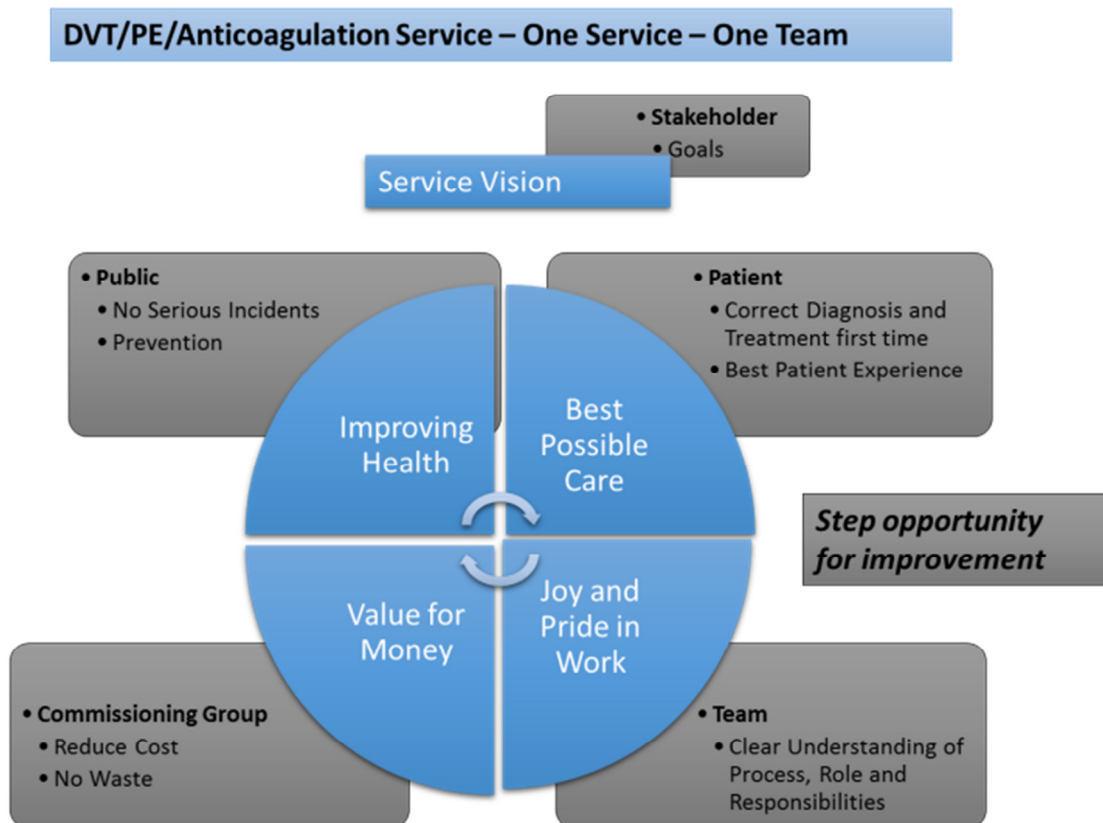
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Patients attending the Acute Ambulatory DVT service at the University Hospital of Leicester (UHL) are assessed, diagnosed and treated by the DVT service before being passed to the anticoagulation team. Referrals for the DVT service come from GPs, wards, A&E, outpatients and community hospitals.

The DVT service has no clerical support and was paper based. The resulting administrative workload was overwhelming for the DVT nursing team who were delivering a very busy clinical service. Service improvement was required and the vision of a paperless system was born with resulting seamless referral and GP communication process; improved clinical governance and audit trails.

The team at Leicester worked in collaboration with 4S DAWN to produce a DVT Assessment Module that was configured specifically to their workflow.

The overall vision was to provide the best possible care; the right diagnosis first time; treatment at the right time; and a good patient experience. This vision was communicated to stakeholders to ensure a clear understanding of the goals of the service moving forward.

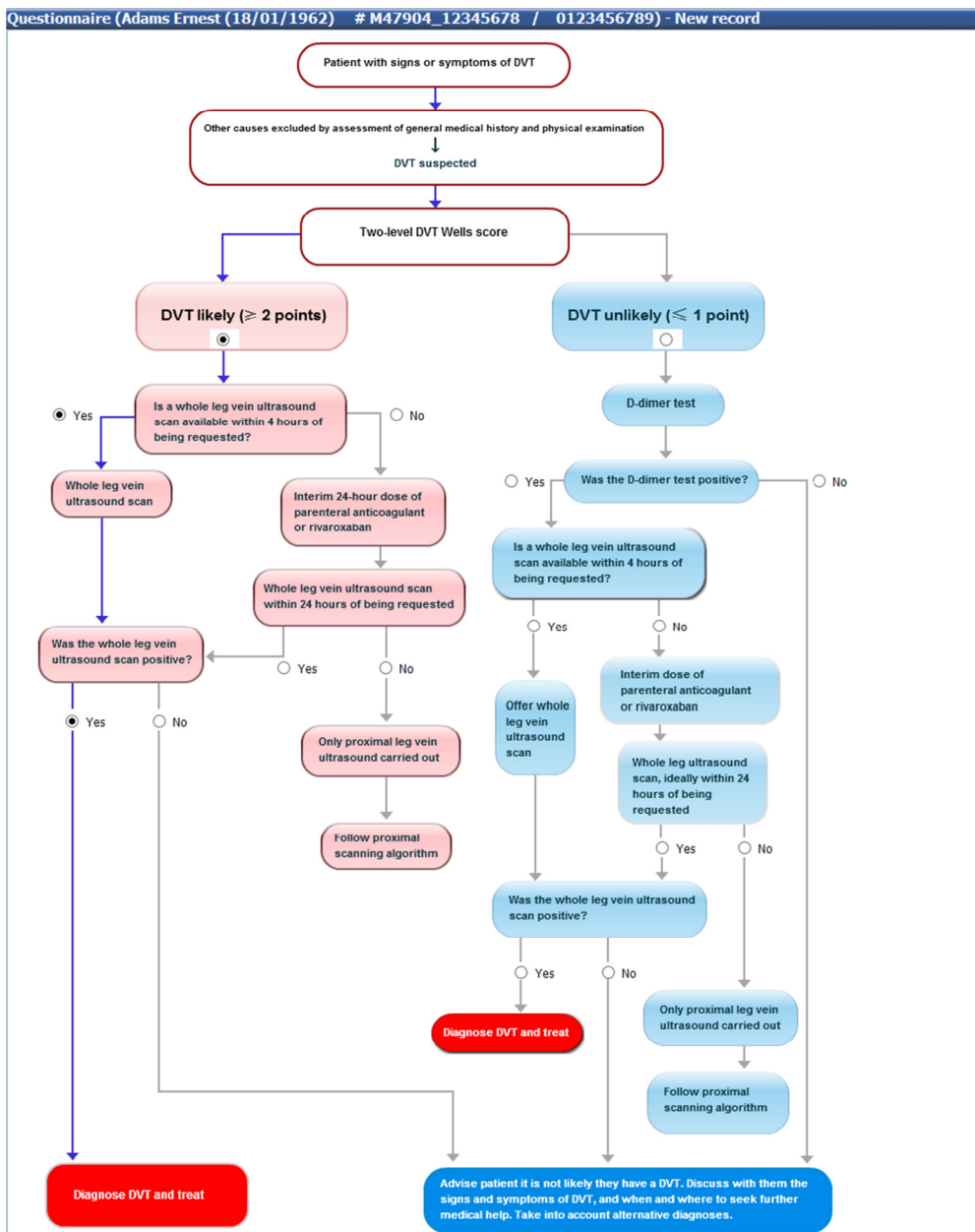


The whole DVT workflow was put into DAWN in order to get rid of paper, make improvements to the old workflow, and audit the service easily. In addition, it enabled continuous improvement and audit of adherence to NICE Guidance 144 and the quality standards (QS29).

QS29

- People with suspected DVT are offered an interim therapeutic dose of anticoagulant therapy if diagnostic investigations are expected to take longer than 4 hours from first clinical suspicion

- People with suspected DVT have all their diagnostic investigations within 24 hours of first clinical suspicion
- People with proximal DVT are offered below knee GECs within 3 weeks of diagnosis
- People with unprovoked DVT or PE who are not already known to have cancer are offered timely investigation for cancer
- People with provoked DVT or PE are not offered thrombophilia testing
- People with active cancer and confirmed DVT or PE are offered anticoagulation
- People without Cancer receive anticoagulant therapy have a review within months to discuss risks and benefits of ongoing anticoagulation
- People with active Cancer on anticoagulant therapy have review within 6 months to discuss risks and benefits of ongoing anticoagulation



The module is now implemented and is working well for both staff and patients within the service. As only 20% of patients scanned actually have a DVT, the DAWN DVT module has enabled the clinic to streamline their workload. This allows the team to spend more time with those patients who have a DVT.

The DVT team, with over 250 years of experience between them, have helped to realise this vision and move the service forward. In addition, both Dr Strong and the DVT nurses believe that the introduction of

the DAWN DVT Diagnosis & Assessment module has transformed the way UHL's acute ambulatory DVT service operates. The benefits brought to the service by its implementation include:

- Quality improvements
- Safety improvements
- Lean and accountable working
- Benchmarking
- Seamless referrals and communication between Commissioners, patients and secondary care