HATs off to DAWN – Hospital Acquired DVT

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As part of the contract to identify if patients VTE is Hospital Acquired Thrombosis (HAT) and conduct root cause analysis, a total of approximately 650 scans are carried out on a monthly basis from a patient population of ca.75,000 (cumulative total over 90 days in line with NICE standard CG 92) that is made up of both in-patients and post-discharge.

A report with the results of the scans is produced and manually checked to identify those that are positive, a time consuming process! From the ca.130 positive scans, checks then need to be carried out to identify which had previously been admitted followed by additional checks to identify those admissions fulfilling NICE criteria for potential HAT.

This figure sits at around 30 HATs per month, so an average of one per day.

The service is currently working to see if the DAWN discharge letter can go through the laboratory communication system (ICE), directly to the GP systems.

Electronic prescribing software (ePMA) is currently being rolled out across the Trust. One of the benefits of this in relation to the VTE risk assessment process is that medication cannot be prescribed for patients until the VTE assessment is done.

Due to the amount of manual work and, at times, incomplete documentation, it takes about 3 weeks from the initial 650 scans to the root cause analysis. There is no single source to capture all VTEs and currently three separate areas are cross-referenced in order to identify patients. This approach however, appears to catch all relevant cases.

There is the potential for this drawn-out process to be automated, and Leicester queried whether there was scope within the DAWN AC software to actively go looking for patients who have positive DVT scans. In addition, a further automated search to find a related admission period from the main hospital admissions system and the prescribing system could be carried out to remove the bulk of the manual work and reduce the length of time to get from scan to root cause.