

HATs off to DAWN?

Simon Rudge.
VTE Nurse.

NHS ENGLAND
2014/15 NHS STANDARD CONTRACT
SERVICE CONDITIONS

<p>SC20 Venous Thromboembolism</p> <p>20.1 The Provider must:</p> <p>20.1.1 comply with Guidance (including NICE Guidance) in relation to venous thromboembolism;</p> <p>20.1.2 perform <u>Root Cause Analysis</u> of all confirmed cases of pulmonary embolism and <u>deep vein thrombosis</u> acquired by Service Users while in hospital (both arising during a current hospital stay and where there is a history of hospital admission within the last 3 months, but not in respect of Service Users admitted to hospital with a confirmed venous thromboembolism but no history of an admission to hospital within the previous 3 months); and</p> <p>20.1.3 if required by the Co-ordinating Commissioner, perform local audits of Service Users' risk of venous thromboembolism and of the percentage of Service Users assessed for venous thromboembolism who receive the appropriate prophylaxis,</p> <p>and the Provider must report the results of those Root Cause Analyses and audits to the Co-ordinating Commissioner on request.</p>	<p style="text-align: center;">A</p>
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~650 scans

healthcare
ftware | Systems

CRIS

The Radiology Information

Username:

Password:

Login

nonary :

tube is in satisfactory position. The NG tube has its tip just within the stomach and should be advanced. There bilateral internal
sfactory positions. There is no evidence of central, lobar or segmental PE. The main pulmonary artery is of normal calibre and
art strain. There is a small left pleural effusion. There is no base of consolidation bilaterally which is associated with bronchial
it with some degree of chronicity/underlying fibrosis. There is fu
th lungs more so on the right, again with associated bronchial

~130 positive

Episode Enquiry

Select Episode 26/09/14 15

Name _____ CHC Sys No. _____

No	Status	Date	Cons	Spec Hosp	Ward Cat	Casenote	WL-Cd
1	DSCH CMPLT	12/09/14	NM1				
2	DSCH CMPLT	19/08/14	DML				
3	OP DSCH	23/07/14	NSS				
4	OP REG	27/06/14	NM1				
5	DSCH CMPLT	25/06/14	NM1				

<More available>

Select/Continue :

~30 HATs

21	S			16803596	RW		
22	S			16925253	RW		
23	S			16977343	RW		
24	S			16992815	RW		
25	S			16992810	RW		
26	S			16836411	RW		
27	S			16946818	RW		
28	S			16986475	RW		
29	S			16982680	RW		
30	S			16912114	RW		
31	S			16965703	RW		
32	S			16899468	RW		
33	S			16998311	RW		
34	S			16966512	RW		
35	S			16946861	RW		
36	S			16845500	RW		
37	S			16870884	RW		
38	S			16992341	RWEAK	23/04/2014	N
39	S			16915691	RWEAE	31/03/2014	N
40	S			16944691	RWEAA	07/04/2014	N
41	S			16930692	RWEAK	03/04/2014	N
42	S			16957083	RWEAK	09/04/2014	N
43	S			16976202	RWEAA	15/04/2014	Y
44	S			16985107	RWEAA	17/04/2014	N
45	S			16976380	RWEAA	15/04/2014	U

Concerto 6.5 - Windows Internet Explorer

https://live.track.ruh4-r.nhs.uk/concerto/Concerto.htm

Search Criteria

Case Note Number

Surname

Date of Birth

Gender ☐ All ☐ Male ☐ Female

Patient ID

Forenames

Age From To years

Reset Search

Search Results

Enter search criteria above and hit Search

MedChart - Windows Internet Explorer

MedChart 8.1.1R39_WEB06

MedChart Desktop

Simon Rudge Specialist Nurse

Medication Management

Administration

Reference Viewer

Personal Administration

Change Password

Log Out

Help

About MedChart

Reporting

Patient History

Reports

X ref'

The image shows a complex Excel spreadsheet with a grid of 64 fields. The spreadsheet is organized into columns and rows, with various data entries and formulas. A large text overlay in the center reads "64 fields. 37 manual data entry." The spreadsheet includes a header row with labels like "Main DVT vessel", "UHL", "Other health care center admission", "Other health care center discharge", "Other health care center establishment", "Discharge destination from UHL", "Cancel", "Additional care notes", "UHL Admission request", "UHL Admission request", "UHL Discharge request", and "UHL Discharge request". The data rows contain various numerical and text values, including dates, times, and patient information. The spreadsheet is color-coded with green, blue, and orange background colors for different sections.

Microsoft Excel - DVT referral April 2013 continued 20th sept 2013.xls

File Edit View Insert Format Tools Data Window Help

Type a question for help

100% Arial 10

E35

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Referrals to JS2DVT 18th September 2014														
2	Unit num	surname	forename	routine ap	appt soon	urgent ap	HAT	other useful info		proximal	distal	Unprovok	Scan		
3				yes				Surgery aug 14		yes			OK		
4				yes				LMWH		yes					
5				yes				post injury running		yes					
6				yes				flight		yes					
7				yes				PMH PE		yes					
8				yes				LMWH, metastatic ga		bilat					
9				yes			#POP			yes			19-Sep		
10				yes				sarcoma leg Jan 2014		yes					
11				SIMON				Parkinson's, LMWH			gastroc				
12				SIMON				Breast Ca 4yrs ago, tamoxifen			yes				
13				yes				PMH DVT post#		yes					
14				yes			THR 7/52			yes					
15				SIMON				ST treatment			yes				
16															
17															
18															
19															
20															
21															
22															
23															
24	Referrals to JS241A, RCG41, SRP21, SRP31 18th September 2014														
25	Unit num	surname	forename	routine ap	appt soon	urgent ap	HAT	other useful info		proximal	distal	unprovok	Scan		
26				yes				Breast Ca, tamoxifen		yes					
27				yes			Yes	?COC		CFV, iliac					
28				yes				FVL, PS, PP DVT							
29															
30															
31															
32															
33															
34															
35															

Sheet1 Sheet2 Sheet70 Sheet69 Sheet68 Sheet67 Sheet66 Sheet65 Sheet64

Ready NUM

start 2 Microsoft ... Vte on 'uhldat... Microsoft Pow... 2 Internet E... Microsoft Exc... Desktop 15:44

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
	Did the VTE contribute to the patient's death?	Admission type for the		From system? On		Appropriate							discharge / procedure				Addition			Relevant	
1	For "S" and																				
2	5	Not app																			
3	5	Not app																			
4	5	Not app																			
5	5	Not app																			
6	5	Not app																			
7	5	Not app																			
8	5	Check C																			
9	5	Not app																			
10	5	Yes																			
11	5	urth																			
12	5	Not app																			
13	5	Not app																			
14	5	Not app																			
15	5	Not app																			
16	5	Not app																			
17	5	Not app																			
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23	5	Not app																			
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27	5	Not app																			
28	5	Not app																			
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31	5	Not app																			
32	5	Not app																			
33	5	Not app																			
34	5	Not app																			
35	5	Not app																			
36	5	Not app																			
37	5	Not app																			
38	5	Not app																			
39	5	Not app																			
40	5	Not app																			
41	5	Not app: Emergency EPTA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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SC20 Venous Thromboembolism

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A

Additional benefit to patients of data collection;

UHL able to collaborate nationally with the development of a scoring system to identify patients at highest risk of developing DVT when in lower limb plaster cast.

Expand DVT clinic follow up service to reduce appointment waits.

UHL/IBM EPR

4S Dawn Clinical Software & Internet Applications. - Windows Internet Explorer

Close all Tabs System Menu Patient Search Help

DAWN CLINICAL FRAMEWORK 7.9

Welcome
You are currently logged on as 'Rudger Simon' with user profile 'Top Grade'.

DAWN CLINICAL FRAMEWORK 7.9
Fri 26/09/2014
Version 7.9.36 (1301)

Anticoagulation

Patient view
Add, edit or delete a patient

List view / Daily routines
Attendance and non-attendance

Diary
Consult the diary

Message center
Manage messages and pass messages by phone

Reports
Custom reports

Settings
Modify your personal settings

Current location for printing: Select a location

Database name	Database size	Last Database backup	Log size (MB)
DawnAC	20756 MB	Sep 26 2014	30.5

Patient Licenses	Active Patients	Unused Licenses
7500	2042	5458

No of Patients with	Induction	Maintenance	Manual/Bridging	Explanation
Active Treatment Plans	30	1231	586	Non-stopped treatment plans
Incomplete visits	0	1	0	Dose needs entering and/or authorising
Missed Tests	0	1	1	Needs rescheduling
No next test date	0	1	0	Needs scheduling
No INR today 26/09/2014	0	11	7	Awaiting result / yet to attend

Local intranet

start

Inbox - Micro... Vite on 'Uhlida... Universal file... Microsoft Po... 2 Internet ... Desktop 15:38

