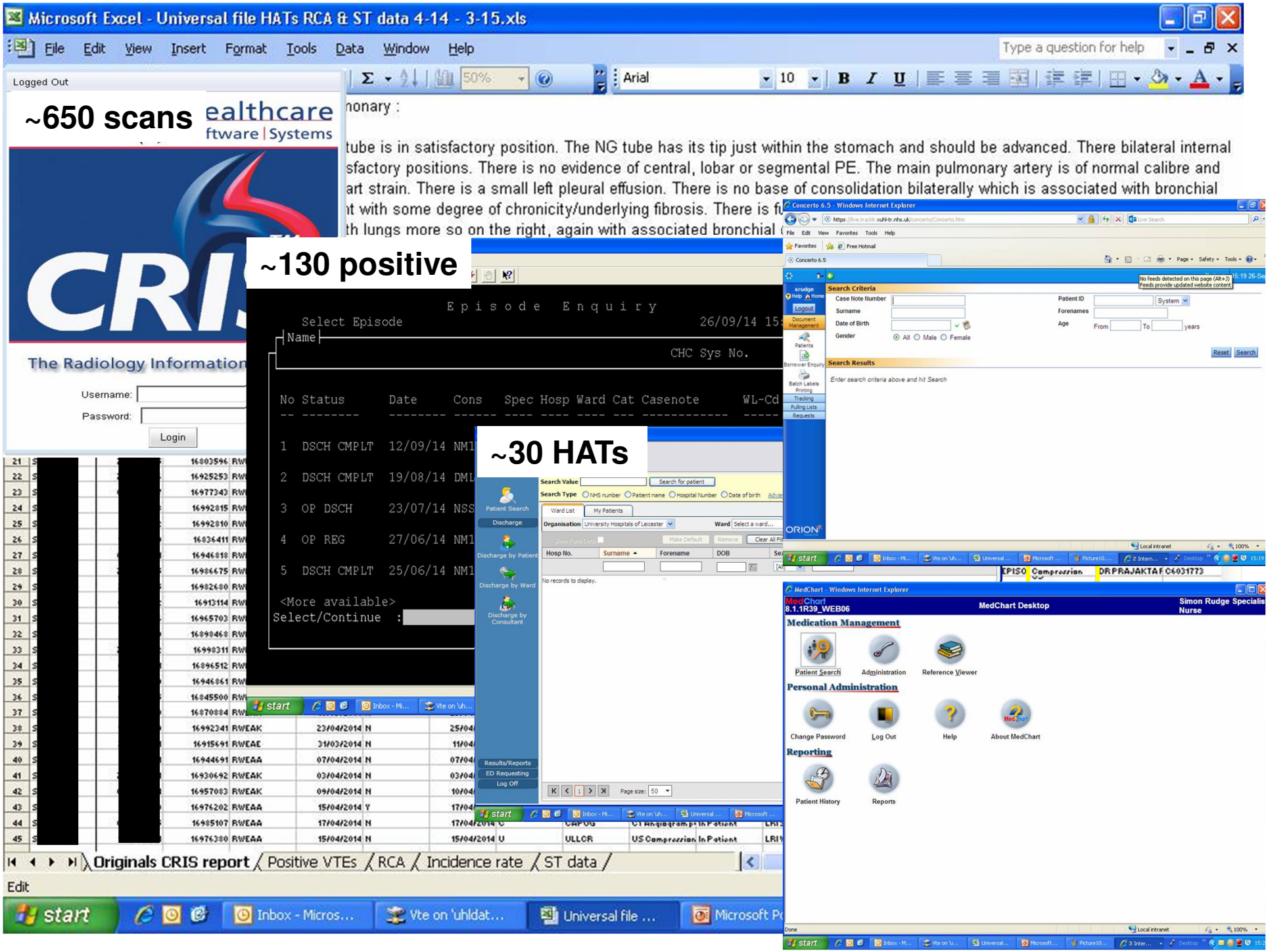
The University Hospitals of Leicester NHS Trust

HATs off to DAWN?

Simon Rudge.
VTE Nurse.

SC20 Venous Thromboembolism	
20.1 The Provider must:	**A**
20.1.1 comply with Guidance (including NICE Guidance) in relation to venous thromboembolism;	
20.1.2 perform Root Cause Analysis of all confirmed cases of pulmonary embolism and deep vein thrombosis 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	
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,	
and the Provider must report the results of those Root Cause Analyses and audits to the Co-ordinating Commissioner on request.	


~650 scans
~130 positive
~30 HATs
Microsoft Excel - Universal file HATs RCA & ST data 4-14 - 3-15.xls
Originals CRIS report
Positive VTEs
RCA
Incidence rate
ST data
The Radiology Information
Username:
Password:
Login
Episode Enquiry
Select Episode
Name
CHC Sys No.
Select/Continue :
Search Criteria
Search Results
MedChart Desktop
Medication Management
Personal Administration
Reporting
Patient Search
Administration
Reference Viewer
Change Password
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Help
About MedChart
Patient History
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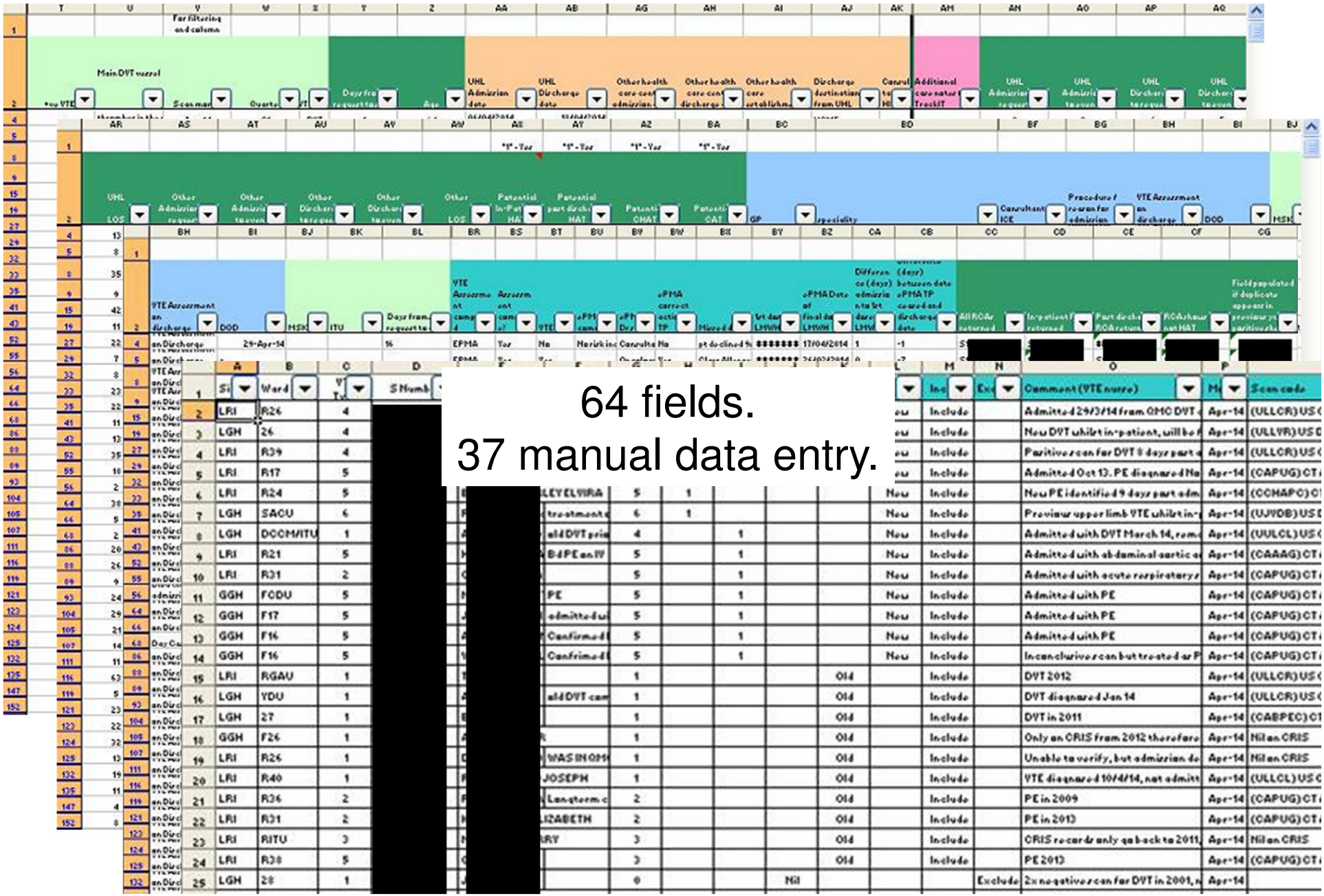

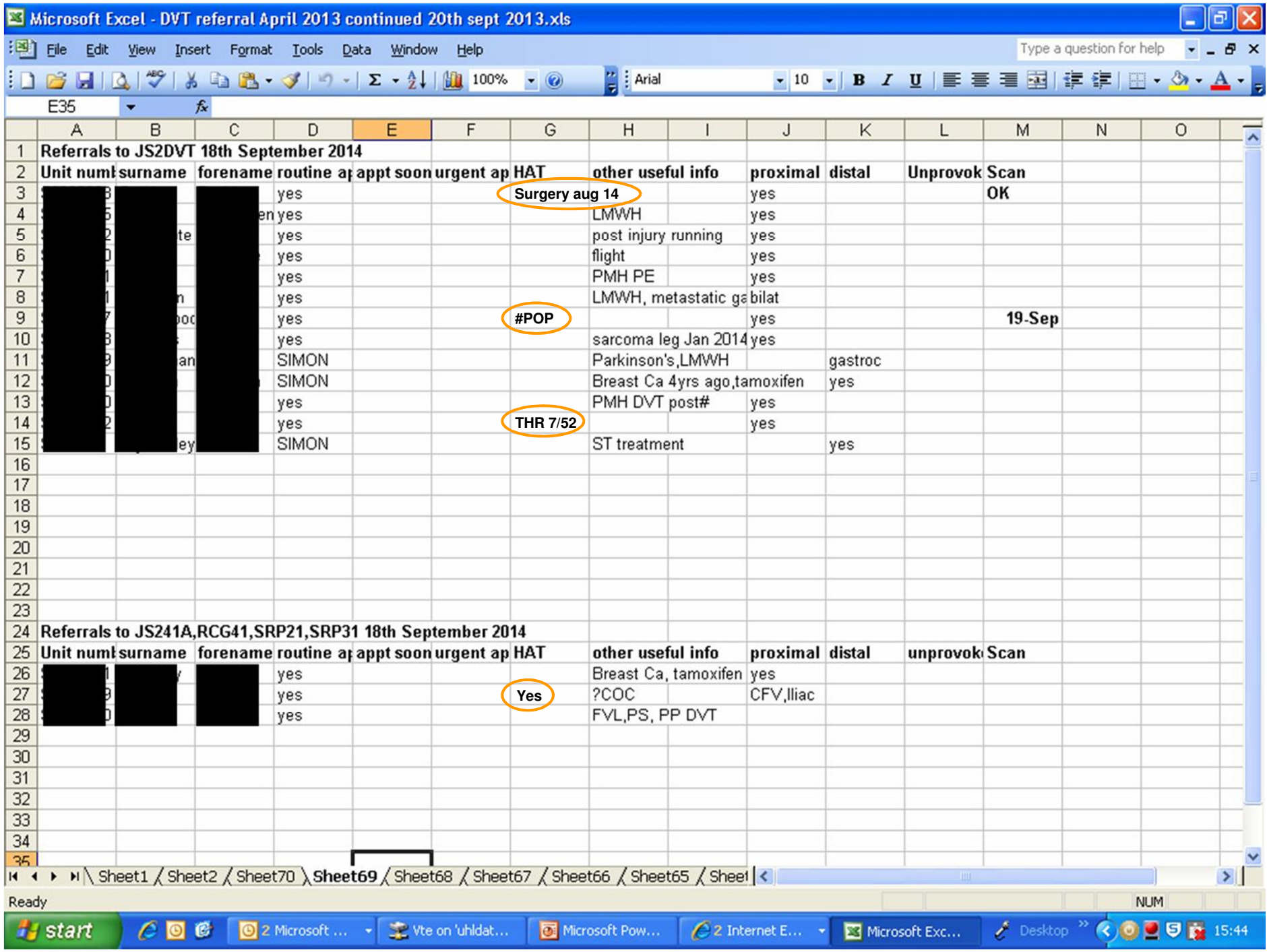

Microsoft Excel - DVT referral April 2013 continued 20th sept 2013.xls

File Edit View Insert Format Tools Data Window Help

Type a question for help

E35

Referrals to JS2DVT 18th September 2014

Unit numb	surname	forename	routine ap	appt soon	urgent ap	HAT	other useful info	proximal	distal	Unprovok	Scan
[redacted]3	[redacted]	[redacted]	yes			Surgery aug 14		yes			OK
[redacted]5	[redacted]	[redacted]en	yes				LMWH	yes			
[redacted]2	[redacted]	[redacted]te	yes				post injury running	yes			
[redacted]0	[redacted]	[redacted]	yes				flight	yes			
[redacted]1	[redacted]	[redacted]	yes				PMH PE	yes			
[redacted]1	[redacted]	[redacted]n	yes				LMWH, metastatic ga	bilat			
[redacted]7	[redacted]	[redacted]ooc	yes			#POP		yes			19-Sep
[redacted]8	[redacted]	[redacted]	yes				sarcoma leg Jan 2014	yes			
[redacted]9	[redacted]	[redacted]an	SIMON				Parkinson's,LMWH		gastroc		
[redacted]0	[redacted]	[redacted]	SIMON				Breast Ca 4yrs ago,tamoxifen		yes		
[redacted]0	[redacted]	[redacted]	yes				PMH DVT post#	yes			
[redacted]2	[redacted]	[redacted]	yes			THR 7/52		yes			
[redacted]	[redacted]	[redacted]ey	SIMON				ST treatment		yes		

Referrals to JS241A,RCG41,SRP21,SRP31 18th September 2014

Unit numb	surname	forename	routine ap	appt soon	urgent ap	HAT	other useful info	proximal	distal	unprovok	Scan
[redacted]1	[redacted]	[redacted]	yes				Breast Ca, tamoxifen	yes			
[redacted]9	[redacted]	[redacted]	yes			Yes	?COC	CFV,Iliac			
[redacted]0	[redacted]	[redacted]	yes				FVL,PS, PP DVT				

Sheet1 Sheet2 Sheet70 Sheet69 Sheet68 Sheet67 Sheet66 Sheet65 Sheet

Ready NUM

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The RCA

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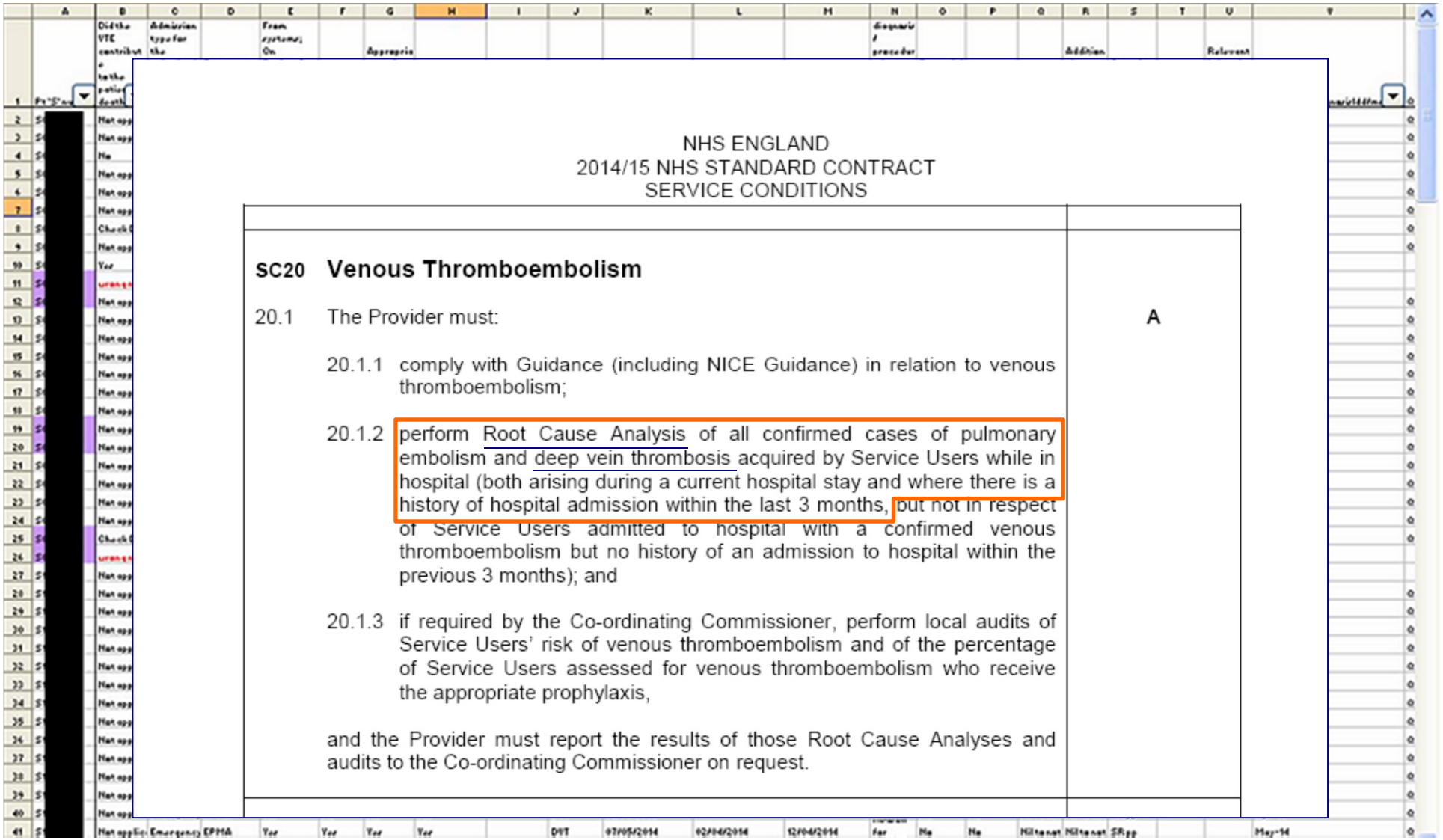

NHS ENGLAND
2014/15 NHS STANDARD CONTRACT
SERVICE CONDITIONS

SC20 Venous Thromboembolism

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A

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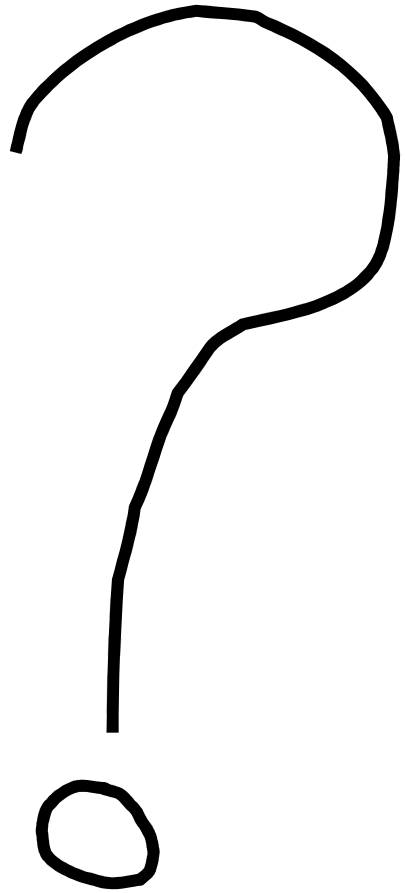
and the Provider must report the results of those Root Cause Analyses and audits to the Co-ordinating Commissioner on request.

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

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